

Executive Summary

SCDC Population Statistics

The SCDC Institutional, Female GEO Care and CoreCivic Populations totaled 16,269 on November 28, 2022. The SCDC mentally ill population included 5,159 persons. A more detailed count summary is provided in Appendix I.

Custody Staffing

As of November 28, 2022, the total SCDC authorized strength frontline security positions were 2326 FTEs with 1413 of these positions being funded. The authorized strength frontline security position vacancies were 60.7%. The funded frontline correctional officer allocations were 1874 with a vacancy rate of 51.3%. The total funded security vacancy rate was 37.6%.

As evidenced in the following table, increased salaries and recruitment efforts have demonstrated a decreasing security staff vacancy rate.

Date	Funded	Actual	Vacant	Strength
7/1/2022	3424	1904	1913	3847
8/1/2022	3424	1911	1905	3847
9/1/2022	3354	1942	1662	3847
10/1/2022	3354	1975	1636	3847

Not surprisingly, correctional operations are negatively impacted in very significant ways that include, but are not limited to, adequately monitoring inmates and providing adequate out of cell time and programming (especially but not exclusively within the RHUs). We acknowledge the dedication of the custody staff that are working within SCDC and generally perceived them to be doing the best they can with very limited resources.

Our June 2022 report included the following:

Due to these [security] vacancies many essential and basic correctional practices are compromised, which includes negatively impacting inmates' timely access to needed mental health services. We are aware of the many efforts initiated by SCDC to this remedy this problem, which include important legislative efforts (e.g., request for increased salaries and benefits for correctional officers) as well as aggressive recruitment efforts. We also acknowledge the stress and commitment of the correctional officers who are working within SCDC under such circumstances. Unfortunately, until the vacancy rate is significantly reduced, many of the Settlement Agreement provisions will remain out of compliance.

It is very encouraging that the above legislative efforts were successful, and along with the aggressive recruitment efforts, have facilitated a decrease in the correctional officer vacancy rate

as previously summarized.

Mental Health Staffing

Appendix II summarizes the systemwide mental health staffing allocations and vacancies, which indicated a 34% vacancy rate for qualified mental health professionals (QMHP), no vacancies among the 17.0 FTE psychiatrists' positions, a 27% vacancy rate for psychologists' positions, an 82% vacancy rate for psychiatric nurse practitioner positions (which have only recently been funded) and a 4% mental health officer (MHO)/mental health technician positions vacancy rate.

As documented by the QIRM reports, the above mental health staffing vacancies have negatively impacted the staff's ability to provide timely clinical contacts to most of the mental health caseload inmates as well as providing individual and group treatments. We certainly agree with the staff's need to prioritize which mental health services to provide given the significant staffing vacancies. We also acknowledge the dedication and competence of the mental health staff who have remained within SCDC. It is very encouraging that the psychiatrists' allocations are not vacant. We were very impressed with the functioning of the MHOs within the prisons assessed during the site visit. We also applaud the department's funding for additional Behavioral Health staff which was described by SCDC in the pre-site package as follows:

Staffing Additions: SCDC secured funding to add several Behavioral Health staff to enhance program delivery and services beyond the requirements of the settlement agreement. These additions included:

- An additional psychiatrist was hired to provide consistent onsite services to the Men's Crisis Stabilization Unit and assist with the management of inmates on crisis status across the state. The incumbent began in mid-October 2022.
- Eleven (11) Psychiatric Nurse Practitioners to assist with outpatient mental health service delivery and allow for the re-appropriation of Psychiatry FTEs to higher levels of mental care. These NPs will be assigned regionally and work under the supervision of Psychiatry staff in accordance with state rules and regulations on supervision.
- Five (5) Activity Therapists to add to the structured clinical services provided within our mental health residential programs and secure residential programs. These positions will also help re-appropriate current activity therapy staff to provide services at GPH and provide dedicated services to every residential program. This brings our total AT staffing to 10 (9 therapists plus one supervisor).

A psychologist position and a psychometrist position has been secured to assist with the provision of services to our reception center. The psychometrist has been hired and will begin on 11/28 and the psychologist position is pending hire with hopes of an incumbent being ready by December

2022.

Suicide Review Process

We reviewed in detail with staff from MUSC, QIRM, mental health and custody leadership staff the current suicide review process, which did not appear to adequately integrate the psychological autopsy with medical and security reviews. This appeared related, in part, to the police services investigation process. Further discussions with the Office of Inspector General and medical staff leadership should occur and attempt to remedy this issue.

Medication Management Issues

Significant time was spent reviewing current psychotropic medication management procedures with clinical staff representatives including pharmacy, nursing and psychiatry. Pharmacy appears to be able to process orders and refill orders in a timely manner, although there appears to be some breakdown in accessing additional 30-day refills at administration sites. There is limited space at those sites to hold greater than 30-day supplies for each inmate.

The larger problem is the antiquated repackaging, administration and accountability for/documentation of administration processes that exist through SCDC. Different staff are involved in creating individual inmate paper envelopes with cellophane inserts (that are reused). Staff are unclear as to how many should be available in each envelope at any one time. Though the general consensus was three, observed pill line administration showed varying numbers of packets per envelope. There is not uniformity in the number of packets prepared or for the administering staff to know the medication identification being administered. Inmate IDs are being matched to hand labeled paper packets, but inmates report being administered the wrong medications on a frequency that cannot be verified. All MARS are prepared after the fact and depend on review of packets that have been reversed in an open tote. There were incidents reports of dropped totes or packets that result in loss of any accountability for individual inmate medications.

Although this system has been addressed historically as being in need of change to improve medication management, safety and accountability, little progress has been made. The current suggestions have been identified for an extended period without any movement to establishing a more reliable and accountable medication management system. This remains an area in need of redesign to support adequate mental health treatment services for the SCDC population.

The Settlement Agreement (SA)

Appendix III provides our findings regarding specific provisions of the Settlement Agreement. The following sections will provide a summary of many of the SA provisions.

Reception and Evaluation Process

The Office of Behavioral Health (OBH) reports that during this reporting period, the multidisciplinary teams continued to develop and refine the standard operating procedures for

processing and classifying inmates arriving at SCDC. The interim goal is to complete all evaluations and classification within 45 days with a long-term goal of completion within 30 days. The current operating procedure successfully achieves the 45-day goal for most of the R&E inmates.

SCDC reported the following:

The Mental Health service at [the Kirkland] R&E was partially staffed throughout this reporting period. The new R&E Manager was fully trained and leading the mental health program through this reporting period. In April staffing consisted of the Manager and three QMHPs. Unfortunately, two of those QMHPs took other positions within the department and left at the end of June. Despite this, the mental health evaluations for R&E Inmates were largely completed within the 45 days. This was achieved through scheduling several large clinics with QMHPs from other programs volunteering to assist.

Following the resignation of the two QMHPs R&E has not been able to provide weekly rounds to RHU and SSR. Instead, R&E staff have consistently responded to requests for service and emergencies from these units.

At the beginning of October, the R&E Manager resigned, and her last day was October 19, 2022. Since that time the Chief of Psychologist, the R&E QMHP and two QMHPs, who have volunteered a few days a week, have been covering the R&E Mental Health Service. Additionally, we are actively recruiting and interviewing a new manager, a psychologist to be dedicated to R&E, a psychometrist and staff QMHPs.

The Camille Graham Correctional Institution's R&E process continues to improve in the context of completing the required mental health and medical assessment processes as well as the security classification process within 45 days of an inmate's admission. Delays in transferring R&E inmates who have completed the assessment process continue, related in part, to proper bed type availability. Related to custody vacancies, out of cell time is limited for R&E inmates, even when the screening/classification process has been completed, which is problematic from a mental health perspective due to the essential lockdown status of R&E inmates. A QMHP allocation is recommended for providing mental health services to these inmates due to their prolonged stay in R&E.

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

OBH reported the following:

SCDC has continued to see steady growth in the mental health caseload, which rose to a high of 31.9% of the overall inmate census in September 2022, up from 28.4% just two years prior; and doubling in overall percentage since the onset of the settlement agreement

in September 2016 (15.6%).

Behavioral Health Services continues to track inmates' rate of movement from lower to higher levels of mental health care. The current five-year monthly trend for referrals to a higher level of mental health is 33 inmates per month. This is equivalent to the number of referrals to a higher level of mental health care over the last 6- months (average = 33, April 2022 to September 2022). In comparing the 5-year monthly trend and 2-year monthly trend, it is evident that the 2-year average has begun to rise toward the five-year trend and is showing recovery from a decrease in average due to the COVID-19 pandemic. The last six months also showed a much more stable rate of referrals, with referral rates ranging from a low of 30 to a high of 38.

SCDC has established a process that appears to adequately identify inmates in need of mental health treatment. This is a major accomplishment which is a significant change from the mental health system prior to the litigation that led to the current Settlement Agreement.

Our June 2022 report included the following:

Although it appears inmates in need of mental health treatment are being appropriately identified, it is less clear whether such inmates are being placed in the appropriate level of mental health care. An example of this is that currently about 5.11% of caseload inmates are classified as needing an L2 level of mental health care (LOC). In general, it would be expected that about 10-15% of the mental health caseload in a correctional system would be classified as needing an L2 LOC....

Related primarily to custody and mental health staffing deficiencies, significant problems remain regarding inmates having timely access to mental health evaluation and treatment services.

Our opinion regarding the above remains the same.

Gilliam Psychiatric Hospital (GPH)

SCDC reported the following:

The Office of Behavioral Health secured funding for, posted, and hired a Clinical Director for Gilliam Psychiatric Hospital (GPH) (Start date of 11/7/2022). The Clinical Director position will allow for consistent clinical oversight, to include monitoring compliance and quality of services rendered, development and implementation of training and programming for the inpatient population, and supervision of the Qualified Mental Health Professionals (QMHPs) at GPH. This position requires a doctorate and license to practice psychology in the state of South Carolina. Additionally, the Office of Behavioral Health and the Office of Operations initiated a weekly meeting with Kirkland's executive management and GPH staff to discuss and resolve barriers to treatment access. This weekly meeting

has resulted in improved communication between staff, an increase in access to structured treatment opportunities, and an increase in unstructured out of cell time. There also continues to be expansion / renovation plans for GPH. This includes the conversion of 24 cells on the lower tiers to meet “safe cell” (anti-ligature) standards. This project included the ordering of new doors for each cell. The doors have been ordered and SCDC is awaiting delivery. The project also includes the expansion of onsite treatment space at GPH which will require some internal construction. This construction is scheduled to start after the completion of the upgrades to the Broad River CI restricted housing unit. The final project will yield a total of 4 large multi-use treatment spaces, as well as a secure small group treatment room equipped with security chairs ordered from Florida PRIDE. SCDC also secured funding for and are currently hiring two (2) administrative assistants to help manage GPH. These administrative staff members will aid the Hospital Administrator and the new Clinical Director.

GPH is now functioning much more like a hospital setting in contrast to a lockdown housing unit as was reported during June 2022.

Behavioral Health Construction

The pre-site information included the following:

SCDC has continued to move forward with our partnership with the Medical University of South Carolina to establish a 12-bed Behavioral Health Inpatient Unit for Women at MUSC Lancaster. Construction has begun to upgrade perimeter security of the unit, as well as the internal unit security systems. This unit will be managed by a combination of MUSC medical and mental health staff and onsite correctional security staff provided by SCDC. The planned completion of this project is estimated to be May 2023. In relation to the opening of this unit, a contingent of 12 staff from MUSC and SCDC traveled to Texas to meet with and review the facilities, procedures, and practices of the partnership between the Texas Department of Criminal Justice and the University of Texas Medical Branch.

BRCI and CGGCI: Behavioral Health Services has secured funding to construct two (2) modular buildings to expand staff workspace and programming space at Camille Graham and Broad River. The modular structures are being planned and will provide 5 to 6 group rooms per structure, as well as much needed office space for mental health staff.

The above construction projects were very encouraging and will significantly improve mental health services within SCDC when completed.

Restricted Housing Units/ SMHU / HLBMU/ CHOICES

HLBMU / CHOICES:

SCDC reported the following:

During the review period SCDC executed a plan to move the High-Level Behavioral Management Unit (HLBMU) and the CHOICES residential treatment program to Broad River Correctional Institution. This move was orchestrated to improve the programming space and management of both programs. The HLBMU now has 3 accessible group rooms to provide treatment to their population, and larger and safer space. CHOICES and HLBMU are managed by the same Mental Health Administrator and are now both inside the same building at BRCI. This has helped create the opportunity for improved oversight and economy of scale regarding staffing. This move also relieved Kirkland Correctional Institution of two intensive clinical programs on a prison yard already taxed for resources by an Infirmary, a Psychiatric Hospital, SSR, ICS and a Reception Center. The HLBMU also began holding a weekly meeting during the review period to discuss barriers to treatment within the High-Level Behavioral Management Unit (HLBMU). These meetings resulted in improved access to structured and unstructured out of cell time.

With the move to BRCI, the physical plants for the HLBMU and CHOICES programs are vastly improved and very adequate. However, the significant mental health staffing vacancies as described in Appendix III have resulted in inadequate programming within these two programs.

The SMHU appears to be functioning as planned. Out of cell time offered to RHU inmates, although not adequate, has significantly improved since our June 2022 assessment. We were very impressed with the completed renovation of the RHU at BRCI (See Appendix 15) as well as the increased out of cell time being offered to those inmates. The RHU at Lee Correctional Institution, however, remains very problematic related to the significant staffing vacancies.

- **Kirkland Correctional Institution Transitional Unit (KCI TU)**

The KCI TU houses inmates that have been removed from the KCI general population and R/E housing units. Inmates assigned the KCI TU do not consistently receive three (3) showers weekly. No out of cell time is provided inmates assigned the KCI TU except for showers. On occasion, inmates in the KCI TU remain for more than forty-five (45) days. During the IP on-site visit, SCDC officials began developing a plan of action to address the conditions of confinement issues in the KCI TU.

- **Kirkland Correctional Institution SSR Max Unit (KCI-SSR Max)**

The KCI SSR Max houses the most dangerous inmates in the system. The responsible IP member reviewed four (4) KCI SSR Max inmates classification records during the site visit. The reviewed inmates appeared appropriately classified to KCI SSR Max Unit. Problematic is the KCI SSR Max Unit does not have an assigned full time QMHP. Part time services are provided by QMHPs from other KCI areas.

- **Broad River Correctional Institution Restrictive Housing Unit-Saluda (BR-RHU)**

The BR RHU was recently renovated, and the physical plant is vastly improved. The BR RHU conditions of confinement have significantly improved over the course of the Settlement Agreement.

- **Lieber Correctional Institution Restrictive Housing Unit (LBR-RHU)**

Lieber CI struggles to provide required RHU services due to staff shortages. The IP toured the RHU and talked with a number of inmates. The RHU sanitation has improved from the last IP site visit. Access to showers and out of cell recreation is not consistently provided the RHU inmates. The frequency of access to showers and out of cell recreation remains problematic. Correctional Staff is not conducting required welfare checks two times per hour at irregular times no more than forty minutes apart as required by policy and good correctional practice.

- **Lee Correctional Institution Restrictive Housing Unit (LCI-RHU)**

The LCI RHU conditions of confinement are problematic. The IP toured the RHU and identified multiple lights were non-operational. Following the IP site visit, SCDC Headquarters staff provided the IP a report that identified 45 of the 92 RHU cell lights were non-operational. The IP observed numerous cell doors with windows obstructed. Cells were observed with clothes lines, strings for moving contraband from cell to cell, and cell walls covered with graffiti. The shower ceilings on the upper tier appeared to have mold. SCDC Headquarters staff advised that a cell lights project had been initiated due to the IP site visit findings and would begin, Monday, December 12, 2022. All the LCI RHU cell lights are being replaced. Noise levels in the housing unit were high, making it difficult to have a conversation with inmates. The SCDC provided QIRM reports revealed LCI RHU inmates are only receiving minimal showers and out of cell recreation. Correctional Staff are not conducting required welfare checks two times per hour at irregular times no more than forty minutes apart. There were inmates receiving out of cell recreation and participating in a group during the IP LCI RHU tour.

- **Camille Graham Correctional Institution Restrictive Housing Unit (CG RHU)**

Camille Graham CI staff shortages impact services. The IP toured the RHU and talked with a number of inmates. The CG RHU was quiet and very clean. Inmate access to out of cell recreation is not consistently provided one (1) time per day, five (5) times per week. Showers are consistently provided, as required three (3) times per week. Correctional Staff are conducting required welfare checks two times per hour at irregular times no more than forty minutes apart the majority of the time.

The Treatment Planning Process

Our June 2022 report included the following:

A comprehensive review of the treatment planning process was completed by QIRM. The frequent absence of psychiatrist involvement and inmate/patient attendance and involvement in the treatment planning meeting were particularly problematic. Lack of timely treatment plan development also remained a significant problem. The average quality assessment compliance score across programs in the

context of treatment planning was only 49%.

We understand that the treatment planning process is greatly influenced by the significant mental health staff and custody staff vacancies, which along with Covid-19 related issues, have significantly negatively impacted the treatment planning process.

Due to the continued staffing vacancies, our current findings are very similar to those reported during June 2022.

Crisis Intervention Cells

Our June 2022 report included the following:

Significant issues remain in the context of providing continuous observation of suicidal inmates as well as providing confidential and timely sessions with mental health counselors, psychiatrists and psychiatric nurse practitioners for CI inmates. Security staffing shortages system wide prevent SCDC from providing continuous observation when required for inmates on crisis status in RHU cells.

QIRM QI studies indicated little change from the above although there appeared to be some methodological issues in such findings. An extended discussion took place about the need to have the medical record reflect when continuous observation starts and stops.

Drs. Metzner and Johnson have been meeting with SCDC leadership mental health staff on a monthly basis to review ongoing QI studies relevant to the use of CI cells systemwide. Significant progress has been made in managing inmates on CI status whose issues are primarily custody related in contrast to mental health concerns, which has resulted in better use of scarce CSU resources.

Crisis Stabilization Unit (CSU)

The most significant change since our June 2022 site assessment has been the hiring a full-time psychiatrist for the CSU, which has significantly improved the quality of care offered to CSU inmates.

Special Concerns Offender Reintegration (SCOR)

SCDC RHUs continue to have a high number of inmates that are on safety concerns status. At the end of the IP reporting period in September 2022, the SCDC RHUs had 139 inmates on safety concerns status. SCOR is designed to help motivate offenders in making a successful reintegration, stepping down from Restrictive Housing and returning to general population, while simultaneously providing opportunities for successful reentry into their communities upon release from incarceration. The Evans CI SCOR capacity has a capacity of 45 inmates; however, the current population is 20. The responsible IP member met with SCDC Operations, Program, Classification

and QIRM staff to discuss why the SCOR population has remained low when the number of inmates in RHUs on safety concerns remains high. SCDC agreed that SCOR placement procedures needed to be reviewed to determine if barriers were preventing SCOR placement of appropriate inmates. It was also agreed that a quality improvement study was needed to assess all inmates on RHU safety concerns status to determine the number eligible for RHU alternatives.

Site Visits

From December 5-9, 2022, a focused site assessment was completed at Broad River Correctional Institution (BRCI), Kirkland Correctional Institution (KCI), Camille Graham Correctional Institution (CGCI), Lieber Correctional Institution and Lee Correctional Institution. Summaries of more site-specific observations and findings are presented in the Additional Information section of Appendix III.

Substantial compliance is now present for the following provisions:

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

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

Substantial compliance has been maintained for the following provisions:

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

4.a.iii. Segregation and crisis intervention logs

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

4.a. ix. Quality management documents

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

Findings

The findings of the Implementation Panel with regard to compliance on the provisions of the Settlement Agreement based on the review and site visit concluded on December 9, 2022, are as follows:

1. Substantial Compliance (active) ----- 6

2. *Substantial Compliance (sunset/greater than 18 months)*-----29
3. *Partial Compliance* ----- 22
4. *Non-Compliance*----- 2

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

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

Implementation Panel December 2022 Assessment: Partial compliance

Implementation Panel December 2022 Findings: As per status update section and Attachment 1. Staffing vacancies remain an issue. Only 0.5 FTE of the 4.0 FTE QMHP allocations at the KCI R&E were filled. It was reported that a new R&E manager will be starting in two weeks. Weekly mental health rounds are performed by a MHO.

Implementation Panel December 2022 Recommendations: Remedy the vacancy issues.

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

Implementation Panel December 2022 Assessment: Partial compliance

Implementation Panel December 2022 Findings: As above. No change. The referenced vacant position has been filled since November 1, 2022, which should impact this provision for the next reporting period.

Implementation Panel December 2022 Recommendations: Begin the QI process and report for the next reporting period.

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

Implementation Panel December 2022 Assessment: Partial compliance

Implementation Panel December 2022 Findings: As per status update section, Attachment 2 and provision 1a. Significant improvement continues in meeting timeline requirements for the R&E assessment process. Issues in complying with transfer timeframes were related to Covid-19 issues, staff vacancies and availability of the “right” (i.e., appropriate custody level) beds in other prisons.

Implementation Panel December 2022 Recommendations: Remedy the vacancy issues and continue to address barriers to appropriate housing assignments.

1.d. Development of a program that regularly assesses inmates within the general

population for evidence of developing mental illness and provides timely access to mental health care.

Implementation Panel December 2022 Assessment: Substantial compliance is now present (December 5, 2022).

Implementation Panel December 2022 Findings: As per status update section. Our June 2022 report included the following:

Approximately 31% of the total inmate population is on the mental health caseload at this time, which is consistent with a mental health screening process being an effective process for identifying inmates in need of mental health services during some time in their incarceration.

Although it appears clear inmates in need of mental health treatment are being appropriately identified, it is less clear whether such inmates are being placed in the appropriate level of mental health care. An example of this is the percentage (about 5.11%) of caseload inmates being classified within SCDC as needing an L2 level of mental health care (LOC). In general, in a correctional system it would be expected that about 10-15% of the mental health caseload would be classified as needing an L2 LOC.

Our opinion re: the above has not changed but the the issue of whether an appropriate level of care is being identified will be monitored through provisions in 2. A. Access to Higher Levels of Care.

Compliance is now present.

Implementation Panel December 2022 Recommendations: Continue to monitor.

2.a. Access to Higher Levels of Care

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

Implementation Panel December 2022 Assessment: Partial compliance

Implementation Panel December 2022 Findings: In the context of the correctional institutions site visited during this monitoring period, the QIRM reviews reported significant deficiencies in the delivery of mental health services to inmates at BRCI, CGCI, KCI, GPH, Leath CI, Lieber CI and Lee CI. Many of these deficiencies are very basic processes such as timeliness of clinical contacts and treatment plans. Refer to the “additional information” section for more information re: these issues. The above problem is predominantly due to mental health staffing vacancies.

As reported during June 2022, the number of Intensive Outpatient inmates vis-a-vis outpatient mental health inmates has significantly increased since 2014 and appears to have stabilized at ~11%. A closer look at this may well identify inmates in need of L2 services. Level changes would likely bring the L2 numbers within the population closer to that expected in most correctional systems.

Compliance with increasing the number of Intensive Outpatient inmates vis-a-vis outpatient mental health inmates remains in partial compliance pending clarification on ability to provide sufficient facilities for outpatient treatment.

Implementation Panel December 2022 Recommendations: Provide pre-site data prior to the next site assessment re: providing sufficient facilities (e.g., office space and programming space)

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

Implementation Panel December 2022 Assessment: Partial compliance

Implementation Panel December 2022 Findings:

Significant compliance issues exist in the context of providing timely clinical contacts to L2 caseload inmates related to staffing vacancies. Our June 2022 report included the following:

SCDC has significantly increased the number of male and female inmates receiving intermediate care services since 2014. However, it is likely that there are a significant number of additional inmates on the mental health caseload in need of L2 level of care services who have not been appropriately identified/classified. As already noted, based on our national experience, it would be expected that about 10-15% of the mental health caseload within a correctional system would be classified as needing an L2 LOC.

Our opinion re: the above remains unchanged.

In general, treatment plans for L3 inmate are not reviewed via a treatment team process. Related to continuity of care and appropriate level of care issues, re-assessing a L3 inmate's level of care (LOC) needs is frequently problematic.

Implementation Panel June 2022 Recommendations: Address the above issue via a more robust LOC review (particularly for current L3 inmates) and/or a quality improvement study that reviews accuracy of LOC assignments.

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

Implementation Panel December 2022 Assessment: Partial compliance

Implementation Panel December 2022 Findings: Significant compliance issues re: timeliness of clinical contacts for GPH patients were present.

The investigation at GPH referenced in our June 2022 report has ended and resulted in termination of some correctional officers due to excessive use of force issues. In addition, the correctional officers assigned to GPH on a fulltime basis are no longer being pulled for coverage in other areas at KCI, although the duration of this being in place is unclear. During the time of the site visit, about 25% of the correctional officers assigned to GPH were assigned on a fulltime basis. It is our understanding that the goal is that this percentage will gradually increase to 100%, although how this will continue to be impacted by correctional staff shortages is unclear.

The census within the GPH has significantly decreased since June 2022 site visit as a result of discharging patients who were no longer in need of acute level of mental healthcare. Many of these patients were transferred to the ICS program.

About 16 GPH inmates were interviewed in a community meeting-like setting. These patients reported being offered 1-2 hours per weekday of out of cell structured therapeutic activities, which they found to be helpful. In addition, they were offered dayroom time on a Monday through Friday basis for about six hours per day. They generally met with their primary care mental health clinician on a weekly basis and with their psychiatrist on a monthly basis and as needed. Inmates reported that they did not receive out of cell time during weekends.

The phlebotomist position remains vacant but it was reported that nursing staff was used for drawing blood as needed.

The unit was very clean.

Significant improvement is noted in the context of GPH being a more therapeutic environment and providing increasing number of hours of out of cell structured therapeutic activity as well as unstructured out of cell time. The milieu was much more of a therapeutic hospital environment as compared to prior site visits.

Less information was provided as to how L1 female inmates (or those that clinically should be classified as such) were being managed while awaiting availability of formal inpatient beds.

Implementation Panel December 2022 Recommendations: Continue increasing the number of hours of out of cell structured therapeutic activities and maintain the current level of out of cell unstructured activities being offered to patients at GPH.

Patients should not be locked down on weekends. Remedy the vacancy issues.

Clarify and track compliance with the internal management requirements for female L1 inmates while awaiting completion of formal inpatient space.

2b. Segregation:

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

Implementation Panel December 2022 Assessment: Partial Compliance

Implementation Panel December 2022 Findings: See 2.b.iii. findings. SCDC continues to house inmates on the mental health caseload in RHUs on SD status without providing required access to group and individual therapy services.

Implementation Panel December 2022 Recommendations: Continue efforts to give segregated inmates access to group and individual therapy services and provide documentation of these efforts..

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

Implementation Panel December 2022 Assessment: Partial compliance

Implementation Panel December 2022 Findings: See Attachment 7---mentally ill RHU inmates are not receiving adequate out of cell time. The major barriers to offering adequate out of cell time remain significant custody staffing vacancies and, to a lesser extent, Covid 19 issues.

Access for inmates to tablets continues to be a significant mitigating factor but remains limited due to re-charging limitations.

Implementation Panel December 2022 Recommendations: Consider other mitigation efforts to partially compensate for the limited out of cell time. Establish goals to track incremental improvements in amount of recreation and other out of cell time being offered and continue to report on compliance with these goals (i.e., how many had 2 days or 3 days of out of cell time).

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

Implementation Panel December 2022 Assessment: Partial compliance

Implementation Panel December 2022 Findings: As per status update section. Barriers to compliance continue to be predominantly custody staffing vacancies, although Covid related movement restrictions intermittently contribute to this issue.

Implementation Panel December 2022 Recommendations: Remedy the above.

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

Implementation Panel December 2022 Assessment: Partial compliance

Implementation Panel December 2022 Findings: As per status update. The partial compliance rating is related to not providing adequate and timely treatment following transfer to a higher level of care.

Implementation Panel December 2022 Recommendations: Remedy the above.

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

Implementation Panel December 2022 Assessment: Partial compliance

Implementation Panel December 2022 Findings: SCDC Operations continues to conduct required correctional facility's RHU and Crisis temperature checks and cell inspections; however, the overall compliance rate of 90 percent was not achieved for all institutions from April 2022 through September 2022.

SCDC information demonstrates an improvement to an average of 100% when the temperature was out of range, and 64% of the time, the comments noted appropriate action was taken to rectify the deficiency. An improvement was also demonstrated to an average of 100% when a temperature was out of range, and 100% of the time, the comments were appropriate to rectify the deficiency.

Implementation Panel December 2022 Recommendations:

1. Continue efforts to achieve substantial compliance with conducting the required RHU cell temperature and cell cleanliness checks.
2. The Operations Division continue quality improvement efforts to ensure correctional staff document appropriate comments when cell temperatures are out of range and/or a cell is not in an acceptable condition.
3. Headquarters and Correctional Facility Management conduct timely follow up and take corrective action when compliance issues are identified.

4. Continue to conduct temperature and cleanliness checks for each institution's CI cells and 4 random RHU cells.

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

Implementation Panel December 2022 Assessment: Partial compliance

Implementation Panel December 2022 Findings: The implementation of a formal quality management program under which segregation practices and conditions are reviewed continues. The Division of Operations has a quality management process that reviews and monitors segregation practices and conditions. QIRM completes regular audits of several categories within the RHU at each institution. These areas include timeliness and location of QMHP and Psychiatry sessions, timeliness of treatment plans, participation in treatment team, mental health reviews of Mental Health and Non-Mental Health inmates, segregation rounds, security checks, showers, temperature and sanitation, recreation, laundry services, cell cleaning supplies, RHU staff visitation, and RHU inmates on crisis. The Offender Automated Tracking System (OATS) allows Operations to track services and programs provided in RHUs.

Staffing shortages hinder compliance with the majority of the segregation practices and conditions reviewed i.e., security checks, temperature and cell cleanliness checks, recreation, showers, staff visits, classification reviews, medical and mental health contacts/assessment, etc. Compliance for this provision will be achieved when the QI process demonstrates improvement in the context of the various indicators.

The following is a summary of the RHU findings for these sections:

The monthly RIM Inappropriate Sanctions for Informal Disciplinaries Report is used by Operations to monitor inappropriate phone or visitation sanctions. The report identified one mentally ill inmate who received informal disciplinaries resulting in telephone sanctions in April 2022; it was determined to be inappropriate according to policy.

The Offices of Operations, Behavioral Health, and the Division of Classification & Inmate Records continue a multidisciplinary approach to reviewing inmates who remain in the RHU for 365 days or more. Staff participating in the review as dictated by policy include ADDO, a Regional Director or comparable level from Operations, the Assistant Deputy Director of Behavioral Health or higher level, the Division Director of Men's or Women's Services (as applicable), and the Director of Classification and Inmate Records. From January 1, 2022, forty-six (46) inmates in RHU for 365 days or more were reviewed by the DDO, and as of October 31, 2022, one (1) inmate was reviewed and released. As of October 31, 2022, one inmate was identified as having been in the RHU 365 days or more without a DDO review. As of October 8, 2022, there were forty-seven (47) inmates in an RHU for over 365 days.

SCDC conducts an analysis of the required RHU reviews: 7-day, 30-day, and 90-day reviews. The assessed prisons: Broad River, Camille Graham Lee, Kirkland, Lieber, and Leath are not meeting the required 90 percent compliance rate for the required reviews.

- 54%-7-day reviews January 2022 – September 2022.
- 11%-30-day reviews from January 2022–September 2022.
- 71%-90-day review from January 2022 – September 2022.

The Broad River, Camille Graham Lee, Kirkland, Lieber, and Leath Prisons' percentage of inmates in ST custody status in RHU less than or equal to 60 days between October 2021 – September 2022. Compliance was at 88 percent.

Implementation Panel December 2022 Recommendations:

Continue the QIRM and Office of Operations formal quality management program reviewing SCDC segregation practices and conditions.

2.c. Use of Force:

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

Implementation Panel December 2022 Assessment: Sustained compliance achieved (December 2022) after remaining in substantial compliance for 18 months.

Implementation Panel December 2022 Findings: The provision was found in substantial compliance in July 2021 and remains. The SCDC Plan to eliminate the disproportionate use of force against inmates with mental illness continues. The provision has been in substantial compliance for 18 months and has achieved sustained compliance.

The average percentage of UOF incidents occurring in Mental Health inmates is 0.74%, and the average in the non-mental health inmate population is 0.14%.

Implementation Panel December 2022 Recommendations:

1. SCDC QIRM, Operations, and Behavioral Health monitor all UOF incidents to identify and address the reasons for disproportionate Use of Force involving inmates with mental illness;
2. The Division of Operations, Behavioral Health Services UOF Coordinator and QIRM Use of Force Reviewers collaboratively work together to address issues and concerns that contribute to disproportionate UOF involving mentally ill inmates;
3. QIRM continue QI studies regarding the Division of Behavioral Health reviewing UOF incidents involving inmates with a mental health designation; and

4. The Behavioral Health Coordinator ensures follow up is documented regarding any Division of Behavioral Health deficiencies identified in the review of Use of Force incidents involving inmates with a mental health designation.

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

Implementation Panel December 2022 Assessment: Substantial Compliance (December 2021)

Implementation Panel December 2022 Findings: The provision remains in substantial compliance. Correctional staff reasonably perceived a threat of harm, or documented a legitimate penological need for force, in 99.6% of all use of force incidents between April 1, 2022, and September 30, 2022. Corrective Action was taken in 94.1 percent of the UOF incidents where it was determined correctional staff used force absent a reasonably perceived immediate threat. The number of use of force incidents each month from April 2022 through September 2022 was as follows:

April 2022	30
May 2022	46
June 2022	45
July 2022	43
August 2022	62
September 2022	47
Total	273

Average: 45.5 Use of Force Incidents per month April 2022 through September 2022.

The following review of use of force incidents continue:

- IP continues to monitor SCDC Use of Force MINS Narratives monthly to identify incidents where there did not appear to be a reasonably perceived immediate threat that required a use of force.
- Headquarters Operations Leadership continues meetings with Institution Management staff where high numbers of problematic UOF incidents are identified to develop strategies to address inappropriate UOF.
- QIRM, Operations Leadership and the Behavioral Health UOF Coordinator regularly meet to discuss Agency UOF issues.
- The IP Use of Force Reviewer, QIRM UOF Reviewers, the Behavioral Health UOF Reviewer and SCDC Operations Leadership continue to jointly review Monthly Use of Force MINS to discuss issues and attempt to reduce the inappropriate use of force.
- The Division of Behavioral Health continues to provide a written report for all incidents involving UOF to prevent inmate self-injury. The written report of all UOF incidents to prevent inmate self-injury are discussed at all monthly UOF MINs meetings.

SCDC continues to take corrective action for Use of Force policy violations by employees.

Implementation Panel December 2022 Recommendations:

1. Operations, the Behavior Health UOF Coordinator and QIRM continue to review use of force incidents utilizing the automated system to identify use of force violations;
2. QIRM, the Behavior Health UOF Coordinator and Operations leadership continue frequent 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 Behavior Health 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 QI Inmate Grievances submitted alleging staff excessive force and physical abuse;
6. QIRM QI incidents and grievances referred to the Office of Investigations and Intelligence related to UOF and Physical Abuse;
7. Continue referrals to the Office of Investigations and Intelligence, Inmate Grievance Program, and Use of Force Review Team for excessive force and physical abuse and document the reasons an investigation is not opened;
8. QIRM to include the UOF violations QIRM identified in their review of use of force incidents in each reporting period UOF Reports; and
9. Require meaningful corrective action for employees found to have committed use of force violations.

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

Implementation Panel December 2022 Assessment: Substantial Compliance (June 2022)

Implementation Panel December 2022 Findings: Per the SCDC Status Update substantial compliance with the provision continues. During the October 2021- Sept 2022 period, QMHPs were contacted on average 92.3% of the time prior to a planned use of force. The Office of Operations continues to take corrective action when staff fail to contact a QMHP prior to a planned UOF.

Implementation Panel December 2022 Recommendations:

1. Continue Substantial Compliance with attempts to contact clinical counselors (QMHPs) to request their assistance prior to a planned use of force involving mentally ill inmates.
2. QIRM continue QI studies regarding SCDC attempts to contact clinical counselors (QMHPs) to request their assistance prior to a planned use of force involving mentally ill inmates.

3. Behavioral Health conduct qualitative reviews to evaluate QMHP attempts to avert planned UOF involving mentally ill inmates.

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

Implementation Panel December 2022 Assessment: Substantial Compliance (December 2021)

Implementation Panel December 2022 Findings: Per the SCDC Update, substantial compliance continues. Operations had 91.9 percent of their active employees complete the required suicide Managing Mentally Ill Offender Curriculum for CY 2022 by August 28, 2022.

The IP continues to encourage SCDC Management and responsible training staff to consult with Behavior Health staff to assess if correctional staff are receiving sufficient training to manage and appropriately respond to mentally ill inmates, particularly staff performing duties in housing units that are designated as residential mental health programs.

Implementation Panel December 2022 Recommendations:

1. Training, Operations and Behavior Health staff conduct periodic evaluations to determine if correctional staff are receiving sufficient training to manage and appropriately respond to mentally ill inmates;
2. Continue to document and track the number of required employees completing the mandatory training for appropriate methods of managing mentally ill inmates in the 2022 Calendar Year;
3. Continue to ensure correctional officers receive the required SCDC mandatory training concerning the appropriate methods of managing mentally ill inmates and suicide prevention for Calendar Year 2022.

3. Employment of enough trained mental health professionals:

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

Implementation Panel December 2022 Assessment: Partial compliance

Implementation Panel December 2022 Findings: As documented in Attachments 9 & 10, significant problems continue re: timeliness of treatment plans as well as attendance at treatment plan meetings.

Implementation Panel December 2022 Recommendations: Our June 2022 report included the following:

It is unlikely that the treatment planning process will improve significantly until the staffing vacancies have been remedied. Given this, staff are encouraged to focus on integrating mitigating interventions into treatment planning where applicable and available.

Our opinion remains the same.

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

Implementation Panel December 2022 Assessment: Substantial compliance (December 2022)

Implementation Panel December 2022 Findings: The Office of Behavioral Health reported a 88% compliance with the training requirement for Mental Health General Provisions from April – September and 96% compliance with the training requirement from May – September.

Implementation Panel December 2022 Recommendations: Compliance is now present.

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

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

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

Implementation Panel December 2022 Assessment: Substantial Compliance (December 2021)

Implementation Panel December 2022 Findings: As per status update section. Attachment 11 provides a summary of IT projects relevant to this provision.

Substantial compliance continues.

Implementation Panel December 2022 Recommendations: Implement the referenced IT projects.

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

Implementation Panel December 2022 Assessment: Partial compliance

Implementation Panel December 2022 Findings:

Disciplinary Records Disciplinary Records

The SCDC continues a tracking system to ensure each SCDC correctional facility's Mental Health Disciplinary Treatment Team (MHDTT) reviews disciplinary sanctions imposed for inmates with a Mental Health Designation Level 1, 2, and 3 (*Disciplinary Sanctions Modified by MHDTT Report*). The MHDTT modified the sanctions imposed in 64 disciplinary hearings involving mentally ill inmates.

Medication Administration Records

See provision 5b. status update section.

Implementation Panel December 2022 Recommendations:

1. SCDC continue to track and ensure each correctional facility's MHDTT reviews disciplinary sanctions imposed for inmates with a Mental Health Designation Level 1, 2, and 3 utilizing the *Disciplinary Sanctions Modified by MHDTT Report*.
2. SCDC implement the revised procedures to ensure Behavioral Health provides a statement for inmates on the mental health caseload scheduled for disciplinary hearing; document the Behavioral Statement was received and upload it in the SCDC Inmate Disciplinary Hearing software.
3. SCDC implement measures to ensure DHOs are uploading mental health statements from Behavioral Health for inmates on the mental health caseload having a disciplinary hearing.

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

Implementation Panel December 2022 Assessment: Substantial Compliance (July 2021)

Implementation Panel December 2022 Findings: Substantial compliance continues.

5.a. Improve the quality of MAR documentation;

Implementation Panel December 2022 Assessment: Partial compliance

Implementation Panel December 2022 Findings: As per status update section. See 5.b. and 5.d.

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

Implementation Panel December 2022 Assessment: Partial compliance

Implementation Panel December 2022 Findings: As per current status update section. Of note, however, is the fact that MAR documentation accuracy in many settings is dependent of an antiquated and delayed system of recording that provides little accountability for accuracy of

actual administration of medication. Staff are dispensing medication that they may not have set up and do not always have the technology at hand or the time to answer questions or check accuracy on medication that is being administered.

Implementation Panel December 2022 Recommendations: Implement the above. Formalize a task force to review the medication management process with particular attention to the period after the pharmacy delivers the medication to the various units. Report of the findings to the IP panel.

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

Implementation Panel December 2022 Assessment: Partial compliance

Implementation Panel December 2022 Findings: As per status update section. We discussed with leadership staff issues with the 5 am and “hs” 5 pm pill line schedules. Data was requested prior to the next site assessment to help further assess these issues. Such data would include, but not be limited to, the following: number of inmates refusing psychotropic medications during the 5 am pill call line and the number of inmates refusing psychotropic medications prescribed on a hs basis that are administered prior to 8 pm.

Implementation Panel December 2022 Recommendations: Provide the requested data.

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

Implementation Panel December 2022 Assessment: Partial compliance

Implementation Panel December 2022 Findings: As per status update section. See 5.b.

Implementation Panel December 2022 Recommendations: Implement the above and the recommendations in 5. b.

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

Implementation Panel December 2022 Assessment: Partial compliance

Implementation Panel December 2022 Findings: As per status update section. Drs. Metzner and Johnson have been meeting with SCDC leadership mental health staff on a monthly basis to review ongoing QI studies relevant to the use of CI cells systemwide. Significant progress has been made in managing inmates on CI status whose issues are primarily custody related in contrast to mental health concerns, which has resulted in better use of scarce CSU resources.

Implementation Panel December 2022 Recommendations: Continue focusing on the above QI process.

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

Implementation Panel December 2022 Assessment: Noncompliance

Implementation Panel December 2022 Findings: Our July 2021 and June 2022 findings included the following:

See status update section. The lack of compliance with suicide prevention, management watch procedures is very alarming and potentially dangerous.

Our assessment remains the same. It is our understanding that the data in the status update section is reflective of various documentation issues that are in the process of being corrected. For example, the date of initiation of constant observation and termination of constant observation are often recorded in a manner that is very difficult to determine for QI purposes.

Implementation Panel December 2022 Recommendations: Remedy the above ASAP. This should be considered a high priority and your pre-site information should identify it as such.

6.e Increase access to showers for CI inmates;

Implementation Panel December 2022 Assessment: Partial compliance

Implementation Panel December 2022 Findings: Per the SCDC Status Update and review of provided documents, this provision remains in partial compliance. Inmates on CI status are not receiving increased showers necessary to meet compliance with the provision.

To assess compliance and ensure that inmates on CI are provided increased shower access the following is utilized:

- Showers conducted on Saturday, Sunday, or Monday count towards the first shower (Monday) of the week.
- Showers conducted on Tuesday or Wednesday count towards the second shower of the week.
- Showers conducted on Thursday or Friday count towards the third shower of the week.
- For inmates arriving or departing an RHU, a shower is not required to be provided that day.
- All inmates in RHU, to include those in a safe cell, are required to be provided a shower three times per week during the periods indicated above.
- All inmates in CSU are required to be provided a shower every weekday M-F and on weekends if staffing permits.

Implementation Panel December 2022 Recommendations: Remedy the above and ensure inmates in safe cells and CSU receive the increased showers necessary to meet compliance with the provision.

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

Implementation Panel December 2022 Assessment: Noncompliance

Implementation Panel December 2022 Findings: As per status update section and Attachment 12, significant problems continue in providing clinical contacts in a confidential setting. Data used for QI purposes has been problematic due to the difficulty in determining whether confidential interviews have not occurred related to inmate refusals.

Implementation Panel December 2022 Recommendations: Remedy the above.

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

Implementation Panel December 2022 Assessment: Partial compliance

Implementation Panel December 2022 Findings: Per the SCDC Update and 2.b.vi. Findings. SCDC Operations continues to conduct required correctional facility CI temperature checks and cell inspections. The temperature and cell checks' data demonstrate the provision remains in partial compliance, The institutions assessed averaged less than 90 percent conducting the required RHU and Safe Cell temperature and cell checks.

There has been improvement in correctional staff taking action when temperatures were out of range and cells were unclean.

- CSU an average of 99.3% documented when the temperature was out of range, and 96.9% of the time, the comments noted appropriate action was taken to rectify the deficiency.
- RHU Safe Cells an average of 100% documented when the temperature was out of range, and 74.1% of the time, the comments noted appropriate action was taken to rectify the deficiency.
- CSU an average of 98.4% documented when the cells were unclean, and a noted improvement to an average of 100% of the time appropriate action was taken to rectify the deficiency.
- RHU Safe cells an average of 99.4% documented when the cells were unclean, and an average of 100% of the time, the comments demonstrated appropriate action was taken to rectify the deficiency.

Implementation Panel December 2022 Recommendations:

1. Remedy the deficiencies.

2. Continue the Operations Division's temperature and cleanliness check quality management process for each institution's CI cells and 4 random RHU cells and address the identified deficiencies with comments;
3. All prisons to continue performing required daily inspections for cleanliness and taking temperatures of random cells;
4. SCDC QIRM to continue to perform QI Studies regarding Correctional Staff performing daily, random cell temperature and cleanliness inspections;
5. Security Staff utilize the Zebra selection menu to record when temperatures and/or cell inspections are not within established ranges; and utilize the drop down menu to record comments for deficiencies.

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

Implementation Panel December 2022 Assessment: Substantial compliance (December 2022)

Implementation Panel December 2022 Findings: As per status update section. Compliance has been achieved with implementing the relevant QI process although the QI process continues to demonstrate partial compliance with relevant policies and procedures.

Implementation Panel December 2022 Recommendations: Develop and implement pertinent corrective action plans.

Additional Information

Site Assessments

From December 5-9, 2022, we did focused site assessments at Broad River Correctional Institution (BRCI), Kirkland Correctional Institution (KCI), Camille Graham Correctional Institution (CGCI), Lieber Correctional Institution and Lee Correctional Institution. Attachment 13 provides SCDC institutional counts by population assignment (formerly Custody) and mental health classification for these institutions. Attachment 14 summarizes institutional counts by mental health dorm and mental health classification for these institutions. Appendix V summarizes relevant custody officer allocations and vacancies at each of these institutions.

QIRM reports relevant to the above institutions, which were consistent with our site visits, included the following results:

Kirkland Correctional Institution (KCI)

The count at KCI was 1416 with a capacity 2327 inmates.

The total authorized strength frontline security positions was 198 FTEs with 160 FTE of these positions being funded. The authorized strength frontline security position vacancies was 49.5%. The funded frontline correctional officer vacancy rate was 37.5%.

Review of the Kirkland Correctional Institution Compliance report indicated significant compliance issues, which included but were not limited to the following:

1. Lack of compliance with staff and patient attendance at treatment team meeting for ICS and GPH.
2. Lack of compliance with inmates in RHU safe cells or housed in GPH receiving timely 24-hour and 7-day follow-up sessions after being removed/discharged from crisis status.
3. Lack of compliance with clinical contacts being held in a confidential setting for QMHPs and psychiatrists with R&E and GPH inmates.
4. Lack of compliance re: mental health rounds in the segregation housing units.
5. Lack of compliance with access to showers for segregation inmates.
6. No outdoor exercise was offered during the April-September 2022 reporting period.
7. Lack of compliance with suicide risk assessments for inmates while on suicide precautions in the ICS, R&E and at GPH.
8. Lack of compliance with security checks in RHU.
9. Lack of compliance with classification reviews re: placement in Short Term Detention.
10. Lack of compliance with inmates being transferred to the CSU or removed from crisis or constant observation status within the required 60-hour time frame.

Intermediate Care Services

The count was 158 with a capacity of 180.

Staffing included 1.5 FTE psychiatrists, 8.0 FTE QMHPs with 1.0 FTE vacancy and 4.0 MHOs (no vacancies). Staff reported frequent cancellation of scheduled group treatments due to custody shortages. MHOs are frequently required to perform correctional officer duties instead of providing group treatments due to the custody staff shortages.

Inmates, on average, were offered 3-4 hours per week of structured therapeutic activities. Inmates receiving habilitation services were reported to be offered 10 hours per week of structured therapeutic activities. Staff reported that treatment services are not provided during weekends and during weekdays there is only a four-hour window per day for providing group treatments related to custody vacancies and various scheduling issues.

We interviewed inmates receiving an intermediate level of mental health care services (ICS) in a community-like setting. The inmates, in general, verbalized positive perceptions of the ICS program. They stated they were offered 1-2 group treatments per weekday, which they found to be helpful. Good access to their QMHPs and psychiatrists was reported. Issues with patients receiving medications did not appear to be present. They reported that it was common for

correctional officers not to be present on the unit during evening hours. ICS inmates are locked down during weekends due to custody shortages.

Gilliam Psychiatric Hospital

The count during the site visit was 36 patients with a capacity of 82 patients. Staffing included 2.3 FTE psychiatrists (no vacancies), 1.0 FTE clinical director, 7.0 FTE QMHP's (4.0 FTE vacancies), 13.0 FTE MHO's (1.0 FTE vacancy), 2.0 FTE administrative assistants, and an activity therapist providing 12 hours per week of services. The activity therapist allocation will increase during January 2023.

SSR

The SSR count was 28 with a capacity of 50. Staffing included 10 FTE correctional officers, 7.0 FTE supervisors (4.0 FTE vacant positions) and 1.0 FTE MHO. R & E QMHPs provide coverage for this unit. Two different group therapies are provided twice per week for L3 inmates by the MHO and activity therapist. The SSR currently housed seven L3 inmates and the 13 L4 inmates. Given the space and staff constraints only a few inmates can participate in the groups during any one group cycle.

During the afternoon of December 5, 2022, we briefly observed a group therapy session in the SSR, which involved four inmates. These inmates reported the group therapy to be helpful. The MHO clearly had a therapeutic alliance with these inmates and prepared well for the group session.

Transitional Living Unit

The KCI TU houses inmates that have been removed from the KCI general population and R/E housing units. Inmates assigned the KCI TU do not consistently receive three (3) showers weekly. No out of cell time is provided inmates assigned the KCI TU except for showers. On occasion, inmates in the KCI TU remain for more than forty-five (45) days. During the IP on-site visit, SCDC officials began developing a plan of action to ensure to KCI TU inmates receive one (1) hour a day out of cell time five (5) days week. The current designated KCI TU housing unit does not have outside recreation space. After discussion, while the IP panel was on site, the decision was shared that SCDC plans to move the KCI TU to the housing unit formerly occupied by the HLBMU. This housing unit has space for out of cell recreation. The responsible IP member will begin receiving weekly reports identifying the length of stay for inmates in the KCI TU. SCDC will implement tracking to expediate inmates' removal from the KCI TU within forty-five (45) days except when there are exigent circumstances. Tracking will include monitoring the inmates out of cell time while they are in the KCI TU.

SSR

These inmates had many complaints regarding the SSR, which included lack of adequate heat in their cells with inadequate accommodations to compensate for it, extended length of stays, and minimal opportunities for activities or other stimulation throughout their stays. They reported not having access to tablets.

The population at the time of the site visit was twenty-eight inmates (28): seven (7) MH L3 and thirteen (13) MH L4. Since the last IP Site Visit, a mental health group has been started for four (4) inmates on the mental health caseload. There has been a recent expansion to two groups for a total of seven (7) inmates participating. The groups are led by an MHO Officer and have been well received by the inmates. SCDC did not provide information on the KCI SSR Max inmates access to showers and out of cell recreation. The IP will request the information for the next site visit. The responsible IP member reviewed four (4) KCI SSR Max inmate's classification records during the site visit. The reviewed inmates appeared appropriately classified to KCI SSR Max Unit. Problematic is the KCI SSR Max Unit does not have an assigned full time QMHP. Part-time services are provided by QMHPs from other KCI areas.

Broad River Correctional Institution

The inmate count was 1016 with a capacity of 1605 inmates, which included a capacity of 363 inmates at the BRSF. Staffing allocations and vacancies were reported as follows:

Security Staff

Supervisor FTEs: 103	FTEs filled: 77
Officer FTEs: 164	FTEs filled: 103
Total FTEs: 267	Total FTEs filled: 180 (33% vacancy rate)

Mental Health Staff

QMHP FTEs: 18	FTEs filled: 7 (61% vacancy rate)
MHO FTEs: 29	FTEs filled: 27 (14% vacancy rate)

Medical

Nurse FTEs: 25	FTEs filled: 10 (60% vacancy rate)
CNA FTEs: 4	FTEs filled: 3 (25% vacancy rate)

The funded frontline correctional officer vacancy rate was 53% at the time of the site visit. Of the 194 FTE frontline correctional officers, only 91 FTE positions were filled. Only 2.0 FTE of the 8.0 FTE allocated QMHP positions were filled. 12.0 FTE nursing positions of the allocated 28 FTE positions were filled.

Review of the BRCI Compliance report indicated significant compliance issues, which included but were not limited to the following:

1. Lack of compliance with timely clinical contacts with QMHP sessions for HLBMU inmates.
2. Lack of compliance with clinical contacts being held in a confidential setting for QMHP sessions for HLBMU inmates.
3. Treatment plan updates were not timely for HLBMU inmates.
4. Significant compliance issues with staff attendance at treatment team meetings at all levels of care.
5. Lack of compliance re: mental health rounds in the segregation housing units being regularly performed on a timely basis.
6. Lack of compliance with suicide risk assessments for inmates on a CISP status at all levels of care except for inmates in the HLBMU.
7. Lack of compliance with confidentiality of sessions with a QMHP for inmates in the CSU or on a CISP status.
8. Lack of compliance with confidentiality of sessions with a QMHP or a psychiatrist for inmates in CHOICES
9. Lack of compliance with inmates who had a 24-hour and 7-day follow-up after being removed from crisis or discharged from the CSU.
10. Lack of compliance with a psychiatric examination occurring prior to discharge from the CSU.
11. Lack of compliance with inmates in ST custody status that received a 7-day and 30-day review or with inmates in SD custody status with a 90- day review.
12. Lack of compliance with access to yard time and showers for segregation inmates.
13. Lack of compliance with security checks in RHU.
14. Lack of compliance with constant observation security checks.

Secure Mental Health Unit (SMHU)

The count was 37 inmates. 1.0 FTE of the 2.0 FTE QMHP positions were vacant. A psychiatrist provided one day per week of coverage. 3.0 FTE of the 4.0 FTE MHO positions were filled.

A small sample of inmates interviewed indicated that they are offered out of cell time for two hours per day during weekdays, which included about one hour of structured therapeutic activities. They also had very reasonable access to tablets. Although this program is designed to be a 90-day transitional unit, several inmates had very prolonged stays due to their history of violence. Reasonable access to their QMHP and psychiatrist was also described by these inmates.

Crisis Stabilization Unit (CSU)

The most significant change in the CSU since June 2022 assessment was the hiring of a full-time

psychiatrist within the past several months. The mental health staff reported that the addition of the psychiatrist has been a very positive addition to the treatment team.

During the afternoon of December 6, 2022, we observed treatment team staffing of three inmates, which was done in a very competent manner.

We learned from the treatment team that all patients' clothing in the CSU was restricted to the use of a suicide smock throughout their stay, including after a decision for discharge was made. We recommended to the treatment team that a suicide smock should not be the default clothing for patients in the CSU if they are not considered to be a significant suicide risk. We also discussed with the treatment team issues regarding what appeared to be a default use of a "leash" for patients when they were brought into the treatment team meeting. We were assured that such use was based on the patient's custody classification and not used on a default basis.

CHOICES

A 1.0 FTE program manager supervises the HLBMU and CHOICES programs.

The CHOICES count was 25 inmates. Psychiatric coverage is provided on a 2 days per week basis. 2.0 FTE of the 3.0 FTE QMHP positions were vacant. All 4.0 FTE MHO positions were filled.

We interviewed most of the CHOICES inmates in a community meeting-like setting. These inmates initially described the program as being "broken", which appeared to be related to the significant staff vacancies. Much of the meeting with these inmates focused on their report of alleged staff misconduct in the context of a recent suicide on the unit.

The CHOICES inmates reported receiving 1 to 2 hours per weekday of structured therapeutic activities, which were predominantly provided by one of the MHO's. They reported this treatment to be helpful. The inmates describe poor access to individual clinical contacts, which were predominantly provided by the program manager due to the previously referenced QMHP vacancies. Inmates described very reasonable access to unstructured out of cell time in the dayroom.

It was reported by these inmates that the two crisis intervention cells (i.e., safe cells) were not being used appropriately when clinically indicated. We later learned from the Warden that these safe cells had not yet been certified for crisis intervention purposes but would be so in the near future.

Assessment: The allegations by many of these inmates relevant to the events surrounding the recent suicide were very concerning. We have discussed with SCDC's attorney these allocations, who will consult with the Inspector General regarding further actions.

The staffing vacancies clearly negatively impact the programming offered within CHOICES. In our opinion, it is not reasonable to expect that the current program manager can adequately manage both CHOICES and the HLBMU as well as provide individual counseling to these inmates due to the involved workload.

We were encouraged by the positive comments inmates made in the context of the MHO's working on this unit. It is our strong recommendation that clinical supervision be provided on a weekly basis, which can be done in a group format in contrast to individual supervision.

HLBMU

The HLBMU count was 9 inmates. Both of the 2.0 FTE QMHPs positions were vacant. Coverage by a psychiatrist was one day per week. The 3.0 FTE MHO positions were all filled.

Around September 2022, the HLBMU housing unit was relocated from the Kirkland Correctional Institution to the Broad River Correctional Institution. The housing unit at the BRCI is a very appropriate physical plant, unlike the previous housing unit at KCI, for this program.

Interviewed for HLBMU inmates who had privilege levels two or three. In general, these inmates were very unhappy with the program, related in part to limited access to treatment as result of the QMHP vacancies. They generally had positive perceptions of the MHOs working on the unit. They voiced very negative perceptions of both mental health and custody leadership on this unit.

Since the move from KCI to BRCI, HLBMU inmates have not had access to razors for shaving purposes and limited access to a barber. When this was reported to the Warden by the IP members, we were informed that he was unaware of these restrictions and that there was not a security reason for such restrictions. These inmates also reported distress that they did not have access to the chaplain or to religious services.

Assessment: Please refer to our previous comments regarding the workload of the current program manager. Similar to the CHOICES program, the staffing vacancies significantly negatively impact the programming available within the HLBMU. Our comments regarding clinical supervision for the MHO's are similar.

RHU

The BR RHU was recently renovated and the physical plant is vastly improved. Inmates are receiving three showers per week over ninety (90) percent of the time and usually receive out of cell recreation three (3) times a week. On occasion, the inmates receive out of cell recreation five (5) times a week. The BR RHU conditions of confinement have significantly improved over the course of the Settlement Agreement. Correctional Staff conducting required welfare checks two times per hour at irregular times no more than forty minutes apart remains problematic. Caseworker staff is conducting RHU reviews; however, 7-day and 30-day reviews are problematic.

Caseworkers need additional training regarding the revised RHU Policy and placing inmates in the correct RHU if they remain over 60 days.

Lieber Correctional Institution

The count at Lieber Correctional Institution was 814 with a capacity 1488 inmates.

The total authorized strength frontline security positions was 129 FTEs with 104 FTE of these positions being funded. The authorized strength frontline security position vacancies were 79.8%. The funded frontline correctional officer vacancy rate was 75%. The total authorized strength supervisor positions were 84 FTEs with 70 FTE of these positions being funded. The authorized strength supervisor position vacancies were 30%. The funded supervisor vacancy rate was 17.1%.

Review of the Lieber CI Compliance report indicated significant compliance issues, which included but were not limited to the following:

1. Lack of compliance for staff attendance a treatment team meetings.
2. Lack of compliance with follow-up sessions post CISP discharge.
3. Lack of compliance with clinical contact being held in a confidential setting, with QMHPs for inmates on a CISP status.
4. Lack of compliance with access to yard time and showers for segregation inmates and patients in the RHU.
5. Lack of compliance with suicide risk assessments for inmates in the RHU on a CISP status.
6. Lack of compliance with classification reviews re: placement in Short Term Detention or disciplinary detention status.
7. Lack of compliance with constant observation checks.
8. Lack of compliance for security checks for inmates in the RHU.
9. Lack of compliance with inmates being transferred to the CSU or removed from crisis or constant observation status within the required 60-hour time frame.
10. Lack of compliance with weekly mental health rounds in the RHU.

The mental health staffing was as follows:

- 1.0 FTE psychiatrist
- 5.0 FTE QMHPs (2.0 FTE vacancies)
- 5.0 FTE MHOs (1.0 FTE vacant)
- 9.0 FTE nursing staff (1.0 FTE vacant)

The mental health caseload 356 inmates with 70 L3 inmates, 255 L4, and 37 L5 inmates. Thirty-two of the 37 RHU inmates were on the mental health caseload.

Related to the significant staffing vacancies, RHU inmates receive about 2-3 hours per week of out of cell time during Mondays, Wednesdays and Fridays. Limited access to group therapies occurs on Tuesdays and Thursdays. The MHOs in the RHU are generally diverted to function as correctional officers in the RHU. RHU inmates have reasonable access to tablets.

Due to the custody staffing vacancies, it was common for GP housing units to be on locked down status about once per week.

RHU

We briefly interviewed all the RHU inmates at the cellfront. Most of the inmates confirmed that they were offered out of cell time on a three time per week basis. Access to the psychiatrist was reasonable although the sessions were not confidential as a MHO was present in the room. Very limited access to the QMHP was reported.

We observed the treatment team staffing process for four inmates, All the appropriate staff were present as was the inmate. The staffing served more of a custody classification review than a treatment plan review, which was likely related to the difficulties in implement a treatment plan due to the staffing vacancies.

Restorative Max A Housing Unit

We interviewed all the inmates on this unit in a community meeting-like setting. The inmates reported that the unit was a safe housing unit but had many complaints re: their conditions of confinement such as limited access to the yard and lack of mental health programming. They also complained that their meetings with the psychiatrist were not confidential due to the presence in the office of a MHO. They reported very limited access to counseling sessions with the QMHP.

Custody leadership staff reminded the IP that this unit was a housing unit and not a specialized program unit.

General Population caseload inmates

We interviewed 11 mental health caseload inmates in a group setting during the afternoon of December 7, 2022. These inmates reported reasonable access to the psychiatrist, who met with them in a confidential setting. Medication continuity issues were not present.

These inmates reported not meeting with a counselor on a scheduled individual basis except in response to a sick call slip. Responses to slip call slips could take 1-2 weeks. Several inmates reported that a QMHP does perform weekly mental health rounds in their housing units.

Group therapies were not offered to these inmates.

Assessment: The mental health programming available at Lieber CI was very limited due to the significant staffing vacancies. It was very encouraging that the institution had a very good fulltime psychiatrist onsite and that the MHOs prioritized her clinic schedule. The QMHPs, due to the vacancies, focused appropriately on crisis intervention.

Both the custody and mental health staffs were doing the best they good in providing services and out of cell time in the context of very limited resources available to them.

Lee Correctional Institution

The count at Lee Correctional Institution was 1271 with a capacity 1288 inmates.

The total frontline security positions were 145 FTEs with 93 of these positions being vacant (64.1%). The total supervisor positions were 94 FTEs with 37 FTE of these positions being vacant (39.4%). The total security vacancy rate was 50%. It should be noted that the above allocated positions were different than the staffing statistics provided to the IP as part of the pre-site data.

Related to the significant staffing vacancies, operations have been negatively impacted. For instance, inmates were only recently having their meals provided in the dining halls. Inmates were locked down during weekends and intermittently during weekdays due to the staffing shortage. Showers and out of cell time for RHU inmates were reported by staff to occur two to three times per week.

All the RHU inmates have received tablets. Tablets are in the process of being distributed to the total population at Lee CI.

The mental health staffing was as follows:

- 1.0 FTE psychiatrist (filled by 4 psychiatrists via telepsychiatry)
- 4.0 FTE QMHPs (3.0 FTE vacancies)
- 2.0 FTE MHOs

The mental health caseload was 331 inmates with 80 L3 inmates, 200 L4 inmates, and 50 L5 inmates. The one QMHP reported that he prioritizes providing services to L3 caseload inmates

We interviewed 3 of the 4 psychiatric providers (three psychiatrists and one psychiatric nurse practitioner) providing coverage at Lee CI, which was provided via telepsychiatry. These psychiatrists had remote access to the electronic medical record and described the MHO's working with them to be very helpful. One of the psychiatrists provided coverage two days per

week and each of the other psychiatrist provided coverage one day per week, which meant that psychiatric coverage was provided from Monday through Thursday. All of the psychiatric providers also provided psychiatric coverage at other SCDC institutions on a regular basis, which included on-site coverage at the Kirkland ICS and CHOICES at BRCI. All these psychiatric providers have been working within SCDC for many years.

Nursing staff allocations were as follows:

- 8.0 FTE RNs (3.0 FTE vacancies)
- 7.0 FTE LPNs (6.0 FTE vacancies)
- 5.0 FTE CNAs

The nursing staff vacancies are covered by agency nursing staff.

Pill call lines were reported by staff to occur at 6 am and 5 pm. Several inmates reported that, until last week, there was only a morning pill call line. Central office staff indicated that they would further assess whether such information was accurate.

Review of the Lee CI Compliance report indicated significant compliance issues, which included but were not limited to the following:

1. Lack of compliance for staff attendance a treatment team meetings.
2. Lack of compliance with weekly mental health rounds in the RHU.
3. Lack of compliance with follow-up sessions post CISP discharge.
4. Lack of compliance with clinical contact being held in a confidential setting, with QMHPs.
5. Lack of compliance with access to yard time and showers for segregation inmates and patients in the RHU.
6. Lack of compliance with suicide risk assessments for inmates in the RHU on a CISP status.
7. Lack of compliance with classification reviews re: placement in Short Term Detention on disciplinary detention status.
8. Lack of compliance with inmates being transferred to the CSU or removed from crisis or constant observation status within the required 60-hour time frame.

We interviewed 5 GP mental health caseload inmates in a group setting during the morning of December 8, 2022. They reported meeting with a psychiatrist via telepsychiatry at least every 90 days. Individual and/or group therapies were not available to them. These inmates reported that pill call lines, until last week, only occurred during the morning hours in contrast to the current twice per day schedule.

RHU

Fifty-six of the 92 RHU inmates were on the mental health caseload.

We briefly interviewed many RHU inmates at the cellfront and observed a portion of a group therapy for RHU inmates that was provided by a MHO. Inmates confirmed being offered out of cell time but generally not as frequently as was told to us by staff. They confirmed that mental health rounds were performed on a weekly basis by the MHOs. They also confirmed receiving their psychotropic medications as prescribed.

The unit was very noisy and it was difficult to communicate with inmates at the cellfront due to the noise. The unit was not very clean and maintenance issues were present such as 46 cells not having lights or light fixtures. This issue was related, in part, to eight of the nine FTE maintenance positions being vacant.

Several inmates interviewed reported being in the RHU for long period of times for reasons they stated were unclear to them. One of these inmates reported being on a waitlist for the HLBMU for three years. After discussion with staff, it was learned that he has not been transferred due to separation issues. He has subsequently been referred for an assessment for the step-down unit at Perry CI. Another inmate, who stated he had been transferred from GPH during September 2022, stated he did not know why he was in the RHU. Staff later informed us he was on the waitlist for the HLBMU. A third inmate stated he was confused re: his current placement in the RHU and had recently been approved for transfer to the SMHU. Staff later informed us that he will be transferred to the SMHU in about two weeks. Dr. Metzner made arrangements with the staff to inform these inmates of these plans as they applied to each of them.

The RHU group observed by Dr. Johnson and Ms. Eargle was well directed by the MHO.

Assessment: Not surprisingly, there are many problems related to both the custody staffing and mental health staff vacancies. The problems related to the mental health services were well summarized in the QIRM findings that were previously referenced. Custody operation issues related to the vacancies included coverage issues in the housing units, escorted issues, and out of cell time for both RHU and GP inmates. The maintenance issues in the RHU were very concerning but were scheduled to be remedied in the near future.

It was our understanding that the warden will be requesting additional MHO allocations. The consistent psychiatric provider coverage was a bright spot within the mental health services.

Camille Graham Correctional Institution

The count at Camille Graham Correctional Institution was 599 with a capacity 874 inmates.

The total frontline security positions were 97 FTEs with 61 of these positions being vacant (62.8%). The total supervisor positions were 65 FTEs with 17 FTE of these positions being vacant (26.1%). The total security vacancy rate was 48.1%.

Related to the significant staffing vacancies, operations have been negatively impacted. General Population, R&E and RHU inmates do not receive required outside recreation. Many days and nights, correctional staff are not assigned inside a general population housing unit. One officer may have to supervise 2 or 3 buildings. Inmates complained there have been delays receiving the new tablets impacting their ability to contact family and friends. Further, the majority of the inmate telephones in the general population housing units are non-operational.

All inmates, except for R&E inmates were reported to have tablets.

The mental health staffing was as follows:

- 2.5 FTE psychiatrist (filled both onsite psychiatrist and other psychiatrist)
- 7.5 FTE QMHPs (1.0 FTE vacancy)
- 7.0 FTE MHOs

The mental health caseload was 509 inmates with 72 L2 inmates, 141 L3 inmates, 214 L4 inmates, and 41 L5 inmates.

Nursing staff allocations were as follows:

- 14 FTE nursing staff positions (10 FTE vacancies)

14 Agency nursing staff provide coverage due to the nursing staff FTE vacancies.

Review of the Camille Graham Compliance report indicated significant compliance issues, which included but were not limited to the following:

1. Lack of compliance for inmates who had a treatment plan completed while in the CSU.
2. Lack of compliance for staff attendance a treatment team meetings.
3. Lack of compliance with weekly mental health rounds in the RHU.
4. Lack of compliance with follow-up sessions post CISP discharge from the RHU.
5. Continued lack of compliance with clinical contact being held in a confidential setting, with QMHPs in the RHU and in the CSU.
6. Lack of compliance with access to yard time and showers for segregation inmates and patients in the RHU.
7. Lack of compliance with suicide risk assessments for inmates in the RHU on a CISP status.
8. Lack of compliance with security checks in RHU.
9. Lack of compliance with classification reviews re: placement in Short Term Detention.

10. Lack of compliance with inmates being transferred to the CSU or removed from crisis or constant observation status within the required 60-hour time frame.

R & E

During the afternoon of December 8, 2022, we interviewed about 20 R&E inmates in the community meeting-like setting. These inmates confirm that they generally had completed the R&E medical, mental health, and custody classification process within 45 days of their admission. It was unclear to most of them why they had not yet been transferred from R&E but they thought that it was due to bed availability and, in some cases, waiting for a lower bed to be available due to various medical issues.

These inmates reported that the evening pill: generally occurred between 3 PM and 5 PM, in contrast to 5 PM-7 PM as was reported to us in our opening meeting with staff. Access to individual counseling was not available. It was reported to us by staff that this was a staffing allocation issue. Inmates reported access to limited out of cell time on a daily basis that was dependent on both custody staffing and the particular custody officer that was present that day.

R&E do not have access to commissary hygiene items until they have completed the security classification process although they do receive the state issued commissary “package.” They complained about the quality of the state issued hygienic items.

Blue Ridge HU

The Blue Ridge HU was used only for inmates in need of a L2 level of mental health care. A side has a capacity of 75 inmates with a census of 54 inmates and B-side has a capacity of 17 inmates with a count of 17 inmates.

During the afternoon of December 8, 2022, we observed four inmates being staffed by the treatment team. It was clear that their QMHPs and psychiatrists had therapeutic alliances with them. The treatment plans were appropriately discussed during the treatment team meeting.

A community meeting reportedly takes place on a weekly basis. Inmates were reported to be offered, on average, 2 hours per week of therapeutic activities. ICS inmates had access to jobs and school.

We observed the weekly community meeting on A side, which was attended by the warden, deputy warden, health care manager, mental health staff (including a recreational therapist), a classification officer and other correctional administrators.

Many A side inmates voiced very significant access issues to medical services, which if accurate, would be very alarming. They reported being offered two 1-hour group therapies per week, which were generally described as being helpful. The frequency of the weekly community

meetings were confirmed by the inmates although they stated that nursing staff do not attend on a regular basis. These meeting were perceived by the inmates to not be very helpful because the concerns raised during the meeting were reported to generally not get adequately resolved.

The ICS inmates indicated that the MHOs were very helpful. In general, the sessions with the psychiatrists were described in a positive manner. Less positive comments re: the QMHPs were voiced, which appeared to be related to the high turnover rate of the QMHPs. Most inmates reported meeting with their QMHPs every other week in a private setting.

Most inmates reported not attending their treatment plan reviews, and those that attended perceived the meetings not to be helpful or very interactive with them.

It was reported to be common to not have correctional officer coverage on the unit due to the staffing vacancies.

RHU

The RHU capacity was 52 inmates with account of 18 during our site visit. Overflow of R&E inmates were housed on the second tier. Inmates were reported to have access to showers order three times per week basis and one hour of out of cell recreational time on a daily weekday basis. The unit was clean and quiet.

RHU inmates confirmed access to daily out of cell time. They also reported receiving their medications as prescribed.

The two CI cells were located in the RHU. Despite the bed availability within the CSU at CGCI, inmates were initially transferred to a CI cell to determine if they require a CSU level of care.

CSU

The CSU capacity was 12 inmates. It was not uncommon for the census to be very low.

SCDC reported the following:

SCDC has continued to move forward with our partnership with the Medical University of South Carolina to establish a 12-bed Behavioral Health Inpatient Unit for Women at MUSC Lancaster. Construction has begun to upgrade perimeter security of the unit, as well as the internal unit security systems. This unit will be managed by a combination of MUSC medical and mental health staff and onsite correctional security staff provided by SCDC. The planned completion

of this project is estimated to be May 2023. In relation to the opening of this unit, a contingent of 12 staff from MUSC and SCDC traveled to Texas to meet with and review the facilities, procedures, and practices of the partnership between the Texas Department of Criminal Justice and the University of Texas Medical Branch.

General Population caseload inmates

During the morning of December 9, 2022, we interviewed 9 L3 and L4 inmates in a group setting. These inmates reported poor access to their QMHPs. They did not meet regularly with their psychiatrist. The health care request process was reported to generally not working (i.e., requests did not result in seeing a QMHP or psychiatric provider). Significant medication management issues were reported, which included delays (i.e., days to one week) in receiving medication following the initial prescription), meds apparently not being renewed in a timely manner resulting in lapses of medication for days to weeks, and receiving the wrong medications.

The inmates reported that the MHOs were very helpful and available.

These inmates also reported that it was very common for phones in various housing units to not be working, which was problematic if the inmate did not yet have access to a tablet.

Medication Management Issues

Medication management issues were present. For example, receiving medications that were initially prescribed generally took 2-7 days before the first dose was administered by nursing staff. Medications that had a renewal order frequently took one to two weeks for the medications to be administered to the inmate.

Problems related to the timing of HS prescribed medications have already been referenced. During this site visit, significant time was spent reviewing current psychotropic medication management procedures with clinical staff representatives including pharmacy, nursing and psychiatry. Pharmacy appears to be able to process orders and refill orders in a timely manner, although there appears to be some breakdown in accessing additional 30-day refills at administration sites. There is limited space at those sites to hold greater than 30-day supplies for each inmate.

The larger problem is the antiquated repackaging, administration and accountability for/documentation of administration processes that exist through SCDC. Different staff are involved in creating individual inmate paper envelopes with cellophane inserts (that are reused). Staff are unclear as to how many should be available in each envelope at any one time. Though the general consensus was three, observed pill line administration showed varying numbers of packets per envelope. There is not uniformity in the number of packets prepared or for the administering staff to know the medication identification being administered. Inmate IDs are being matched to hand

labeled paper packets, but inmates report being administered the wrong medications on a frequency that cannot be verified. All MARS are prepared after the fact and depend on review of paper packets that have been reversed after administration and returned to an open tote. There were incidents reported of dropped totes or packets that result in loss of any accountability for individual inmate medications.

Although this system has been addressed historically as being in need of change to improve medication management, safety and accountability, little progress has been made. The current suggestions have been identified for an extended period without any movement to establishing a more reliable and accountable medication management system. This remains an area in need of redesign to support adequate mental health treatment services for the SCDC population.

Assessment: Positive findings included the following:

1. Minimal mental health staffing vacancies.
2. Very helpful MHOs
3. A well-functioning RHU.
4. R&E medical and mental health assessments and custody classification process being completed within 45 days.
5. Increasing structured therapeutic activities being offered to Blue Ridge inmates.
6. Well-functioning psychiatric provider clinics.

Problems included the following:

1. Significant security officer vacancies with resultant negative impacts on operations throughout CGCI.
2. Reported significant medication continuity issues.
3. Long stays in the R&E even when the medical, mental health and classification assessment have been completed.
4. HS pill call lines frequently occurring during the late afternoon hours.
5. Reported poor access to needed medical services.
6. Lack of mental health treatment in the R&E except for psychotropic medications

Recommendations

1. Determine via a robust QI process whether the reported medication continuity issues are accurate and, if so, remedy the issues.
2. Revise the evening pill line to occur after 7 pm.
3. Mitigate the restricted out of cell time in R&E (e.g., provide the inmates with tablets, access to commissary issued hygiene products).
4. Requested additional QMHP allocation for treatment purposes in the R&E.
5. Adequately address the reported poor access to medical care.

Leath Correctional Institution

Review of the Leath CI Compliance report indicated significant compliance issues, which included but were not limited to the following:

1. Continued lack of compliance with clinical contact being held in a confidential setting, with QMHPs for inmates on a CISP status.
2. Lack of compliance with classification reviews re: placement in Short Term Detention.
3. Lack of compliance with 15-minute checks for inmates on suicide precautions.
4. Lack of compliance with inmates being transferred to the CSU or removed from crisis or constant observation status within the required 60-hour time frame.

Compliance was present with the following:

1. Weekly mental health rounds in the RHU.
2. Suicide risk assessments for inmates in the RHU on a CISP status.
3. Inmates who had a 24-hour and 7-day follow-up after being removed from crisis status in the RHU.
4. Access to showers for segregation inmates on a CISP status.
5. Security checks in RHU.

SCOR

SCDC RHUs continue to have a high number of inmates that are on safety concerns status. At the end of the IP reporting period in September 2022, the SCDC RHUs had 139 inmates on safety concerns status. SCDC developed the SCOR program in an attempt to reduce the RHU safety concerns population. SCOR is designed to help motivate offenders in making a successful reintegration, stepping down from Restrictive Housing and returning to general population, while simultaneously providing opportunities for successful reentry into their communities upon release from incarceration. The SCOR Program was implemented at the Evans CI Waxhaw Unit in March 2021. The Evans CI SCOR capacity has a capacity of 45 inmates; however, the current population is 20. The responsible IP member met with SCDC Operations, Program, Classification and QIRM staff to discuss why the SCOR population has remained low when the number of inmates in RHUs on safety concerns remains high. SCDC agreed that SCOR placement procedures needed to be reviewed to determine if barriers were preventing SCOR placement of appropriate inmates. It was also agreed that a quality improvement study was needed to assess all inmates on safety concerns status to determine the number eligible for RHU alternatives. The IP previously made SCOR recommendation remain:

- Enhance Inmate Awareness of the Evans CI SCOR Program throughout SCDC;
- Enhance the Orientation Program for Inmates arriving at SCOR;
- Revise the SCOR Program to include options for inmates that cannot return to the

- general population after completing the program successfully;
• Develop and implement a tracking system for inmates successfully completing the SCOR Program to measure the rate at which inmates remain in the general population over time.

The number of SCDC inmates confined in RHUs for safety concerns increased from 120 to 139 inmates from the last reporting period. The IP requests SCDC provide a written update on the SCOR Program at the conclusion of the next reporting period including the status of IP made recommendations and results of the conducted QI studies.