

**South Carolina Department of Corrections
Implementation Panel Report of Compliance
March 2017**

Executive Summary

This third report of the Implementation Panel (IP) is provided as stipulated in the Settlement Agreement in the above-referenced matter, and it is based on the third site visit to the South Carolina Department of Corrections facilities and our review and analysis of SCDC's compliance with the Settlement Agreement criteria. The first site visit by the Implementation Panel was from May 2 thru May 5, 2016, the second site visit was October 31 thru November 4, 2016, and this third site visit was from February 27 thru March 3, 2017. We have requested and received a plethora of documents, including policies and procedures and additional reports as noted in this report, however several documents were received during the week prior to the third site visit. We requested that documents be provided to the IP at least two weeks prior to the site visits. In addition, we have had conference calls with the plaintiffs and defendants as well as discussions with SCDC staff, inmates, and plaintiffs, and we reviewed additional documents during the onsite visits. We conducted an Exit Conference on March 3, 2017, which was attended by Deputy Director [REDACTED] and members of the administrative, operations, and clinical staff of SCDC; plaintiffs' counsel Stuart Andrews; defendant's counsel [REDACTED] and the mediator, Judge William Howard. During the Exit Conference we provided our preliminary findings based on the two site visits and addressed questions and concerns offered by any of the participants.

This Executive Summary is a brief overview of the SCDC analysis and the Implementation Panel's findings regarding SCDC's compliance with the Settlement Agreement. The specific Settlement Agreement criteria (with the exception of Policies and Procedures) are described in detail in this report, and the compliance levels, i.e., noncompliance, partial compliance, or substantial compliance in each of the elements along with the basis for those findings and recommendations of the Implementation Panel are also included. Appended to this report is Exhibit B to the settlement agreement, which is a summary of the Implementation Panel's assessment of compliance with the remedial guidelines. Exhibit B does not include a separate component for the development of overall policies and procedures that will address implementation of the components set forth in Exhibit B, but the Implementation Panel wants to acknowledge the work that has gone into development of the policies while acknowledging that training and implementation have yet to be accomplished and will be monitored closely. As Exhibit B reflects, the Implementation Panel determined the following levels of compliance:

1. Substantial Compliance – 9 components
2. Partial Compliance – 44 components
3. Noncompliance – 5 components

As discussed during the site visits and during our Exit Conference with the parties, the Implementation Panel's primary concerns regarding SCDC's failure to demonstrate substantial compliance with the Settlement Agreement have to do with the following issues: (1) Staffing, including clinical, operations, administrative, and support staff; (2) Conditions of Confinement including specifically the Restrictive Housing Units (RHU), segregation of any type; (3) prolonged

stays in Reception and Evaluation and the quality and appropriateness of evaluation, referral and treatment components; (4) lack of timely assessments and adequate treatment at the mental health programmatic levels; (5) operations practices and adherence to policies and procedures; (6) access to all higher levels of care, particularly timely hospital level care for male and female inmates; and (7) future planning for adequate numbers of beds and staffing for mental health higher levels of care as the hospital and male CSU and ICS programs will be in need of additional resources.

We recognize that the policies and procedures have been substantially completed. The other necessary components including training staff regarding the policies and procedures, implementation, supervision regarding those policies and procedures, and quality management review via the quality assurance/improvement mechanisms within SCDC are currently incomplete and inadequate and should be of primary focus going forward.

A major achievement has been development of the Quality Assurance Risk Management (QARM). The Implementation Panel continues to be very positively impressed by the efforts of the QARM component, as well as IT and web based information data collection and analysis components, and strongly encourages the continuation and expansion of their efforts at the central levels. The IP reemphasized during our discussions and on-site reviews, the data collection and analysis component of the quality management program must be accomplished at the facility level and relate to policies and procedures, and specific facility parameters and mental health programs, operations, support, and ultimately inmate mental health needs. This has not been fully accomplished but has continued to improve, and the dire need for staffing (as noted in this report) and active on-site and central support for instituting, developing, and/or maintaining adequate services and support functions at the facility level has not been fully achieved. However significant progress is noted in this report.

The Low Intensity Behavioral Management Unit became operational in 2016, and the High Intensity Behavioral Management Unit has begun although not scheduled to open until March 2017. The Crisis Stabilization Unit at Camille Graham is scheduled to open in April 2017.

As noted in our previous reports, the Implementation Panel has continued to provide technical assistance and suggestions regarding how obtaining compliance with the Settlement Agreement criteria and its requirements could be accomplished, and reemphasizes that these processes should be developed within SCDC by the appropriate staff within the SCDC and consultants, if necessary, who are responsible for their implementation, training, and supervision of staff on the actual requirements. SCDC must continue to develop and implement an internal process that supports and assures effective quality management so that the process will be developed and sustained beginning with the Settlement Agreement monitoring process and continuing after the settlement agreement has been satisfied and/or otherwise resolved. The timely development and implementation will also facilitate transition to the anticipated Electronic Health Record (EHR).

Accordingly, the following description and appendices are reflective of our overviews of the specific facilities that were inspected during this site visit, namely Camille Graham Correctional Institution, Kirkland Correctional Institution, Broad River Correctional Institution, Lieber

Correctional Institution, and Allendale Correctional Institution. As reported during our Exit Conference, the Implementation Panel considers the conditions at Lieber Correctional Institution to be at a severe crisis level that requires immediate correction. Not only are the staffing levels for clinicians, as well as operations staff, unacceptably low, preventing the implementation of effective treatment measures, but also based on the operations staffing this facility has experienced frequent lockdowns since at least February 2016 and has been unable to provide adequate recreation or showers. Plaintiffs' counsel have expressed their very serious concerns for the inadequate numbers of operations staffing for SCDC facilities and the resultant harm to their clients, including prolonged lockdowns, extremely limited access to out of cell activities including mental health and medical services, showers, and recreation. The IP is very gravely concerned that the deficiencies in operations staffing, at crisis levels based on our onsite reviews at Lieber and Perry, and reportedly at other facilities, are in need of immediate corrective actions. These severe shortages of operations staff directly impact access to mental health care and services. Without adequate operations staff at all SCDC facilities, it will be extremely difficult if not impossible to meet the requirements of the Settlement Agreement and these conditions of confinement clearly and directly contribute to the harm and dangerous conditions for inmates and staff. These conditions must be corrected immediately, and plans to address the multiple factors contributing to the crisis at Lieber and Perry must be developed and implemented. By contrast, the Low Intensity BMU at Allendale has begun with the support of adequate operations/custody staffing, however the mental health staffing is inadequate. The IP interviewed Character Program Coordinator inmates at Allendale and were very positively impressed by their efforts to assist other inmates and themselves in developing and continuing appropriate behaviors, activities and incentives.

Below are the specific findings followed by the appendices that provide overview information on the system as a whole as well as the individual facilities within the system. As noted, Policies and Procedures are in Partial Compliance.

1. 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 March 2017 Assessment: partial compliance

February 2017 SCDC Status Update:

- An R & E Internal Committee was established in November after the site visit by the Implementation Panel (IP). The first meeting was in December.

- The R&E Internal Committee met in December and early February. In the 2/7/17 meeting, we discussed August R&E data at Kirkland and Camille Graham. Preliminary findings were reported by QARM regarding length of times for inmates to access services and to get classified. (See the charts below.) Both Kirkland and Camille Graham were outside of the fourteen days of getting clients to see the QMHP and Psychiatrist for routine referrals. There were very limited referrals that reflected being of an emergent or urgent manner. Staff have been trained how to better document emergent and urgent referrals since August and September data entry; however, October's data were still being analyzed at the time of this report, to determine if improvements have occurred. The R&E Internal Committee will meet on a monthly basis.
- Progress on a web-based system and Automated Medical Record (AMR). –The Division of Resource and Information Management (RIM) has added additional features to the AMR system to better capture types of encounters such as emergent, urgent, and routine referrals. Unique clinical services, such as individual, group, and crisis management services are also able to be identified. Training for medical staff to utilize this system began on 02/17/17. Those developing the electronic health record (EHR) have also been made aware of the need for these features so that they can incorporate them into the EHR. Following are some of the screens that will be used to train medical and mental health staff.
- Interviews for a new QMHP were completed and a final candidate was selected. She later declined the position due to another job offer. A second candidate is being interviewed 02/22/16. The Division is hoping to have this position filled by 03/30/17.
- Custody staff shortages have not improved. This continues to impede our ability to provide care in a timely manner in some cases.
- Psychiatric coverage at R&E continues to average 2 days per week for coverage. SCDC continues to advertise and recruit for a Psychiatrist.
- [The referral] process has been refined to assessing inmates who present with a past suicide history or SCDC MH episode of care within the last three years. QMHP's began using the referral criteria proposed below in December, so the audits done to date do not yet reflect these data coming from the new criteria.
 - Kirkland continues to utilize F1 for observation/criisis cells with the appropriate observation protocols. The CI cells in F1 have been upgraded to safe-cells. Inmates are transferred within 60 hours or sooner depending on level of acuity.

March 2017 Implementation Panel findings: Implementation of the relevant policy and procedure continues to be problematic, especially in meeting the required timeframes as demonstrated by the SCDC status update data. Identified obstacles to achieving compliance with the required timeframes continue to include current custody and mental health staffing shortages.

The over-referrals issue described during the previous site assessment should be significantly improved with the new referral criteria referenced in the SCDC status update section.

Improvement is noted in the context of monitoring the required timeframes and revising the mental health referral criteria.

March 2017 Recommendations:

1. Continue to QI the relevant timeframes.
2. Adequately address the mental health and correctional staffing vacancies.

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

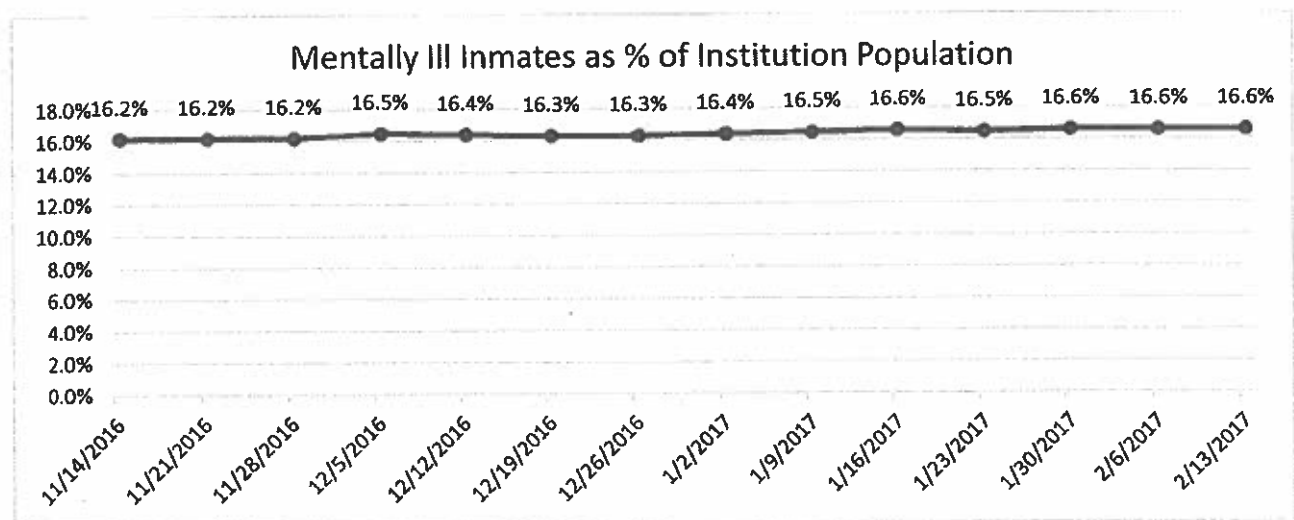
Implementation Panel March 2017 Assessment: partial compliance
February 2017 SCDC Status Update:

The Division of Resources and Information Management (RIM) generates a weekly report of Mental Health Classifications for the Mentally Ill Institutional Population. This report includes

- the numbers of mentally ill inmates by classification,
- the percentage of mentally ill by classification as a percent of the mentally ill population, and
- the percent of mentally ill inmates as a percentage of the total population.

This information is also provided by institution.

SCDC has demonstrated an increase of 0.6% in the mentally ill population since the November 2016 report.



As of 2/13/17 3,383 inmates of the total SDCD inmate population (16,984) were on the mental healthcare caseload.

March 2017 Implementation Panel findings: As per SCDC status update. It is very likely that the percentage of inmates within SCDC that are on the mental health caseload is underrepresented based on national statistics.

March 2017 Recommendations: As per recommendations summarized in other sections of this report relevant to R&E process and the planned annual mental health screening assessment.

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 March 2017 Assessment: **partial compliance**

February 2017 SCDC Status Update:

SCDC MH administration audits, on a monthly basis, 100% of CGCI's monthly intakes and a minimum of 10% of KCI's monthly intakes, to include which counselor evaluated the inmate. Those audits are reviewed by the MH administration and QARM and discussed monthly during the R&E Internal Committee QA meetings. At the time of this report, the MH Division Director has only reviewed one month's worth of data (August), and is aware that data showed that KCI's percentage of inmates who end up on the caseload is very low compared to CGCI. KCI's lead counselor will watch for trends in this area. This auditing and subsequent discussion/review with the counselors and the R&E Internal Committee is the formal process implemented by SCDC. A member of QARM meets with this committee each time.

March 2017 Implementation Panel findings: As per SCDC status update. Issues remain regarding the need for a more accurate and efficient database as described in the prior site assessment to produce quality improvement reports. In general, quality improvement reports should be "stand-alone" documents that include the following subsections:

- Description of the issue being reviewed;
- Methodology used in the study;
- Results;
- Assessment of the results; and
- Planned actions, if any.

March 2017 Recommendations: Produce QI reports addressing relevant elements of this provision.

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 March 2017 Assessment: **partial compliance**

February 2017 SCDC Status Update:

At the recommendation of Dr. Metzner, once the screening has referred the inmate to secondary evaluation (rather than after diagnosis and MH classification assignment), SCDC must enforce the R&E timelines outlined in policy

The following flowchart outlines the process and the timeframes allowed by Policy HS-19.11, for processing inmates through the R&E. [see Appendix 1].

The second chart shows how Camille's and Kirkland R&E's timeframes compared to the allowable time frames from August through October, though not all the statistics were available for October [see Appendix 2].

March 2017 Implementation Panel findings: We made specific recommendations regarding revision of Appendix 1 regarding the timeframes for urgent psychiatric evaluations and clarification regarding the timeframes for routine secondary evaluations. Appendix 2 provides data relevant to the QI specific to mental health timeframes regarding R & E screening and subsequent mental health evaluations.

March 2017 Recommendations: Continue to monitor the relevant timeframes and revise the flow chart.

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 March 2017 Assessment: **partial compliance**

February 2017 SCDC Status Update:

Nursing staff continue to provide the mental health screening when an inmate transfers from one institution to another, as explained in the November 2016 report.

The first step in providing the annual assessments discussed above is to identify inmates who have reached the anniversary of their last assessment. Beginning in January, RIM [Resource Information Management] started producing a monthly report (example shown below) for each institution of all inmates not on the mental health (MH) caseload whose intake anniversary is the following month. For example, the January report shows the inmates whose anniversary month is February.

There is no data to show for this to date, other than the number of inmates who were screened. Below is a copy of a roster of inmates who were screened at CGCI on 2/15/17. Results from the screening will be shared with the IP during the February 2017 site visit.

During a 2/17/17 training with mental health clinicians, the Division Director for MH informed staff that the screening process would be phased in next at Level 3 prisons.”

March 2017 Implementation Panel findings: Improvement is noted from the perspective of identifying inmates who have reached the anniversary of their last assessment, which will provide a list of inmates to be assessed for their annual screening as previously summarized.

March 2017 Recommendations: Begin the mental health screening process for inmates identified as needing their annual assessment.

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

2.a. Access to Higher Levels of Care

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

Implementation Panel March 2017 Assessment: noncompliance

February 2017 SCDC Status Update:

QARM initiated QI studies to assess the appropriateness of levels of care for Inmates with two or more CSU admissions within the past six months and for inmates with two or more GPH admissions within the past six months. The results of those studies are included as attachments 2 & 3. Mental Health Administration and staff reviewed the data analysis completed by QARM and finalized the reports including a writing the assessment summary a plan of action.

CQI Studies

1. GPH Quality Improvement Study
2. CSU Quality Improvement Study

MH Caseload with Disciplinary Convictions: CSU & GPH

As recommended by the IP, as a part of the CQI studies, QARM reviewed inmates with multiple disciplinary infractions and cross-referenced with those who had multiple admissions to GPH or CSU. It was anticipated that these inmates may need to be reclassified to a higher level of mental health care. The results were shared with the Mental Health staff to use for

final analysis, results assessment and plan of action for both GPH and CSU QI studies. For privacy reasons, inmates' names and SCDC numbers have been removed.

March 2017 Implementation Panel findings: The above referenced audits were reviewed. Missing from the studies were narratives of the assessment of the results and planned actions, if any, based on such an assessment. These studies appeared to indicate that at least some of these inmates with multiple admissions to either the CSU or GPH needed a higher level of mental health care.

March 2017 Recommendations: Future QI studies should include the recommended standalone report as described in an earlier section of this report.

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

Implementation Panel March 2017 Assessment: noncompliance

February 2017 SCDC Status Update:

In December 2016 because KCI ICS lost 3 QMHP's the program stopped taking additional referrals to the program. Since then, 3 QMHP's have been selected and are currently completing the hiring process. Since SCDC has implemented an expedited hiring process, the goal is to have the additional staff hired and on board within a four-week time period. Until these new staff members are fully trained, ICS is currently accepting emergency admissions only.

Residential Treatment Services as of February 13, 2017

Inmates receiving MH residential treatment services comprise approximately 6.21% of SCDC's mental health population. This is inclusive of all residential treatment services, including Low-Level BMU, ICS, SIB and MR (HAB).

Mental Health Classification	Female	Male	Total	Percent of Mentally Ill Population	Percent of Total Population
No Class. (N/A)	84	404	488	N/A	2.40%
L1	0	83	83	2.45%	0.41%
L2					
BL	0	12	12	0.36%	0.06%
ICS	22	134	163	4.82%	0.80%
LC (SIB)	0	14	14	0.41%	0.07%
MR (HAB)	4	17	21	0.62%	0.10%
L2 (Total)	33	177	210	6.21%	1.03%
L3	28	162	190	5.62%	0.93%
L4	631	2,188	2,819	83.30%	13.80%
L5	0	81	81	2.39%	0.40%

Month	Total MH	Total L2	Percent of Mentally Ill Population	Percent of Total Population
Nov	3349	212	6%	1%
Dec	3377	219	6%	1%
Jan	3381	224	7%	1%
Feb	3383	210	6%	1%

ICS Renovations

See b). 2.a.iii.

March 2017 Implementation Panel findings: No change from November 2016 site assessment, in part, related to staffing vacancies as previously summarized in the SCDC status update section. During the site visit we did not assess the male ICS services at Kirkland CI.

We did assess the female ICS services at Camille Graham CI during March 2, 2017. Inmates in Section D were interviewed in the community-like setting during the morning of March 2. These inmates reported that they were essentially restricted to their rooms from about 8 AM-3:30 PM on a daily basis except during lunch. They also indicated that they did not have access to their personal TVs during the same period of time. These inmates also indicated that they

were not receiving any programming such as structured therapeutic groups. Poor access to outdoor recreation time was also described by these inmates.

There were no chairs available in the dayroom although benches were present. These ICS inmates indicated that other ICS inmates from Section C had recently been allowed to remove the dayroom chairs from Section D and also periodically would take their cleaning supplies. Many of these inmates appeared to be of a geriatric age group. These ICS inmates also voiced their fears regarding the return of a specific ICS inmate, who was currently in the RHU, who had on two different occasions thrown scalding water on several peers.

Mental health staff confirmed that these inmates recently were not receiving structured therapeutic groups due to the loss of an activity therapist, who was recently promoted to a different position. Correctional officer leadership reported that the information obtained from these inmates regarding essentially being restricted to the rooms for long periods of time was inaccurate.

Key custody staff stated that chairs in the dayroom, which were not bolted to the floor, posed a security risk because several inmates were prone to throw chairs at others. They also indicated that these inmates all had chairs in their rooms, which could be brought to the dayroom space as needed.

We also interviewed about 14 ICS inmates in Section C, which had a count of 27 inmates during the site visit, in a community-like setting. Most of these inmates were either L-3 or L-4, with the minority having an ICS level of care. These inmates also described lack of structured therapeutic programming and poor access to outdoor recreation. They also voiced concerns about being isolated from other general population inmates due to being housed in the "mental health unit." Many of these inmates described access to their mental health counselor ranging from monthly to once every three months.

Inmates in Section C described continuity of medication issues related to both untimely medication renewals and other medications not being available in the pharmacy because of apparent stock supply issues. Staff confirmed the accuracy of these continuity of medication issues.

We observed a treatment team meeting during the afternoon of March 2. We were encouraged by the multidisciplinary discussion and the presence of a psychiatrist, Dr. [REDACTED]

March 2017 Recommendations:

3. Restart the ICS admission process for male inmates as planned.
4. Begin the planning process for more ICS beds.

5. Structured therapeutic programming for the female inmates needs to be restarted. The amount of structured therapeutic programming on a weekly basis offered to the average ICS inmate needs to be tracked as well as the actual number of hours per week actually used by the average inmate.

Structured therapeutic programming should be treatment plan driven in contrast to "Round Robin" selected groups.

We discussed in detail with both leadership and line mental health staff issues related to the reported refusal rate demonstrated by ICS inmates. If the refusal rate exceeds 30%, a QI process needs to be initiated to address this issue.

6. Access to outdoor recreation also needs to be tracked and monitored.
7. We also discussed with staff issues related to housing ICS inmates with non-ICS inmates in the same unit. Staff need to identify the involved issues closely and develop solutions.
8. Community meetings on a weekly basis should occur in both ICS housing units, which should be attended by both custody and mental health staff.

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 March 2017 Assessment: partial compliance

February 2017 SCDC Status Update:

The following chart shows all female admissions to inpatient care over the past six months. To protect the privacy of the inmates, personal identifying information has been removed. Currently 2 females remain in inpatient psychiatric care.

During the previous IP visit, reporting indicated a need to better track the number of inmates being referred to inpatient levels of care. As a result, SCDC is tracking referrals to inpatient levels of care as evident in the chart below.

In a review, QARM analysts cross-referend this report with the AMR for those with the date the inmate was classified as L1 (column 5). When this date was not indicated or if any discrepancies noted, the Division of Mental Health was notified that a review or update may be required. QARM will continue to review this report on at least a quarterly basis.

**GEO (Correct Care) Female Admissions and Discharges
 August 15, 2016 through February 14, 2017**

(Based on Movements to GEO (Correct Care) (1018) by female inmates for any reason. Review of medical record is needed to determine actual reason for transfer to GEO (Correct Care).)

Inmate #	MH Class Prior to Admission	Admission Date	Admission Reason	Classified as L1 on	Discharge Date	Discharged To
Inmate 1	L2	11/15/2016	Mental Health	11/16/2016	12/29/2016	GRAHAM
Inmate 2	L2	8/24/2016	Mental Health		9/7/2016	GRAHAM
Inmate 2	L2	1/26/2017	Mental Health	2/2/2017		
Inmate 3	L2	9/12/2016	Mental Health		11/10/2016	GRAHAM
Inmate 4	L1	12/14/2016	Mental Health	12/14/2016	12/29/2016	GRAHAM
Inmate 5	MH	1/27/2017	Mental Health			

GPH Renovations

The following chart shows progress in renovations and upgrades to GPH to facilities an increase in the number of male and female inmates receiving inpatient psychiatric services:

Kirkland Correctional Institution -- Gilliam Psychiatric Hospital (GPH)	
Administration Area:	Renovations/Upgrades
Four (4) group counseling rooms:	
Renovate two (2) offices for group counseling rooms and two (2) conference rooms.	Offices to group counseling room and conference rooms to group counseling. Complete
Add cameras (2 ea. per room). Add cameras to view corridor.	Larger Glazing view panels. Complete.
Add larger security glazing view panels in doors.	Cameras Complete
Furniture / chairs.	Furniture/chairs to be determined
Existing Nurse's Station in Admin Area -- scope of work has not been determined at this time.	

Hospital Housing Unit: <i>(Note: Must be mindful not to violate the current 87 bed SCDHEC hospital license)</i>	
The cells and door view panels are adequate at this time.	
Install 5 benches and 2 restraint group tables with stools per wing of the housing unit.	B-Wing - 2 Tables and 5 benches Complete A-Wing - 5 Benches Complete 2 Tables awaiting the removal of the TV Stand
Provide an enclosed nurse's station to include hand sink ("no restroom facilities") to both A & B wings.	Projected Completion December 1, 2017
Install security cameras in hospital cells – 1 st floor one wing. 31-1 Form has been entered	Design documents & paperwork are being finalized for submission to SCDHEC – submission Feb 8, 2017, Anticipate 30 days for review & comments. Installation of cameras & construction of showers (drawings are complete) can commence at any time FM crews are ready to start in this area
Renovate showers on both wings to include push button valves and an ADA shower with ADA with ligature resistant ADA fixtures	
Install four (4) silent TV's in security cages in the dayroom for both wings.	B- Wing Complete A-Wing Complete
All areas to be painted to accommodate a more therapeutic setting.	Color(s) selected
Kirkland Correctional Institution -- Modular Unit at GPH	
Additional office space:	Complete
Renovate the open area for additional office spaces and add a wall in the existing ICS pill room to make two offices. ICS Pill room must be relocated before the renovations can begin. The new area in the Admin. Area is ready for the ICS pill room. Awaiting notification of the move.	ICS Pill Room Relocated Complete. 2 cameras have been installed, gate controllers are in progress. 13-1 Forms completed for camera purchase
Add enclosed fence walkway and controlled locking systems at gates to include three (3) cameras. Change: Relocate the entrance to the Modular Office space to include an additional concrete walk way and 2 additional cameras with 2 additional electric locks, to be controlled by the control room in the Gilliam Center	Additional concrete walkway in progress

March 2017 Implementation Panel findings: As per SCDC status update section. Renovations at GPH, with specific reference to the nursing station, are not expected to be completed until December 2017.

Since the November 2016 site assessment, there has been a net gain of 2.0 FTE mental health counselors working at GPH in addition to a recreational therapist supervisor and a 1.0 FTE recreational activities therapist. Other gains in staffing included 2.0 FTE sergeants and a unit

manager. The inmate count during February 27, 2017 was 87 inmates. A waitlist for admissions was started during January 24, 2017 and had 12 inmates on the waitlist during the first day of our site visit.

At the time of our site visit five structured therapeutic groups per week (12 inmates per group) were scheduled in addition to three activity therapy groups per day (12 inmates per group). Inmates received two hours per day of out of cell unstructured time on a daily basis with higher functioning inmates receiving additional hours of unstructured time out of cell during weekend days.

Additional security measures have occurred and/are being planned in response to an inmate assault upon a psychiatrist during late December 2016.

During the morning of February 28, 2017, we observed a GPH treatment team meeting, which was attended by the appropriate staff and conducted in a competent manner. Inmates being staffed during this meeting were interviewed by the treatment team as part of the process.

We also observed two of the renovated group treatment rooms, which included in one room "treatment chairs" and in the other group room "therapy tables." The room with the treatment chairs was organized in a classroom style in contrast to a semicircular configuration that would facilitate the group process. There were significant problems with the "treatment chairs" due to their excessive height, which resulted in the legs of inmates sitting in these chairs becoming numb after about 15-20 minutes.

Data provided prior to the site visit indicated no waiting lists for male or female inmates for access to hospital level care; however, during the site visit, the IP was apprised there had been three referrals for female inmates (one of whom had not been transferred for 2-3 weeks) and occasional waiting lists (including currently) for male inmates. SCDC must track all referrals for inpatient/hospital level care as well as waiting lists and rejections of referrals.

The reasons for the low number of female inmates admitted to an inpatient psychiatric unit via GEO were unclear but appeared to be related to limited beds and contractual issues. During our site visit we interviewed an inmate who was currently housed in the RHU due to the lack of timely access to an inpatient psychiatric bed. This inmate was grossly psychotic and had been in need of inpatient psychiatric care for 2-3 weeks. Staff had apparently misinterpreted a court order relevant to the use of involuntary medications, which had contributed to her decompensated state due to medication noncompliance.

March 2017 Recommendations:

1. Continue to focus on providing more out of cell structured therapeutic and unstructured time to inmates in GPH.
2. Continue to monitor implementation of the scheduled GPH renovations.
3. Fix the "treatment chairs" as well as their configuration.

4. Further explore the reasons for the low admission rate of female inmates to an inpatient psychiatric unit.
5. Explore other options for inpatient psychiatric beds such as the female forensic division of the State Hospital and/or renegotiate the current contract with the vendor that is providing inpatient psychiatric care for women. Timely access to female hospital beds must be available or this requirement will be found in noncompliance.
6. Provide training/supervision to mental health staff regarding court orders relevant to involuntary medications.

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

Implementation Panel March 2017 Assessment: partial compliance

February 2017 SCDC Status Update:

A new recruiter for Health Services was hired on 9/12/16. All SCDC employees received a general increase of 3.25% in July 2016. Increases in pay grades are being considered and their cost and implications reviewed.

Since November 2016, SCDC has launched an aggressive hiring campaign to increase staffing.

- Super Bowl commercial aired on February 5, 2017
- One-day hiring for correctional officers began on July 5, 2016. One-day hiring for nurses and mental health staff began on February 1, 2017. This program reduces the time for interviews and placement by at least 3 months
- Truck and car wrap on SCDC vehicles advertising positions and opportunities effective February 2017
- Beginning October 2016, 13 billboards were placed statewide advertising SCDC positions and opportunities
- November 2016, SCDC began running television spots on local stations in major metropolitan areas advertising positions and opportunities. Television advertisement is expanding to more rural areas
- Mental health positions are being advertised on the "Indeed.com" job site
- SCDC recruiter regularly contacts the South Carolina Department of Labor, Licensing, and Regulation for potential healthcare staff
- Consistent weekly appearances at job fairs hosted by the state Employment Department and college job boards and fairs at universities in Orangeburg, Charleston, Clemson, Columbia as well as technical schools across the state
- Converting SCDC application process to the state website NEO.GOV to allow for streamlined, easier application and notice of positions at SCDC. Full and part-time

positions will be posted for medical and mental health staffing

- Hosted a booth at the South Carolina State Fair manned by employees who spoke with 682 potential applicants
- Recruitment of retirees at military bases
- Position notices in major newspapers and 3 trade journals
- Digital job board banner displayed on WIS-TV website
- Ad hoc appearances at companies that are closing to recruit employees
- Addition of 5 lieutenant recruiters with a plan to add a recruitment captain who has been identified
- Hired 7 retention lieutenants. In the process of hiring 3 additional retention lieutenants. These staff will work with and train new officer staff. The long term plan is to place one retention lieutenant in each institution
- Post actual salary (rather than range) in job postings so that applicants are not disappointed with salary offer
- Provide overtime and shift/weekend differential for nurses
- Creation of a spot bonus program to recognize exemplary performance by employees with a bonus of \$250
- Decreasing the time for Correctional Officer step incentives from a five – step program to a two – step program with a higher salary in a shorter period of time (from 2 years to 6 months).
- Overtime for officers being piloted in several institutions
- Conducted a salary survey and will increase salaries to the state average
- HR will post positions with increased salaries to the state average
- Increased officer salary (see example of handout below)

	NEW JOB CLASS/BAND/LVL.	Average Statewide	SCDC Average	Difference
Adm Assist	AA75 4/D	\$32,920.00	\$31,888.00	(\$1,032.00)
Risk Mgmt & compliance Mgr I	AF30 8/B	\$81,687.00	\$80,518.00	(\$1,169.00)
Adm Coord II - Health Serv Recruiter	AH15 6/C	\$52,821.00	\$55,000.00	\$2,179.00
Physician Assistant	EB35 8/C	\$90,558.00	\$98,947.00	\$8,389.00
Paramedic	EC20 4/D	\$36,717.00	\$38,000.00	\$1,283.00
Human Serv Coord I - Activity Therapist	GA40 4/A	\$33,809.00	\$31,315.00	(\$2,494.00)
Human Serv Coord I - Mental Health Tech	GA50 5/C	\$39,407.00	\$36,137.00	(\$3,270.00)
Human Serv Coord I - CCC IV	GA50 5/E	\$39,407.00	\$43,881.00	\$4,474.00
Human Serv Coord II - QA Monitor	GA60 6/B	\$49,168.00	\$47,822.00	(\$1,346.00)
Clinical Supervisor	GA70	\$67,353.00	\$61,823.25	(\$5,529.75)
Psychologist	GA80 8/E	\$83,555.00	\$83,041.00	(\$514.00)
Licensed Practical Nurse	EA10 4/C	\$31,936.00	\$31,901.00	(\$35.00)
Registered Nurse	EA20 6/A	\$47,512.00	\$48,491.00	\$979.00
Psychiatrist	UB26	\$180,632.00	\$215,104.00	\$34,472.00
Physician	UB27	\$145,512.00	\$145,551.00	\$39.00
		\$1,052,401.00	\$1,093,300.25	\$40,899.25

SCDC hosted a job fair on January 27, 2017 at the SCDC Recruiting and Employment Office. The numbers below reflect the number of applications by discipline:

- 67 participants
- 59 applicants
- 8 did not submit an application

Discipline	Number of Applicants
Nursing -RN	2
Mental Health	3
Non-security	16
Security	38

Additionally, contacts at the SC Stare Fair were:

- Approximately 360 Applications distributed
- Approximately 320 Information Cards received

Information Cards Distribution

Discipline	Number of Information Cards Distributed
Security	284
Medical	32
Administrative	2
Education	1
Food Service	1

The staffing plan was provided in the document drop submitted to the IP on February 13, 2017.

March 2017 Implementation Panel findings: The 40% vacancy rate noted during the November 2016 site assessment is little changed from the current 38% vacancy rate. The department has implemented an aggressive recruiting campaign as previously summarized relevant to hiring of both correctional and mental health staff. The salary for psychiatrists is likely not competitive to psychiatrists' salary in the community in contrast to other state institutions.

Appendix 3 provides a summary of current mental staffing allocations and vacancies.

The expedited hiring process is very encouraging.

March 2017 Recommendations: It is very likely that the salary structure for psychiatrists and psychologists will need to be reconsidered depending on the outcome of the current recruiting/hiring efforts.

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

Implementation Panel March 2017 Assessment: partial compliance

February 2017 SCDC Status Update:

SCDC has created a committee, co-chaired by Dr. [REDACTED] (psychologist) and Dr. [REDACTED] (chief psychiatrist) to review all denials to all higher levels of care. This committee has met to determine process flows; however, the formal review process is scheduled to begin March 2017. The following e-mail shows some of the preliminary work of this committee.

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

March 2017 Recommendations: Begin the formal QI process as planned.

2.b. Segregation:

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

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

November 2016 SCDC Status Update: Currently there is no documentation available to track the number of RHU inmates participating in groups. In the CSU group therapy rosters have been provided, but they failed to indicate those inmates participating in groups with a designated segregation status. Although groups are reported as ongoing, this documentation is insufficient to support this requirement.

February 2017 SCDC Status Update:

The Low-Level Behavioral Management Unit (LLBMU) at Allendale CI was opened in December 2016 with a bed capacity of 48 inmates. The first group of inmates have moved into "Phase Two," which provides 4 hours of group therapy per week as well as 30-60 minutes of individual therapy per week. Twelve therapy chairs are currently being utilized for groups.

Therapy chairs have been installed at Lee CI RHU and group assignments have been made; however, as of 2/10/217, groups have not been started. Please see email correspondence below: Due to MH and Medical staffing, the High-Level Behavioral Management Unit (HLBMU) at Kirkland's former SSR is scheduled to open 4/3/17. This also allows staff the opportunity to identify improvements based on lessons learned from the LLBMU.

Staff at both Perry and Lieber are currently evaluating the feasibility of placing therapy chairs in their RHUs.

March 2017 Implementation Panel findings: It is encouraging that the LLBMU has been initiated on a small scale and the HLBMU is scheduled to be implemented during April 2017. These programs are beginning with low numbers of inmates. As the census grows, there will be a need for additional staff and additional programmatic interventions including Cognitive Behavioral and other therapies by trained and credentialed professionals.

We met with five HLBMU designated inmates in a group setting to discuss the beginning of the HLBMU. These inmates expressed concerns about this program but were generally optimistic about their participation. They also described physical discomfort re: the therapy

chairs for reasons previously summarized. They also described their dissatisfaction with the current recreational yards.

We also observed the area that will be used for the new recreational yards to be constructed for the HLBMU. We strongly recommended that these yards include a toilet, mister and pull up bars.

March 2017 Recommendations:

1. Continue with the current implementation schedule relevant to BMU's. Consider changing the names of the two programs to delete reference to the terms "low level" or "high level."
2. Construct the new recreational yards.
3. Fix the "therapy chairs."

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

Implementation Panel March 2017 Assessment: noncompliance

February 2017 SCDC Status Update:

The recommendation to provide crank radios as one means to mitigate the conditions of RHU has been implemented. See the e-mail messages below.

Perry: Based on the IP's recommendation that PCI should not house inmates requiring an area mental health services level, all general population inmates at Perry classified as L3, area mental health, were transferred from PCI. All protective custody inmates were transferred to another institution 12-12-16.

Camille Graham R&E: Camille Graham began an activities schedule for R&E inmates, which allows approximately 20 hours out-of-cell time, though it does not differentiate between structured and unstructured. To date this is not being documented by individual inmate cell-side logs, but is documented in the log book.

Beginning on February 20, 2017, CGCI will begin allowing staff to leave R&E cells unlocked for those inmates to receive additional out-of-cell time. In addition, plans are being considered to move PC and other segregated R&E inmates to the RHU side of the building. This will open additional beds for those R&E inmates who don't require segregation but are currently housed in the overflow beds which are on the RHU side of the building.

Kirkland's administration is considering making similar changes to those being implemented and planned at CGCI.

Allendale LLBMU: A spreadsheet capturing the following information has been provided to the IP to demonstrated tracking of structured and unstructured out-of-cell activities in the

LLBMU. This information has not been analyzed at the institutional level and submitted to QARM for reporting; however, QARM is currently analyzing the data and will provide a summary report to the IP during the February 2017 visit.

March 2017 Implementation Panel findings:

Implementation of the activity schedule for the Camille Graham R&E has been delayed for about one week.

Crank radios had been provided to inmates in the LLBMU and at GPH. They have not been provided to inmates in the RHU due to potential issues related to providing crank radios to inmates on the mental health caseload but not to other inmates in the RHU.

Since the November 2016 site assessment, 22 mental health caseload inmates from PCI have been transferred to other prisons with 27 mental health caseload inmates remaining at PCI. Sixteen (16) of the 27 inmates are in the RHU with 12 of these inmates refusing to transfer.

The adjustment unit at PCI, which is designed for vulnerable inmates, remains at this location.

During the morning of February 28, 2017, we observed the mental health rounding process in the RHU at the Kirkland CI. The process essentially involved the mental health worker performing a mini-mental status examination that focused on the presence or absence of suicidal or homicidal ideation and the presence or absence of auditory or visual hallucinations. Related to how the mental health workers are assigned to the mental health rounding process in this RHU, the mental health worker appeared to not be very familiar with these inmates.

During the afternoon of February 28, 2017 we observed the mental health rounding process in the RHU at Broad River CI, which was done in a competent manner. The mental health worker performing the rounds appeared to be very familiar with these inmates. Inmates reported very limited access to the outdoor recreational cages. Broad River CI officials acknowledged that inmates are not being provided access to the outdoor recreation cages due to security staffing shortages.

During the afternoon of March 1, 2017, we observed the mental health rounding process in the RHU at the Leiber CI. The mental health clinician followed a written protocol that included an abbreviated mental health review of systems. For reasons previously summarized, it is our recommendation that the rounds process be modified as previously referenced. Significant issues specific to the RHU conditions of confinement were present that included limited access to yard and showers as well as poor access to clinical interventions being conducted in a confidential setting.

Many, if not all, of the above conditions of confinement issues at the Leiber RHU were directly related to the severe custody and mental health staffing vacancies.

Review of a limited number of randomly selected records of mental healthcare caseload inmates (see Appendix 5) surprisingly demonstrated better than expected frequency of clinical contacts although there were frequent delays due to custody staffing issues. A significant issue was the frequent lack of access to providing clinical interventions/ assessments in a setting that allows for adequate confidentiality.

During the morning of March 2, 2017 we observed the mental health rounding process at Camille Graham CI, which also used a mini-mental status examination approach as previously referenced.

The reported inmate access to showers and outdoor recreation was not consistent with documentation of such activities, which appeared to be a documentation problem. During the morning of March 3, 2017 we observed the rounding process at Allendale CI which also used a mini-mental health status examination approach as previously referenced.

March 2017 Recommendations:

1. Mental health staff need to evaluate the inmates at the PCI refusing to transfer in order to determine whether transfer to a higher level of mental health care is indicated.
2. Standardize the mental health rounding process to have the same mental health clinicians performing rounds on the same inmates for at least six months at a time. The rounding process should not include on a routine basis a mini-mental status examination unless clinically indicated. It would also be useful for these clinicians to be able to provide inmates during the rounds process with written materials such as puzzles or psychoeducational information.
3. The staffing vacancies at the Leiber CI have resulted in very significant problems in the context of the mental health system. A remedy needs to be developed and implemented as soon as possible.
4. Documentation issues specific to access to showers and yard time for RHU inmates at the Camille Graham CI need to be remedied.

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

Implementation Panel March 2017 Assessment: partial compliance

February 2017 SCDC Status Update:

Caseload monitoring sheets have been designed for monitoring inmates being seen by QMHPs and psychiatrists within the timeframes outlined in policy. Because this is a new process, reports have not been compiled for submission to the IP.

Health Services Office Assistants (HSOA's), are being hired to work at the institutional level to collect, compile and report these findings.

The following chart documents the information currently being collected.

March 2017 Implementation Panel findings: Improvement is noted in the context of having developed caseload monitoring sheets as per the SCDC status update section. We made specific references to recommended revisions of the data collected with specific reference to including the dates of the last five psychiatric clinic appointments as well as the last five appointments with the inmate's mental health counselor. In addition, we recommended that the weekly structured therapeutic activity offered and used by an individual inmate be included on the caseload monitoring sheet.

March 2017 Recommendations: as above.

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

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

February 2017 SCDC Status Update:

All SCDC CI cells are scheduled to have been renovated to safe cells prior to the February 2017 IP visit.

The LLBMU was opened in December and is currently operating. Due to MH and Medical staffing, the High-Level Behavioral Management Unit (HLBMU) at Kirkland's former SSR is scheduled to open 4/3/17. This also allows staff the opportunity to identify improvements based on lesson learned from the LLBMU. In additions, the outdoor recreation area for the HLMBU has not been completed and Lexan glass has to be installed in CI cells.

Security staff anticipates 14 new graduates and CIT-trained staff for the HLBMU by March 31. for KCI.

Weekly RHU Rounds are ongoing. During rounding, inmates are briefly assessed for signs/symptoms of decompensation. If any decompensation is noted, the inmate is pulled from the cell and an assessment is made to determine if he/she requires mental health care; or if already a mental health client, a higher level of care. If a higher level of care is indicated, the client is seen by the psychiatrist and a referral to a higher level of care is completed.

Weekly notes to reflect the completed rounds are made in the AMR for all RHU mental health patients. (See samples below.)

Each institution maintains a record of weekly rounding non-mental health inmates. Some institutions are placing a note in the AMR, while others are using weekly RHU paper forms to document weekly rounds. (See the example below.) A request has been submitted to RIM to add a "Weekly Rounds" encounter type to quantify the completed rounds. This request has also been made for the EHR system.

March 2017 Implementation Panel findings: As per SCDC status update. Information relevant to the HLBMU has been provided in a previous section of this report. The LLBMU is operational with 10 inmates (5 in Phase 1, 3 in Phase 2, and 2 in segregation). The programming schedule appears to be adequate, however out of cell time for unstructured activities does not occur after 4pm on weekdays and not at all on weekends. Visitation is also an issue discussed on site and is to be modified.

Based on discussions with custody and mental health staff at Camille Graham CI, it was clear that there is a need for a female Behavioral Management Unit although the size of such a unit would be relatively small. We discussed with key staff potential options for such a unit.

March 2017 Recommendations:

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

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

Implementation Panel March 2017 Assessment: compliance (11/2016)

February 2017 SCDC Status Update:

QARM continues to track and report to the Wardens and Headquarters leaders, the number of inmates in security detention, disciplinary detention, maximum security, and short term lock up by inmates with and without a mental health classification.

The charts below show the percentage of mentally ill and non-mentally ill inmates in RHU, with each number compared to the same group in the total SCDC population. There continues to be a disproportionate number of mentally ill population in SCDC's RHU's.

Summary of SCDC Mentally Ill & Mentally Healthy Inmates as a Percent of RHU and Total Institutional Population November 1, 2016 - February 1, 2017				
Month	% of RHU Pop Mentally Ill	% of Total Pop Mentally Ill	% of RHU Pop Non-Mentally Ill	% of Total Pop Non-Mentally Ill
1-Nov-16	36.22%	16.01%	63.78%	83.99%
1-Dec-16	37.70%	16.33%	62.30%	83.67%
1-Jan-17	35.54%	16.46%	64.46%	83.54%
1-Feb-17	34.50%	16.61%	65.50%	83.39%

RIDGELAND	47.5%	34.0%	52.5%	66.0%
TRENTON	21.9%	15.4%	78.1%	84.6%
TURBEVILLE	0.0%	1.0%	100.0%	99.0%
TYGER RIVER	30.0%	12.1%	70.0%	87.9%
WALDEN	18.9%	13.5%	81.1%	86.5%
WATEREE RIVER	0.0%	0.0%	100.0%	100.0%
TOTAL	37.7%	16.3%	62.3%	83.7%

SCDC Mentally Ill Inmates as a Percent of RHU and Total Institutional Population on February 1, 2017				
Institution	% of RHU Pop Mentally Ill	% of Total Pop Mentally Ill	% of RHU Pop Non-Mentally Ill	% of Total Pop Non-Mentally Ill
ALLENDALE	24.1%	14.9%	75.9%	85.1%
BROAD RIVER	25.0%	20.6%	75.0%	79.4%
CATAWBA	0.0%	0.0%	100.0%	100.0%
EVANS	15.7%	11.0%	84.3%	89.0%
GILLIAM PSY	N/A	90.3%	N/A	9.7%
GRAHAM	N/A	0.0%	N/A	100.0%
GRAHAM R&E	100.0%	43.5%	0.0%	56.5%
KERSHAW	46.9%	26.4%	53.1%	73.6%
KIRKLAND	42.3%	12.4%	57.7%	87.6%
KIRKLAND INFRM	22.6%	17.2%	77.4%	82.8%
KIRKLAND MAX	0.0%	21.4%	100.0%	78.6%
LEATH	100.0%	90.9%	0.0%	9.1%
LEE	83.3%	54.4%	16.7%	45.6%
LIEBER	45.9%	18.7%	54.1%	81.3%

LIVESAY	57.4%	23.4%	42.6%	76.6%
MACDOUGALL	N/A	0.0%	N/A	100.0%
MANNING	N/A	16.2%	N/A	83.8%
MCCORMICK	5.0%	2.3%	95.0%	97.7%
PALMER	27.8%	14.4%	72.2%	85.6%
PERRY	N/A	0.0%	N/A	100.0%
RIDGELAND	55.3%	33.6%	44.7%	66.4%
TRENTON	18.2%	15.4%	81.8%	84.6%
TURBEVILLE	0.0%	0.9%	100.0%	99.1%
TYGER RIVER	42.3%	12.6%	57.7%	87.4%
WALDEN	16.9%	13.9%	83.1%	86.1%
WATEREE RIVER	0.0%	0.0%	100.0%	100.0%
TOTAL	34.5%	16.6%	65.5%	83.4%

March 2017 Implementation Panel findings: As per SCDC status update. There has been a 9% overall decrease in the number of inmates on the mental health caseload who are housed in RHU from December 7, 2016 until January 18, 2017. Inmates with L4 MH classification have an average length of stay in segregation of about 507 days compared to 94 days for non-mental health caseload inmates.

March 2017 Recommendations: Attempt to understand the reasons for the significant differences in the context of the length of stays in the RHU as previously referenced.

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

Implementation Panel March 2017 Assessment: partial compliance

February 2017 SCDC Status Update:

On December 19, 2016, SCDC initiated a process requiring that officers conduct temperature and cleanliness checks twice per day in the segregated areas. Thermometers were provided for each RHU. The logs documenting these checks have been uploaded to the SCDC shared drive for staff access.

After site visits to the RIUs QARM noticed that cell checks were not standardized, in that officers were checking temperatures on different focal points within the cell (wall, window, bedframe, through glass, etc.) which may have led to wide variations the final readings. As a result, Operations has refined parameters for temperature and cleanliness checks. (See the e-mails below.)

QARM also reviewed some of the documentation and provided verbal feedback to Operations that when deficiencies are noted, there should be a way to ensure issues are corrected.

Specifically, when the cells has been documented as "Not Clean", the officer should indicate what factors determined uncleanliness and documentation that the problem was corrected.

Currently, no additional studies have been conducted to evaluate the results of the temperature and cleanliness checks. An example of the form used to document the temperature and cell cleanliness is captured below:

March 2017 Implementation Panel findings: As above. It was clarified that a similar procedure needs to be implemented for the Crisis Stabilization Unit cells.

March 2017 Recommendations: As above and QARM continue to perform studies to evaluate the results of cell temperature and cleanliness checks. Operations currently is only conducting temperature and cleanliness checks for random cells. Temperature checks for random cells is acceptable; however, inspections for cleanliness should be conducted daily for all RHU cells.

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

Implementation Panel March 2017 Assessment: noncompliance

February 2017 SCDC Status Update:

QARM has drafted a policy to establish and maintain a system of quality assurance to ensure the sustainability of organizational goals and objectives. This policy establishes a Continuous Quality Improvement Review Committee (CQIRC) to review data related to inmate safety and security, analyze operational performance, identify deficiencies, recommend corrective actions, and ensure compliance on an ongoing basis. The policy is currently being placed in draft form through the Office of Policy Development. The target date for implementation of this new policy is April 2017.

QUALITY ASSURANCE

Overview of policy:

SCDC is committed to improving the health of our offenders by providing excellent health care. We foster an atmosphere that promotes comprehensive, compassionate, quality, professional healthcare (physical and mental health) through education, provision of resources, clinical oversight and administrative support.

SCDC will establish standards and strategies to effectively manage operations through systematic analysis, self-audit, and staff accountability. Goals and outcomes of SCDC quality assurance process will include, but will not be limited to:

- Improving inmate and staff safety and security;
- Enhancing operational efficiencies;

- Enhancing feedback for informed decision-making;
- Conducting periodic staffing analyses to be presented to the Deputy Director of Administration for resource allocation;
- Reviewing, and compiling relevant internal and external compliance reports;
- Reviewing corrective action plans and follow-ups;
- Identifying opportunities that support the review, revision, and/or development of protocols, policy, and procedures
- Identifying opportunities to continuously improve the quality of care to inmates by monitoring clinical activity, identifying opportunities to improve clinical outcomes, and identifying educational and training needs of staff
- Quality Improvement studies

March 2017 Implementation Panel findings: Partial compliance will be achieved when the draft policy has been finalized and approved.

March 2017 Recommendations: Finalize and obtain approval regarding the above draft policy. Then begin implementation that initiates with training of staff.

2.c. Use of Force:

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

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

February 2017 SCDC Status Update:

In response to concern regarding a formalized procedure for addressing administrative violations and excessive force identified during electronic use-of-force reviews, SCDC, in conjunction with the IP, developed amendments to the Use-of-Force policy outlining a formalized process. Currently policy dictates that the IG's office is responsible for criminal and administrative investigations; however, this policy is being amended to direct criminal investigations to the IG's office. Administrative matters are directed for investigation by the Agency Director or when deemed necessary to Operations for additional review.

For more thorough reviews, SCDC increased the UOF review staff from one to three reviewers and expanded the duties for these staff. The initial responsibilities included

- reviewing, tracking, and reporting on the UOF videos uploaded to the automated system;
- and commenting on policy infractions

Additional responsibilities now include

- reviewing and tracking:

- daily UOF MINS,
- AMR records related to UOF,
- UOF grievances,
- referring UOF allegations to the IG for criminal and additional administrative investigations,
- contacting institutions about discrepancies or issues in reports/videos/MINS/medical reports/grievances/allegations,
- providing guidance to institutions on the UOF policy and proper exercise of UOF,
- tracking when institutions are delinquent in uploading information about use of force into the automated system

SCDC has also developed and implemented a plan to eliminate the disproportionate use of force against inmates with mental illness through creation of an automated Employee Corrective Action tracking system. This system tracks corrective actions involving staff identified to have violated the UOF policy. A monthly report is forwarded to the Operations for review.

RIM has provided a report in the document drop that details corrective action for employees who have not violated the UOF policy. See example below.

March 2017 Implementation Panel findings: SCDC has revised the OP 22.01 Use of Force Policy and formalized procedures for addressing administrative violations and excessive force. QARM has increased the number of UOF Reviewers from one to three since the November 16 site assessment and increased reviewing and tracking responsibilities for the positions. An automated Employee Corrective Action Tracking System has been developed for employees receiving corrective action for use of force violations. Since the November 16 site assessment, QARM referred 65 potential UOF violations to the Operations Division for review. Information was provided that six (6) of the referrals resulted in employee corrective action. The outcome for the other 59 referrals is pending. The UOF review process has been enhanced to assist eliminate the disproportionate use of force against all inmates including mentally ill inmates. A proposed policy revision is in progress that the Inspector General will no longer routinely conduct administrative investigations. It is anticipated that the use of force incidents will require routine administrative investigation and the policy revision will potentially impact administrative investigations being conducted and completed in a timely manner.

March 2017 Recommendations: Operations and QARM continue to conduct reviews and studies to identify disproportionate use of force against inmates and take the appropriate corrective action when incidents occur to eliminate the practice. Ensure that Operations determines final action on all referrals for potential use of force violations and that required administrative investigations are conducted critical to the elimination of disproportionate use of force against inmates.

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

Implementation Panel March 2017 Assessment: partial compliance

February 2017 SCDC Status Update:

On January 27, 2017 Assistant Deputy Director of Operations, Mr. [REDACTED] sent an email to all Wardens, Associate Wardens, Training Academy staff and other relevant Security staff indicating revisions to OP 22.01 Use of Force Policy requiring that chemical munitions be employed in a manner fully consistent with manufacturer's instructions during planned uses of force.

The referenced e-mail was sent to the wardens on January 27, 2017, with the disclaimer and the Chemical Munitions Matrix. [see Appendix 4].

March 2017 Implementation Panel findings: SCDC has revised the OP 22.01 Use of Force Policy requiring that chemical munitions be employed in a manner consistent with manufacturer's instructions during use of force incidents. Operations and QARM continue to monitor use of force incidents to ensure all instruments of force are employed in a manner fully consistent with manufacturer's instructions. SCDC has established specific guidelines on the amount of chemical agents that should be deployed for each application. These guidelines have been incorporated in the OP 22.01 Use of Force Policy. Progress has been made in instruments of force being employed in a manner consistent with the manufacturer's instructions. Although there has been progress, primarily with chemical agents, there continue to be too many incidents where excessive amounts and types of munitions are utilized without necessary justification. SCDC is addressing these issues with improved procedures, employee corrective action and limiting of issue of certain types of chemical agents (i.e. MK 9) for certain areas.

March 2017 Recommendations:

1. Finalize Training Lesson Plans on the Use of Force requiring instruments of force are employed in a manner consistent with the manufacturer's instructions;
2. Train Employees on the revised OP 22.01 Use of Force Policy;
3. Operations and QARM continue to review use of force incidents utilizing through the automated system and take appropriate action when violations and/or issues are identified.

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

Implementation Panel March 2017 Assessment: compliance (3/2017)

February 2017 SCDC Status Update:

The following language has been drafted by the SCDC and approved by the IP, amending OP-22.01 to strictly prohibit the use of restraints in the crucifix or other positions that do not conform to generally-accepted correctional standards.

5.6 Placement of inmates in the crucifix position or other positions not outlined in this policy is prohibited and subject to formal corrective action up to and including termination. (New Section 5.6 added by Change 1 dated December 20, 2016.)

March 2017 Implementation Panel findings: SCDC has revised the OP 22.01 Use of Force Policy. There are formalized procedures for addressing administrative violations and excessive force. Policy now strictly prohibits the use of restraints in the crucifix or other positions that do not conform to generally-accepted correctional standards.

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

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

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

February 2017 SCDC Status Update:

Use of Force Review staff routinely review all uses of force uploaded the Automated Use of Force system including uses of the medical restraint chair. Although use of the medical restraint chair have implications of medical necessary and is used when the patient poses a threat of harm to himself or others, its use involves both medical and security staff; therefore, its uses will continue to be monitored.

From June 1, 2016 through February 13, 2017, there were 8 occurrences of restraint chair use. Of the eight (8), six (6, or 75%) involved inmates with a mental health classification, though one was later added to the case-load.

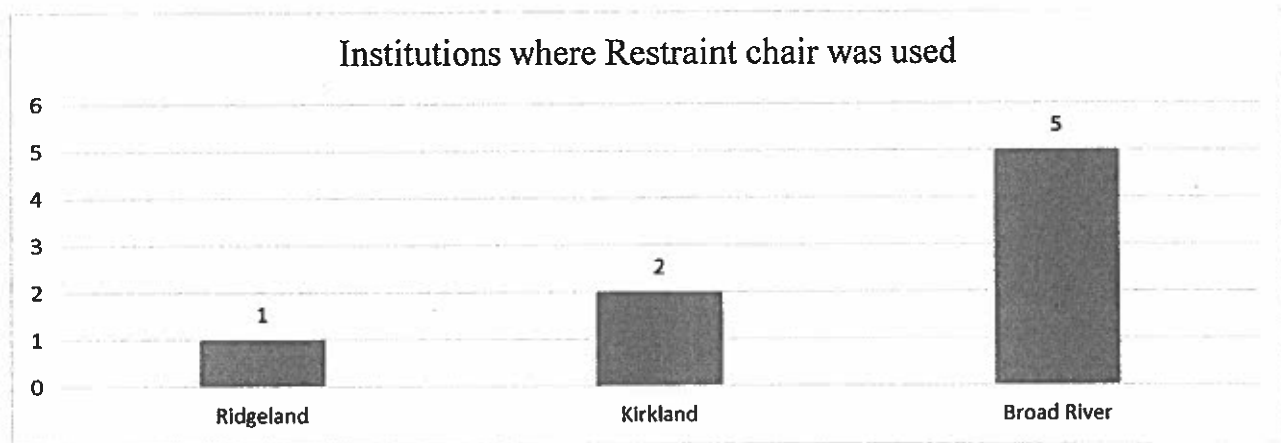
This information was cross-referenced with the Automated Medical Record and Classification Bed Reports.

The following charts and graphs provide details regarding use of the medical restraint chair.

MIN #	Date	Location	Inmate	Mental Health Status	Minutes in Chair
[REDACTED]	1/18/2017	RIDGELAND	[REDACTED]	NMH	150
	12/22/2016	KIRKLAND	[REDACTED]	L1	120
	12/3/2016	KIRKLAND	[REDACTED]	L1	120
	12/5/2016	BROAD RIVER	[REDACTED]	L4	56
	11/10/2016	BROAD RIVER	[REDACTED]	L4	240
	11/11/2016	BROAD RIVER	[REDACTED]	L4	120
	11/8/2016	BROAD RIVER	[REDACTED]	NMH	69
	9/27/2016	BROAD RIVER	[REDACTED]	L3	50

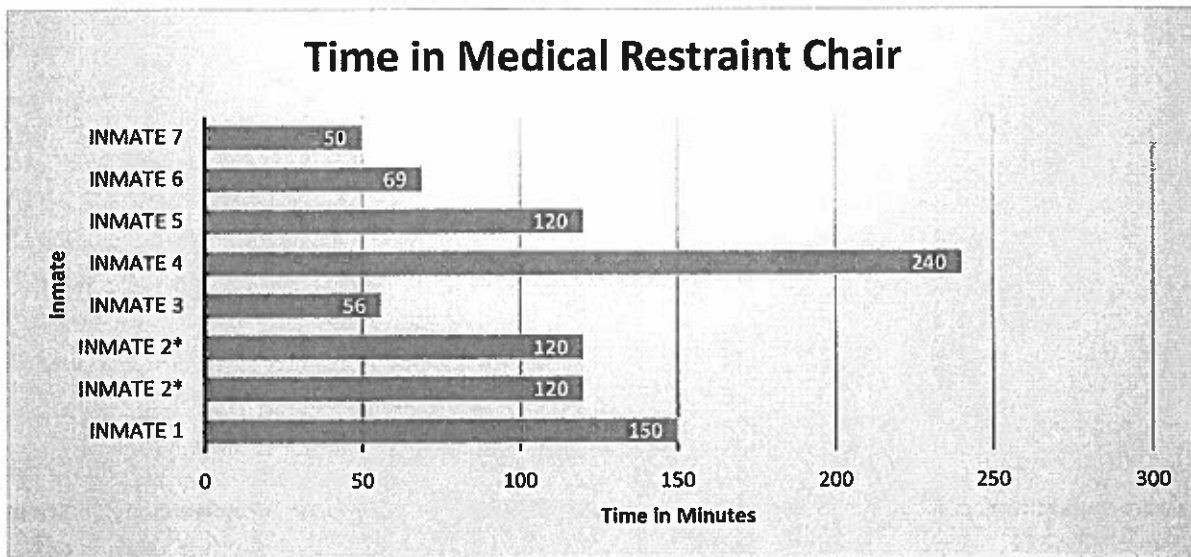
Of those included in the review, six (6, or 75%) of the eight (8) involved inmates with self-injurious behavior, and two (2, or 25%) were restrained for assaultive behavior toward staff.

Of the eight uses, five (5, or 62.5%) were at Broad River CI (BRCI) Crisis Stabilization Unit, two at Kirkland and one Ridgeland.



Data Source-AUOF System Cross Referenced with AMR

The review identified only one inmate who remained in the medical restraint chair for four hours. Documentation supports that his continued disruptive behavior supported the need for the time in the medical restraint chair.



Data Source-AUOF System

See also the E-mail in the response to component 2.c.v., below, as portion of it relates to the issue of “pre-determined” times.

March 2017 Implementation Panel findings: SCDC has made significant progress limiting the amount of time inmates remain in the restraint chair. QARM identified that Operations and Medical Staff have documented different times inmates are removed from restraint chairs. This was analyzed by QARM and perceived to be a procedure flaw that is being addressed. There were no incidents identified for failure to report use of the restraint chair. Reviewed information reveals inmates only remain in the restraint chair as long as necessary to gain control. Medical staff is being informed their orders cannot be that an inmate remain in the restraint chair for a predetermined amount of time.

March 2017 Recommendations: Provide clarification to Medical/Mental Health staff their orders cannot be that an inmate remain in the restraints for a predetermined amount of time. Operations and Medical/Mental Health staff continue to prohibit use of restraints for pre-determined periods of time and for longer than necessary to gain control. QARM continue to track and monitor compliance with use of the restraints.

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

Implementation Panel March 2017 Assessment: partial compliance

February 2017 SCDC Status Update:

As noted above, the following chart shows the length of time and mental health status of inmates in the restraint chair. Please note that only the restraint chair use initiated by Security was on 1/18/17—the remaining uses were ordered by the practitioner or psychiatrist. QARM is now tracking the length of time mentally ill inmates are placed in restraints as captured in the reports above. This information is being shared with institutional leaders. It should be noted that when these uses of force were cross-referenced with the AMR (Automated Medical Record), some discrepancies were noted by QARM staff. The time in and out of the chair are not always documented by nursing staff. QARM analysts reviewed the times actually documented, and if not documented, then the time the encounter was written or signed off, as applicable, for an approximate time in the chair. The following time discrepancies were noted.

Policy OP-22.01, Use of Force and Restraints, section 13.11, states, “the restraint chair is to be used for control purposes only and will not be used for any longer than the condition warrants.” This specifically addresses Security-initiated uses of the chair. For medical use of the chair, the physician’s order typically indicates a maximum (or “up to”) time limit for placement in the restraint chair. However, on three occasions nurses documented telephone orders for a specified number of hours, as opposed to an order recommending “up to” that a maximum number of hours.

Any discrepancies and opportunities for improved documentation were noted and shared with Health Services and the Assistant Director of Operations.

March 2017 Implementation Panel findings: It is encouraging that only seven inmates were placed in restraint chair during this monitoring period and the duration of being placed in restraints was almost always significantly less than four hours. Six of these inmates were placed in restraint chair for mental health reasons.

We discussed the need to concurrently QI the relevant policy and procedure for inmates placed in restraints for mental health purposes.

March 2017 Recommendations: as above.

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

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

February 2017 SCDC Status Update:

SCDC has drafted a proposed amendment to the, OP-22.01 Use of Force, prohibiting use of force in the absence of a reasonably perceived immediate threat. The amendment has been approved by the IP. This prohibition is being incorporated into the use-of-force training curriculum.

March 2017 Implementation Panel findings: OP 22.01 has been revised prohibiting the use of force in the absence of a reasonably perceived immediate threat. The revised Use of Force

Training Lesson Plan is in the development stage.

March 2017 Recommendations:

1. Complete the revision of the Use of Force Training Lesson Plan;
2. Schedule SCDC Staff for training on the revised Use of Force Policy;
3. All Staff complete the training for the revised Use of Force Policy;
4. Operation and QARM continue to monitor use of force incidents to ensure use of force is only when there is a reasonably perceived immediate threat.

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

Implementation Panel March 2017 Assessment: partial compliance

February 2017 SCDC Status Update:

SCDC has drafted proposed amendments to the use-of-force policy, OP-22.01, prohibiting use of crowd-control canisters such as MK-9 in individual cells in the absence of objectively identifiable circumstances set forth in writing and only then in volumes consistent with manufacturer's instructions. The amendment has been approved by the IP. This prohibition is being incorporated into the use-of-force training curriculum.

QARM UOF reviewers have not seen any violations of this provision since the issuance of the directive on November 14, 2016. In addition, if/when applicable, RIM immediately notifies the Div. Operations if MK-9 is used in the RHU environment.

March 2017 Implementation Panel findings: OP 22.01 has been revised prohibiting the use of crowd control canisters, such as MK-9, in individual cells in the absence of objectively identifiable circumstances set forth in writing and only then in volumes consistent with manufacturer's instructions. The revised Use of Force Training Lesson Plan is in the development stage.

March 2017 Recommendations:

1. Complete the revision of the Use of Force Training Lesson Plan;
2. Schedule SCDC Staff for training on the revised Use of Force Policy;
3. All Staff complete the training for the revised Use of Force Policy;
4. Operation and QARM continue to monitor use of force incidents to ensure crowd control canisters, such as MK-9, are not utilized in individual cells in the absence of objectively identifiable circumstances set forth in writing and only then in volumes consistent with manufacturer's instructions.

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

Implementation Panel March 2017 Assessment: partial compliance

February 2017 SCDC Status Update:

The following chart shows that security staff frequently contact medical staff prior to the planned use of force, but documentation does not generally support this contact for the Clinical Counselor. Additional review shows that the counselor was present during two encounters but was not listed in the AUOF system.

These following charts and graphs demonstrate an increase from November through January in the notification of the counselor prior to the execution of a planned use of force.

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

March 2017 Recommendations: Provide training/supervision relevant to documentation specific to notification of the clinical counselors prior to a planned use of force to request assistance and the actual intervention and outcome of the intervention (e.g., was planned use of force required?).

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

Implementation Panel March 2017 Assessment: partial compliance

February 2017 SCDC Status Update:

The mandatory officers training report from October 2016 – January 2017 was provided to the IP in the list of documents provided on February 13, 2017. An example of the completed training report is included below.

On January 24, 2017, a MH Lawsuit Informational Training was presented to provide staff with information on the background of the MH lawsuit and its impact on changes within the agency. 176 staff attended this informative educational session. The training also presented compliance status information and changes in policies regarding our mentally ill inmates. The following graph provides a summary of attendees.

The following graph and chart shows, by institution the number of officers currently trained as Crisis Intervention Team (CIT) Officers.

The following chart provides documentation for both uniform and non-uniform staff receiving required MH training from October 1, 201- January 31, 2017.

March 2017 Implementation Panel findings:

SCDC provides the following training to correctional officer concerning the appropriate methods of managing mentally ill inmates;

Introduction to Mental Health	1.5 hours	Orientation (all new employees)
Mental Health	2.0 hours	Basic Training
Pre-Crisis and Suicide Prevention	3.0 hours	Basic Training
Interpersonal Communications	10.0 hours	Basic Training
Communication Skills/Counseling	1.5 hours	Annual In-Service
Mental Health Lawsuit	4.2 hours	Annual In-Service
Suicide Prevention	4.0 hours	Annual In-Service
Crisis Intervention Training (CIT)	40.0 hours	Annual In-Service (Specialized Employees)

Since the November Site Assessment 1357 of the total 5403 correctional officers have received all or portions of the above training. The identity and number of correctional officers that had not received the required training on methods of managing mentally ill inmates was not provided.

March 2017 Recommendations:

QI studies are needed to identify the correctional officers that have not received the required SCDC training as it pertains to the appropriate managing of mental health offenders. Training Lesson Plans need to be developed and training provided to all correctional officers that will be assigned to the LLBMU and HLBMU Programs.

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

Implementation Panel March 2017 Assessment: compliance (3/2017)

February 2017 SCDC Status Update:

Use of Force Review staff routinely review all uses of force uploaded the Automated Use of Force system including uses of the medical restraint chair. Although use of the medical restraint chair have implications of medical necessary and is used when the patient poses a threat of harm to himself or others, its use involves both medical and security staff; therefore, its uses will continue to be monitored.

From June 1, 2016 through February 13, 2017, there were 8 occurrences of restraint chair use. Of the eight (8), six (6, or 75%) involved inmates with a mental health classification, though one was later added to the case-load.

This information was cross-referenced with the Automated Medical Record and Classification Bed Reports.

The following charts and graphs provide details regarding use of the medical restraint chair. In addition, QARM UOF Reviewers track and report, on a monthly basis, the number of UOF incidents involving mentally ill vs non-mentally ill inmates. This report is sent to IP UOF expert, Wardens, and Agency leadership. This report also details:

- Agency Use of Force by Type
- Video Review
- Grievances Related to Use of Force
- Grievances Filed by Inmates with a Mental Health Classification
- MINS: Mainframe vs Use of Force Application
- Exception Reports

See Use of Force Report at the end of the document.

March 2017 Implementation Panel findings: As identified in the SCDC Status Update a monthly UOF Report Mentally Ill vs Non-Mentally ill is generated. No issues were identified with the use of force data utilized to produce the report.

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

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

Implementation Panel March 2017 Assessment: partial compliance

February 2017 SCDC Status Update:

SCDC has developed and implemented a plan to eliminate the disproportionate use of force against inmates with mental illness through creation of an automated Employee Corrective Action tracking system. This system tracks corrective actions involving staff identified to have violated the UOF policy. A monthly report is forwarded to the Operations for review.

In response to concern regarding a formalized procedure for addressing administrative violations and excessive force identified during electronic use-of-force reviews, SCDC, in conjunction with the IP, developed amendments to the Use-of-Force policy outlining a formalized process. Currently policy dictates that the IG's office is responsible for criminal and administrative investigations; however, this policy is being amended to direct criminal investigations to the IG's office. Administrative matters are directed for investigation by the Agency Director or when deemed necessary to Operations for additional review.

For more thorough reviews, SCDC increased the UOF review staff from one to three reviewers and expanded the duties for these staff. The initial responsibilities included

- reviewing, tracking, and reporting on the UOF videos uploaded to the automated system;
- and commenting on policy infractions

Additional responsibilities now include

- reviewing and tracking:
 - daily UOF MINS,
 - AMR records related to UOF,
 - UOF grievances,
- referring UOF allegations to the IG for criminal and additional administrative investigations,
- contacting institutions about discrepancies or issues in reports/videos/MINS/medical reports/grievances/allegations,
- providing guidance to institutions on the UOF policy and proper exercise of UOF,
- tracking when institutions are delinquent in uploading information about use of force into the automated system

SCDC has also developed and implemented a plan to eliminate the disproportionate use of force against inmates with mental illness through creation of an automated Employee Corrective Action tracking system. This system tracks corrective actions involving staff identified to have violated the UOF policy. A monthly report is forwarded to the Operations for review.

RIM has provided a report in the document drop that details corrective action for employees who have not violated the UOF policy.

March 2017 Implementation Panel findings: The Use of Force electronic monitoring and tracking system remains in use to monitor use of force incidents involving inmates including mentally ill inmates. Mental Health staff is electronically forwarded use of force incidents involving mentally ill inmates for review. Formalized procedures on how the use of force incidents involving mentally ill inmates are reviewed have not been completely developed. SCDC has revised the OP 22.01 Use of Force Policy and formalized procedures for addressing administrative violations and excessive force. The UOF review process has been enhanced to assist eliminate the disproportionate use of force against all inmates including mentally ill inmates. A proposed policy revision is in progress that the Inspector General will no longer routinely conduct administrative investigations. It is anticipated that the use of force incidents will require routine administrative investigation and the policy revision will potentially impact administrative investigations being conducted and completed in a timely manner.

March 2017 Recommendations:

1. Formalize the procedures for how Mental Health staff will review use of force incidents involving mentally ill inmates;

2. Ensure procedures addressing how routine administrative use of force investigations will be assigned and conducted are in place.

3. Employment of a sufficient number of trained mental health professionals:

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

Implementation Panel March 2017 Assessment: partial compliance

February 2017 SCDC Status Update:

SCDC HR conducted a survey of average state salaries, the result of which is outlined below.

	NEW JOB CLASS/BAND/LVL.	Average Statewide	SCDC Average	Difference
Adm Assist	AA75 4/D	\$32,920.00	\$31,888.00	(\$1,032.00)
Risk Mgmt & compliance Mgr I	AF30 8/B	\$81,687.00	\$80,518.00	(\$1,169.00)
Adm Coord II - Health Serv Recruiter	AH15 6/C	\$52,821.00	\$55,000.00	\$2,179.00
Physician Assistant	EB35 8/C	\$90,558.00	\$98,947.00	\$8,389.00
Paramedic	EC20 4/D	\$36,717.00	\$38,000.00	\$1,283.00
Human Serv Coord I - Activity Therapist	GA40 4/A	\$33,809.00	\$31,315.00	(\$2,494.00)
Human Serv Coord I - Mental Health Tech	GA50 5/C	\$39,407.00	\$36,137.00	(\$3,270.00)
Human Serv Coord I - CCC IV	GA50 5/E	\$39,407.00	\$43,881.00	\$4,474.00
Human Serv Coord II - QA Monitor	GA60 6/B	\$49,168.00	\$47,822.00	(\$1,346.00)
Clinical Supervisor	GA70	\$67,353.00	\$61,823.25	(\$5,529.75)
Psychologist	GA80 8/E	\$83,555.00	\$83,041.00	(\$514.00)
Licensed Practical Nurse	EA10 4/C	\$31,936.00	\$31,901.00	(\$35.00)
Registered Nurse	EA20 6/A	\$47,512.00	\$48,491.00	\$979.00
Psychiatrist	UB26	\$180,632.00	\$215,104.00	\$34,472.00
Physician	UB27	\$145,512.00	\$145,551.00	\$39.00
		\$1,052,401.00	\$1,093,300.25	\$40,899.25

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

March 2017 Recommendations: See 2.a.iv.

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

Implementation Panel March 2017 Assessment: partial compliance

February 2017 SCDC Status Update:

Weekly participation rates could not be calculated, as the number of expected participant could not be determined based on documentation provided (below). As a result, the rates of participation by month, by discipline is calculated based on any level of participation by discipline. A graph will be provided during the IP visit in February.

Lee CI- Dr. [REDACTED] attends Psychiatrist x 2 month since 1/27/11. Dr. [REDACTED] has signed Treatment Plans and Treatment Team Logs. The Treatment Team Tracking form is utilized.

Camille CI- Dr. [REDACTED] attends Treatment Team weekly since 1/26/17. Dr. [REDACTED] has signed Tx. Logs. Dr. [REDACTED] has not signed Tx. Plans. This will be corrected. The Treatment Tracking form is utilized. Treatment Team meetings change to Thursdays.

GPH- Treatment Teams are held x2 weekly. Dr. [REDACTED] attends on Wednesdays and Dr. [REDACTED] attends on Thursdays. The Tx. Plans and Tx. Team Log Sheets are signed. The Treatment Plan Tracking Sheet is utilized.

ICS- Dr. [REDACTED] attends Treatment Team weekly. Treatment Plans, Treatment Logs are signed. The Treatment Plan Tracking sheets are being utilized.

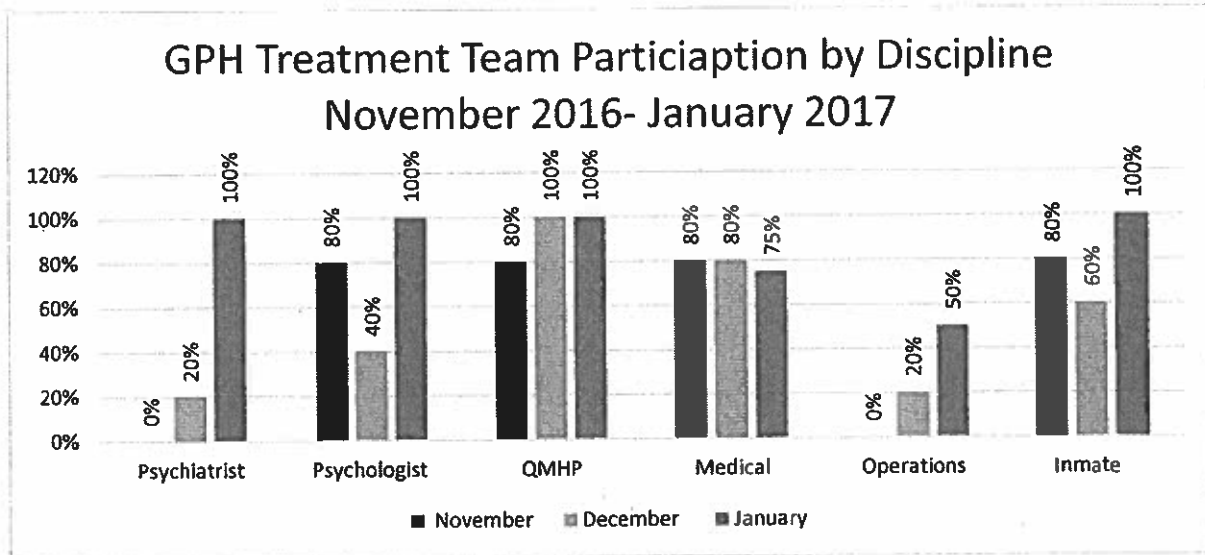
SIB- Treatment teams are held weekly since 7/13/14 and Dr. [REDACTED] is present. Tx. Plan and Logs are signed.

CSU- Treatment teams are held weekly since 3/22/16 with a Psychologist. No Psychiatrist is present. Dr. [REDACTED] is developing a plan for Psychiatry to be present.

LLMBU- Treatment teams are held weekly since the inception of the program in December 2016 with a Psychiatrist present.

Summary:

Treatment Teams have been initiated with Psychiatry present with exception of CSU. The Treatment Team Logs, Treatment Plans and Treatment Tracking form are being utilized.



March 2017 Implementation Panel findings: Significant improvement has occurred relative to the participation of psychiatrists in the treatment team process for the higher levels of mental healthcare. Issues clearly remain due to the significant psychiatrists vacancies (e.g., psychiatrists attending treatment team meetings and/or signing treatment team plans for inmates who are not under their direct care although such a practice is better than having no psychiatric involvement).

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

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

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

February 2017 SCDC Status Update:

SCDC has completed the training module for the General Provisions MH policy explaining the different MH levels of care. This online training will be required of all clinical staff. This training is scheduled to begin March 2017. The following screenshots capture a sample of the content to be covered during the Mental Health General Provisions training.

All MH staff are required to complete one week of orientation at the Training Academy and full time staff complete 4 week BASIC.

March 2017 Implementation Panel findings: The newly completed training module is online training that takes about two hours to complete. The percentage of mental health staff that have completed the four week module was reported to be 51%

March 2017 Recommendations: Provide the required training for mental health staff that have not completed the training.

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

Implementation Panel March 2017 Assessment: partial compliance

February 2017 SCDC Status Update:

SCDC hired a recruiter for Health Services on 9/12/16. HR conducted a survey of average state salaries with results outlined below. Based on the results of the study, HR will post positions with increased salaries to those of the state averages.

Discipline	Vacancy Rate
Nursing -RN	
Mental Health	38%
Non-security	
Security	

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

March 2017 Recommendations: See 2.a.iv.

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

Implementation Panel March 2017 Assessment: compliance (3/2017)

February 2017 SCDC Status Update:

SCDC Policy 19.15, Mental Health Services - Mental Health Training, Section 3.4 stipulates that QMHPs will be required to maintain their professional licensure based on the requirements of their individual licensure board (Licensed Professional Counselor, Licensed Social Worker, etc.) and provide verification of continued licensure.

Those mental health counselors who are not licensed but were hired prior to above requirement are allowed to continue working under the supervision of a licensed counselor.

The following document outlines current licensure prior to 2013, new staff with licensure hired as of 2013, existing staff with licensure obtained since 2015 and the percentage of licensed staff. Based on the provisions outlined in policy, 39/41 or 95% are appropriately licensed.

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

March 2017 Recommendations: Continue to monitor.

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

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

February 2017 SCDC Status Update:

According to Policy 3.3.10 Improvement Action Plan: The CQM Director and the reestablishment of the internal role of the Mental Health Services Quality Management will allow Individual and System Improvement Action Plans to occur. No corrective action plans were reported for 2016.

No Internal Audits MH audits have been conducted from November 2016- February 2017.

In the absence of a Divisional Quality Assurance Manager, this task has been delegated to Clinical Supervisors.

Lee CI- Reported one staff failed 90 Day Review last year. Staff was given counseling and corrective action plan with progression to one-day Suspension with review from Human Resources. Follow up review is scheduled within six months.

Camille CI- No 90 Day New Hire Reviews Reported. One formal Audit in 12/2017. Staff will be trained on how to conduct these reviews and documentation that is required.

GPH -No 90 Day Hire Reports. Staff will be trained on how to conduct these reviews and documentation that is required.

ICS- No 90 Day Hire Reports. Staff will be trained on how to conduct these reviews and documentation that is required.

SIB- No new hires for 2016.

CSU- No 90 Day New Hire Reviews completed. Staff will be trained on how to conduct these reviews and documentation that is required.

March 2017 Implementation Panel findings: See 3.g. Partial compliance is present due to the plan specific to 3.g. and the use of supervision and/or counseling as part of a remedial program specific to this provision.

March 2017 Recommendations: Implement 3.g and the counseling/supervision component of this provision.

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

Implementation Panel March 2017 Assessment: partial compliance

February 2017 SCDC Status Update:

The Role of the Mental Health Services Quality Management will be reestablished within the Division of Mental Health with the hiring of an internal QA manager to provide more direct Mental Health internal audits and feedback. Once filled, this position will enable the Division to properly conduct internal audits.

March 2017 Implementation Panel findings: We discussed with staff the use of a QI process other than peer review that needs to be established in order to meet the elements of this provision. Peer review likely (depending on South Carolina state law) would not allow the results to be used for supervision/managerial purposes in contrast to a QI process that was not a peer review process.

March 2017 Recommendations: As above.

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

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

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

Implementation Panel March 2017 Assessment: compliance (3/2017)

February 2017 SCDC Status Update:

This "Medical Personnel Report" is produced weekly by RIM [REDACTED]. The detailed report was provided in the document drop for Dr. Patterson in folders 7 and 8. The following screenshot provides a snapshot of the detailed report included in the aforementioned folders.

March 2017 Implementation Panel findings: as above

March 2017 Recommendations: Provide detailed RIM reports prior to each site visit.

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

Implementation Panel March 2017 Assessment: partial compliance

February 2017 SCDC Status Update:

Each QMHP maintains a list of inmates on their caseloads transferred to inpatient care. Information tracked in these databases include:

- NAME
- SCDC#
- Max Out Date
- Mental Health Class
- Diagnosis
- Last Session Held Date
- Next Session Due Date
- Last Psych Clinic Date (Write next due date on calendar)
- Current Psych Medications
- Current Psych Medications
- Current Psych Medications
- Current Psych Medications
- Current Psych Medications
- Current Psych Medications
- Current Psychiatrist
- Assigned QMHP
- Additional Psych Medications

RIM generates a weekly Mental Health Caseload list to include

- Mental Health Classification
- Institution
- Dorm
- Inmate Name
- SCDC Number
- Cell
- Bunk

The Mental Health Caseload in February 6, 2017 included 3,372 inmates, with MH classifications:

- BL
- L1
- L2
- L3
- L4
- L5
- LC
- MR

March 2017 Implementation Panel findings: SCDC was able to produce reports consistent with this provision relevant to male ICS inmates but not to inmates transferred to GPH or contractual provider.

March 2017 Recommendations: develop and demonstrate the capacity to track the number and timeliness of inmates being transferred to GPH, contractual providers and ICS programs.

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

Implementation Panel March 2017 Assessment: partial compliance

February 2017 SCDC Status Update:

Cell checks and segregation logs are collected and maintained onsite per SCDC's Agency Records Management Policy, OP 21.10

QARM Analysts conducts audits of the cell-check logs during RHU Audits including audits of irregular cell checks at no more than 30- and 15- minute intervals

March 2017 Implementation Panel findings: As above.

March 2017 Recommendations: continue to monitor.

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

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

February 2017 SCDC Status Update:

- Clinical encounter data is available in the AMR (with additional information in the paper chart at GPH). New encounter types have been created that will better account for the type of care provided in each encounter. Staff is currently scheduled for training on the new encounters.
- The new Electronic Medical Record (EMR) is scheduled to go live at the two women's institutions at the end of March, 2017, and at the men's institutions by the end of August, 2017.
- Activity and cell check logs remain on paper and are addressed in 4.a.iii., but RIM is working to create an automated system.

March 2017 Implementation Panel findings: The EHR and the planned web based management information system should facilitate compliance with this provision. During the afternoon of March 2, 2017 we were provided with a demonstration of the web based management information system. We were extremely impressed with the improvements made in the system and type of data that can be mined from it.

March 2017 Recommendations: Continue to improve the web based management information system and implement the EMR as planned.

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

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

February 2017 SCDC Status Update:

Use of Force web application;

- Retention policy for video and audio recordings is listed in policy OP 22.01; recordings must be retained for six years after the date of the incident, at that point, only the main report synopsis is forwarded to State Archives for permanent retention.

March 2017 Implementation Panel findings: No issues were identified with the use of force data since the November 16 site assessment. SCDC Policy OP 22.01 addresses the retention of recordings.

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

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

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

February 2017 SCDC Status Update:

- RIM produces and disseminates a monthly, "UOF Report Mentally Ill vs. Non-Mentally Ill," report.
- QARM UOF Reviewers track and report, on a monthly basis, the number of UOF incidents involving mentally ill vs non-mentally ill inmates. This report is sent to it IP UOF expert, Wardens, and Agency leadership. This report also details:
 - Agency Use of Force by Type
 - Video Review
 - Grievances Related to Use of Force
 - Grievances Filed by Inmates with a Mental Health Classification
 - MINS: Mainframe vs Use of Force Application
 - Exception Reports

March 2017 Implementation Panel findings: As identified in the SCDC Status Update a monthly UOF Report Mentally Ill vs Non-Mentally ill is generated. No issues were identified with the use of force data utilized to produce the report.

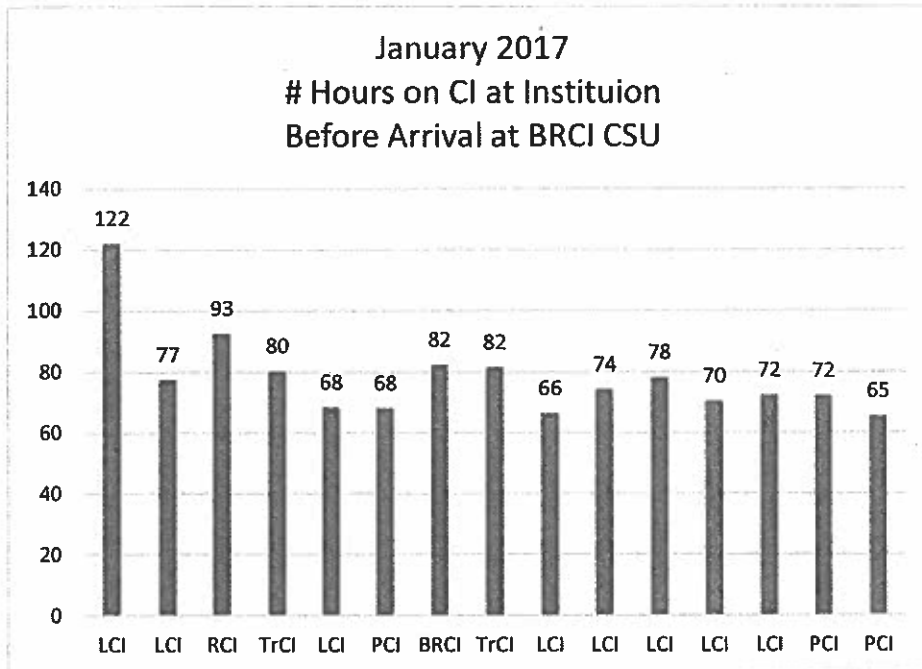
March 2017 Recommendations: Continue to produce and disseminate the monthly UOF Mentally Ill vs. Non-Mentally Ill Report.

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

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

February 2017 SCDC Status Update:

- "CY CISP Admissions" report produced quarterly by RIM [REDACTED] shows if an inmate stays in a CI cell in an outlying institution longer than the 60 hours allowed to have him transferred to BRCI CSU.



- RIM produces and distributes the weekly report, “Total length of stay in Segregation”.

March 2017 Implementation Panel findings: SCDC was able to produce reports consistent with this provision.

March 2017 Recommendations: none

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

Implementation Panel March 2017 Assessment: compliance (3/2017)

February 2017 SCDC Status Update:

- “Weekly Lockup by Custody and Mental Health Classification” produced weekly by RIM (Erin Ferencik).
- QARM Analyst provide a detailed report on inmates in segregation by institution, custody and mental health classification. This monthly report is shared with institutional and agency leaders.
- A Summary of the report can be accessed in attachment one.

March 2017 Implementation Panel findings: As per SCDC update.

March 2017 Recommendations: none

4.a.ix. Quality management documents; and

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

February 2017 SCDC Status Update:

- Quality management documents, including reports, audit tools, audits, and other forms of documentation are currently available in shared network folders. Access to each folder is managed by system administrators through the IT Access Request menu. This allows for central storage of documentation for access across divisions and institutions.
- Other documents will be readily available when the EHR is implemented.

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

March 2017 Recommendations: Continue to develop the QI process.

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

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

February 2017 SCDC Status Update:

- Medical records stored in AMR, paper record, or both (see 4.a.iv.). Transition to new EMR is ongoing. See below:

SCDC Electronic Medical Record Implementation – UPDATE

Preparation and planning for end user training is currently underway. Training for our pilot site end users is scheduled to begin 2/27/17 with a pilot site go-live date of 3/28/17 at our two female institutions. Training for remaining end users is scheduled to take place throughout May and June, 2017 with staggered go-lives scheduled at the 20 remaining institutions in June/July/August of 2017.

Please consult the project plan timeline summary below for more information.

Complete

Task:	Date(s) Completed
Project Plan approved	8/12/16
Configuration of secure VPN for encrypted network connection	7/29/16
Provisioning of hosted application and database server farms; All software installed	8/12/16
System Configuration Training	8/30/16-9/1/16

Site Visit Observations and Gap Analysis	8/23-25/16 and 9/20-21/16
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Remaining Timeline

Task:	Start	End
Interface Build and Testing	8/26/16	3/17/17
Template and Report Design	10/3/16	2/24/17
Design of Training Plans and Preparing Database for Training	1/25/17	2/17/17
Pilot End User Training	2/27/17	3/17/17
Pilot Go Live	3/28/17	--
Rollout End User Training	5/8/17	6/9/17
Rollout Go Live (specific schedule of facilities TBD)	6/27/17	8/11/17

- Medication administration records currently on paper and quality improvement is currently being addressed by component number 5. Medication administration records will become electronic when transitioned to the new EMR.
- Disciplinary records are stored and accessible for review and reporting on our mainframe Offender Management System.

March 2017 Implementation Panel findings: The EHR and the planned web based management information system should facilitate compliance with this provision.

March 2017 Recommendations: Implement EHR and continue to improve the web based management information system.

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 March 2017 Assessment: **partial compliance**

February 2017 SCDC Status Update:

- Once the new EMR is in use, end users will be able to submit change requests electronically to RIM for review and implementation by the system administrator after consultation with subject matter experts. Necessary changes and improvements will be rolled out on a continual basis rather than annual.
- EMR software upgrades are published by the vendor on an intermittent basis. Adoption of each new release will be determined by weighing the degree of technical and end user functionality gained against the resources required to implement the upgrade.

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

March 2017 Recommendations: Implement the EMR as planned.

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

5.a. Improve the quality of MAR documentation;

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

February 2017 SCDC Status Update:

1. The pill line nurse will document that an ordered medication has been administered at the time of the delivery.
2. The pill line nurse will review each MAR to ensure that all documentation has been completed, to include appropriate documentation for any inmate that failed to show up for their scheduled dose.
3. The HCA will monitor to ensure that order transcription is completed correctly and MAR documentation is correct.
4. The HCA will ensure that all new staff are trained and demonstrate comprehension in the MAR documentation procedure and annual reviews are completed.
5. The HCA will complete weekly MAR audits to ensure that staff are documenting appropriately.
6. The HCA will address any deficiencies with the nursing staff involved and take corrective action when necessary.

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

March 2017 Recommendations: Provide QI reports regarding the above referenced orders for the next site assessment.

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

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

February 2017 SCDC Status Update:

1. Nursing will complete weekly MAR reviews to monitor the compliance of the inmate, and report any concerns to the Mental Health/Medical Provider.
2. The Mental Health Provider will review the MAR(s) of each inmate when seen in the provider's clinic or when a medication concern is addressed.
3. The Regional Mental Health Supervisor will review monitoring documentation and will address any deficiencies and take/recommend corrective action when necessary.

4. The QMHP or Provider will review any nursing concerns with the HCA when necessary.

March 2017 Implementation Panel findings: See 5.a.

March 2017 Recommendations: See 5.a.

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

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

February 2017 SCDC Status Update:

1. This will be a difficult to establish an "agency wide" pill line time as each institution is unique and have different control movement schedules.
2. An "agency wide" pill line times would be a decision that would need to involve the Director of Operations as any set pill line time would require the cooperation of the institutional Warden and security staff.
3. If a four time a day pill line is required then inmates that require medication after daily nursing hours will need to be assigned to a 24 hour medical unit. This will require more staff to complete the pill line passes. This would double the current pill line times so the pill line staff would need to double to accommodate the increase.
 - 1a. Mental Health Providers will review each inmate care plan and only order TID, QID and HS medication when absolutely necessary to achieve treatment goal.
 - 2a. The HCA will schedule appropriate staff to cover pill lines as directed.
 - 3a. Wardens will ensure that the nursing staff have the appropriate security escorts and all housing units are secured during pill pass times and security presents will be provided outside each pill line at the scheduled time and remain until pill line/pass is completed.

March 2017 Implementation Panel findings: As per SCDC status update, which indicates the timing of the pill call lines have been reviewed by institution.

March 2017 Recommendations: We discussed with staff issues specific to the timing of HS medications, which needs to be administered after 8 PM. Implement this recommendation.

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

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

February 2017 SCDC Status Update:

1. The HCA will complete weekly MAR audits and review concerns with nursing staff.
2. Nursing will complete weekly MAR reviews and review compliance with the Provider.

3. The Mental Health Provider will complete MAR reviews during the inmates clinic visit and review compliance with the inmate.
4. The Regional Mental health Supervisor will review monitoring documentation at least quarterly.
5. The regional Nurse Manager will complete MAR audits at least quarterly and review with the HCA.
6. Corrective action will be taken by the appropriate authority when necessary.
7. MAR audits will be completed: Weekly by the Institution Supervising Staff and Quarterly by the Regional Management Staff.
8. A standardized audit tool will be used to ensure all requirements are reviewed.

March 2017 Implementation Panel findings: See 5.a.

March 2017 Recommendations: See 5.a.

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

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

Implementation Panel March 2017 Assessment: partial compliance

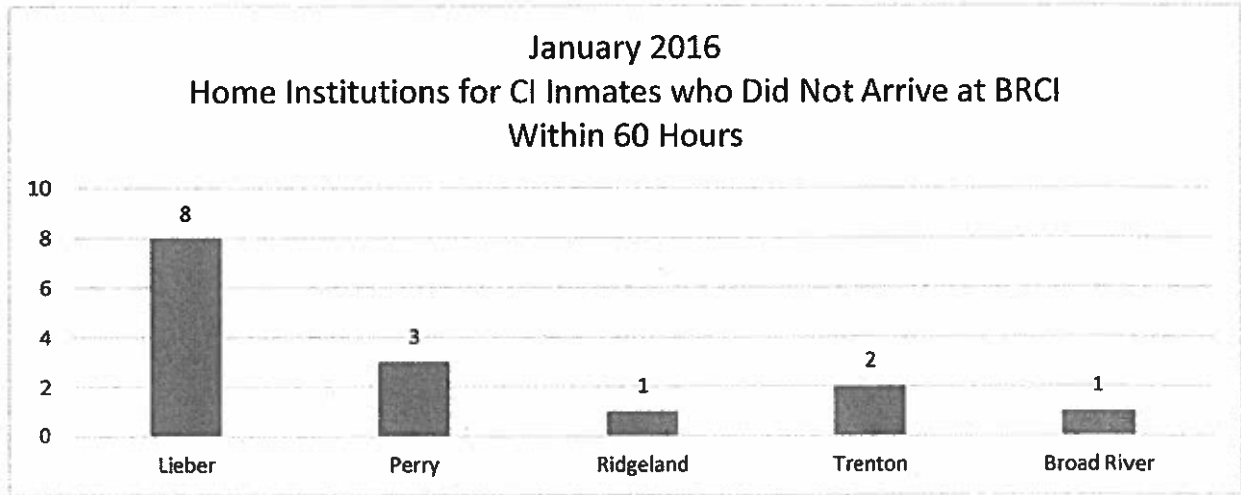
February 2017 SCDC Status Update:

This is a response to the IP's findings as follows from the subcomponent: Provide access for segregated inmates to higher levels of mental health services when needed;

“The “60-hours holding crisis” cells in the Broad River CI RHU, the R&E (Unit F-1), the Perry CI RHU, and the Lee CI RHU were not suicide resistant. The crisis cells at the Broad River RHU did not have beds. It was our understanding that the CSU at the Broad River CI will no longer be a pilot project beginning November 7, 2016.”

Renovations have been completed for CI cells at Broad River Correctional Institution, Kirkland Corrections F-1 dorm and BMU. Additional renovations have been made on other Crisis cells and are outlined below.

RIM began a report of all inmates on CI/SP to monitor if it took longer than 60 hours to be transferred to BRCI CSU. The report is sent to the Div. Dir. of Mental Health Services. In January there were 14 cases where an inmate remained at an institution beyond the limit. The following graphs reflect the number of hours on CI at the outlying institutions before arrival at CSU and a comparison of which institutions held the CI inmates beyond the 60-hour limit.



Crisis Intervention Cells		Updates
Institutions	# of Cells	Location
Allendale Correctional Institution	4	RHU three cells complete awaiting one cell door
Broad River Correctional Institution	4	Complete
Camille Graham Correctional Institution	4	CRU 4 Cells need beds replaced with crisis safe beds
Evans Correctional Institution	3	Infirmery & RHU Complete awaiting sprinkler heads which are on order
Kershaw	4	RHU & Medical Complete awaiting sprinkler heads which are on order
Kirkland Correctional Institution	19	F-1 & BMU Complete
Leath Correctional Institution	4	Phoenix – A Side Complete awaiting Sprinkler heads which are on order
Lee Correctional Institution	4	RHU – North Door hinge covers are being modified and sprinkler heads are on order.
Lieber Correctional Institution	4	RHU Cell doors have been sent to the Sheet Metal Shop for modifications. Sprinkler heads need to be replaced which are on order
McCormick Correctional Institution	2	RHU – B Wing Complete awaiting sprinkler heads which are on order
Perry Correctional Institution	6	RHU – B Dorm, Z Wing cells need painting and sprinkler heads replaced Painting should be complete by Friday February 10, 2017. Sprinkler heads ordered
Ridgeland Correctional Institution	2	RHU – South cell doors to be sent to the Sheet Metal Shop for renovations. Sprinkler heads to be replaced which are on order

Trenton Correctional Institution	1	RHU Complete waiting on sprinkler heads which are on order
Tuberville Correctional Institution	4	RHU – Murray 3 cell doors being modified,(2) complete at the sheet metal shop awaiting pick up. Sprinkler heads ordered
Tyger River Correctional Institution	2	RHU – East awaiting beds and sprinkler heads
Wateree River Correctional Institution	2	RHU Complete awaiting sprinkler heads which are on order

March 2017 Implementation Panel findings: CI cells in several institutions had not been approved by mental health and/or were not suicide resistant as discussed on site. All CSU CI cells are now located in a healthcare setting. However the CGCI CSU will not open until April 2017.

March 2017 Recommendations: Complete the above referenced renovations.

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

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

A QI needs to be performed re: relevant elements of the suicide prevention program.

February 2017 SCDC Status Update:

SCDC Policy OP-22.38 states:

14.1 Inmates will be housed in an appropriate RHU cell. SCDC prohibits the use of alternative space such as shower stalls, recreation cages, holding cells and interview booths for any purpose other than what they have created for. Inmates placed in Crisis Intervention status will be placed in a cell designated to house inmates in this status.

In all the CI cell check logs audited by QARM from Allendale, Evans, Kershaw, Lieber, Lee, Camille, Manning, Broad River, and Tyger River, only one (1) of the Fifteen-Minute Observation Logs provided to the auditors listed the inmate as being in a holding cell. In this case, the inmate was in the holding cell at Lieber for 15 hours. This was reported in January by QARM to the Warden, Regional Directors, Assistant Deputy Director, and Deputy Director for Operations. During that 15 hours in the holding cell, there was one 150- and one 180-minute period with no documentation of the inmate being checked on. And according to officials at Lieber, none of the CI inmates had continuous observation.

The following is a sample of the audit tool used by QARM to review the 15-minute observation log on the inmate who was in the holding cell.

March 2017 Implementation Panel findings: As per SCDC status update. Partial compliance was found due to the combination of the use of two holding cells for suicide watch purposes at CGCI and Lieber CI and noncompliance with the documentation that the inmates were being checked on as required by policy and procedure.

March 2017 Recommendations: continue to monitor and train staff.

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

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

February 2017 SCDC Status Update:

QARM has conducted reviews of the cell check logs at Allendale, Evans, Kershaw, Lieber, Lee, Camille, Manning, and Tyger River RHU's, and Broad River CSU.

At BRCI CSU, the practice of continuous observation continues.

Allendale's security staff has stated that they have been performing continuous observation from the time the crisis is identified until the inmate is seen by the QMHP. However, their documentation did not differentiate continuous and the non-continuous 15-minute cell checks.

At KCI's SIB unit, QARM staff was told that continuous observation is practiced, but no audit of documentation has been completed at this time. In KCI's F1 unit, QARM staff saw an officer was performing continuous observation. However, the form he used was the same form as the Security staff use for the irregular 15-minute cell checks, and no distinction was made to differentiate continuous vs the non-continuous 15-minute cell checks.

The other institutions admitted they were not performing continuous watch—only documenting 15-minute cell checks. The audits of these cell check logs failed compliance at all institutions.

On January 24, 2016, about 175 wardens and other institutional managers, both security and mental health, medical, and other non-security staff, attended training that included the need and procedures for continuous observation. Since then, the number of inmates transferred to CSU has increased dramatically, based on staffing patterns in the outlying institutions.

In early February, new forms were created by the Div. of Operations to document the continuous watch by employees and by inmate watchers. This distinguishes that type of watch from the irregular security checks at no more than 15-minute intervals.

██████████ Deputy Director for Operations recently met with QARM on February 6 and 13, 2016, and reviewed some of the deficiencies found with the cell check logs. He has requested that Resource and Information Management (RIM), SCDC's IT department make the developing of an electronic system a priority. This e-mail updates the response from the Division Director for RIM.

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

March 2017 Recommendations: Continue to monitor, supervise and train staff relevant to the specific suicide prevention policy.

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

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

February 2017 SCDC Status Update: QARM audits show that this is the general practice; however, there is no quantifiable documentation provided. This is frequently documented in the AMR notes, as in these examples.

At McCormick, the officers have been using the following form to document the issuing and cleaning of CI blankets, but this is not done state-wide.

QARM staff asked if the web application for automating cell checks, mentioned in the e-mail in component c. above, will be capable of including the issuing of clean linens, CI smocks, and mattresses. The reply was that this is a possibility.

March 2017 Implementation Panel findings: As per SCDC status update. We discussed with staff various ways of auditing this provision that included obtaining information directly from inmates as well as inspecting the storage rooms that contain suicide resistant clothing, blankets and mattresses for inmates in CI.

March 2017 Recommendations: As above.

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

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

November 2016 Implementation Panel findings: A QI needs to be performed regarding relevant elements of the suicide prevention program.

February 2017 SCDC Status Update:

A report of showers will be provided during the IP visit.

March 2017 Implementation Panel findings: A QI was performed that indicated significant compliance issues in both documenting showers offered daily as well as showers being offered in certain facilities during unreasonable times (e.g., 1:30 am).

March 2017 Recommendations: Correct the above.

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

Implementation Panel March 2017 Assessment: **noncompliance**

February 2017 SCDC Status Update:

This is in practice at BRCI CSU, although challenges still exist with the number of security staff needed to support the activities required. (See the e-mail below from Dr. [REDACTED]) Until staffing improves so that inmates can be transferred from their cells to a confidential area, many CI assessments continue to be cell-front.

March 2017 Implementation Panel findings: Based on the email from Dr. [REDACTED], at CSU high security inmates are generally not seen in a confidential setting related to reported correctional officer shortages as well as mental health staff shortages.

March 2017 Recommendations: remedy the above.

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

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

February 2017 SCDC Status Update:

On December 19, 2016, SCDC initiated a process requiring that officers conduct temperature and cleanliness checks twice per day in the segregated areas. Thermometers were provided for each RHU. The logs documenting these checks have been uploaded to the SCDC shared drive for staff access.

After site visits to the RHUs QARM noticed that cell checks were not standardized, in that officers were checking temperatures on different focal points within the cell (wall, window, bedframe, through glass, etc.) which may have led to wide variations the final readings. As a result, Operations has refined parameters for temperature and cleanliness checks. (See the e-mails below.)

QARM also reviewed some of the documentation and provided verbal feedback to Operations that when deficiencies are noted, there should be a way to ensure issues are corrected. Specifically,

when the cells has been documented as "Not Clean", the officer should indicate what factors determined uncleanliness and documentation that the problem was corrected.

Currently, no additional studies have been conducted to evaluate the results of the temperature and cleanliness checks. An example of the form used to document the temperature and cell cleanliness is captured below.

March 2017 Implementation Panel findings: The above process specific to RHU will be implemented in the CSU.

March 2017 Recommendations: As above.

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

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

February 2017 SCDC Status Update:

QARM has drafted a policy to establish and maintain a system of quality assurance to ensure the sustainability of organizational goals and objectives. This policy establishes a Continuous Quality Improvement Review Committee (CQIRC) to review data related to inmate safety and security, analyze operational performance, identify deficiencies, recommend corrective actions, and ensure compliance on an ongoing basis. The policy is currently being placed in draft form through the Office of Policy Development. The target date for implementation of this new policy is April 2017.

March 2017 Implementation Panel findings:

During the afternoon of February 28, 2017, we observed a treatment team meeting at the Broad River CSU, which was attended by the treatment team except for a psychiatrist. Most of the psychiatric time is provided by several tele-psychiatrists with onsite psychiatry being provided by a psychiatrist on weekends. Female psychiatrists at Broad River have not provided onsite coverage to the CSU due to their safety concerns about walking through the yards to the CSU. Staff confirmed difficulties in seeing inmates in a confidential setting primarily related to custody staffing issues.

Some of the inmates reviewed during the treatment team meeting were interviewed as part of the treatment planning process.

March 2017 Recommendations:

1. Psychiatric coverage predominantly by telepsychiatry is better than no psychiatric coverage, but is very problematic. It can be, in part, remedied by working with custody staff to make it safe for female psychiatrists to walk or ride to the CSU.
2. Clinical interventions/assessments conducted in a non-confidential setting is not adequate. This issue needs to be remedied.
3. A QI needs to be performed regarding relevant elements of the suicide prevention program.

Conclusions and Recommendations:

The IP has provided its recommendations on specific items in the Settlement Agreement in this report and while on-site. We have also provided suggestions to SCDC to continue in their pursuit of development of their own internal processes and support systems for an adequate mental health services delivery system and quality management system. This report reflects the IP's findings and recommendations as of March 3, 2017. The IP is hopeful that this report has been informative. We look forward to further development of the mental health services delivery system within the South Carolina Department of Corrections and appreciate the cooperation of all parties in the pursuit of adequate mental health care for inmates living in SCDC.

Sincerely,


Raymond F. Patterson, MD
Implementation Panel Member

On behalf of himself and:

Emmitt Sparkman
Implementation Panel Member

Jeffrey Metzner, MD
Subject Matter Expert

Tammie M. Pope
Implementation Panel Coordinator