

## Executive Summary

### Overview

The pre-site information provided by QIRM and OBH were timely, comprehensive and an essential part of our compliance with the SA provisions. Appendix I provides the OBH executive summary, which covers issues related to staffing, CQI, program improvements and training.

Significant improvements in implementing many elements of the Settlement Agreement (SA) as compared to our most recent site assessments were found during this site assessment, which is attributed to decreased mental health and custody staffing vacancies, staff retention, custody and mental health staff leadership and the dedication of the frontline custody and healthcare staffs.

However, significant compliance issues remain in meeting various access to care timeframes and implementing very basic treatment modalities. For example, due to custody vacancies, it is the rule rather than the exception, for GPH, ICS and CHOICES to be on a lockdown status during weekends and for RHUs to not provide daily out of cell recreational time. Such circumstances should not become normalized.

### SCDC Population Statistics

The monthly SCDC average count during the reporting period (October 2022-March 2023) was 16,091 with 5,291 (33%) inmates, on average, being on the mental health caseload. A more detailed count summary is provided in Appendix II.

### Custody Staffing

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
3/1/2023	3388	2130	1469	4021
4/1/2023	3328	2107	1491	4024
5/1/2023	3334	2140	1456	4021
6/1/2023	3334	2176	1421	4021

Not surprisingly, correctional operations are negatively impacted in very significant ways that included, 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 could with very limited resources.

Due to the custody 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 remedy this problem, which have included successful legislative efforts (e.g., request for increased salaries and benefits for correctional officers) as well as aggressive recruitment efforts. We continue to acknowledge the stress and commitment of the correctional officers who are working within SCDC under such circumstances. We are encouraged that the vacancy rate has decreased.

SCDC is focusing on recruitment and retention of correctional staff. The legislature approved two pay raises over the last year that substantially enhanced uniformed staff's salaries. SCDC has implemented regional/geographical recruitment lieutenants to focus on specific areas of the state. An emphasis has been placed on recruitment/retention at the prisons. In March 2023, Operations and Human Resources met with each prison's executive staff and others to discuss recruitment and retention. Equipment was purchased for each prison to promote recruiting events. Retention efforts are now required at each prison:

- Wardens and their executive staff receive a monthly list of correctional officers hired and leaving employment the previous month.
- Wardens and their executive staff are required to address the reasons individuals are leaving employment and develop strategies to retain employees.
- Wardens and recruiters can now "conditionally" hire an applicant at time of interview, pending background checks and drug testing.

### **Mental Health Staffing**

Appendix III summarizes the behavioral position report over time, which has included significantly increased mental health staffing allocations that have exceeded the Settlement Agreement requirements. The current vacancy rate for all the mental health allocations was 20% although the fill rate was 117% if the Settlement Agreement required allocations were used as the denominator.

The vacancies listed in Appendix III indicated a 35% 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 18% vacancy rate for psychiatric nurse practitioner positions, a 22% vacancy rate for activity therapists' positions and a 5% mental health officer (MHO)/mental health technician positions' vacancy rate.

The Office of Behavioral Health Services requested and received an approximate 10% increase in pay for all QMHPs in an effort to aid in employee retention and recruiting, which has helped decrease the vacancy rate. Appendix IV summarizes mental health staffing at the facilities reviewed during this site assessment.

OBH reported the following:

**Behavioral Health Hiring:** The Office of Behavioral Health has continued to see low application rates for Qualified Mental Health Professionals. This trend began in early 2021 and efforts to recruit and retain staff have remained at lower rates than previously experienced. As a result, the OBH requested a policy revision to allow for the hiring of staff who are unlicensed but eligible. The new policy provision will allow for hiring staff who are capable of being licensed within 12 months of hire and would restrict these staff from certain higher level of care duties (i.e. crisis intervention) until licensed. Approval for this revision was not obtained until April 2023, and no reportable impacts are available at this time. It is hopeful that with May graduations from graduate mental health programs we will see an increase in applications and hiring.

Our December 2022 report included the following:

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.

Our observations during [this](#) site visit have not changed.

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 BRICI, CGCI, KCI, GPH, and Perry CI. Many of these deficiencies are very basic processes such as timeliness of clinical contacts and treatment plans. The above problem is predominantly due to QMHP staffing vacancies.

### ***Suicide Review Process***

Our December 2022 report included the following:

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.

We again talked with MUSC and SCDC staff involved in the death review process. SCDC does

not have a formal death review process (Morbidity and Mortality Review Committee) although a review process of some cases does occur via the central office suicide prevention committee. We discussed our strong recommendation re: the need to develop and implement a more formal death review process via policy and procedures and recommended that the IP have continued input into this issue.

### **Medication Management Issues**

Our December 2022 report identified the following:

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.

Involved administrative and supervisory staff as well as CQI personal sought additional guidance from the clinical monitoring team after the December 2022 site visit, and have followed up with an internal review of the above issues. Considerable planning and a pilot project conducted at Camille Graham followed. Pre-site materials as well as a formal presentation on the first day of the monitoring visit show that significant efforts to address the problems previously identified and develop a system wide plan for improving medication management throughout SCDC have been initiated. The pilot project at Camille Graham resulted from processing input and ideas from all stakeholders. Plans to initiate an automated medication management/packing system are being

explored. Implementation of such should improve both accountability and efficiency. Progress will be reassessed during the next site visit.

### **RHU Conditions and Practices**

SCDC prisons continue to struggle providing required programs and services to RHU inmates due to staffing shortages. There are approximately 200 inmates in RHU due to safety concerns. SCDC is developing housing units to remove inmates from RHUs with safety concerns. This has been a long term issue and needs to be a SCDC priority. The SCOR Program, that was intended to divert inmates with safety issues from RHU, has been discontinued, making the importance of developing new ways to facilitate the diversion of inmates from RHU with safety concerns even more critical.

The SCDC Inmate Disciplinary System allows 30 days for the hearing process to be completed for inmates receiving formal disciplinary charges. Many inmates receiving a formal disciplinary charge are held in RHU for the 30 days until the hearing is completed. It is recommended SCDC consider reducing the amount of time given to conduct an inmate disciplinary hearing thereby reducing the RHU population. American Correctional Associate Inmate Disciplinary Standards provide a disciplinary hearing should be held within seven days excluding weekends and holidays.<sup>1</sup>

SCDC is not consistently conducting required inmate reviews for inmates held in RHUs and the inmates are not appearing in person before staff for the review. Quality reviews, conducted timely are critical to determine who should be retained and released from RHU.

The IP and SCDC have identified showers not being conducted on holidays and due to prison emergencies are impacting compliance with the provision. Showers not conducted on holidays and due to emergencies should not be utilized to measure compliance. SCDC intends to submit a policy change addressing showers not conducted due to holidays and emergencies. This is a recognized practice in most corrections systems throughout the United States. The policy revision has the support of the IP; however, it will require approval of the Plaintiffs.

### **The Settlement Agreement (SA)**

Appendix V 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 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***

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<sup>1</sup> American Correctional Association. Performance-Based Standards and Expected Practices for Adult Correctional Institutions. 5<sup>th</sup> Edition. March 2021. 5-ACI-3C-13(Ref. 4-4238) Written policy, procedure, and practice provide that inmates charged with rule violations are scheduled for a hearing as soon as practicable but no later than seven days, excluding weekends and holidays, after being charged with a violation. Inmates are notified of the time and place of the hearing at least 24 hours in advance of the hearing.

***diagnose serious mental illness among incoming inmates at R&E with the stated goal of referring inmates to the appropriate treatment programs.***

Forty-two percent (42%) of the R&E females and 23% of the male R&E population were placed on the mental health caseload as a result of the reception center mental health screening/assessment process. As demonstrated in the status update section, not all elements of the mental health assessment were documented. Staffing (both mental health and custody) vacancies remain an issue.

***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.***

Significant progress continues in 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. Partial compliance remains in the context of the “corrected” aspect of this provision.

***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***

There were 5,186 (32.2%) of the 16,124 current inmates on the MH caseload (2/20/23). This percentage 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.

***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;***

R&E changes at KCI included the following:

- 1) On 12/17/2022 Ms. Katuria Norwood became the Manager of R&E. In January 2023 Quintin Morris was hired as the Lead QMHP. In March 2023 psychologist Dr. Kylie Drouin was hired. There are now three vacant QMHP positions.
- 2) In November 2023 Ms. Rachel Gunter-Garcia began working with R&E clinical staff to develop quality monitoring procedures and a system for providing corrective counseling to the R&E clinical staff. This will be implemented during the next reporting period.
- 3) No changes to the inmate assessment procedures have been made.

SCDC continues to demonstrate improvements in the intake process at Kirkland Reception & Evaluation Center, including in parameters related to length of stay and medical & OBH classification. The average LOS at Kirkland R&E decreased from an average of 97 days to an average of 73 days since March 2022. A noted decrease was seen in the average number of days for mental health med class classification, from an average of 22 days from January 2021-January 2022 to an average of 19 days since February 2022.

The average number of days in the Camille Graham CI R&E decreased from 70 days in January 2023 to an average of 57 days by April 10, 2023. The percent over 30 days since intake date has also decreased but remains significant.

The major barrier to meeting transfer timeframes from the R&E is a shortage of medium custody beds systemwide.

***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;***

During the site visit, we met with both parties regarding the draft mental health levels of care grid and discussed the operational and clinical implications if adopted. There was agreement that SCDC would proceed with a QI study of primarily L3 level of care mental health caseload inmates to determine whether there is a subset of such inmates who should be at a L2 level of mental healthcare. At the next site visit, we will review the results of the QI study and further discuss whether there should be just one level of outpatient mental healthcare and, if so, how it would impact certain provisions of the SA, or whether the current tiered levels of outpatient care should be retained.

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

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. It is our understanding a QI study will occur prior to the next site assessment specific to this issue.

***Camille Graham Correctional Institution (CGCI)***

The therapeutic programming offered within the Blueridge housing unit was the best that we have observed since the monitoring process started, which was obviously both impressive and encouraging.

***Kirkland Correctional Institution (KCI)***

The therapeutic environment within the ICS has been maintained but is hampered by custody staffing vacancies as evidenced by the general lockdown status during weekends. Access to structured therapeutic activities continues to improve.

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

***HLBMU***

In general, the inmates reported very negative perceptions of this program although they indicated receiving multiple groups per day except for Thursdays and weekends. It is likely that the negative perceptions of this program voiced by the inmates interviewed were a reflection of limited programming related to the staffing vacancies and the nature of the personality disorders exhibited by some of the inmates interviewed. Until the staffing vacancies are significantly reduced, it is recommended that the census on this unit remain low.

***CHOICES***

The CHOICES program has been hampered by mental health and custody staff vacancies although significant improvement was noted as compared to our December 2022 site visit. Elements of a therapeutic environment were evident.

***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;***

***Gilliam Psychiatric Hospital (GPH)***

GPG Staff vacancies:

- a. GPH MHO's: 12 filled 13 Budgeted
- b. GPH QMHP's: 3 filled 7 Budgeted
- c. GPH Psychiatrist: 2.4 filled 2.4 Budgeted
- d. Kirkland front-line security vacancy: 33.1% (2/1/23)
- e. Kirkland other security vacancy: 24.3%,
- f. Kirkland Security Total vacancy: 29.5%,
- g. SCDC agency-wide, front-line security vacancy: 51.3%
- h. # of inmates on GPH MH caseload 36 at time of receipt of report and 26 at time of the monitoring visit.

Significant compliance issues re: timeliness of clinical contacts and treatment plans for GPH patients were present. Due to custody vacancies, patients were locked down during weekends.

Treatment hours offered, on average, ranged from 3.17 to 7.78 hours per week per patient with



significantly less hours offered to patients on lock-up status.

The more therapeutic environment noted during the previous site assessment has been maintained. Continuity of medications was not an issue.

The pre-site information included the following:

Gilliam Psychiatric Center: New doors for patient rooms have been delivered and replacements are in progress. This is the beginning of a renovation to make a majority of the lower tier of patient rooms compliant with ligature resistant standards. New furniture was ordered and received to renovate the treatment team space. All QMHP staff have been moved to an adjacent modular office building to allow for multi-use individual and group treatment space in the hospital's treatment area. This will make the environment more accessible for treatment needs and more secure. The hospital library has been renovated to provide quiet and multiuse space for patients. Eight (8) security chairs were purchased to begin the renovation of one group room into a secure group area. These chairs will allow the securing of inmates when necessary for group treatment participation. Additional plans to create one more larger group room, as well as to convert the prior nurses station into an activity room, have not yet begun.

Secure treatment chairs: In addition to the secure treatment chairs added at GPH, chairs were also ordered and are in the process of installation at CSU (2), HLBMU (10), SMHU (19), LLBMU (11). These will allow inmates to be more comfortably, easily, and safely secured during group and individual sessions when necessary due to safety and security concerns.

Women's Behavioral Health Unit at MUSC Lancaster: Construction and finishes are near completion. A preliminary DHEC inspection was conducted on May 9, 2023, and a follow-up complete occupancy inspection is scheduled for June 13, 2023. Following approval for occupancy, a DHEC licensing inspection will be conducted. The current target to begin receiving patients is currently July 2023. This unit will provide inpatient level psychiatric care for women incarcerated with SCDC. This is a 12-bed unit.

***2b. Segregation:***

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

***Secure Mental Health Unit at the Kirkland CI***

The SMHU was functioning very well and has established a therapeutic milieu. The staff should be congratulated for maintaining such a therapeutic program.

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

Mentally ill RHU inmates are not receiving adequate out of cell time although improvement has occurred in offering such out of cell time. The major barriers to offering adequate out of cell time remain significant custody staffing vacancies.

### ***Camille Graham Correctional Institution***

We observed the mental health rounding process within the RHU that was generally conducted by a mental health officer. Significant problems continued in offering RHU inmates daily out of cell time. They were offered 3 showers per week during the monitoring period.

### ***Broad River Correctional Institution***

Information obtained from inmates during the cell front interviews were frequently very negative in the context of access to mental health care although such reports were not consistent with healthcare record reviews. Despite these negative perceptions voiced by RHU inmates, the conditions of confinement have improved in this relatively newly renovated RHU. RHU inmates were, with a few exceptions, offered daily out of cell time and three showers per week.

### ***Perry Correctional Institution***

RHU inmates generally confirmed being offered one hour per day of outside recreational in the individual recreational cages on a four day per week basis with some exceptions. They also were offered showers on a 3-day per week basis.

Clinical contacts with the psychiatrist occurred on a timelier basis than clinical contacts with the QMHPs related to the high QMHP vacancy rate. Continuity of medication issues were absent.

After approximately two years, the problems with inmates connecting to sound for the RHU televisions are reported to have been resolved.

### ***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.***

Significant problems continue re: timeliness of treatment plans as well as attendance at treatment plan meetings related to mental health staffing vacancies.

#### ***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.***

Sustained compliance continues.

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

Partial compliance continues. As reported in pre-site information and confirmed during the site visit DA & CQI staff are continuing to work to implement a “cohesive evidence-based quality management program, QI and QA processes in the areas of patient medication administration compliance, medication management, nurse staffing and nurse training”. A data collection form was developed and utilized to collect information at the institution level to address all provisions of the SA related to medication management (5a.-5d.), and two pre-site visit audits took place. Monthly communication was established between the CQI Program manager and the Medical Services healthcare Authority and/or Head Nurse for each site to provide ongoing monitoring of issues identified on site visits. A joint project with QIRM addresses decreasing pill line administration times. There is strong evidence these provisions are receiving increased attention.

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

The lack of compliance with suicide prevention management watch procedures (i.e., 15-minute checks) remains very alarming and potentially dangerous. We also discussed the need to document whether constant observation, when ordered, was occurring.

We discussed our concerns with leadership staff re: the recently initiated pilot program that was using inmate observers for suicide watch purposes in the RHU at the BRCI.

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

Significant problems continue in providing clinical contacts in a confidential setting, which was more problematic for the QMHPs in contrast to clinical contacts with the psychiatrists.

**Crisis Stabilization Unit (CSU)**

The CSU at the BRCI continues to have the same onsite psychiatrist on a full-time basis. The count was 3 at the time of the site visit during June 14, 2023. We observed a treatment planning team meeting, which was done in a very competent manner.

The CSU staff confirmed that the percentage of newly admitted inmates, whose admission was precipitated by custodial safety concerns, has significantly decreased during the current monitoring period.

***Female Inmate Programs***

SCDC has developed a four-month female inmate mentor/mentee program in conjunction with a professor from the University of Alabama. The program is at both Camille Graham and Leath prisons. The inmate mentors and mentee meet one time weekly for one hour. The program is intended to change behavior and assist with prison adjustment while preparing for their successful reentry to the community.

***Covid-19 Update***

SCDC reported the following:

During the reporting period, CDC changed protocols once again. The updated protocols are included in Sparkman Folder #9. A continued lessening of restrictions and a greater degree of a return to normalcy was observed during the reporting period. Isolations and Quarantines were few and far between and most often occurred at R&E except for a few breakout issues at a few institutions. The agency is turning the corner from the “COVID staffing vacuum” or “great resignation” and have hired a significant number of staff since the last site visit. Inmate tablets have proven to be exceedingly valuable in mitigating the impacts of COVID and staff shortages.

PRRS continues to think outside of the box to develop means to provide programming and reentry services to all inmates. COVID made us aware of the need to use what we considered, at the time, unconventional means, videos, papers, tablets, and any other creative ways to provide services in a non-contact manner. Face to face programming and academic instruction have been the norm for decades, but COVID changed all of that.

Programs and Reentry takes advantage of the tablet technology from ViaPath. Educational services are now afforded to every inmate, regardless of housing, via the tablets. Through Edovo, one of the educational platforms on the tablet, inmates may engage in videos, beyond that of academic instruction, that help with reentry preparation. Tablets also provide inmates access to leisure activities that may include reading, listening to music, video games, and movies. Additionally, PRRS is looking into cost effective means to provide Chromebooks to many inmates for educational purposes, secondary and post-secondary.

In partnership with 4-year colleges and technical colleges across the State, SCDC has made the post-secondary education, and job skills training more accessible to all, via tele-education. Synchronous learning via PolyCom systems pipe remote instructors into the institutions to the inmate students gathering in classrooms. College degrees are being earned, virtually.

PRRS has learned to mitigate the needs of many in taking advantage of technology to fill gaps that previously existed.

## **Compliance Ratings Summary**

### **Substantial compliance has been maintained 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.*

*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.*

*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.*

*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;*

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

*4.a. ix. Quality management documents*

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

**Provisions newly found in substantial compliance included the following:**

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

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

**Provisions newly found in sustained compliance included the following:**

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

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

*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;*

***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 June 16, 2023, are as follows:

1. *Substantial Compliance (active)* ----- 6
2. *Substantial Compliance (sunset/greater than 18 months)*-----32
3. *Partial Compliance* ----- 19
4. *Noncompliance* ----- 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 June 2023 Assessment:* Partial compliance

*Implementation Panel June 2023 Findings:* 42% of the R&E females and 23% of the male R&E population were placed on the mental health caseload as a result of the reception center mental health screening/assessment process. As demonstrated in the status update section, not all elements of the mental health assessment were documented. Staffing vacancies remain an issue.

*Implementation Panel June 2023 Recommendations:* Remedy the vacancy issues and the gaps in the screening/assessment process.

**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 June 2023 Assessment:* Partial compliance

*Implementation Panel June 2023 Findings:* As per status update section. Significant progress continues in 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. Partial compliance remains in the context of the “corrected” aspect of this provision.

*Implementation Panel June 2023 Recommendations:* Follow-up studies should address the effectiveness of planned corrective actions.

**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 June 2023 Assessment:* Partial compliance

*Implementation Panel June 2023 Findings:* See Attachment 1, which summarizes relevant R&E timeframe statistics. A noted decrease at the KCI R&E was seen in the average number of days for medical med class classification from an average of 78 days beginning in January 2021 to an average of 15 days since March 2022. The major barrier to decreasing the R&E transfer process was the availability of medium security custody beds.

***Camille Graham CI***

At the Camille Graham CI R&E, the average length of stay decreased from 70 days in January 2023 to an average of 57 days by April 10, 2023.

We interviewed a large number of women in the R&E in a community meeting - like setting. Thirty-one ( 31) inmates in the R&E had length of stays greater than 30 days. At least five of the R&E cells had three inmates in their cell. The women complained of very limited out of cell time, which reportedly consisted of one hour per day on a six day per week basis (weather permitting) to the outdoor recreational area. However, it was reported to be common that there were days without any out of cell time related to custody staffing issues or other issues. Healthcare staff did round on a regular basis within the R&E. In general, once psychotropic medications were prescribed, there were not difficulties in receiving such medications on a regular basis. Except on a crisis basis, individual counseling was not available. The women reported receiving breakfast during the very early morning hours which was later belatedly confirmed by leadership staff. Access to showers and toilet paper was reported to be problematic at times. These women reported that it was common for a correctional officer not to be constantly present on the unit during the evening hours.

The conditions of confinement within the R&E were concerning related to the limited out of cell time, overcrowding, custody officer vacancies and length of stay. However, the lengths of stay continue to decrease with the major barrier being access to meeting custody housing in the general population.

*Implementation Panel June 2023 Recommendations:* Remedy the above.

**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 June 2023 Assessment:* Substantial compliance continues (December 2022).

*Implementation Panel June 2023 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 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 remains.

*Implementation Panel June 2023 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 June 2023 Assessment:* Partial compliance

*Implementation Panel June 2023 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, and Perry CI. Many of these deficiencies are very basic processes such as timeliness of clinical contacts and treatment plans (see Attachment 2). The above problem is predominantly due to QMHP 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 (specifically, adequate numbers of QMHPs) for outpatient treatment.

SCDC is still awaiting input from the plaintiffs' attorneys re: a draft revision of the relevant policy proposing only one level of outpatient mental healthcare.

*Implementation Panel June 2023 Recommendations:* Request a reply from the plaintiffs' attorneys re: the above. If the draft revision is approved by both parties, other policies will need to be revised in the context of just having one level of an outpatient mental health level of care.

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

*Implementation Panel June 2023 Assessment:* Partial compliance

*Implementation Panel June 2023 Findings:* As per status update section and Attachment 3.

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.

### ***Camille Graham Correctional Institution (CGCI)***

During the afternoon of June 12, 2023, the Implementation Panel site visited the Camille Graham Correctional Institution. We met with inmates in two community - like settings within the Blueridge housing unit. Inmates in both units were very complementary of the mental health staff in the context of access to the staff as well as the quality of the group therapies being provided. These women were offered at least 10 hours per week of out of cell structured therapeutic activities. They also described good access to individual counseling. Medication issues reported during previous site visits had been remedied and continuity of medication did not appear to be a significant issue. Both sides of the Blueridge housing unit were clean and a supportive therapeutic environment had been established.

Continuity of medication issues were not present.

We also attended a treatment planning meeting, which was done in a very competent manner.

***Assessment:*** The therapeutic programming offered within the Blueridge housing unit was the best that we have observed since the monitoring process started, which was obviously both impressive and encouraging.

### ***Kirkland Correctional Institution (KCI)***

We interviewed most of the ICS inmates in a community meeting-like setting. These inmates reported very good access to their mental health counselors and psychiatrists. Being offered about 5-6 hours per week of out of cell structured therapeutic activities was described by these ICS inmates. These therapies were reported to have been helpful. These inmates reported being locked down during weekends due to custody staffing vacancies.

We observed a treatment planning team meeting that was conducted in a very competent manner.

**Assessment:** The therapeutic environment within the ICS has been maintained but is hampered by custody staffing vacancies as evidenced by the general lockdown status during weekends. Access to structured therapeutic activities continues to improve.

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

***HLBMU***

2.0 FTE QMHPs were allocated with a 1.0 FTE current vacancy with the other 1.0 FTE position being filled since April 2023. The census during the June 14, 2023 site assessment was 11 inmates with 4 of these inmates being recent graduates, 2 inmates on level 3 privilege status and the other 5 inmates being on level 1.

We met with the non-level 1 inmates in a group setting. In general, these inmates reported very negative perceptions of this program although they indicated receiving multiple groups per day except for Thursdays and weekends. They reported being locked down during weekends and that correctional officers were frequently not on the unit during evening hours.

**Assessment:** It is likely that the negative perceptions of this program voiced by the inmates interviewed were a reflection of limited programming related to the staffing vacancies and the nature of the personality disorders exhibited by some of the inmates interviewed. Until the staffing vacancies are significantly reduced, it is recommended that the census on this unit remain low.

***CHOICES***

During the morning of June 14, 2023, we attended a treatment planning team meeting, where we observed the treatment planning process for three inmates in the program. The treatment plans were well summarized with the inmate during the meeting and the treatment planning process was very competently performed.

The census of the CHOICES program during our site visit was 28 inmates with 25 of these inmates having a MH 2 classification. Three of these inmates were peer supports and 12 of the inmates were in phase 3. These inmates described access to group therapies on a daily basis, which were generally described as being helpful. A significant number of these inmates described the program as being helpful although there were several inmates who verbalized very negative perceptions of the program and the staff. Issues of personal accountability were a theme during our community - like meeting with these inmates.

Inmates reported generally being locked down during weekends due to the vacancy issues.

**Assessment:** The CHOICES program has been hampered by mental health and custody staff vacancies although significant improvement was noted as compared to our December 2022 site

visit. Elements of a therapeutic environment were evident.

*Implementation Panel June 2023 Recommendations:* Address the issue of the relatively low percentage of caseload inmates receiving a L2 level of care via a more robust LOC review (particularly for current L3 inmates) and/or a quality improvement study that reviews accuracy of the 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 June 2023 Assessment:* Partial compliance

*Implementation Panel June 2023 Findings:* Significant compliance issues re: timeliness of clinical contacts for GPH patients were present—see Attachment 4.  
Impact of Staff Shortages

- a. GPH MHO's: 12 filled 13 Budgeted
- b. GPH QMHP's: 3 filled 7 Budgeted
- c. GPH Psychiatrist: 2.4 filled 2.4 Budgeted need info
- d. Kirkland front-line security vacancy: 33.1% (2/1/23)
- e. Kirkland other security vacancy: 24.3%,
- f. Kirkland Security Total vacancy: 29.5%,
- g. SCDC agency-wide, front-line security vacancy: 51.3%
- h. # of inmates on GPH MH caseload: 36

Treatment Plans & documentation – GPH Timeliness Apr-Sept = 30%, 33%, 38%, 36%, 48%, 60%

Treatment hours offered, on average, ranged from 3.17 to 7.78 hours per week per patient with significantly less hours offered to patients on lock-up status.

Pre-site information included the following:

Gilliam Psychiatric Center: New doors for patient rooms have been delivered and replacements are in progress. This is the beginning of a renovation to make a majority of the lower tier of patient rooms compliant with ligature resistant standards. New furniture was ordered and received to renovate the treatment team space. All QMHP staff have been moved to an adjacent modular office building to allow for multi-use individual and group treatment space in the hospital's treatment area. This will make the environment more accessible for treatment needs and more secure. The hospital library has been renovated to provide quiet and multiuse space for patients. Eight (8) security chairs were purchased to begin the renovation of one group room into a secure group area.

These chairs will allow the securing of inmates when necessary for group treatment participation. Additional plans to create one more larger group room, as well as to convert the prior nurses station into an activity room, have not yet begun.

Secure treatment chairs: In addition to the secure treatment chairs added at GPH, chairs were also ordered and are in the process of installation at CSU (2), HLBMU (10), SMHU (19), LLBMU (11). These will allow inmates to be more comfortably, easily, and safely secured during group and individual sessions when necessary due to safety and security concerns.

Women's Behavioral Health Unit at MUSC Lancaster: Construction and finishes are near completion. A preliminary DHEC inspection was conducted on May 9, 2023, and a follow-up complete occupancy inspection is scheduled for June 13, 2023. Following approval for occupancy, a DHEC licensing inspection will be conducted. The current target to begin receiving patients is currently July 2023. This unit will provide inpatient level psychiatric care for women incarcerated with SCDC. This is a 12-bed unit.

We interviewed 10 GPH inmates on the non-locked down side in a community meeting-like setting. These patients reported being offered 3-4 hours per weekday of out of cell structured therapeutic activities, which they found to be helpful. The actual average number of hours offered was considerably less as summarized Appendix 4. In addition, they were offered dayroom time on a Monday through Friday basis for most of the day. They generally met with their primary care mental health clinician on a weekly basis and with their psychiatrist on a weekly basis. Inmates complained that they did not receive out of cell time during weekends.

The phlebotomist position remains has been filled since the last site assessment.

The unit was very clean.

The more therapeutic environment noted during the previous site assessment has been maintained. Continuity of medications was not an issue.

We also interviewed four GPH inmates on the locked down side. Staff reported they were offered four hours per week of clinical groups and another four hours per week of activity groups in addition to limited access to the individual recreational cages on a five day per week basis. Review of Appendix 4 indicated, on average, about 5 hours per week of structured therapeutic activities were offered to these inmates.

During the site visit, we discussed with leadership staff issues related to the training, job functions and supervision of the MHOs.

*Implementation Panel June 2023 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 on the non-locked down unit of GPH. Significantly increase the number of hours per week of both structured therapeutic and unstructured activities on the locked downside of GPH.

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

## **2b. Segregation:**

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

*Implementation Panel June 2023 Assessment:* Partial Compliance

*Implementation Panel June 2023 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.

#### ***Secure Mental Health Unit at the Kirkland CI***

We interviewed about 14 inmates in a large group setting. These inmates reported during the weekdays they had access to two hours of out of cell structured activities and another two hours of out of cell recreational time. These inmates described the group therapies to be helpful and verbalized very positive perceptions regarding the SMHU programming. Depending on custody staffing, some out of cell time was available during some of the weekends.

**Assessment:** The SMHU was functioning very well and clearly had established a therapeutic milieu. The staff should be congratulated for maintaining such a therapeutic program.

*Implementation Panel June 2023 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 June 2023 Assessment:* Partial compliance

*Implementation Panel June 2023 Findings:* See Attachment 5---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.

Access for inmates to tablets continues to be a significant mitigating factor.

#### ***Camille Graham Correctional Institution***

We observed the mental health rounding process within the RHU that was generally conducted by a mental health officer although the rounds we observed were conducted by both a MHO and

a QMHP. These rounds were performed in a very competent and reasonable manner. We did not identify any inmate within the RHU for which a clinical contraindication of such a housing placement existed.

The RHU was clean, quiet and appeared to be running smoothly. We were somewhat surprised that the mental health rounds were being performed by a MHO's but were reminded that the policies and procedures allowed such a process.

Significant problems continued in offering RHU inmates daily out of cell time. They were being offered 3 showers per week.

### ***Broad River Correctional Institution***

During the afternoon of June 14, 2023, we briefly interviewed all the inmates at the cell front in the RHU. Many of these inmates reported poor access to the psychiatrist and to the mental health counselors, which was not confirmed by healthcare record review. These inmates did describe access to recreational cages one hour per day during the weekday and had access to showers on a three times per week basis. Very sporadic access to group therapies was described. Medication continuity issues were not present. The unit was clean. It was also very noisy. Inmates generally reported that mental health rounds were not occurring on a regular basis.

***Assessment:*** Information obtained from inmates during the cell front interviews were frequently very negative in the context of access to mental health care although such reports were not consistent with healthcare record reviews. Despite these negative perceptions voiced by RHU inmates, the conditions of confinement have improved in this relatively new renovated RHU.

### ***Perry Correctional Institution***

During the morning of June 15, 2023, we observed mental health rounds in the short-term and long-term RHUs as well as briefly speaking to RHU inmates at the cellfront. RHU inmates generally confirmed being offered one hour per day of outside recreational in the individual recreational cages on a four day per week basis with some exceptions. They also were offered showers on a 3-day per week basis.

Clinical contacts with the psychiatrist occurred on a more timely basis than clinical contacts with the QMHPs related to the high QMHP vacancy rate. Continuity of medication issues were absent.

***Implementation Panel June 2023 Recommendations:*** Consider other mitigation efforts to partially compensate for the limited 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 June 2023 Assessment:* Partial compliance

*Implementation Panel June 2023 Findings:* As per status update section. See Attachment 6. Barriers to compliance continue to be predominantly custody staffing vacancies.

*Implementation Panel June 2023 Recommendations:* Remedy the above.

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

*Implementation Panel June 2023 Assessment:* Partial compliance

*Implementation Panel June 2023 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 June 2023 Recommendations:* Remedy the above.

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

*Implementation Panel June 2023 Assessment:* Substantial Compliance (June 2023)

*Implementation Panel June 2023 Findings:*

SCDC has demonstrated the necessary progress to move from partial compliance to substantial compliance. The only correctional facility that has not averaged 90 percent compliance in documenting cleanliness and temperature of segregation cells is Kirkland CI. The IP verified that Kirkland CI does not operate a RHU and their statistics should not be measured for provision compliance. Kirkland CI operates a R/E Temporary Holding Housing Unit that does not meet the definition of a RHU.

The SCDC Attachment 7 Operations Scorecard demonstrates that RHUs systemwide have documented improvement in the cleanliness and temperatures of segregation cells averaging 90 percent compliance for six (6) months from October 1, 2022 through March 31, 2023.

The Office of Operations and IT continues to use a selection menu on the Zebra device for RHU staff to electronically select specific options when temperatures and cleanliness are out of compliance.

*Implementation Panel June 2023 Recommendations:*

1. Maintain 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 June 2023 Assessment:* Substantial Compliance (June 2023)

*Implementation Panel June 2023 Findings:* SCDC has demonstrated the necessary progress to achieve substantial compliance in maintaining a formal quality management program under which segregation practices and conditions are reviewed. QIRM and the Division of Operations review and monitor 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 continue to 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 is warranted due to the QI processes having demonstrated improvement in the context of the various RHU segregation practices and conditions indicators. Compliance with the majority of the RHU has not been achieved but is not required for substantial compliance with the provision

*Implementation Panel June 2023 Recommendations:* Continue the QIRM and Office of Operations formal quality management program reviewing SCDC segregation practices and conditions to maintain substantial compliance and remedy identified deficiencies.

**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 June 2023 Assessment:* Substantial compliance remains (December 2022)

*Implementation Panel June 2023 Findings:* The SCDC Plan to eliminate the disproportionate use of force against inmates with mental illness continues.

The average percentage of UOF incidents occurring with Mental Health inmates remains 0.74%, and .14% for the non-mental health inmate population.

*Implementation Panel June 2023 Recommendations:*

1. SCDC QIRM, Operations, and Behavioral Health continue to 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 ensure 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 June 2023 Assessment:* Sustained Compliance is achieved (June 2023)

*Implementation Panel June 2023 Findings:* The provision has been in substantial compliance for 18 months and has achieved sustained compliance.

The following review of use of force incidents continues:

- 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 June 2023 Recommendations:* 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;

1. QIRM, the Behavior Health UOF Coordinator and Operations leadership continue frequent meetings to discuss UOF and other relevant issues;
2. IP continue to review SCDC Use of Force reports and monthly Use of Force MINS Narratives and provide SCDC feedback;
3. 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;
4. 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 June 2023 Assessment:* Substantial Compliance (June 2022)

*Implementation Panel June 2023 Findings:* Per the SCDC Status Update substantial compliance with the provision continues. The table above shows that the QMHP was contacted in 45 out of 50 planned use of force incidents during the months of October 2022-March 2023, resulting in an overall 90% compliance rate. The Office of Operations continues to take corrective action when staff fail to contact a QMHP prior to a planned UoF.

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

*Implementation Panel June 2023 Assessment:* Substantial Compliance (December 2021)

*Implementation Panel June 2023 Findings:* The provision has been in substantial compliance for 18 months and has achieved sustained compliance.

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 June 2023 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 2023 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 2023.

### **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 June 2023 Assessment:* Partial compliance

*Implementation Panel June 2023 Findings:* As documented in Attachment 10, significant problems continue re: timeliness of treatment plans as well as attendance at treatment plan meetings.

*Implementation Panel June 2023 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.

We observed treatment planning team meetings at the Kirkland Correctional Institution ICS, at the BRCI's CHOICES' program and at the BRCI CSU. Inmates attended their treatment planning team meetings, which were all performed in a very competent manner with multidisciplinary input.

#### **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 June 2023 Assessment:* Substantial compliance (December 2022)

*Implementation Panel June 2023 Findings:* As per status update.

*Implementation Panel June 2023 Recommendations:* Compliance remains.

#### **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 June 2023 Assessment:* Sustained compliance (substantial compliance since December 2021)

*Implementation Panel June 2023 Findings:* As per status update section. Sustained compliance is present.

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

*Implementation Panel June 2023 Assessment:* Partial compliance

*Implementation Panel June 2023 Findings:*

###### 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 70 disciplinary hearings involving mentally ill inmates.

*Implementation Panel June 2023 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. 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.

Medication Administration Records

*Implementation Panel June 2023 Findings:* See provision 5b. status update section.

*Implementation Panel June 2023 Recommendations:* See provision 5b.

**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 June 2023 Assessment:* Sustained compliance (Substantial compliance since July 2021)

*Implementation Panel June 2023 Findings:* Sustained compliance.

**5.a. Improve the quality of MAR documentation;**

*Implementation Panel June 2023 Assessment:* Partial compliance

*Implementation Panel June 2023 Findings:* As per status update section. See 5.b. and 5.d.

*Implementation Panel June 2023 Recommendations:* As per status update section.

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

*Implementation Panel June 2023 Assessment:* Partial compliance

*Implementation Panel June 2023 Findings:*

As per current status update section. There is strong evidence all medication related provisions are receiving increased attention. Involved administrative and supervisory staff as well as CQI personnel sought additional guidance from the clinical monitoring team after the December 2022 site visit and have followed up with an internal review of the above issues. Considerable planning and a pilot project conducted at Camille Graham followed. Pre-site materials as well as a formal presentation on the first day of the monitoring visit show that significant efforts to address the problems previously identified and develop a system wide plan for improving medication management throughout SCDC have been initiated. The pilot project at Camille Graham resulted from processing input and ideas from all stakeholders.

A data collection form was developed and utilized to collect information at the institution level to

address all provisions of the SA related to medication management (5a.-5d.), and two pre-site visit audits took place. Monthly communication was established between the CQI Program manager and the Medical Services healthcare Authority and/or Head Nurse for each site to provide ongoing monitoring of issues identified on site visits. A joint project with QIRM addressed decreasing pill line administration times.

*Implementation Panel June 2023 Recommendations:*

As reported in pre-site information and confirmed during the site visit DA & CQI staff should direct their efforts toward implementing a “cohesive evidence-based quality management program, QI and QA processes in the areas of patient medication administration compliance, medication management, nurse staffing and nurse training”. Plans to initiate an automated medication management/packing system should be finalized. Implementation of such would improve both accountability and efficiency. Progress will be reassessed during the next site visit.

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

*Implementation Panel June 2023 Assessment:* Partial compliance

*Implementation Panel June 2023 Findings:* As per status update section. We discussed with leadership staff issues with the 5 am and 4 pm (hs) 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 June 2023 Recommendations:* As above.

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

*Implementation Panel June 2023 Assessment:* Partial compliance

*Implementation Panel June 2023 Findings:* As per status update section. See 5.b. Significant progress has occurred. Compliance will be dependent on the QI processes as outlined being implemented systemwide, and demonstration of their impact on improving and maintaining quality of care..

*Implementation Panel June 2023 Recommendations:* As above.

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

*Implementation Panel June 2023 Assessment:* Partial compliance

*Implementation Panel June 2023 Findings:* Awaiting response from attorneys for plaintiffs regarding the draft revise policy and procedure concerning the 60-hour time frame limit.

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

*Implementation Panel June 2023 Assessment:* Noncompliance

*Implementation Panel June 2023 Findings:* As per status update section. We also discussed with leadership staff various options of monitoring whether constant observation was actually occurring in contrast to just auditing the 15 minutes checks.

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.

*Implementation Panel June 2023 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 June 2023 Assessment:* Partial compliance

*Implementation Panel June 2023 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.

The IP and SCDC have identified showers not being conducted on holidays and due to prison emergencies are impacting compliance with the provision. Showers not conducted on holidays and due to emergencies should not be utilized to measure compliance. SCDC intends to submit a



policy change addressing showers not conducted due to holidays and emergencies. This is a recognized practice in most corrections systems throughout the United States. The policy revision has the support of the IP; however, it will require approval of the Plaintiffs.

*Implementation Panel June 2023 Recommendations:*

1. Remedy the above and ensure inmates in safe cells and CSU receive the increased showers necessary to meet compliance with the provision.
2. Initiate a policy revision addressing showers not conducted on holidays and emergencies. Track and document showers not conducted due to a holiday or emergency.

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

*Implementation Panel June 2023 Assessment:* Noncompliance

*Implementation Panel June 2023 Findings:* As per status update section and Attachment 11, significant problems continue in providing clinical contacts in a confidential setting.

*Implementation Panel June 2023 Recommendations:* Remedy the above.

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

*Implementation Panel June 2023 Assessment:* Partial compliance

*Implementation Panel June 2023 Findings:* Per the SCDC Attachment 12, the provision remains in partial compliance. SCDC Operations continues to conduct required correctional facility CI temperature checks and cell inspections. Kirkland CI averaged less than 90 percent conducting the required Safe Cell temperature and cell checks. See below.

*Implementation Panel June 2023 Recommendations:*

1. Remedy the Kirkland CI safe cell temperature and sanitation check 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 June 2023 Assessment:* Substantial compliance (December 2022)

*Implementation Panel June 2023 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 June 2023 Recommendations:* Develop and implement pertinent corrective action plans.

**Additional Information**

The pre-site information provided by QIRM and OBH were timely, comprehensive and an essential part of our compliance with the SA provisions.

During the week-long site visits, we assessed the mental health services at the following correctional institutions:

1. Camille Graham Correctional Institution,
2. Kirkland Correctional Institution,
3. Broad River Correctional Institution, and
4. Perry Correctional Institution.

Attachment 13 summarizes the staffing allocations and vacancies at these correctional institutions. Attachment 14 summarizes the custody staffing allocations and vacancies at these prisons. Attachment 15 provides a summary of the relevant institutional counts and caseload statistics.

**Substantial Security Risk (SSR) Unit**

The KCI SSR Max houses the most dangerous inmates in the system

We observed a group treatment involving Four inmates that was conducted by a mental health officer. The inmates were actively participating in the group, which was directed in a very competent manner by the MHO.

SSR inmates were receiving an hour per weekday of recreational time in the individual recreational yards.

The SSR inmates reported that they were placed in suicide gowns immediately upon admission to the SSR despite being cleared by healthcare staff and not being assessed to be suicidal. We recommended that this practice be stopped.

The KCI SSR Max Unit continues to not have an assigned full time QMHP. Part time services are provided by QMHPs from other KCI areas.

These inmates complained about the lack of heat in their cells during the winter months. SCDC Officials advised a project to replace the SSR Max Unit heating system has been approved and is scheduled to begin before the end of the summer.

A review of the SCDC records identified SSR Max Unit inmates are not receiving classification reviews in accordance with the revised RHU Policy.

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

KCI has revised the R/E Temporary Holding Unit (THU) procedures and moved the operation to an adjacent housing unit. There were only 4 inmates in the THU on the day of the IP KCI site visit. Inmates in the THU consistently receive 3 showers per week and have an outside recreation area. SCDC has established criteria for placing inmates in the THU with a goal of only housing inmates at the location for a maximum of 2 weeks. Standard Operating Procedures need to be developed addressing all THU services, programs, and privileges. The THU needs to develop an accurate system of tracking inmates out of cell time in the THU.

### **Crisis Stabilization Unit (CSU)**

The CSU at the BRCI continues to have the same onsite psychiatrist on a full-time basis. The count was 3 at the time of the site visit during June 14, 2023. We observed a treatment planning team meeting, which was done in a very competent manner.

The CSU staff confirmed that the percentage of newly admitted inmates, whose admission was precipitated by custodial safety concerns, has significantly decreased during the current monitoring period.

### **Step-down unit at Perry CI**

We interviewed most of the inmates on this unit in a community-like setting. They generally verbalized favorable comments regarding this program, which included 2 hours per weekday of groups and access 2 hours per weekday to the small outdoor recreational yard. Access to the gym occurred on a once per week basis,