August 27, 2019

House Legislative Oversight Committee

Office of the Deputy Director of Health Services
Terre K. Marshall, MPH, CCHP-A
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</tr>
</tbody>
</table>
DISCLAIMER

• Please note some of the information in this presentation may differ from that provided in the agency’s original Program Evaluation Report (PER) submission. The Agency plans to provide the Committee with an updated PER when presentations are complete.
Agency Mission

The mission of the South Carolina Department of Corrections is:

**SAFETY**  
We will protect the public, our employees, and our inmates.

**SERVICE**  
We will provide rehabilitation and self-improvement opportunities for inmates.

**STEWARDSHIP**  
We will promote professional excellence, fiscal responsibility, and self-sufficiency.
Health Services Mission

We will provide a comprehensive continuum of health care, which facilitates positive change within the inmate population by creating an atmosphere of dignity and respect, utilizing a multidisciplinary team approach that is gender-responsive and trauma-informed to promote health maintenance and optimal functioning consistent with the community standard of care.
Deputy Director for Health Services

Reporting directly to the Director of SCDC, the Deputy Director of Health Services oversees the daily functions of:

• Medical, Dental, Mental Health/Psychiatric, Substance Use Disorder Treatment & Sex Offender Treatment services throughout the SCDC state-wide system
• Daily operations of the Health Services staff at all 21 correctional institutions
• Operations of the SCDC Central Pharmacy & Central Laboratory
• Management of health services contracts and claims for outside community health services (hospitalization, specialty physician services, etc.)
HEALTH SERVICES COSTS & RELATED ISSUES
### Per-Inmate Spending on Prison Health Care Varied Greatly

#### Magnitude and change by state, FY 2010-15

<table>
<thead>
<tr>
<th>State</th>
<th>% change</th>
<th>FY 2010 spending</th>
<th>FY 2015 spending</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>24%</td>
<td>$11,561 / $9,548</td>
<td>$10,827 / $9,796</td>
</tr>
<tr>
<td>Vermont</td>
<td>19%</td>
<td>$13,017 / $11,293</td>
<td>$12,997 / $11,798</td>
</tr>
<tr>
<td>New Mexico</td>
<td>12%</td>
<td>$12,255 / $10,456</td>
<td>$11,687 / $10,084</td>
</tr>
<tr>
<td>Wyoming</td>
<td>12%</td>
<td>$18,029 / $12,267</td>
<td>$17,624 / $12,597</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>1%</td>
<td>$8,408 / $8,408</td>
<td>$8,270 / $8,270</td>
</tr>
<tr>
<td>Nebraska</td>
<td>15%</td>
<td>$7,567 / $6,598</td>
<td>$7,396 / $6,417</td>
</tr>
<tr>
<td>Oregon</td>
<td>17%</td>
<td>$7,225 / $6,456</td>
<td>$7,065 / $6,345</td>
</tr>
<tr>
<td>Delaware</td>
<td>15%</td>
<td>$7,092 / $6,408</td>
<td>$6,924 / $6,327</td>
</tr>
<tr>
<td>Michigan</td>
<td>3%</td>
<td>$6,877 / $5,869</td>
<td>$6,655 / $5,897</td>
</tr>
<tr>
<td>Minnesota</td>
<td>10%</td>
<td>$6,715 / $6,155</td>
<td>$6,566 / $6,046</td>
</tr>
<tr>
<td>Montana</td>
<td>13%</td>
<td>$6,607 / $6,141</td>
<td>$6,525 / $6,011</td>
</tr>
<tr>
<td>New Jersey</td>
<td>12%</td>
<td>$6,505 / $5,750</td>
<td>$6,337 / $5,692</td>
</tr>
<tr>
<td>Maine</td>
<td>-7%</td>
<td>$6,482 / $5,729</td>
<td>$6,309 / $5,593</td>
</tr>
<tr>
<td>Maryland</td>
<td>11%</td>
<td>$6,482 / $5,729</td>
<td>$6,309 / $5,593</td>
</tr>
<tr>
<td>Alaska</td>
<td>-14%</td>
<td>$6,384 / $5,500</td>
<td>$6,287 / $5,493</td>
</tr>
<tr>
<td>North Dakota</td>
<td>5%</td>
<td>$6,701 / $6,047</td>
<td>$6,556 / $5,912</td>
</tr>
<tr>
<td>New York</td>
<td>5%</td>
<td>$6,701 / $6,047</td>
<td>$6,556 / $5,912</td>
</tr>
<tr>
<td>North Carolina</td>
<td>5%</td>
<td>$6,701 / $6,047</td>
<td>$6,556 / $5,912</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>5%</td>
<td>$6,701 / $6,047</td>
<td>$6,556 / $5,912</td>
</tr>
<tr>
<td>Washington</td>
<td>6%</td>
<td>$5,715 / $6,155</td>
<td>$5,678 / $6,011</td>
</tr>
<tr>
<td>Colorado</td>
<td>14%</td>
<td>$5,607 / $6,141</td>
<td>$5,526 / $5,999</td>
</tr>
<tr>
<td>Kansas</td>
<td>2%</td>
<td>$5,526 / $5,999</td>
<td>$5,438 / $5,937</td>
</tr>
<tr>
<td>Virginia</td>
<td>9%</td>
<td>$5,526 / $5,999</td>
<td>$5,438 / $5,937</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>2%</td>
<td>$5,608 / $6,720</td>
<td>$5,508 / $6,720</td>
</tr>
<tr>
<td>State median</td>
<td>5%</td>
<td>$5,422 / $5,023</td>
<td>$5,345 / $4,912</td>
</tr>
<tr>
<td>Idaho</td>
<td>14%</td>
<td>$4,542 / $5,641</td>
<td>$4,467 / $5,593</td>
</tr>
<tr>
<td>South Dakota</td>
<td>18%</td>
<td>$4,371 / $5,626</td>
<td>$4,326 / $5,593</td>
</tr>
<tr>
<td>Connecticut</td>
<td>0%</td>
<td>$4,271 / $4,271</td>
<td>$4,271 / $4,271</td>
</tr>
<tr>
<td>Hawaii</td>
<td>-2%</td>
<td>$4,550 / $5,422</td>
<td>$4,724 / $5,609</td>
</tr>
<tr>
<td>Iowa</td>
<td>0%</td>
<td>$4,550 / $5,422</td>
<td>$4,724 / $5,609</td>
</tr>
<tr>
<td>Ohio</td>
<td>0%</td>
<td>$4,550 / $5,422</td>
<td>$4,724 / $5,609</td>
</tr>
<tr>
<td>Missouri</td>
<td>1%</td>
<td>$4,404 / $4,560</td>
<td>$4,404 / $4,560</td>
</tr>
<tr>
<td>Utah</td>
<td>4%</td>
<td>$4,016 / $4,286</td>
<td>$4,016 / $4,286</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>7%</td>
<td>$3,911 / $4,358</td>
<td>$3,911 / $4,358</td>
</tr>
<tr>
<td>Arizona</td>
<td>6%</td>
<td>$4,634 / $5,050</td>
<td>$4,634 / $5,050</td>
</tr>
<tr>
<td>New Mexico</td>
<td>12%</td>
<td>$6,505 / $6,422</td>
<td>$6,505 / $6,422</td>
</tr>
<tr>
<td>South Carolina</td>
<td>11%</td>
<td>$6,287 / $6,246</td>
<td>$6,287 / $6,246</td>
</tr>
<tr>
<td>Indiana</td>
<td>12%</td>
<td>$6,715 / $6,417</td>
<td>$6,715 / $6,417</td>
</tr>
<tr>
<td>Nevada</td>
<td>-21%</td>
<td>$4,126 / $5,246</td>
<td>$4,126 / $5,246</td>
</tr>
<tr>
<td>Alabama</td>
<td>1%</td>
<td>$5,207 / $5,254</td>
<td>$5,207 / $5,254</td>
</tr>
<tr>
<td>Louisiana</td>
<td>56%</td>
<td>$1,396 / $1,173</td>
<td>$1,396 / $1,173</td>
</tr>
</tbody>
</table>

**Source:** “Prison Health Care: Costs and Quality” The Pew Charitable Trusts; October 2017

**Notes:** The 49-state median excludes New Hampshire, which did not provide data.

All spending figures are in 2015 dollars. Nominal spending data for fiscal 2010-12 were converted to 2015 dollars using the Implicit Price Deflator for Gross Domestic Product included in the Bureau of Economic Analysis’ National Income and Product Accounts.

North Dakota did not report spending data for fiscal year 2010.

In Louisiana, beginning in fiscal 2014, off-site medical costs were included in the Department of Corrections’ budget, rather than Louisiana State University’s. This shift resulted in a $20 million (44 percent) increase in health care spending by the department from fiscal 2013 to fiscal 2014 and contributed to the department’s reported per-inmate health care spending increase from fiscal 2010 to fiscal 2013.

(See Appendix C, Table C.3 for state data.)

© 2017 The Pew Charitable Trusts
Pew Charitable Trusts: Per Inmate Spending on Health Services Among Select Southeastern States

HS Annual Cost/Inmate 2015

North Carolina: $6,923
Tennessee: $6,001
Virginia: $5,937
Arkansas: $4,186
Texas: $4,077
Florida: $4,050
Mississippi: $3,770
Kentucky: $3,763
Georgia: $3,610
South Carolina: $3,478
Alabama: $3,234

SCDC Cost 22% lower than AVG of other SE states.

Taken from Pew Charitable Trusts report “Prison Health Care: Costs and Quality”
Published 2017 (data from 2015)
SCDC HS Budget v. Actual Spent 2014 – 2019

SCDC Budget v. Actual Spend

- 2014: $70,617,538
- 2015: $75,228,485
- 2016: $76,894,671
- 2017: $81,121,233
- 2018: $92,052,830
- 2019: $94,751,908

Budget vs. Total Cost

- $63,614,516
- $62,764,516
- $66,727,016
- $70,201,162
- $72,160,000
- $72,160,000
The Aging of the Inmate Population

Inmates > 55 yrs as a % of Total SCDC Population

<table>
<thead>
<tr>
<th>Year</th>
<th>% of Total SCDC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>9.2</td>
</tr>
<tr>
<td>2015</td>
<td>9.9</td>
</tr>
<tr>
<td>2016</td>
<td>10.3</td>
</tr>
<tr>
<td>2017</td>
<td>11.3</td>
</tr>
<tr>
<td>2018</td>
<td>12.3</td>
</tr>
</tbody>
</table>
SCDC Aging Inmate Population

Age 55 and Over

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>1270</td>
<td>1447</td>
<td>1582</td>
<td>1659</td>
<td>1793</td>
<td>1958</td>
<td>2056</td>
<td>2153</td>
<td>2203</td>
<td>2294</td>
<td>2387</td>
<td>2478</td>
</tr>
</tbody>
</table>
Financial Impact by Type of Medication - 2018

- **HIV**: $6,314,434
- **Mental Health**: $1,469,263
- **Hepatitis C**: $1,228,537
- **Biologics**: $1,175,050
- **Cancer**: $642,225
- **Insulin**: $574,630
- **Inhalers**: $520,178
- **Dialysis meds**: $245,396
- **GI**: $193,067
SCDC Pharmacy Expenditures for HIV 2008 - 2019

HIV Spending 2008 - 2019
Cost Avoidance Attributable to 340B Drug Buying Program (Contract with DHEC)

340B Purchases Compared to Non-340B Pricing FY’2015-2019 (Annualized)

Total Cost Avoidance 2015 – 2019 for 340B Purchases = $21,121,832
### Top Fifteen (15) High Volume Tests Performed Annually

<table>
<thead>
<tr>
<th>Test</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>POTASSIUM</td>
<td>$5,614</td>
</tr>
<tr>
<td>SODIUM</td>
<td>$5,611</td>
</tr>
<tr>
<td>CHLORIDE</td>
<td>$5,602</td>
</tr>
<tr>
<td>CO²</td>
<td>$5,550</td>
</tr>
<tr>
<td>CALCIUM</td>
<td>$5,487</td>
</tr>
<tr>
<td>GLUCOSE</td>
<td>$5,430</td>
</tr>
<tr>
<td>CBC</td>
<td>$5,427</td>
</tr>
<tr>
<td>RPR</td>
<td>$4,983</td>
</tr>
<tr>
<td>AST</td>
<td>$4,929</td>
</tr>
<tr>
<td>ALBUMIN</td>
<td>$4,553</td>
</tr>
<tr>
<td>BILIRUBIN</td>
<td>$4,408</td>
</tr>
<tr>
<td>ALKALINE PHOSPHATE</td>
<td>$4,355</td>
</tr>
<tr>
<td>PROTEIN</td>
<td>$4,334</td>
</tr>
<tr>
<td>TRIGLYCERIDE</td>
<td>$3,945</td>
</tr>
</tbody>
</table>
SCDC Expenditures at the Wellpath Regional Care Site in Columbia (2017-2019)

Inpatient Contractual Hospital Stay Expenses
MEDICAID ELIGIBILITY: Benefit of SCDC/DHHS Partnership

- Department of Health and Human Services (DHHS) provides personnel to determine eligibility for inmates who are admitted as inpatients to hospitals (>24 hr)

- If the inmate meets Medicaid eligibility requirements (e.g., delivering mothers, Aged, Blind, Disabled), inpatient stay paid by Medicaid rather than SCDC (federal dollars then pay the majority of the cost of the inpatient stay)

*Data.wa.gov national survey, 2014
**Kaiser Foundation kff.org/Medicaid-financing 2015
Benefits of Medicaid Eligibility (inpatient):

- Also, inmates then eligible for Medicaid upon release from custody and have continuity of care coverage for re-entry transition

- An average of 124 inpatient admissions per year offset by this initiative at an average cost of $13,776/admission * and an average of 67-73.1% Federal match for South Carolina**, estimate State taxpayer savings of over $1M annually
Care and Treatment for Inmates (Health)
Deliverable 85

Components

- Provide health care required by law, even if inmate is not covered by insurance.
- Refrain from charging inmates for mental health treatment.
- Charge fee for inmate-requested medical treatment, except psychological or mental health visits.
- Charge copay for prescriptions.

Performance Measures
Deliverables 85.0, 85.1, 85.2, 85.3, 85.4, 85.5, 85.6, 85.7, 85.8, 85.9, 85.91, 85.92, 85.93

Required
SC Code 24-1-130
SC Proviso 65.16, 65.8
INMATE COPAY: Don’t charge inmates for mental health treatment per proviso.

Customers
- [✓] Know # of potential customers
- [✓] Know # of customers served
- [✓] Evaluate customer satisfaction
- [✓] Evaluate outcomes

Greatest potential harm
- None

Recommendations to General Assembly
- No action necessary.

Costs
- [✓] Know cost per unit to provide
- [x] Law allows charging customer

Performance Measures
Deliverable 85.4
INMATE COPAY: Charge fee for inmate-requested medical treatment, except psychological or mental health visits.

Customers
- Know # of potential customers
- Know # of customers served
- Evaluate customer satisfaction
- Evaluate outcomes

Costs
- Know cost per unit to provide
- Law allows charging customer

Greatest potential harm
None

Recommendations to General Assembly
Has been SCDC Policy for several years.
INMATE COPAY: Charge co-pay for prescriptions

Customers
- Know # of potential customers
- Know # of customers served
- Evaluate customer satisfaction
- Evaluate outcomes

Greatest potential harm
None

Recommendations to General Assembly
Has been SCDC Policy for several years.

Costs
- Know cost per unit to provide
- Law allows charging customer

Performance Measures
Deliverable 85.6
Information About Inmates Who Receive Social Security Insurance, Provide to the Social Security Administration

Deliverable 88

Components

- Deposit funds received from the Social Security Administration for information regarding inmates who receive Social Security Insurance in special “Social Security Account” for care and custody of inmates.
MEDICAL PAROLE: File petitions to the full parole board for release of an inmate who is terminally ill, geriatric, permanently incapacitated, or any combination of these conditions

<table>
<thead>
<tr>
<th>Customers</th>
<th>Greatest potential harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Know # of potential customers</td>
<td>Increased costs as medical parole and furlough release reduce monetary cost to State of South Carolina and to agency due to high medical bills</td>
</tr>
<tr>
<td>✓ Know # of customers served</td>
<td></td>
</tr>
<tr>
<td>X Evaluate customer satisfaction</td>
<td></td>
</tr>
<tr>
<td>✓ Evaluate outcomes</td>
<td></td>
</tr>
</tbody>
</table>

| Costs |  |
|-------|  |
| ✓ Know cost per unit to provide |  |
| X Law allows charging customer |  |

Customers

- X Know # of potential customers
- ✓ Know # of customers served
- X Evaluate customer satisfaction
- ✓ Evaluate outcomes

Costs

- ✓ Know cost per unit to provide
- X Law allows charging customer

Performance Measures 3, 5, 6, 7, 8, 21 & 27
Deliverable 15.1
Medical Furloughs/Medical Paroles

Per SCDC Policy, inmates may be referred for a Medical Furlough or Medical Parole if they:

- Are diagnosed with a terminal illness and a physician has determined they have less than one year or two years to live
- Have a family member willing to sponsor the inmate upon release
- Have a community provider that agrees to provide needed health care
- Care in community at no cost to SCDC (Family, Medicaid, Medicare)
On average, only 11% of medical furloughs or paroles are granted. The most common reason is there are no relatives that will agree to take responsibility for the inmate.
Inmate deaths (non-execution). Take actions outlined in statute.

Deliverable 16

Components

- County coroner, immediately notified if a person dies while in jail or prison.
- Death of an inmate must be reported within 72 hours to the SCDC Inspection Division SCDC Form 8-2 “Report of Inmate Death”.
- Create reports on which a facility manager can report the death of an inmate and the circumstances surrounding it.
- If a person dies while in jail or prison, SCDC Inspection Division is required to retain SCDC Form 8-2 “Report of Inmate Death”.
Inmate deaths (non-execution).
Take actions outlined in statute.
Deliverables 16.0, 16.1, 16.2, 16.3, 16.4

Customers
✓ Know # of potential customers
✓ Know # of customers served
✓ Evaluate customer satisfaction
✓ Evaluate outcomes

Costs
✓ Know cost per unit to provide
X Law allows charging customer

Greatest potential harm
Opens Agency to unnecessary lawsuits from inmate families concerning their perished loved ones.

Recommendations to General Assembly
Understand that the prison system has offenders of all ages confined within their perimeters.
### SCDC Inmate Deaths 2014–2019 (YTD) by *Cause

<table>
<thead>
<tr>
<th>CAUSE OF DEATH</th>
<th>CALENDAR YEAR</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental - Other</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Accidental - Self</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Alcohol/Drug</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Homicide</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Natural Cause</td>
<td>58</td>
<td>64</td>
</tr>
<tr>
<td>Other Cause</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Suicide</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>AUTOPSY PENDING</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>TOTAL</td>
<td>66</td>
<td>76</td>
</tr>
</tbody>
</table>

*Cause of death is determined by the Coroner
<table>
<thead>
<tr>
<th>Position Type</th>
<th># of Positions</th>
<th># of Vacancies</th>
<th>% Vacant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Admin/Manager</td>
<td>28</td>
<td>4</td>
<td>14%</td>
</tr>
<tr>
<td>Head Nurse</td>
<td>17</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>Physicians</td>
<td>14</td>
<td>1</td>
<td>7%</td>
</tr>
<tr>
<td>Physicians Assistants</td>
<td>3</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>17</td>
<td>4</td>
<td>24%</td>
</tr>
<tr>
<td>RN</td>
<td>139</td>
<td>51</td>
<td>36%</td>
</tr>
<tr>
<td>LPN</td>
<td>107</td>
<td>45</td>
<td>41%</td>
</tr>
<tr>
<td>Paramedic</td>
<td>20</td>
<td>15</td>
<td>75%</td>
</tr>
<tr>
<td>CNA</td>
<td>41</td>
<td>9</td>
<td>22%</td>
</tr>
<tr>
<td>Medical Records</td>
<td>3</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Dentists</td>
<td>7</td>
<td>1</td>
<td>14%</td>
</tr>
<tr>
<td>Dental Assistants</td>
<td>13</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>Laboratory Technologist</td>
<td>5</td>
<td>1</td>
<td>20%</td>
</tr>
<tr>
<td>Position Type</td>
<td># of FTEs</td>
<td>Filled</td>
<td># of Vacancies</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-----------</td>
<td>--------</td>
<td>----------------</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>16</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Psychologist</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>QMHPs</td>
<td>112</td>
<td>71</td>
<td>41</td>
</tr>
<tr>
<td>Mental Health Officers*</td>
<td>30</td>
<td>30</td>
<td>0</td>
</tr>
<tr>
<td>Activity Therapist Supervisor</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Activity Therapist</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Health Services Recruiter</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Administrative Support</td>
<td>9</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Addiction Recovery Services (Not part of MH Settlement)</td>
<td>36</td>
<td>30</td>
<td>5</td>
</tr>
</tbody>
</table>
The Pew Trusts Reports 2015
Health Care Staffing per Inmate

- Highest Number of FTE’s per 1,000 Inmates = New Mexico
  86.8 FTE’s per 1,000 Inmates

- Median Number of FTE’s per 1,000 Inmates Across US = 59.6 FTE’s per 1000 Inmates

- South Carolina = 25 FTE’s per 1,000 Inmates

The Pew Trusts Reports 2015
Health Care Staffing per Inmate


Health Services Staff per 1,000

SCDC staffing ratio is 58% lower than the national median staffing ratio.
COMPARISON OF ANNUAL SALARIES FOR SCDC AND COMMUNITY RESOURCES

<table>
<thead>
<tr>
<th>Role</th>
<th>Community</th>
<th>SCDC</th>
</tr>
</thead>
<tbody>
<tr>
<td>RNs</td>
<td>69,235</td>
<td>48,491</td>
</tr>
<tr>
<td>LPNs</td>
<td>44,807</td>
<td>31,901</td>
</tr>
<tr>
<td>CNA</td>
<td>29,273</td>
<td>24,777</td>
</tr>
</tbody>
</table>

SCDC 18-43% lower than other SC community rates

Community 43% higher for RNs, 40% higher for LPNs, and 18% higher for CNAs
### ANNUAL SALARIES FOR SCDC BEHAVIORAL HEALTH PROFESSIONAL AND VACANCY PERCENTAGE

**Mental Health Oversight Report 8/18/19**

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Salary</th>
<th>Mental Health Lawsuit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrist</td>
<td>$255,000</td>
<td>0%</td>
</tr>
<tr>
<td>Psychologist</td>
<td>$122,400</td>
<td>0%</td>
</tr>
<tr>
<td>Qualified Mental Health Professionals</td>
<td>$48,960/$53,040</td>
<td>36.6%</td>
</tr>
<tr>
<td>Mental Health Officers (of 44)</td>
<td>$36,860</td>
<td>0%</td>
</tr>
</tbody>
</table>
Comparison of Average Dental Salaries in Selected Areas
State Agency vs. Corrections

Source: Salary.com 5/31/2019

SCDC DENTIST
SALARIES AVG 32% lower than AVG for “private sector” dentists and 21% lower than Dept. Disability
Delivery & Organization of Health Services

- Development of 2-year strategic & operational Master Plan
- Reorganization of Division of Health Services with hiring of key positions
- Priority for placement of positions within the institutions
Health Services Master Plan*

- Signed by Bryan P. Stirling, Director, August 22, 2018
- Strategic and Operational Plan for FY18 & FY19
- Multidisciplinary to Encompass: Health Care, Mental Health, Substance Use Disorder Treatment/Addiction Recovery & Sex Offender Treatment

*Note: Subject to Appropriations
HEALTH SERVICES GOALS

**Goal 1:** Improve the ability to timely recruit, retain, onboard & train qualified health & behavioral health professionals across all disciplines throughout SCDC

**Goal 2:** Enhance Behavioral Health Services in response to the identified needs of the patient population across the necessary continuum of care throughout all levels of care within all security levels
Goal 3: Enhance the delivery of Substance Use Disorder Treatment and Management to coincide with the ASAM Model of Care and responsive to individual treatment needs

Goal 4: Establish an “Inmate Health Plan” for individuals incarcerated within SCDC to include affirmative, definitive guidelines for management of all levels of necessary health/behavioral health services to include addiction recovery & sex offender treatment
Goal 5: Implement health care technology, cost savings & efficiency initiatives to streamline & improve the delivery of services while maximizing effectiveness, increasing on-site availability of levels of care, & decreasing off-site necessity of services & security overtime/transportation
Columbia Facilities:
1. Broad River CI (L3 – 24hr) 1255
2. Camille Graham CI (L2 - 24hr) 690
3. Kirkland CI (L3 - 24hr) 1,781
4. Manning CI (L1 - Daily) 531
5. Goodman PRC (L1 - Daily) 467
6. Perry CI (L3 - 24hr) 834
7. Evans CI (L2-Daily) 1,193
8. Lee CI (L3-24hr) 1,202
9. Ridgeland CI (L2-24hr) *944
10. Livesay CI (L1-Daily) 415
11. Kershaw CI (L2-Daily) 1,326
12. Tyger River CI (L2 - Daily) 1,170
13. Leath CI (L3-Daily) 622
14. McCormick CI (L3-24hr) 914
15. Perry CI (L3 - 24hr) 738
16. Turbeville CI (L2-24hr) 1,028
17. Trenton CI (L2-Daily) 475
18. Livesay CI (L1) 1,442
19. Wateree CI (L2-Daily) 675
20. Kershaw CI (L2-Daily) 1,326

* Number indicates inmate count as of June of 2019

KEY
- 24 Hour HS Coverage
- Daily/12hr HS Coverage
Overview of Nursing/Site Management

- Provides day-to-day site health services (e.g., sick call, medications, chronic care) at the 21 SCDC institutions, 10 of which provide only 10-12 hour coverage despite having 1000+ medium-security inmates.

- Health Care Authority (HCA) is supervised by the Assist. Deputy Director of Health Services, the SCDC Director of Nursing and each institutional Warden.

- Ensures institutions are staffed with necessary providers, nurses and other health care professionals.

- Of 110 LPN (FT/PT) positions, there is a 44% vacancy for SCDC positions; & for RN, of 157 (FT/PT), 35% are vacant (8/19/19).

- Agency nursing 120.
PRIMARY CARE CLINICAL PROVIDERS
Overview of SCDC Clinical Providers

- Includes primary care physicians (14), physicians assistants (3) and nurse practitioners (15 PCP)
- Under the clinical supervision of the SCDC Chief Medical Officer, the clinical providers:
  
  ✓ Provide on-site and on-call coverage at SCDC sites
  ✓ Assess and diagnose inmates’ medical needs
  ✓ Prescribe treatment and medications
  ✓ Refer patients for necessary specialty care and hospitalization
  ✓ Manage preventive and chronic care
SITES WITH SPECIALIZED HEALTH MISSIONS

KIRKLAND CI
Overview of Kirkland CI Health Services Missions

Kirkland CI has a unique set of missions for SCDC:

- Male health services portion of Reception and Evaluation,
- Inpatient psychiatric management of the Gilliam Psychiatric Hospital (82 beds),
- The operation of the SCDC’s largest and only subacute infirmary (24-beds) for inmates in need of skilled nursing care
- Provides on-site specialty clinics for inmates referred by SCDC clinical providers (next slide)
Overview of Kirkland CI Health Services Missions (cont’d)

- Residential mental health unit for Serious Mental Illness, ICS = 170 beds
- Behavioral mental illness residential unit, Choices (96 beds)
- High Level Behavior Management Unit (HLBMU = 24 beds)
- SCDC Central Laboratory
ON-SITE SPECIALTY CLINICS AT KIRKLAND
by Service Line and Average # of Patient Visits/Month
January 1, 2019 – June 30, 2019

<table>
<thead>
<tr>
<th>SPECIALTY</th>
<th>AVG/Mo</th>
<th>SPECIALTY</th>
<th>AVG/MO</th>
<th>SPECIALTY</th>
<th>AVG/MO</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surgery (USC Surgery)</td>
<td>52</td>
<td>Ophthalmology</td>
<td>52</td>
<td>Physical Therapy</td>
<td>22</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>122</td>
<td>Podiatry</td>
<td>10</td>
<td>Urology</td>
<td>**</td>
</tr>
<tr>
<td>Optometry</td>
<td>46</td>
<td>Gastroenterology</td>
<td>33</td>
<td>Orthotics and Prosthesis</td>
<td>30</td>
</tr>
<tr>
<td>ENT Clinic</td>
<td>16</td>
<td>Internal Medicine</td>
<td>19</td>
<td>Pulmonary Clinic/CPAP</td>
<td>16</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>77</td>
<td>Reconstructive Plastic Surgery (every 8 wks.)</td>
<td>6</td>
<td>Hepatitis C</td>
<td>28</td>
</tr>
</tbody>
</table>

* Averages < 1/month
** Restarts July, 2019
DNA samples from inmates, obtain from those who are legally required to submit.

Deliverable 11

Components include:

- Collect fee for DNA sample from inmates and submit to State Treasurer

- Transfer collected DNA fees ($250) to the State Law Enforcement Division (SLED) to offset the expenses incurred to operate the State DNA database program
Collect Fee for DNA Sample from Inmates and Submit to State Treasurer. Transfer Collected DNA Fees to State Law Enforcement Division to Offset the Expenses Incurred to Operate the State DNA Database Program

Customers
- ✓ Know # of potential customers
- ✓ Know # of customers served
- ✗ Evaluate customer satisfaction
- ✓ Evaluate outcomes

Greatest potential harm
- Important for law enforcement recording and nationwide database for enforcement

Costs
- ✓ Know cost per unit to provide
- ✓ Law allows charging customer

Recommendations to General Assembly
- Must do deliverable

Performance Measures
Deliverable 11.0, 11.1, 11.2

2018 Proviso 65.24
## DNA Testing Payments to SLED, FY 2012 - FY 2018

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th># Inmates Making Payments for DNA Testing</th>
<th># Payments Made for DNA Testing</th>
<th>Amount Collected for DNA Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>14,047</td>
<td>130,157</td>
<td>$467,503.32</td>
</tr>
<tr>
<td>2013</td>
<td>12,760</td>
<td>120,343</td>
<td>$408,020.98</td>
</tr>
<tr>
<td>2014</td>
<td>11,710</td>
<td>116,319</td>
<td>$410,987.28</td>
</tr>
<tr>
<td>2015</td>
<td>11,392</td>
<td>117,908</td>
<td>$426,218.06</td>
</tr>
<tr>
<td>2016</td>
<td>11,060</td>
<td>120,293</td>
<td>$436,422.88</td>
</tr>
<tr>
<td>2017</td>
<td>10,230</td>
<td>114,329</td>
<td>$430,608.90</td>
</tr>
<tr>
<td>2018</td>
<td>8,437</td>
<td>90,629</td>
<td>$333,896.55</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>79,636</strong></td>
<td><strong>809,978</strong></td>
<td><strong>$2,913,657.97</strong></td>
</tr>
</tbody>
</table>
Raise awareness of and educate inmates on organ, tissue, and marrow donation, and if they desire to donate, and are able to do so, follow proper laws regarding organ and tissue donation.

**Customers**
- X Know # of potential customers
- X Know # of customers served
- X Evaluate customer satisfaction
- X Evaluate outcomes

**Costs**
- X Know cost per unit to provide
- ✓ Law allows charging customer

**Greatest potential harm**
- Loss of life of potential recipients.

**Recommendations to General Assembly**
- None at this time. Is included in current SCDC policy.
Care and Treatment for Inmates (Health).
Deliverable 85

Components (continued from last slide)

- Collect and record private health information from inmates.
- File against inmate insurance for medical costs when necessary.
- Use insurance reimbursement to cover claim expenses.
- Initiate an action to collect costs incurred for medical treatment (each visit initiated by the inmate to an institutional provider for examination or treatment), above those costs the jail was able to obtain from the inmate’s account if (1) the inmate is released, but was not acquitted of all charges for which he was being held or (2) the inmate was executed or died while in jail.
- Raise awareness of and educate inmates on organ, tissue, and marrow donation, and if they desire to donate, and are able to do so, follow proper laws regarding organ and tissue donation.
### Performance Measures: Deliverables 85.0, 85.1, 85.2, 85.3, 85.4, 85.6, 85.7, 85.9, 85.91, 85.92,

<table>
<thead>
<tr>
<th>Customers</th>
<th>Greatest potential harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>X  Know # of potential customers</td>
<td>None – number of inmates with active private insurance is none or negligible.</td>
</tr>
<tr>
<td>X  Know # of customers served</td>
<td></td>
</tr>
<tr>
<td>X  Evaluate customer satisfaction</td>
<td></td>
</tr>
<tr>
<td>X  Evaluate outcomes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Costs</th>
<th>Recommendations to General Assembly</th>
</tr>
</thead>
<tbody>
<tr>
<td>X  Know cost per unit to provide</td>
<td>None at this time.</td>
</tr>
<tr>
<td>X  Law allows charging customer</td>
<td></td>
</tr>
</tbody>
</table>
Health Services’ Admissions Process

- When inmates are admitted to SCDC from the various county jails, they are processed at two primary R&E sites:
  - Kirkland Correctional Institution (KRCI) for males
  - Camille Graham Correctional Institution (CGCI) for females

- Health Services does a comprehensive evaluation of the physical and behavioral health status to determine:
  - Physical and behavioral health history
  - Chronic illnesses, both physical and mental
  - Substance use history

- This is vital for determining the inmate placement in the system to match needs during time in custody within SCDC
Health Services’ Admissions Processing Chart

Nurse intake medical interview (M-14) within 8 to 24 hour of arrival
~ Mental Health Referral completed on 1st day (EMERGENT/URGENT/ROUTINE)
~ Medications ordered upon arrival by provider
~ Bridge Mental Health medication ordered upon arrival by medical provider

Processing labs collected on day #2
Result return within 5 to 7 days

Intake Assessment completed by classification on day #1

All inmates are seen by QMHP and referrals are made for Psych clinic and Psych Provider completes (M-123) and enter in NextGen

Mental Health Classification
Inmates assigned MH Level code #

Shock Incarceration Evaluation completed by medical and mental health

Physical Exam by provider within 8 to 24 hours of arrival and (M-123) completed

After all medical processing is complete the medical part of M-123 is entered in NextGen by medical staff

Mental Health Orientation (M-156) QMHPs conduct group orientation. Individual screening for PREA risk.

Mental Health Screening (M-156) completed by 3 business days of arrival by QMHP. If necessary, referral made for additional evaluation.
SITES WITH SPECIALIZED HEALTH MISSIONS

BROAD RIVER CI
Overview of Broad River CI Health Services Missions

Broad River CI has a unique set of missions for SCDC:

- Hosts the statewide dialysis center for **all** SCDC End Stage Renal Disease (ESRD) patients (28 male)
- Crisis Stabilization Unit (CSU) for male inmates at risk for self-injurious behavior (32 beds, expanding to 64)
- Houses cancer/oncology patients during treatment
- Death Row (37)
- Intensive Outpatient Mental Health, New Directions = 145
- Outpatient Mental Health
- Diversionary Housing Unit (residential mental health unit = 32)
- Enhanced mental health for Restrictive Housing Unit
SITES WITH SPECIALIZED HEALTH MISSIONS

CAMILLE GRIFFIN GRAHAM CI
Overview of Camille Graham CI Health Services Missions

Camille Graham CI is the female institution in SCDC with a unique set of health service missions:

- Reception and Evaluation (R&E) site for all females coming into SCDC custody
- Site where pregnant women are housed and prenatal care is provided
- OB/GYN specialty service site, on-site weekly
- Intensive Outpatient services for women
- Outpatient mental health patient population throughout compound
- Crisis Stabilization Unit (CSU) for female inmates at high risk for self-injurious behavior
- ICS residential services for females
- HOPE Addiction Treatment Unit (ATU)
SCDC
CENTRAL
PHARMACY
Overview of SCDC Central Pharmacy

- Dispenses and packages all prescriptions for the 21 SCDC correctional institutions from its location in Columbia; Averages over 2,000 prescription fills per day by 5 FT, 1 PT Pharmacists, 7 Technicians, 1-4 PharmD Interns/month

- Purchases drugs through state (MMCAP) and federal (340B) group buying programs at deep discounts

- Ships medications to correctional institutions each day through the SCDC transportation/bus system
DENTAL SERVICES
Overview of SCDC Dental Services

- Primarily emergency and urgent care provided; Not enough resources to provide preventive dentistry between SCDC & contracted dental resources
- Services involving dental prosthetics and metals are carefully controlled for cost efficiency
- SCDC would benefit from the addition of dental hygienists to provide preventive dentistry and thus more serious dental issues, periodontal disease & tooth loss
- Services provided using a mixture of SCDC-employed dentists and contracted dentists
- SCDC salary ranges are far below those of the private sector and even other state-employed dentists (range of $100K)
Overview of SCDC Support Services

- Negotiates competitive pricing for medical goods/equipment and services
- Supply chain management
- Since 2003, SCDC has been able to access hospital pricing negotiated by PEBA through Blue Cross/Blue Shield to leverage significant discounts on hospital claims
- Medicaid pricing for inpatient stays greater than 24 hr for inmates who are eligible under Aged, Blind, Disabled (ABD) criteria or women delivering babies under Presumptive Eligibility criteria (only IF inmate consents)
LABORATORY SERVICES
Overview of SCDC Laboratory Services

- SCDC operates CLIA compliant, moderate complexity laboratory at the Kirkland CI site
- Lab specimens sent from all SCDC prison sites
- Lab staff perform testing and enter results into Electronic Health Record (EHR) for review by ordering providers
- Some low volume and esoteric testing outsourced to contract reference laboratory
- Consistently shown as cost efficient, reliable operation of medical support in SCDC
BEHAVIORAL HEALTH = MENTAL HEALTH & ADDICTION RECOVERY
Increase in Mental Health Caseload

Mental health caseload is 24.5% as of August 19, 2019 = 4,552 of 18,589 inmates (up from 14.0% in July 2014, increasing weekly)

- This is indicative of a continuing increase in inmates being identified in need of mental health services, both at R&E and during incarceration

- This number is up from 14 – 15% at the time of the Mental Health Lawsuit 2014 & Settlement Agreement signature in 2016

- MH Caseload continues increase while SCDC population decreases
Mental Health Caseload Increase

Percent of SCDC Custody Population on Mental Health Caseload,
July 1, 2014 - May 1, 2019
From June 2017 to May 2019:
7.4% Decrease in Custody Population vs.
31.9% Increase in Mental Health Caseload
Mental Illness at SCDC

Mental Illness at SCDC: SCDC recognizes a mental disorder as outlined in the most recent edition of the Diagnostic and Statistical Manual (DSM) by the American Psychiatric Association. A mental disorder is a syndrome characterized by a clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental function. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. (An expectable or culturally approved response to a common stressor or loss, such as death of a loved one, is not a mental disorder.) Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above.
Serious Mental Illness (SMI)- Schizophrenia, Schizoaffective Disorder, Cognitive Disorder, Paranoia, Major Depression, Bipolar Disorder, Psychotic Disorder, or any other mental condition that results in significant functional impairment including the ability to perform activities of daily living, extreme impairment of coping skills, or behaviors that are bizarre and/or dangerous to self or others.
Clinical Administration

SCDC mental health staff is comprised of a diverse group of licensed, credentialed, and qualified behavioral health professionals that include Psychiatrists, Psychologists, Qualified Mental Health Professionals (QMHPs), Mental Health Officers, Activity Therapist, and others who offer on-site mental health care and case management on a daily basis to all SCDC inmates as needed.
Qualified Mental Health Professional (QMPHs)

Largest Workforce in Behavioral Health ($n=102$)

**Qualified Mental Health Professionals (QMHPs)** hold a Masters degree in counseling, social work or a counseling-related field, and are licensed in the State of South Carolina. They provide treatment and case management services to all inmates classified as mentally ill and any inmate receiving suicide precaution (SP) or crisis intervention (CI) services.
Expansion of Mental Health Officer to RHU’s

In addition to the 44 existing Mental Health Technicians and 6 Bay Counselors, converting CO’s to Mental Health Officers (bringing number to 78):

- Expand Mental Health Officers in RHU by conversion of vacant CO positions
- Focus on 10 hr. structured time/10 hr. unstructured time for mental health inmates
- Priority = L3 inmates, SD inmates, removal from RHU
- Consider other key program: Perry Step Down & McCormick Adjustment Unit
Conversion of Mental Health Technicians to MH Officers

- Recruitment initiative/incentive
- Earn OT as Mental Health Officer OR as Correctional Officer
- Earn incentive pay
- Perform “some” security duties & mental health duties
- Work 40-hour week v. 37.5 (hourly v. exempt)
- Work C-Card = Monday through Friday
- “NO-PULL” POSTS
- Dual supervision by security & mental health
- Separate “uniform”
Sex Offender Treatment Program

- To provide relevant Cognitive Behavioral Therapeutic techniques to person identified as being sex offenders

- Three-Tiered Approach
  - Tier one - Psychoeducation
  - Tier two - Cognitive Restructuring
  - Tier three - Relapse Prevention/Transition

- 247 inmates have participated in Sex Offender Treatment between 2012 - 2018
Mental Health Lawsuit

Implementation Plan
Overview of the Mental Health Lawsuit

- Class action lawsuit filed in 2005 in Richland County
- Filed on behalf of 3,500 seriously mentally ill inmates
- Judge Baxley signed the order, finding for the Plaintiff on January 8, 2014
Six Components in the MH Lawsuit Order

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

- The development of a more 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;
Six Components in the MH Lawsuit Order

- Employment of a sufficient number of trained mental health professionals;
- Maintenance of accurate, complete, and confidential mental health treatment records;
- Administration of psychotropic medication only with appropriate supervision and periodic evaluation; and
- A basic program to identify, treat, and supervise inmates at risk for suicide.
Mental Health Lawsuit - Outcomes

- Settlement Agreement signed May 31, 2016
- Site visits by the Implementation Panel (Psychiatry & Security)
- Significant changes to policies and practices
- Funding
- Hiring
- Electronic Medical Record (EMR)
- Construction/Renovation
IP: Three-Year Budget Submission 2014-2017 (102.5 FTE)

- Mental Health Positions = 73.5
  - 8.5 Psychiatrists
  - 20.0 QMHP
  - 30.0 Mental Health Tech. (now MHO)
  - 3.0 Activity Therapists + 1.0 Clinical Activity Supervisor
  - 1.0 CQI Director + 4.0 CQI Monitors
  - 1.0 Healthcare Recruiter + 2.0 Support Staff
  - 3.0 Psychologist

- Medical Positions = 29.0
  - 1.0 Physician
  - 3.0 Nurse Practitioner/Physician Assistant
  - 15.0 RN + 10.0 LPN
The findings of the IP with regard to compliance on the various components as of March 8, 2019 are as follows:

<table>
<thead>
<tr>
<th>Compliance Rating</th>
<th># of Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substantial Compliance</td>
<td>21</td>
</tr>
<tr>
<td>Partial Compliance</td>
<td>33</td>
</tr>
<tr>
<td>Non-Compliance</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>59</td>
</tr>
</tbody>
</table>
Substantial Compliance - Definition

- Compliance with the essential requirements of the Implementation Goal, include the components identified in the Implementation Panel Report, to a degree that satisfies the purposes and objectives of the goals, plans and components incorporated in the Agreement, even if any particular formal requirement is not complied with.

- Component has been found in the periodic Implementation Reports as being in Substantial Compliance for eighteen (18) consecutive months, that component will no longer be subject to reporting by the Implementation Panel and Mediator.
HOW THE AGREEMENT ENDS

- After being in substantial compliance for 18 months, that component is no longer required to report
- Four year period ending in June of 2020
- Can be extended at the end of the agreement for six month periods or for a period determined by the Mediator or Parties
- Agreement may be terminated by mutual agreement of the Parties
Areas in which the department has shown Partial Compliance

- Screening & Evaluation at R&E
- Number of male and female inmates accessing higher levels of Mental Health Care
- Access for segregated inmates to receive appropriate mental health treatment
- Ensuring inmate segregation cells are clean and at the appropriate temperatures
- Eliminating the disproportionate use of force against inmates with mental illness
Areas in which the department has shown Partial Compliance (cont’d)

- Increase Psychiatrist involvement in treatment planning and treatment team
- Require higher degree of accountability for clinicians responsible for completing and monitoring the MARs
- Review the reasonableness of times scheduled for pill lines
- Locate CI cells in health-care settings
- Increase access to showers for inmates on crisis
- Provide clean and resistant suicide clothing for inmates on crisis
Noncompliance Areas

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

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

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

4. Implement the practice of continuous observation of suicidal inmates

5. Provide access to confidential meetings with mental health counselors, psychiatrists, and psychiatric nurse practitioners for CI inmates
Suicide Prevention
National Suicide Prevalence

Bureau of Justice Statistics

- The suicide rate in local jails (47 per 100,000 inmates) was over 3 times the rate in State prisons (14 per 100,000 inmates).

- Violent offenders in both local jails (92 per 100,000) and state prisons (19 per 100,000) had suicide rates over twice as high as those of nonviolent offenders (31 and 9 per 100,000 respectively).
SC Suicide Prevalence Data

Suicide Facts & Figures:
South Carolina 2018*

On average, one person dies by suicide every 11 hours in the state.

Nearly twice as many people die by suicide in South Carolina annually than by homicide.
The total deaths to suicide reflect a total of 15,572 years of potential life lost (YPLL) before age 65.

Suicide cost South Carolina a total of $748,610,000 of combined lifetime medical and work loss cost in 2010, or an average of $1,175,213 per suicide death.

10th leading cause of death in South Carolina

2nd leading cause of death for ages 15-34
4th leading cause of death for ages 35-54
8th leading cause of death for ages 55-64
16th leading cause of death for ages 65 & older

Suicide Death Rates

<table>
<thead>
<tr>
<th></th>
<th>Number of Deaths by Suicide</th>
<th>Rate per 100,000 Population</th>
<th>State Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Carolina</td>
<td>815</td>
<td>15.65</td>
<td>23</td>
</tr>
<tr>
<td>Nationally</td>
<td>44,695</td>
<td>13.42</td>
<td></td>
</tr>
</tbody>
</table>

*Based on most recent 2016 data from CDC. Learn more at afsp.org/statistics.
SCDC Suicide Prevention Initiative

MUSC Forensic Psychiatry & Psychology Departments

- Develop meaningful & comprehensive database
- Establish predictive indicators and risk factors
- Work with SCDC to identify systemic opportunities for change implementation and staff & inmate training initiatives
Suicide Prevention Initiative

Systematic Corrective Actions:

- Housing alternatives (Safe Cells = suicide resistant) to address safety concerns
- Documentation Practices, Review of M-120’s, & Observation
- Inmates remaining on MH Caseload for additional observation period after attempt
- Routine Safety Cell inspections
- Face-to-Face assessment from qualified providers before inmates are released from suicide watch
- Sensitivity training for staff
- Restricted clinical staff from using “malingering” as primary clinical issue to prevent negative patient labeling
SCDC Suicide/Crisis Intervention

**Inmate Activity:**
- Inmate verbalizes, gestures, or attempts suicide or suicide ideation
- Inmate placed & remains on 1:1 observation by CO or may be by Inmate Mental Health Companion, augmented by camera, supervised by CO and MHO with suicide resistant mattress, smock or jumpsuit and blanket in suicide resistant safe cell
- Inmate remains on either 1:1 observation or 15-minute suicide watch, with supervision by CO with daily assessment by QMHP until sees psychiatry
- Inmate placed in setting determined by clinical need with location established by psychiatrist or discharged with periodic & ongoing follow-up by QMHP

**SCDC Staff Response:**
- CO or any staff may refer to CIT-trained CO, nurse or QMHP if on duty for assessment; if not on duty, place on 1:1 observation in “safe-cell” environment pending assessment by QMHP (usually RHU setting)
- Assessment by QMHP to determine whether need for continued placement on 1:1 direct observation or may be placed on 15-minute observation, pending evaluation by psychiatrist, psychiatric nurse practitioner and psychologist
- Psychiatrist determines need for ongoing crisis placement or release/return to housing or may refer to Crisis Stabilization Unit (BRCI for male; Camille CSU for female)
- Psychiatrist determines outcome and if released, ongoing monitoring established
BEHAVIORAL HEALTH SERVICES:
ADDICTION
RECOVERY
SERVICES
Addiction Recovery Services Mission

To identify, assess, and provide substance use programming opportunities that are educational and therapeutic.
Behavioral Health Collaborations

- RSAT Grant
- South Carolina DAODAS
- School of Medicine-Psychiatry
- College of Social Work
- South Carolina SCDC
- University of South Carolina
- wellpath
- Medical University of South Carolina
- SOAR Works
Addiction Recovery Needs

- 3,350 inmates need assessment/court-ordered treatment currently
- Approximately 320 ATU treatment beds (male and female) only
- Numbers do not include:
  - Inmates screened at R&E who score positive for having an active addiction
  - Inmates requesting substance use disorder services while incarcerated (self or staff referrals)
  - Inmates referred as a condition of parole
  - Inmates testing positive on drug screens in need of service
Female Substance Abuse Programs

Camille Graham Addiction Treatment Unit- HOPE

- 64-bed residential program with 6 being allocated to youthful offenders
- Adult Female Offenders
- 6 - 9 month gender-specific structured programming
Adult Male Substance Use Programs

Horizon Addiction Treatment Unit

- 256-bed residential program, located at Turbeville CI
- Males serving straight time and youthful offender sentences
- Six to twelve month structured program
- Addresses substance use, criminal thinking and other life skills issues
- Uses a Therapeutic Community Model treatment approach
- Court-ordered and conditionally-paroled offenders with identified substance use program needs are assigned priority admission status
SCDC Addiction Treatment Units (ATU)
FY 2014 - 2018

Inmates Admitted to ATU
Inmates Graduating from ATU
SCDC Female Addiction Treatment Units (ATU)
FY 2014 - 2018
SCDC Male Addiction Treatment Units (ATU)
FY 2014 - 2018

Inmates Admitted to ATU
Inmates Graduating from ATU
DAODAS COLLABORATION/GRANTS

Medication Assisted Therapy/Treatment for Pre-Release Program

- November 2017 – Present
- 2 Certified Peer Support Specialists, EXPANSION to 3, plus a Supervisor
- Sites = Kirkland, Manning Reentry, Turbeville, Allendale & Kershaw for males; Camille & Leath for females; accommodate other sites
- 645 patients screened for pre-release MAT eligibility
- 34 Naltrexone injections, 161 patients referred, EXPANSION to other drugs?
DAODAS COLLABORATION/GRANTS

Training of Inmate Certified Peer Support Specialists (to expand addiction services programs within SCDC)

- 2 classes to date: male class of 18 (Allendale); female class of 25 (Camille) of initial plan for 100 inmates
- Inmate CPSS of 43 deployed to Turbeville (4), Manning (4), Allendale (8), Lieber (2), Leath (14 female) & Camille (9 with 2 already released)
- Total inmate CPSS to be trained now increased to 150 with grant EXPANSION, with evidence-based programming, supervision and training
- EXPANSION from addiction recovery to include mental health
Who is a certified Peer Support Specialist (CPSS)?

A Peer Support Specialist Is Someone Who:

- Is in long-term recovery from substance use and/or mental illness and has the willingness to use their lived experiences to encourage, empower, and educate

DAODAS/SCDC CPSS Requirements:

- One or more years of active Recovery
- Complete DAODAS/SC FAVOR certification training
- Cannot be under supervision by Probation, Pardon, or Parole
DAODAS COLLABORATION/GRANTS

Naloxone (Narcan) Training for SCDC Staff (to prevent opioid OD)

- T4T of SCDC staff by DHEC LEON staff through DAODAS grant
- Number of SCDC staff from facilities, bus terminal, police service, security division, and training academy = 120+
- DAODAS/DHEC will provide the naloxone for each location, approximately 320 doses and replenishment
- SCDC finalizing agency policy and to initiate staff CO training
Drug and alcohol centers, establish.  
Deliverable 29

Components

- General Assembly has not appropriated funds to establish centers.
- Construct one or more alcohol and drug rehabilitation centers before January 1, 1997.
- Work with Dept. of Alcohol and Other Drug Abuse Services (DAODAS) to develop standards, policies, and procedures for operation of the alcohol and drug rehabilitation center, including but not limited to counseling and discipline.
- Allow DAODAS to provide alcohol and drug abuse intervention, prevention, and treatment services for offenders sentenced to a center for alcohol and drug rehabilitation.
- Maintain security of inmates in alcohol and drug rehabilitation centers.
- Submit monthly reports to general sessions court about the availability of bed space in alcohol and drug rehabilitation centers.

Performance Measures
Deliverables 29.0, 29.1, 29.2, 29.3, 29.4, 29.5
Drug and Alcohol Center, Establish.
Deliverable 29

**Customers**
- ✓ Know # of potential customers
- ✓ Know # of customers served
- X Evaluate customer satisfaction
- ✓ Evaluate outcomes

**Costs**
- X Know cost per unit to provide
- X Law allows charging customer

**Greatest potential harm**
- Recidivism and potential death by overdose of untreated inmates.

**Recommendations to General Assembly**
- Gain a greater understanding of the impact of the opioid and other drug epidemic within corrections and society and the favorable impact of treatment on decreasing recidivism. More mandated community diversion substance use treatment programs and more drug courts to provide alternative sentencing opportunities.
2018 INNOVATIONS/INITIATIVES/COLLABORATIONS

- Hepatitis C Litigation – Collaboration with DHEC & DHHS
- Telehealth Partnerships – Collaboration with MUSC & USC
- Medical Furlough/Medical Parole – Coordination with DPPP
- Planning Collaboration with DHEC “Best Chance Network” for Cancer Screening
- SOAR grant for SSI/SSDI application for those mentally ill inmates releasing from SCDC at risk for homelessness – grant with DMH
- RSAT funding through DPS for addiction recovery positions increasing
- DAODAS and three separate initiatives: 1) MAT, 2) CPPS, 3) Narcan
Telehealth Initiatives/Partnerships

- Partnership with USC/Prisma – Dept of Commerce Grant
  - Initial Focus on Camille Graham for Females
  - Intake Exam for all Women
  - Primary Care
  - Expansion to Specialty Services
  - Research Project for Rural Health

- Partnership with MUSC
  - Specialty Care – Urology, Neurology, Other
  - Primary Care – R&E, Infirmary Rounds
  - Emergency Department Avoidance

- Telepsychiatry – Internal SCDC
Electronic Health Record
EMR Project = NextGen

Prior to Implementation of NextGen

- SCDC used paper records and an antiquated system called BlueZone, which is considered an AMR with the combination of paper.

Project Origination

- System purchased on December 18, 2015 = NextGen
- March 2017 – pilot launched at Camille and Leath; Female facilities selected due to being a smaller, closed system

System Migration

- May 2018 - Full system migration initiated;
- June through October 2018 – Completion of Facility Conversions
Health Record Information Received from County Jails (Current Status)

- Several large county jail systems reliably send health record information:
  ~ Greenville Co. Detention Center
  ~ Charleston Co. Detention Center
  ~ Richland Co. Detention Center
  ~ Cherokee Co. Detention Center
  ~ Spartanburg Co. Detention Facility
  ~ Anderson Co. Detention Center

- This amounts to approximately 35% of inmate intake at Reception and Evaluation (R&E)

- Request Legislature assist by making it a requirement for county jails to send health record information with inmates as they are sent for commitment to SCDC

- SCDC to define the data element set needed
eZmar Application (Medication Administration Record)

- Web-based, application integrated with EMR
- Electronic recording of medication administration
- Provides reviewing of medication regimen, compliance, and history
- Manages automatic medication refill
Health Services Encounters by Type of Provider FY 2018

- Nursing: 52%
- QMHP/MH Tech: 30%
- Psychiatrist/MH Nurse Practitioner: 6%
- Dental: 3%
- Physician/Nurse Practitioner /Physicians Asst: 9%

450,053 TOTAL ENCOUNTERS
Questions
and/or
Comments