Department of Corrections Ad Hoc Subcommittee Meeting
Tuesday, August 27, 2019

Table of Contents

Contents

AGENDA

South Carolina
House of Representatives

Legislative Oversight Committee

DEPARTMENT OF CORRECTIONS AD HOC SUBCOMMITTEE
Chairman Edward R. Tallon Sr.
The Honorable Micajah P. "Micah" Caskey, IV
The Honorable Gary E. Clary
The Honorable Chandra E. Dillard
The Honorable Joseph H. Jefferson, Jr.
The Honorable Jeffrey E. "Jeff" Johnson
The Honorable Robert Q. Williams

Tuesday, August 27, 2019
10:30 a.m.
Room 110 - Blatt Building

Pursuant to Committee Rule 6.8, S.C. ETV shall be allowed access for internet streaming whenever technologically feasible.

AMENDED AGENDA

I. Approval of Meeting Minutes

II. Discussion of the study of the Department of Corrections

III. Adjournment

MEETING MINUTES

Legislative Oversight Committee

South Carolina House of Representatives

Post Office Box 11867
Columbia, South Carolina 29211
Telephone: (803) 212-6810 • Fax: (803) 212-6811
Room 228 Blatt Building

Department of Corrections Ad Hoc Subcommittee
Monday, August 26, 2019
10:30 a.m.
Blatt Room 110

Archived Video Available

I. Pursuant to House Legislative Oversight Committee Rule 6.8, South Carolina ETV was allowed access for streaming the meeting. You may access an archived video of this meeting by visiting the South Carolina General Assembly's website (http://www.scstatehouse.gov) and clicking on *Committee Postings and Reports*, then under *House Standing Committees* click on *Legislative Oversight*. Then, click on *Video Archives* for a listing of archived videos for the Committee.

Attendance

I. Ad hoc subcommittee Chairman Edward R. Tallon, Sr., calls the Department of Corrections Ad Hoc Subcommittee meeting to order on Monday, August 26, 2019, in Room 110 of the Blatt Building. The following members are present during all or part of the meeting: ad hoc subcommittee Chairman Tallon, Representative Gary E. Clary; Representative Micajah P. "Micah" Caskey, IV; Representative Chandra E. Dillard; Representative Joseph H. Jefferson, Jr.; Representative Jeffrey E. "Jeff" Johnson; and Representative Robert Q. Williams.

Minutes

I. House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of meetings. It is the practice of the Legislative Oversight Committee to provide minutes for its subcommittee meetings.

II. Representative Clary moves to approve the minutes from the prior Subcommittee meeting. A roll call vote is held, and the motion passes.

Rep. Clary moves to approve the minutes from the Subcommittee's August 12, 2019, meeting:	Yea	Nay	Not Voting (Absent)
Rep. Clary	✓		
Rep. Caskey	✓		
Rep. Dillard	✓		
Rep. Jefferson	✓		
Rep. Johnson	✓		
Rep. Tallon	✓		
Rep. Williams			✓

Discussion of the S.C. Department of Corrections

I. Ad hoc subcommittee Chairman Tallon explains a purpose of today's meeting is to receive information about the Legislative Audit Council's audit the Committee requested.

II. The Director of the Legislative Audit Council, Mr. K. Earle Powell, makes brief remarks to the ad hoc subcommittee. Deputy Director Marcia Lindsay introduces the audit team: Deputy Director Marcia A. Lindsay; Senior Auditor Courtney Phillips; Auditor Jacob Dominy, Auditor Trent Anderson, and Auditor Madison Esterle. Deputy Director Lindsay presents the audit. Topics the audit addresses include:

Chapter 1: Introduction and Background

Chapter 2: Correctional Officers (Cos) and Other Staff
- Recruitment
- Background Checks for Correctional Officers and Volunteers
- Correctional Officer Training
- Required Training for Contraband Control Officers Not Provided
- Off-Duty Training and Overtime Pay

Deputy Director Lindsay, and other auditor team members, respond to members' questions about the audit.

III. Ad hoc subcommittee Chairman Tallon reminds agency personnel previously sworn in that they remain under oath. Department of Corrections Director Bryan Stirling and other agency representatives make brief remarks pertaining to the agency's response to the audit. The agency's written response is appended to the audit. Director Stirling and other agency representatives respond to members' questions.

IV. The meeting is adjourned.

STUDY TIMELINE

The House Legislative Oversight Committee's (Committee) process for studying the S.C. Department of Corrections (agency, Department, or SCDC) includes actions by the full Committee; Department of Corrections Ad Hoc Subcommittee (Subcommittee); the agency; and the public. Key dates and actions are listed below.

Legislative Oversight Committee Actions

- May 3, 2018 - Holds **Meeting #1** to prioritize the agency for study
- May 9, 2018 - Provides the agency notice about the oversight process
- July 17 - August 20, 2018 - Solicits input about the agency in the form of an online public survey
- January 28, 2019 - Holds **Meeting #2** to obtain public input about the agency

Department of Corrections Ad Hoc Subcommittee Actions

- February 21, 2019 - Holds **Meeting #3** to discuss the agency's history; legal directives; mission; vision; general information about finances and employees; and agency organization
- March 21, 2019 - Holds **Meeting #4** to discuss the agency's operations unit
- May 14, 2019 - Holds **Meeting #5** to continue discussion of the agency's operations unit
- May 29, 2019 - Holds **Meeting #6** to continue discussion of the agency's operations unit
- June 4, 2019 - Holds **Meeting #7** to continue discussion of the agency's operations unit and to discuss the agency's police services unit
- June 18, 2019 - Holds **Meeting #8** to discuss the agency's programs, reentry, and rehabilitative services unit
- July 24, 2019 - Holds **Meeting #9** to continue discussion of the agency's programs, reentry, and rehabilitative services unit
- August 12, 2019 - Holds **Meeting #10** to continue discussion of the agency's programs, reentry, and rehabilitative services unit
- August 26, 2019 - Holds **Meeting #11** to receive presentation of the Legislative Audit Council audit requested by the Committee
- August 27, 2019 - (TODAY) Holds **Meeting #12** to discuss the agency's health services unit

Department of Corrections

- March 31, 2015 - Submits its **Annual Restructuring and Seven-Year Plan Report**
- January 12, 2016 - Submits its **2016 Annual Restructuring Report**
- September 2016 - Submits its **2015-16 Accountability Report**
- September 2017 - Submits its **2016-17 Accountability Report**
- September 2018 - Submits its **2017-18 Accountability Report**
- September 28, 2018 - Submits its **Program Evaluation Report**

Public's Actions

- July 17 – August 20, 2018 - Provides input about the agency via an **online public survey**
- Ongoing - Submits written comments on the Committee's webpage on the General Assembly's website (www.scstatehouse.gov)\

Figure 1. Key dates in the study process, May 2018 to present.

AGENCY SNAPSHOT

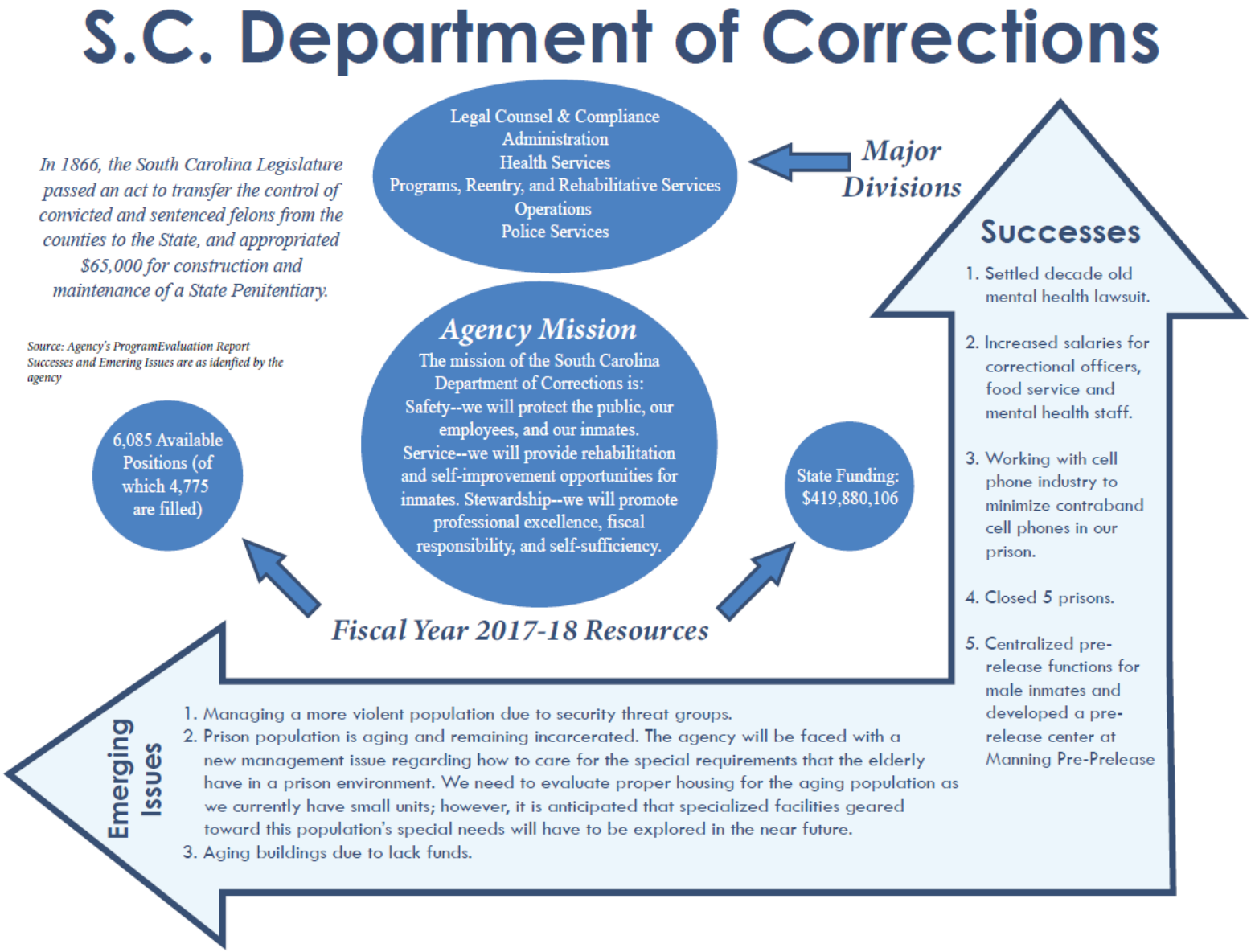


Figure 2. Snapshot of the agency's history, mission, major divisions, fiscal year 2017-18 resources (employees and funding), successes, and emerging issues.[1]

SECURITY LEVELS AND HOUSING TYPES

Housing Types

General - Beds for inmates not designated/requiring "special" supervision and/or service

Restrictive - Beds for inmates designated/requiring "special" supervision such as crisis intervention, deathrow, hospital, maximum custody, mental health, protective custody, pre-hearing detention, security detention, safekeeper, and temporary holding (transient)

Program - Beds for inmates specific locations for program participation such as assisted living, addictions treatment, Educational Finance Act eligible inmates, habilitation, handicap, Youthful Offender Act programs, reception/evaluation, shock incarceration, transitional care, HIV therapeutic, and sex offender treatment.

Table 1. Agency facilities, security levels, location, and warden.

Facility	Security Level	Location	Warden
Region 1 - Joseph "Tony" Stines, Director			
Palmer PRC	1A	Florence	Joseph McFadden
Allendale CI^	2	Fairfax	McKendley Newton
MacDougall CI	2	Ridgeville	Edsel Taylor
Ridgeland CI	2	Ridgeland	Levern Cohen
Turbeville CI	2	Turbeville	Richard Cothran
Lee CI	3	Bishopville	Aaron Joyner
Lieber CI	3	Ridgeville	Randall Williams
Region 2 - Joel Anderson, Director			
Livesay PRC	1A&B	Spartanburg	George Dodkin
Evans CI^	2	Bennettsville	Donnie Stonebreaker
Tyger River CI	2	Enoree	Barry Tucker
McCormick CI	3	McCormick	Charles Williams, Jr.
Perry CI	3	Pelzer	Scott Lewis
Leath CI (Female)	3	Greenwood	Patricia Yeldell
Camille Graham CI (Female)	3	Columbia	Marian Boulware
R&E (Female)			
Region 3 - Wayne McCabe, Director			
Goodman CI	1B	Columbia	Jannita Gaston
Manning Reentry/Work Release Center	1B	Columbia	Lisa Engram
Kershaw CI^	2	Kershaw	Kenneth Nelsen
Trenton CI	2	Trenton	Terrie Wallace
Wateree River CI	2	Rembert	Donald Beckwith
Broad River CI	3	Columbia	Michael Stephan
Kirkland R&E	3	Columbia	Willie D. Davis
Infirmary			
CI - Max			
Gilliam Psychiatric Hospital			

Security Levels

Level 1 (Minimum) – *Level 1A* - For non-violent inmates within 36 months of release. Housing is mainly open areas with bunk beds (no partitions or cubicles). Perimeters are unfenced. These units are work and program oriented, providing intensive specialized programs that prepare the inmates for release to the community. *Level 1B* - For inmates with relatively short sentences or time to serve. Housing is mainly cubicles with two bunk beds/cubicle. Perimeters are unfenced. Operational procedures at Level 1-B facilities impart a higher level of security compared to level 1-A facilities.

Level 2 (Medium) - Housing is primarily double bunk, cell type with some institutions having double-bunk cubicles. Perimeters are single fenced with electronic surveillance. Level 2 institutions provide a higher level of security than level 1 facilities.

Level 3 (Max) - For violent offenders with longer sentences, and inmates who exhibit behavioral problems. Housing is single and double cells. Perimeters are double-fenced with extensive electronic surveillance. Inmates are closely supervised with their activities and movement highly restricted

Table Notes: (1) CI means Correctional Institution; (2) PRC means Pre-Release Center; (3) R&E means Reception and Evaluation Center; and (4) A carat (^) indicates institutions converted from Level 3 to Level 2 – Evans CI on June 1, 2005; Kershaw CI on February 28, 2003; Allendale CI on April 9, 2003

HEALTH SERVICES PRESENTATION

SOUTH CAROLINA
DEPARTMENT OF CORRECTIONS

Office of the Deputy Director of Health Services
Terre K. Marshall, MPH, CCHP-A

August 27 , 2019

House Legislative Oversight Committee

Table of Contents

Table of Contents (cont'd)

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:

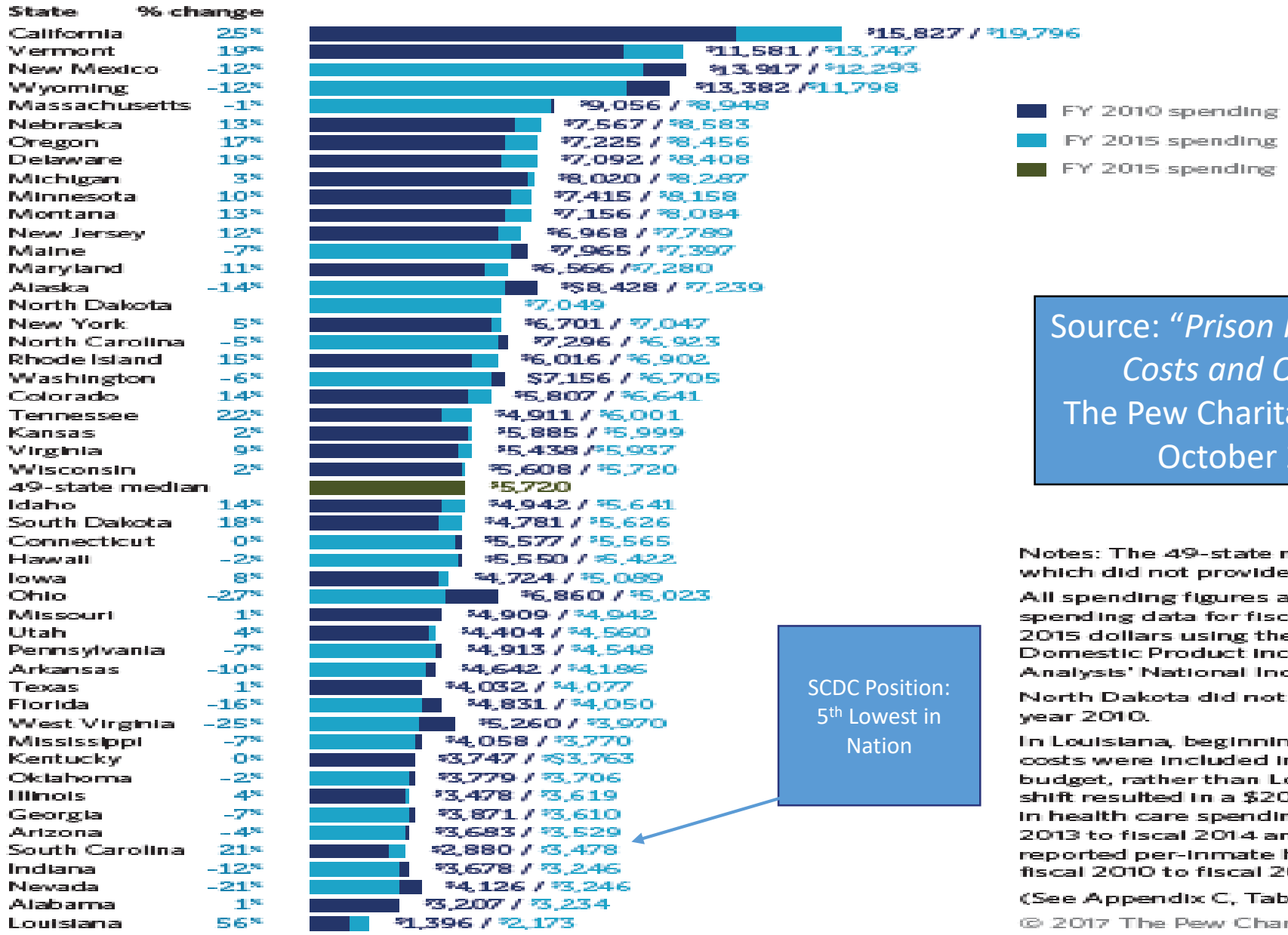
- Medical, Dental, Mental Health/Psychiatric, Substance Use Disorder Treatment & Sex Offender Treatment services throughout the SCDC state-wide system
- Daily operations of the Health Services staff at all 21 correctional institutions
- Operations of the SCDC Central Pharmacy & Central Laboratory
- Management of health services contracts and claims for outside community health services (hospitalization, specialty physician services, etc.)

HEALTH SERVICES COSTS & RELATED ISSUES

Figure 2

Per-Inmate Spending on Prison Health Care Varied Greatly

Magnitude and change by state, FY 2010–15



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

SCDC Position: 5th Lowest in Nation

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

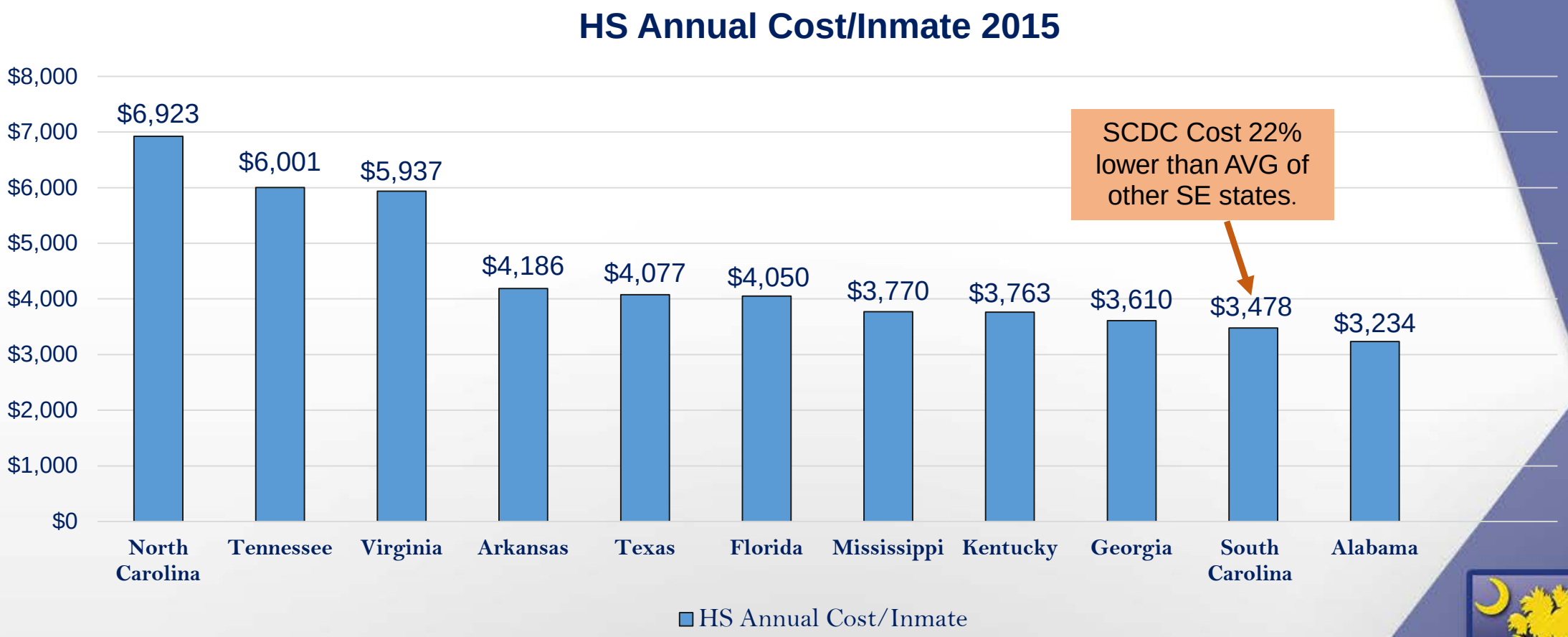
All spending figures are in 2015 dollars. Nominal spending data for fiscal 2010–15 were converted to 2015 dollars using the Implicit Price Deflator for Gross Domestic Product included in the Bureau of Economic Analysis' National Income and Product Accounts.

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 Correction's 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 2015.

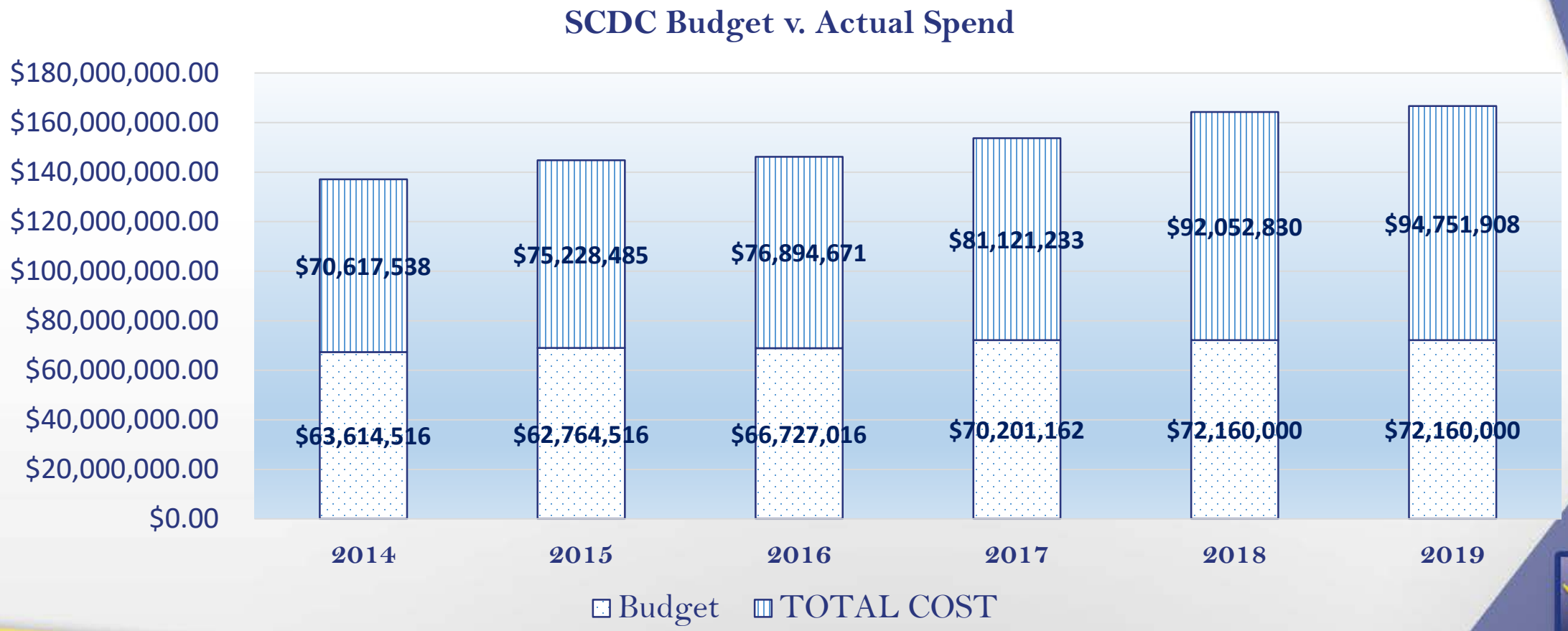
(See Appendix C, Table C.3 for state data.)

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

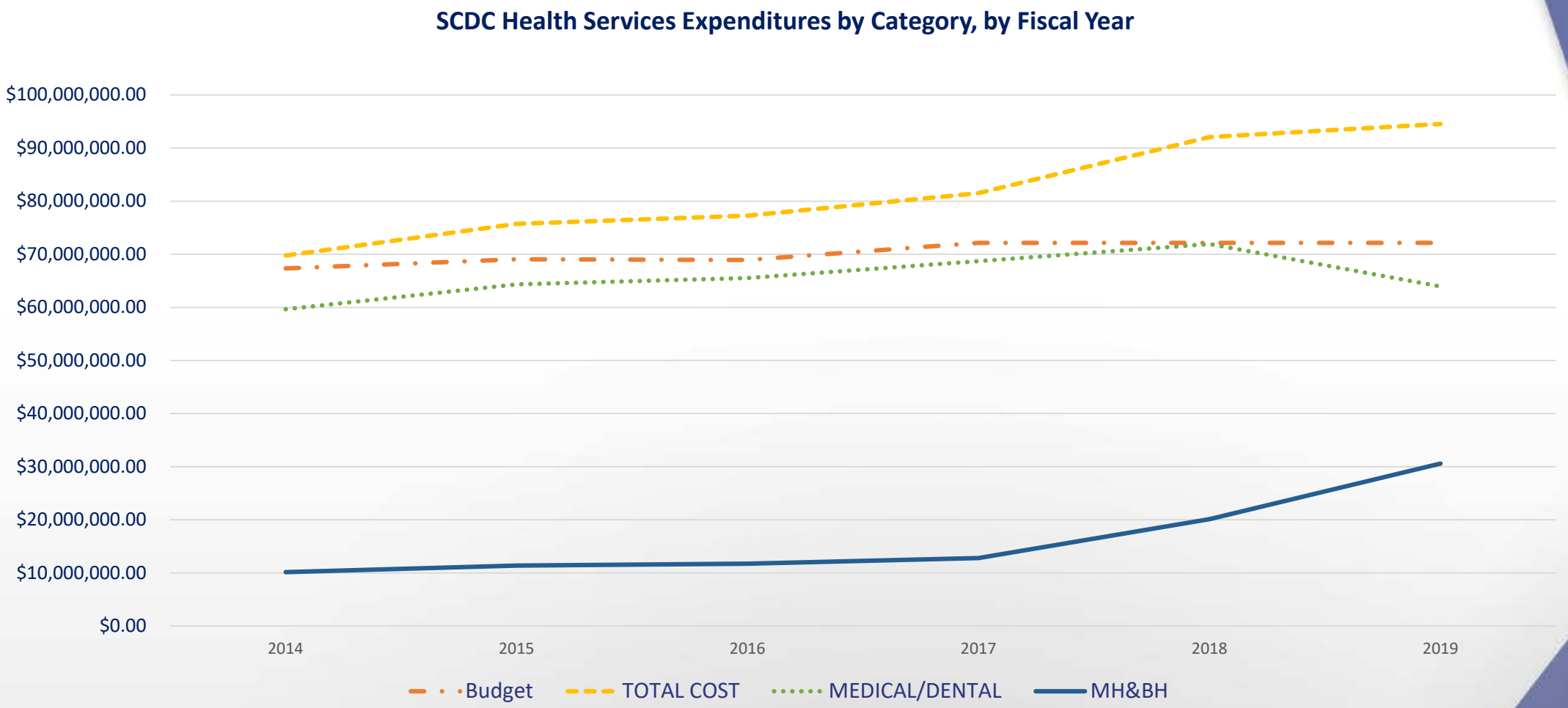


Taken from Pew Charitable Trusts report "*Prison Health Care: Costs and Quality*"
Published 2017 (data from 2015)

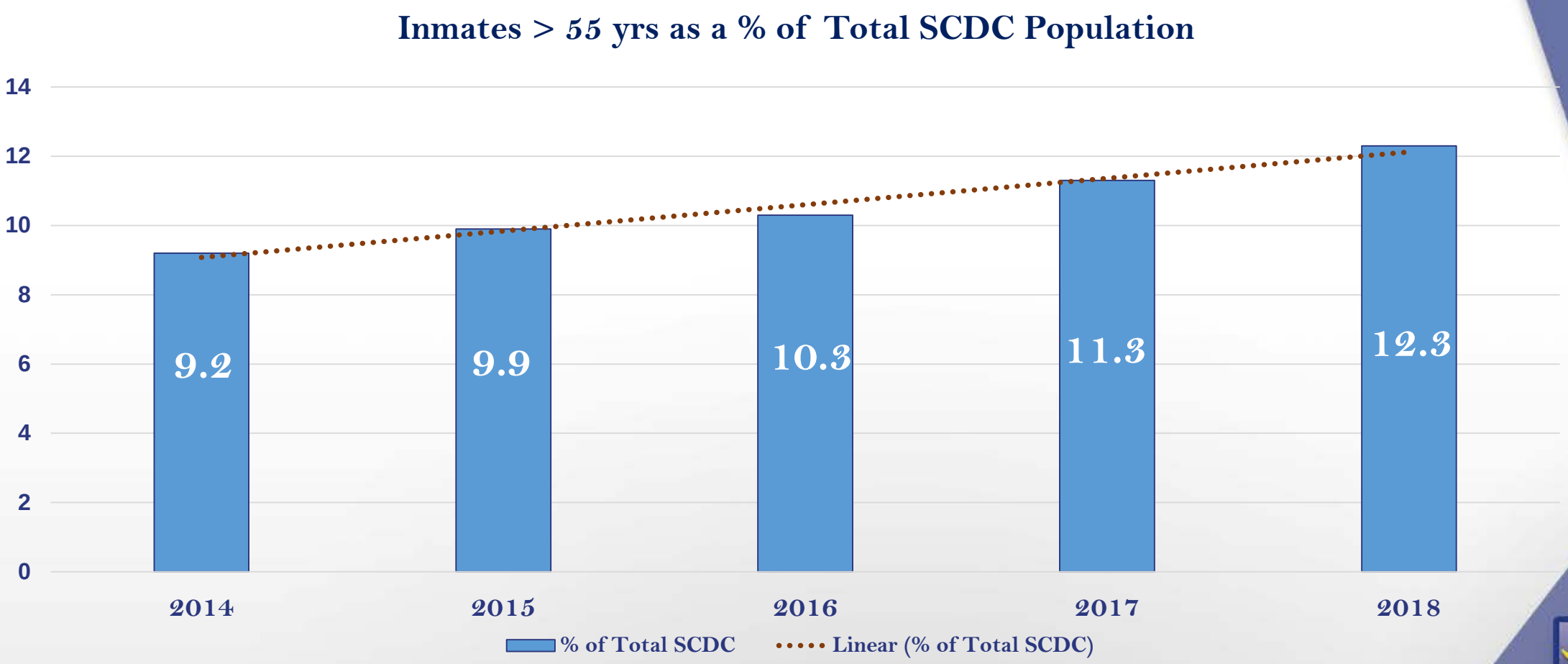
SCDC HS Budget v. Actual Spent 2014 – 2019



SCDC HS Spent by Category, by Fiscal Year

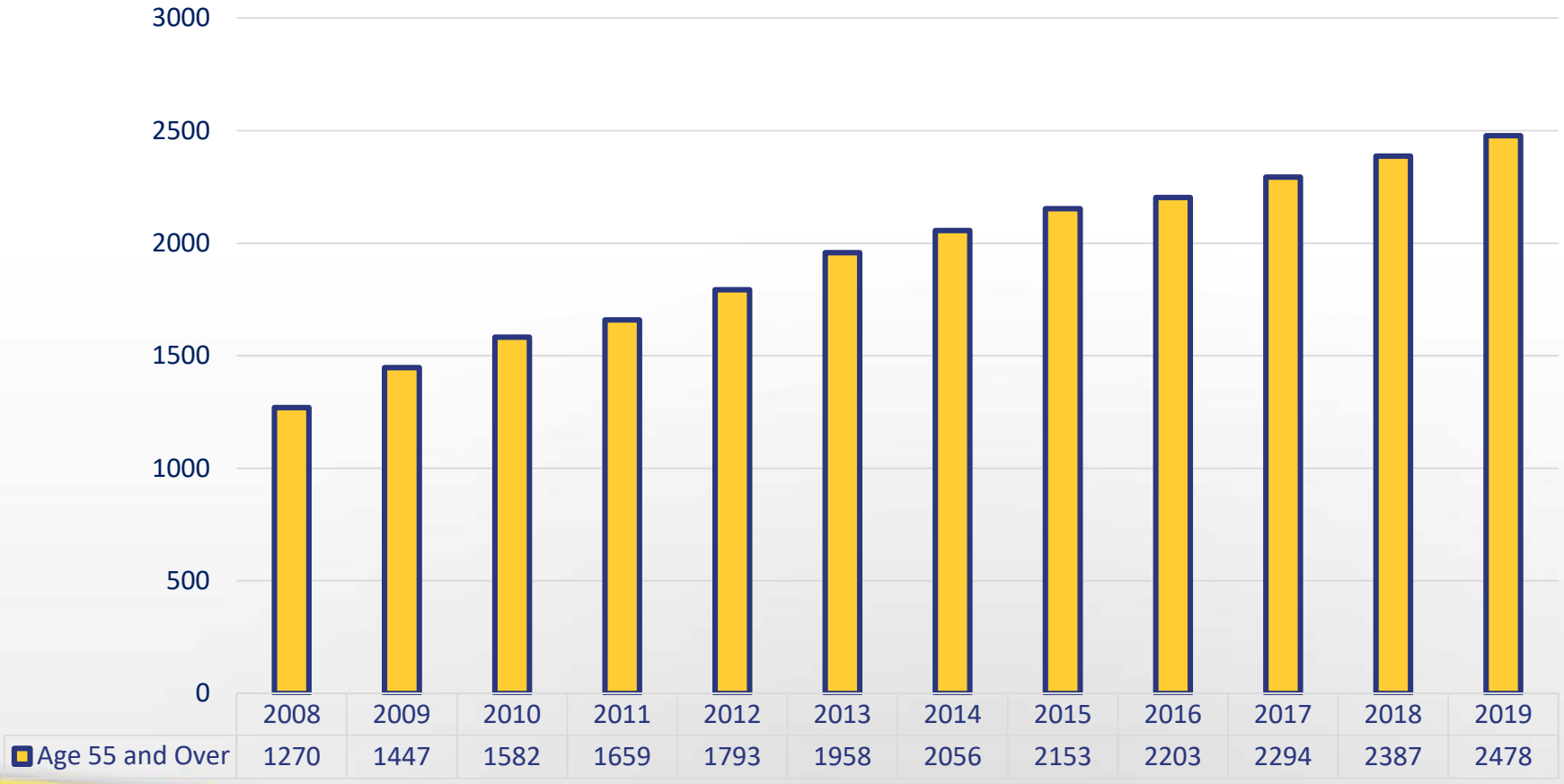


The Aging of the Inmate Population



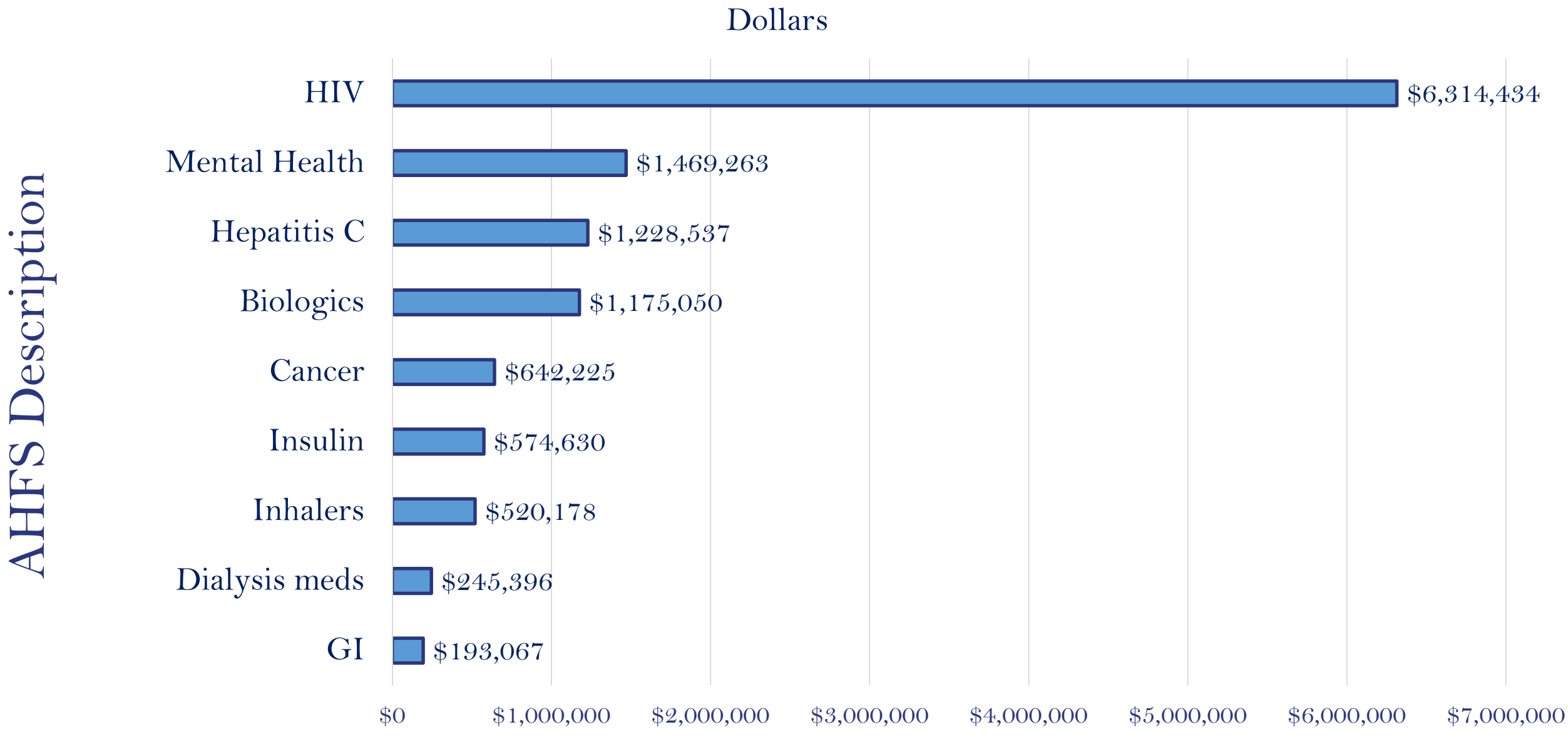
SCDC Aging Inmate Population

Age 55 and Over

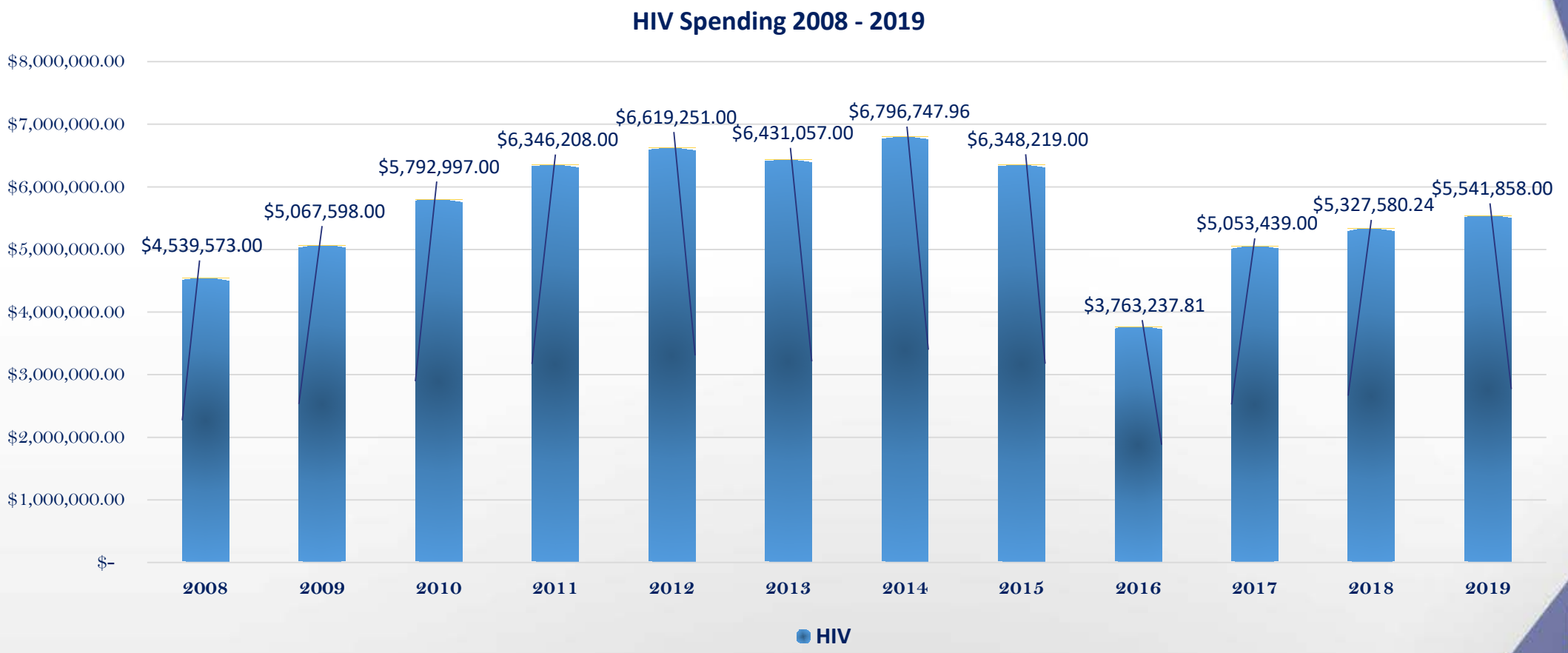


	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Age 55 and Over	1270	1447	1582	1659	1793	1958	2056	2153	2203	2294	2387	2478

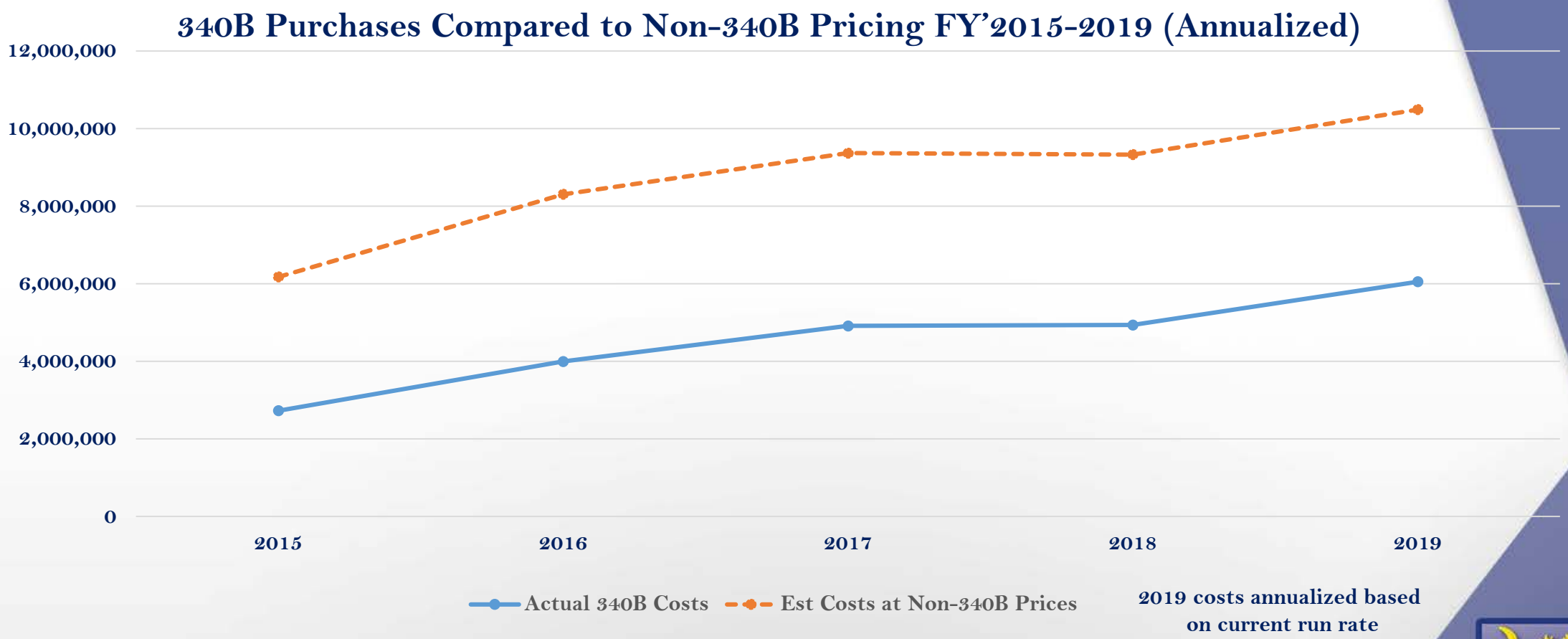
Financial Impact by Type of Medication - 2018



SCDC Pharmacy Expenditures for HIV 2008 – 2019

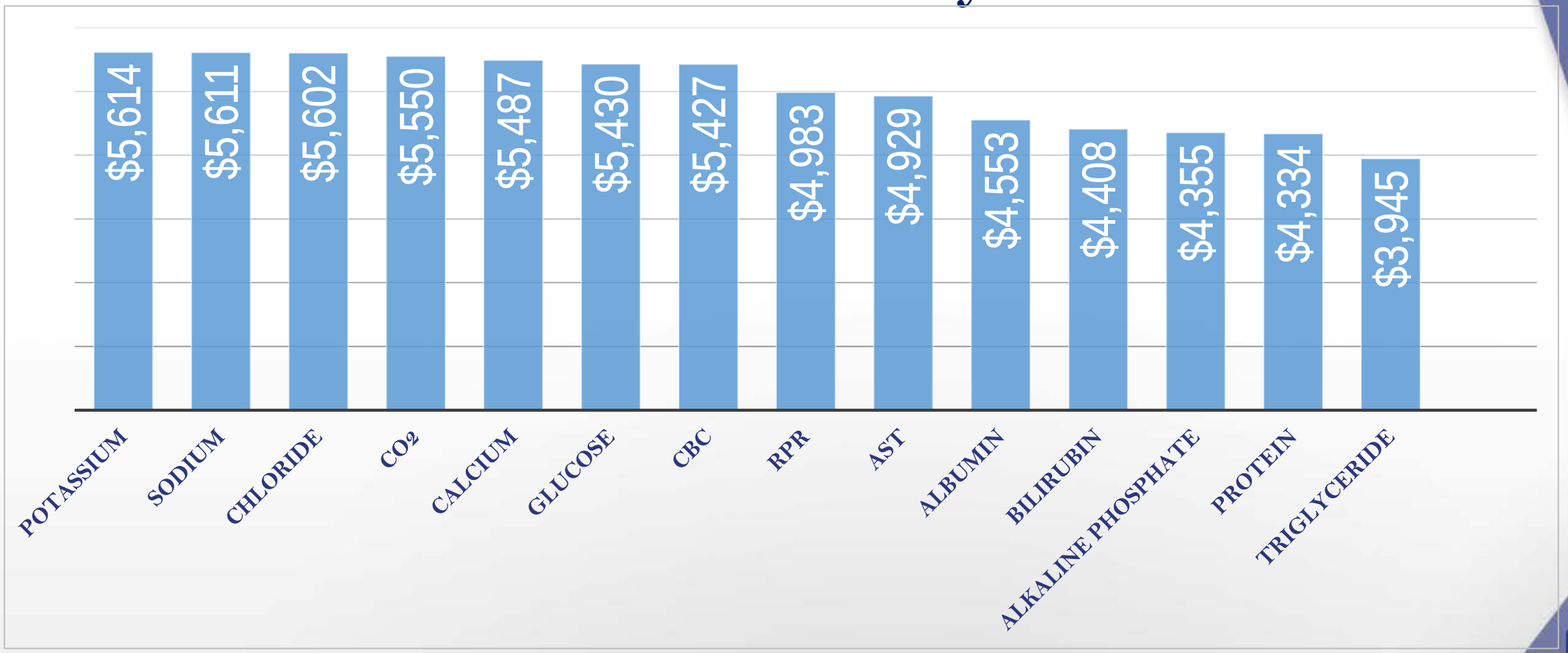


Cost Avoidance Attributable to 340B Drug Buying Program (Contract with DHEC)

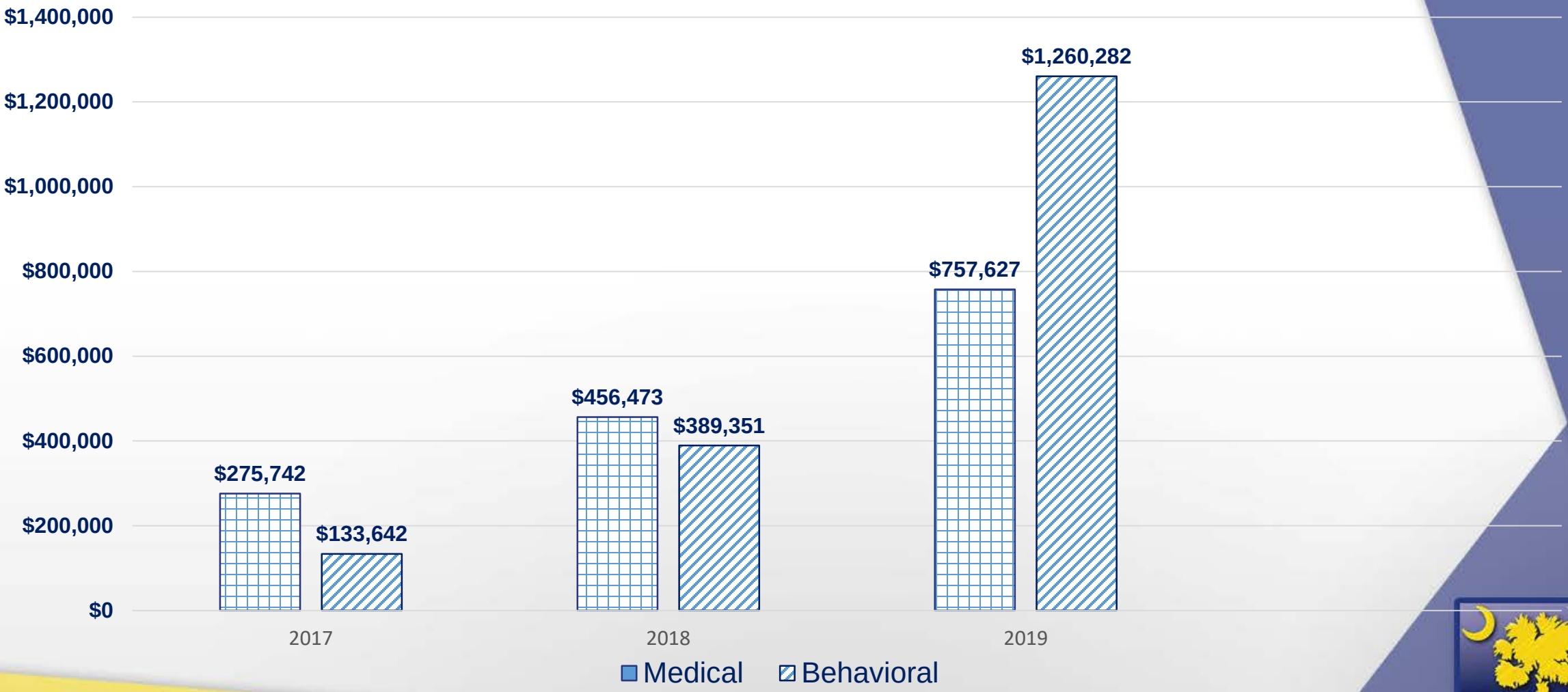


Total Cost Avoidance 2015 – 2019 for 340B Purchases = $21,121,832

Top Fifteen (15) High Volume Tests Performed Annually



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

Required
SC Code 24-1-130
SC Proviso 65.16, 6,65.8

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.

INMATE COPAY: Don't charge inmates for mental health treatment per proviso.

Required
SC Proviso 65.8
(2018-19)

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

None

Recommendations to General Assembly

No action necessary.

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

Allowed
SC Proviso 65.8
(2018-19)

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

Required
SC Proviso 65.8
(2018-19)

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.

Information About Inmates Who Receive Social Security Insurance, Provide to the Social Security Administration

Required
SC 65.7 (2018-19)

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

Allowed
S.C. Code Section 24-21-715(B)

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

Greatest potential harm

Increased costs as medical parole and furlough release reduce monetary cost to State of South Carolina and to agency due to high medical bills

Performance Measures 3,5,6,7,8 ,21& 27

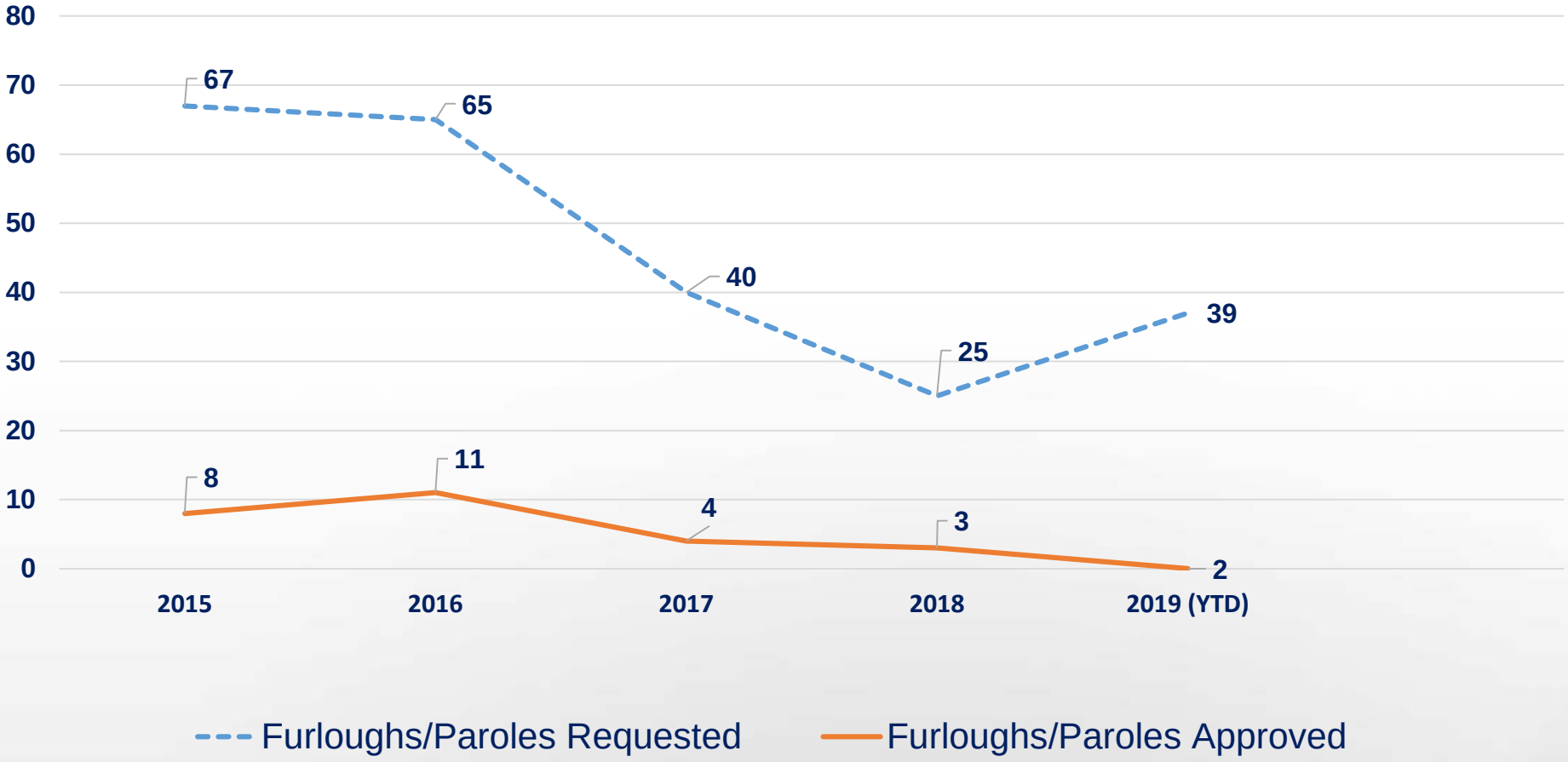
Deliverable 15.1

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)

Medical Furlough/Paroles Requested vs. Granted 2015-2019



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

Required
SC Code 24-9-35

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

Required
SC Code 24-9-35

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

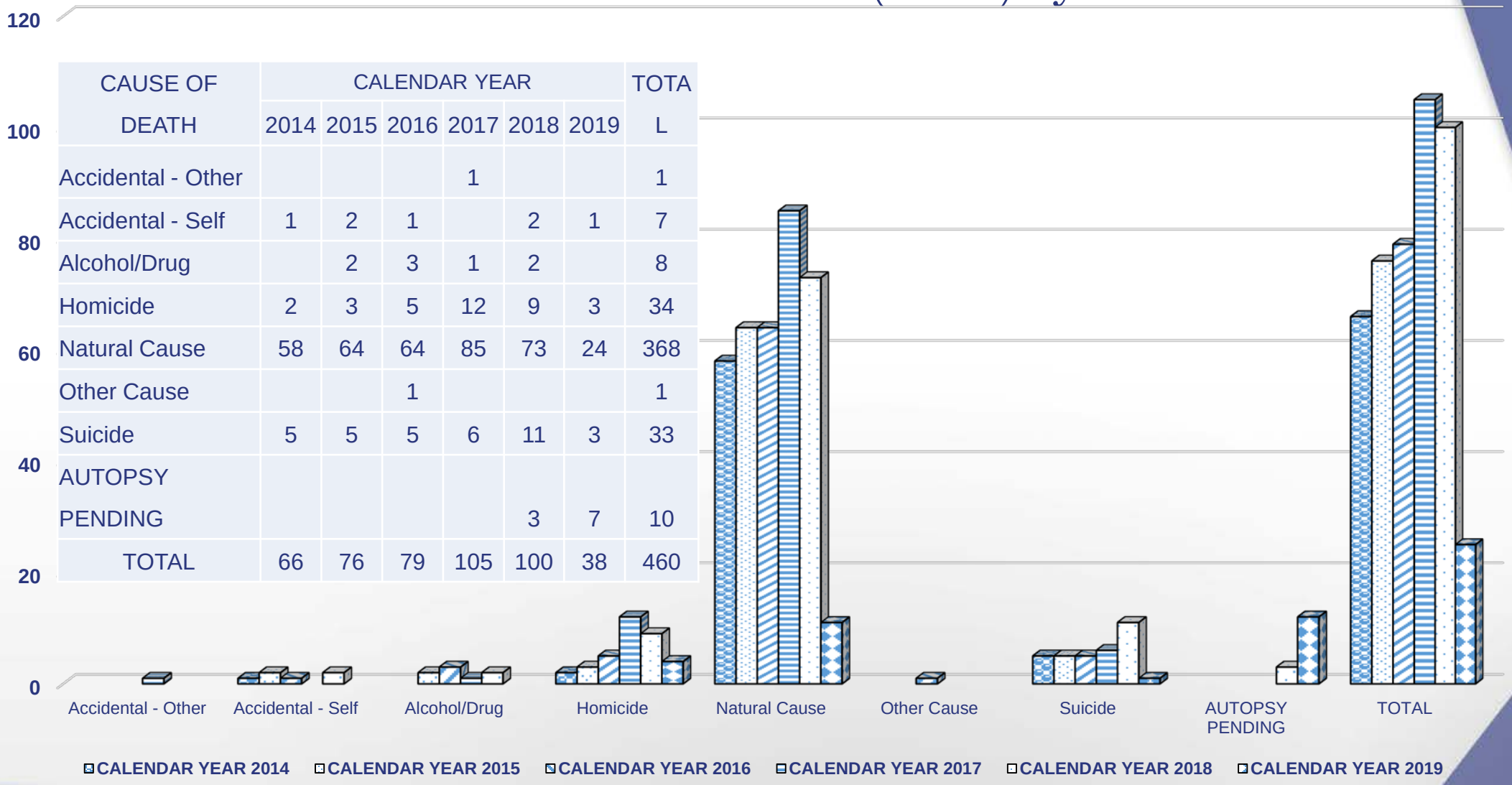
Opens Agency to unnecessary lawsuits from inmate families concerning their perished loved ones.

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

CAUSE OF DEATH	CALENDAR YEAR						TOTAL
	2014	2015	2016	2017	2018	2019	
Accidental - Other				1			1
Accidental - Self	1	2	1		2	1	7
Alcohol/Drug		2	3	1	2		8
Homicide	2	3	5	12	9	3	34
Natural Cause	58	64	64	85	73	24	368
Other Cause			1				1
Suicide	5	5	5	6	11	3	33
AUTOPSY PENDING					3	7	10
TOTAL	66	76	79	105	100	38	460



*Cause of death is determined by the Coroner

HEALTH SERVICES STAFFING

Physical Health Services Staffing by Program/Discipline

(source: SCDC "Medical Personnel Report 7/22/2019" – not all inclusive)

Position Type	# of Positions	# of Vacancies	% Vacant
Nurse Admin/Manager	28	4	14%
Head Nurse	17	1	6
Physicians	14	1	7%
Physicians Assistants	3	0	0
Nurse Practitioners	17	4	24%
RN	139	51	36%
LPN	107	45	41%
Paramedic	20	15	75%
CNA	41	9	22%
Medical Records	3	0	0
Dentists	7	1	14%
Dental Assistants	13	1	6%
Laboratory Technologist	5	1	20%

Behavioral Health Services Staffing by Program/Discipline

Source - MH Oversight Vacancy Report- As Dictated by the Mental Health Settlement Agreement - July 22, 2019

Position Type	# of FTEs	Filled	# of Vacancies	% Vacant
Psychiatrist	16	16	0	0%
Psychologist	4	4	0	0%
QMHPs	112	71	41	36.6%
Mental Health Officers*	30	30	0	0%
Activity Therapist Supervisor	1	1	0	0%
Activity Therapist	3	3	0	0%
Health Services Recruiter	1	1	0	0%
Administrative Support	9	9	0	0%
Addiction Recovery Services (Not part of MH Settlement)	36	30	5	17%

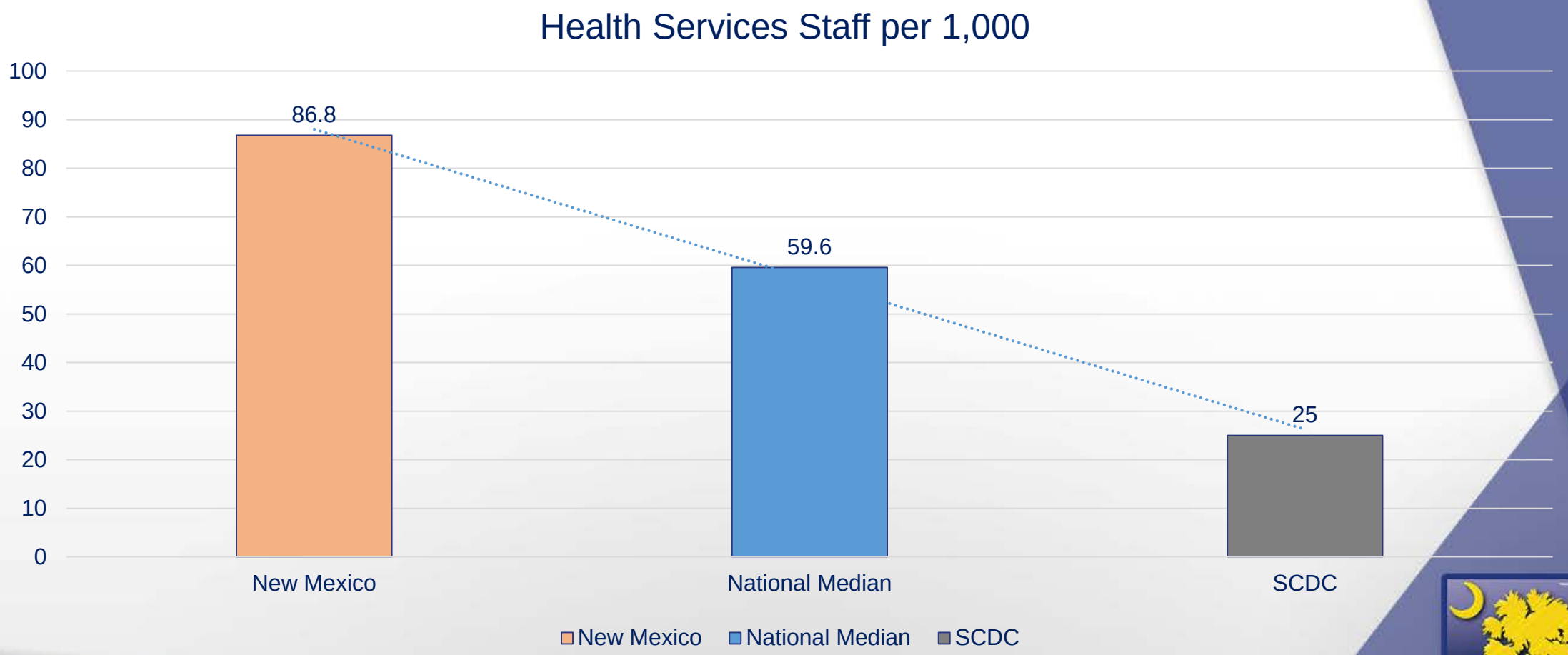
The Pew Trusts Reports 2015
Health Care Staffing per Inmate

- 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

Based on Pew Charitable Trust Report "Prison Health Care, Costs and Quality" (2015)

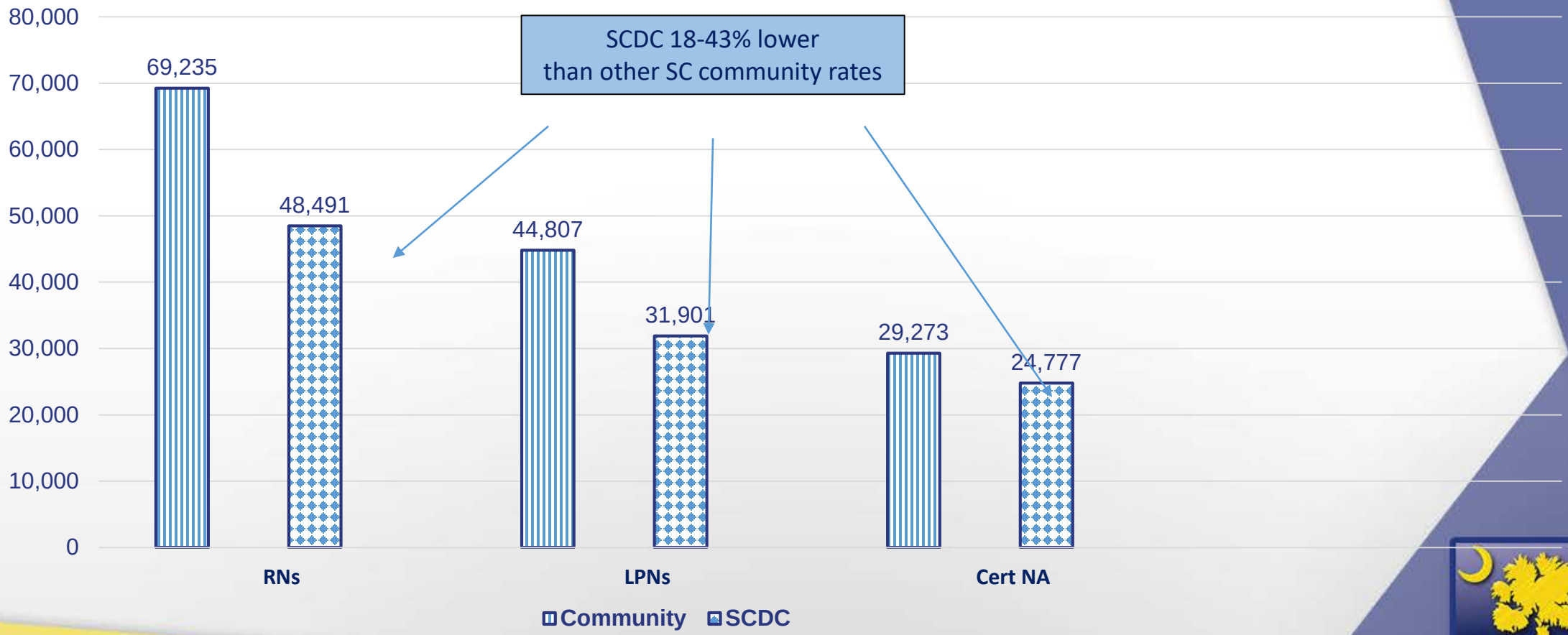
The Pew Trusts Reports 2015
Health Care Staffing per Inmate

Based on Pew Charitable Trust Report "Prison Health Care, Costs and Quality" (2015)



SCDC staffing ratio is 58% lower than the national median staffing ratio.

COMPARISON OF ANNUAL SALARIES FOR SCDC AND COMMUNITY RESOURCES



Community 43% higher for RNs, 40% higher for LPNs, and 18% higher for CNAs

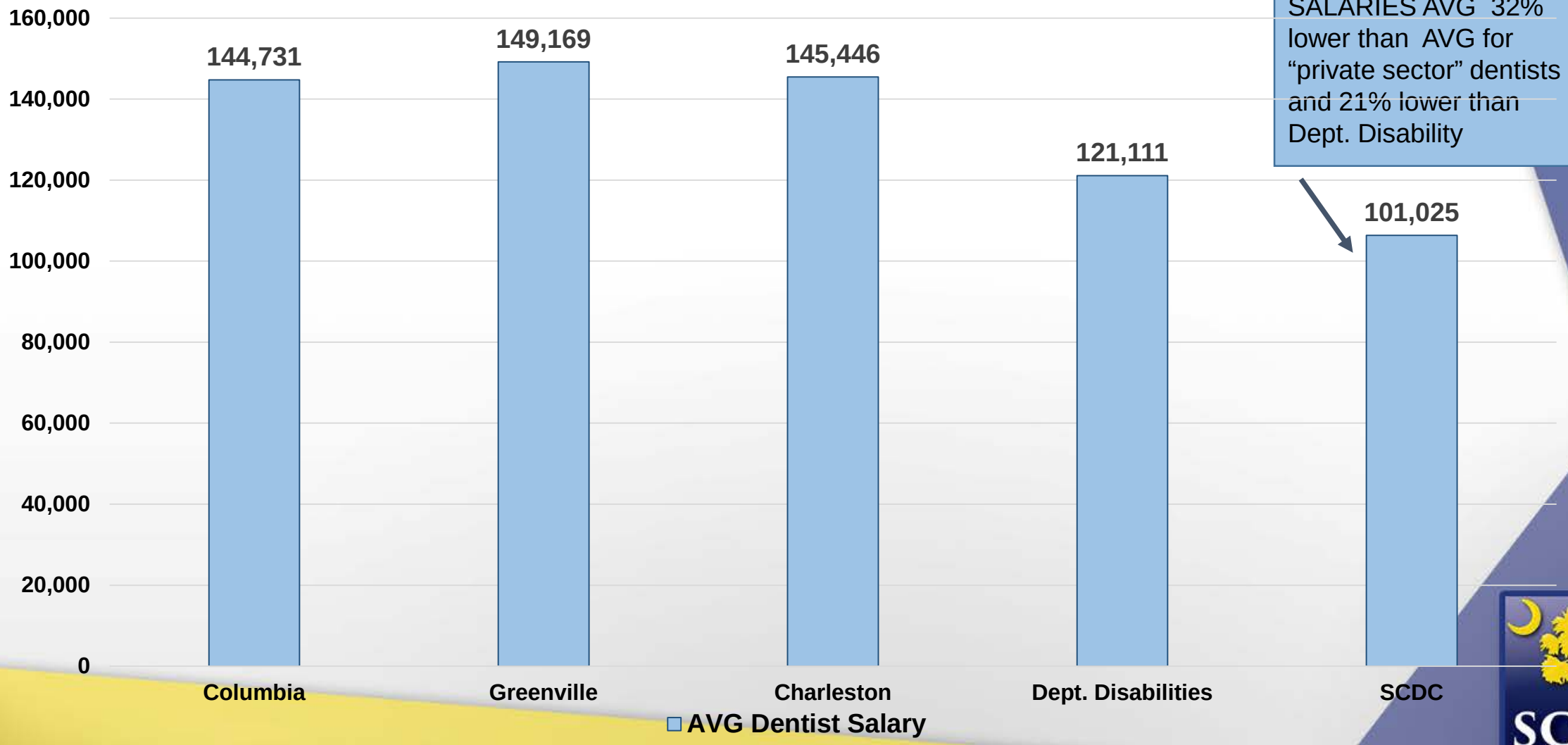
ANNUAL SALARIES FOR SCDC BEHAVIORAL HEALTH PROFESSIONAL AND VACANCY PERCENTAGE

Mental Health Oversight Report 8/18/19

Discipline	Salary	Mental Health Lawsuit
Psychiatrist	$255,000	0%
Psychologist	$122,400	0%
Qualified Mental Health Professionals	$48,960/$53,040	36.6%
Mental Health Officers (of 44)	$36,860	0%

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

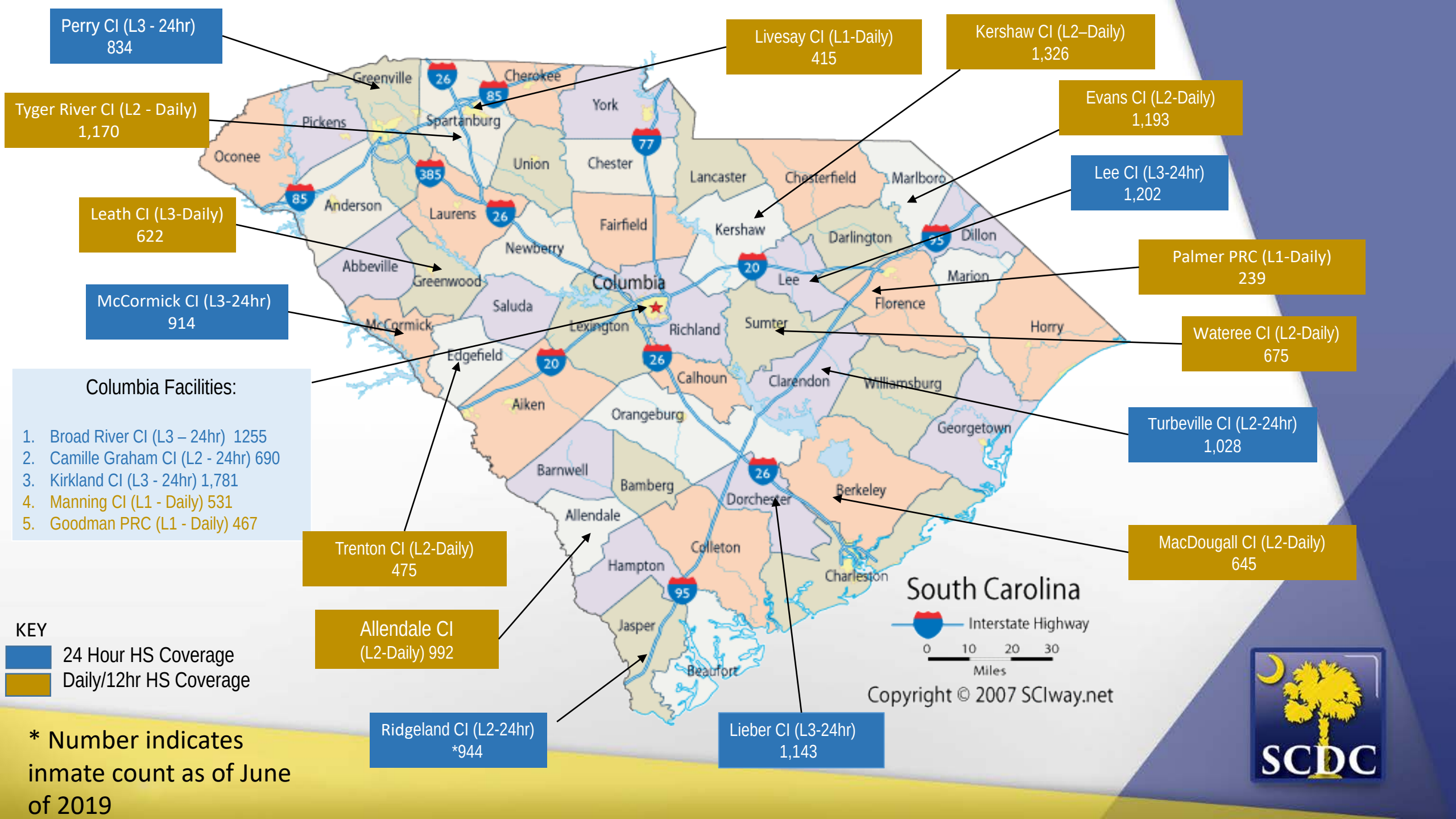
Goal 1: Improve the ability to timely recruit, retain, onboard & train qualified health & behavioral health professionals across all disciplines throughout SCDC

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

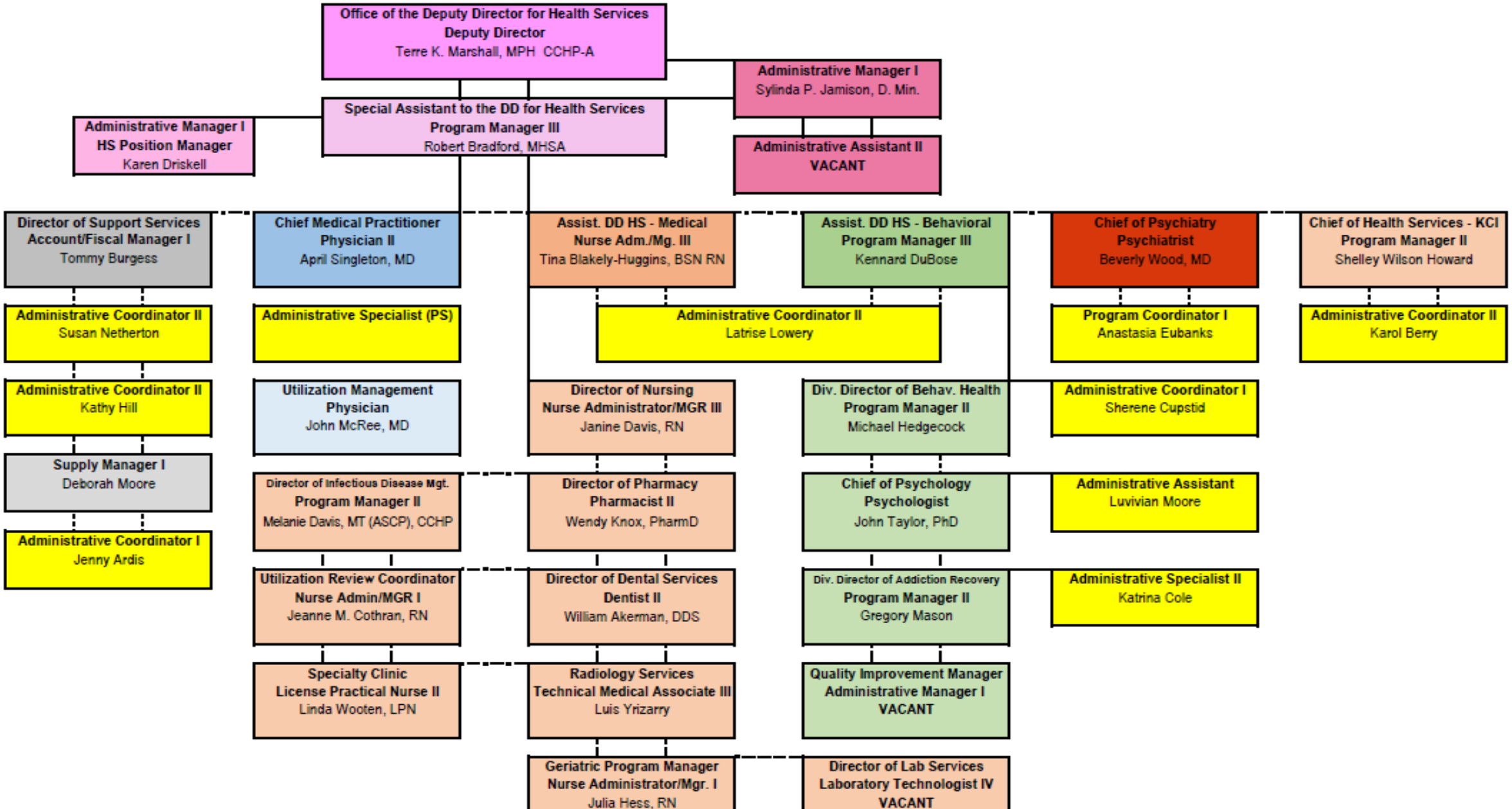
Goal 4: Establish an "Inmate Health Plan" for individuals incarcerated within SCDC to include affirmative, definitive guidelines for management of all levels of necessary health/behavioral health services to include addiction recovery & sex offender treatment

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


Perry CI (L3 - 24hr)
834
Livesay CI (L1-Daily)
415
Kershaw CI (L2–Daily)
1,326
Tyger River CI (L2 - Daily)
1,170
Evans CI (L2-Daily)
1,193
Lee CI (L3-24hr)
1,202
Leath CI (L3-Daily)
622
Palmer PRC (L1-Daily)
239
McCormick CI (L3-24hr)
914
Wateree CI (L2-Daily)
675
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
Turbeville CI (L2-24hr)
1,028
Trenton CI (L2-Daily)
475
MacDougall CI (L2-Daily)
645
Allendale CI
(L2-Daily) 992
Ridgeland CI (L2-24hr)
*944
Lieber CI (L3-24hr)
1,143
KEY
24 Hour HS Coverage
Daily/12hr HS Coverage
South Carolina
Interstate Highway
0 10 20 30
Miles
Copyright © 2007 SCIway.net
SCDC
* Number indicates inmate count as of June of 2019

South Carolina Department of Corrections

Office of the Deputy Director for Health Services



NURSING

SERVICES

MANAGEMENT

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

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

* Averages < 1/month
** Restarts July, 2019

DNA samples from inmates, obtain from those who are legally required to submit.

Deliverable 11

Required
2018-19 Proviso 65.24

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

Required
2018 Proviso 65.24

Customers

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

Costs

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

Greatest potential harm

Important for law enforcement recording and nationwide database for enforcement

Recommendations to General Assembly

Must do deliverable

Performance Measures
Deliverable 11.0, 11.1, 11.2

DNA Testing Payments to SLED, FY 2012 - FY 2018

Fiscal Year	# Inmates Making Payments for DNA Testing	# Payments Made for DNA Testing	Amount Collected for DNA Testing
2012	14,047	130,157	$467,503.32
2013	12,760	120,343	$408,020.98
2014	11,710	116,319	$410,987.28
2015	11,392	117,908	$426,218.06
2016	11,060	120,293	$436,422.88
2017	10,230	114,329	$430,608.90
2018	8,437	90,629	$333,896.55
Totals	79,636	809,978	$2,913,657.97

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.

Allowed
SC Code 24-1-285
(2018-19)

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

Required
SC Code 24-1-130
SC Proviso 65.16, 65.28,65.8

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,

Allowed
SC Proviso 65.16 (2018-19)

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

X Law allows charging customer

Greatest potential harm

None – number of inmates with active private insurance is none or negligible.

Recommendations to General Assembly

None at this time.

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

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

Health Services' Admissions Processing Chart

Intake Assessment completed by classification on day #1

Shock Incarceration Evaluation completed by medical and mental health

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

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

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

Mental Health Classification
Inmates assigned MH Level code #

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)

SUPPORT SERVICES

Medicaid

SCDC

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

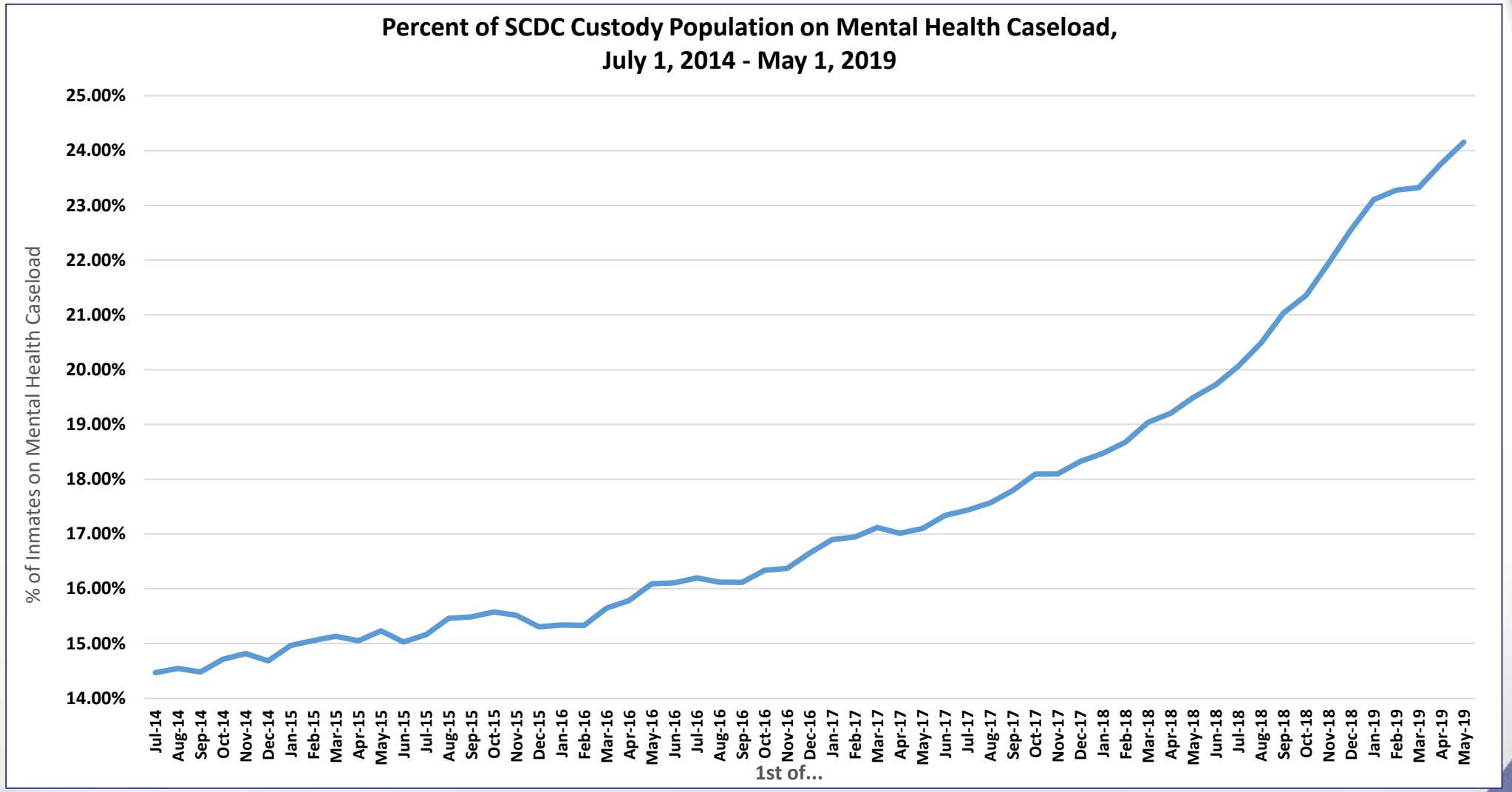
BEHAVIORAL HEALTH = MENTAL HEALTH & ADDICTION RECOVERY

Increase in Mental Health Caseload

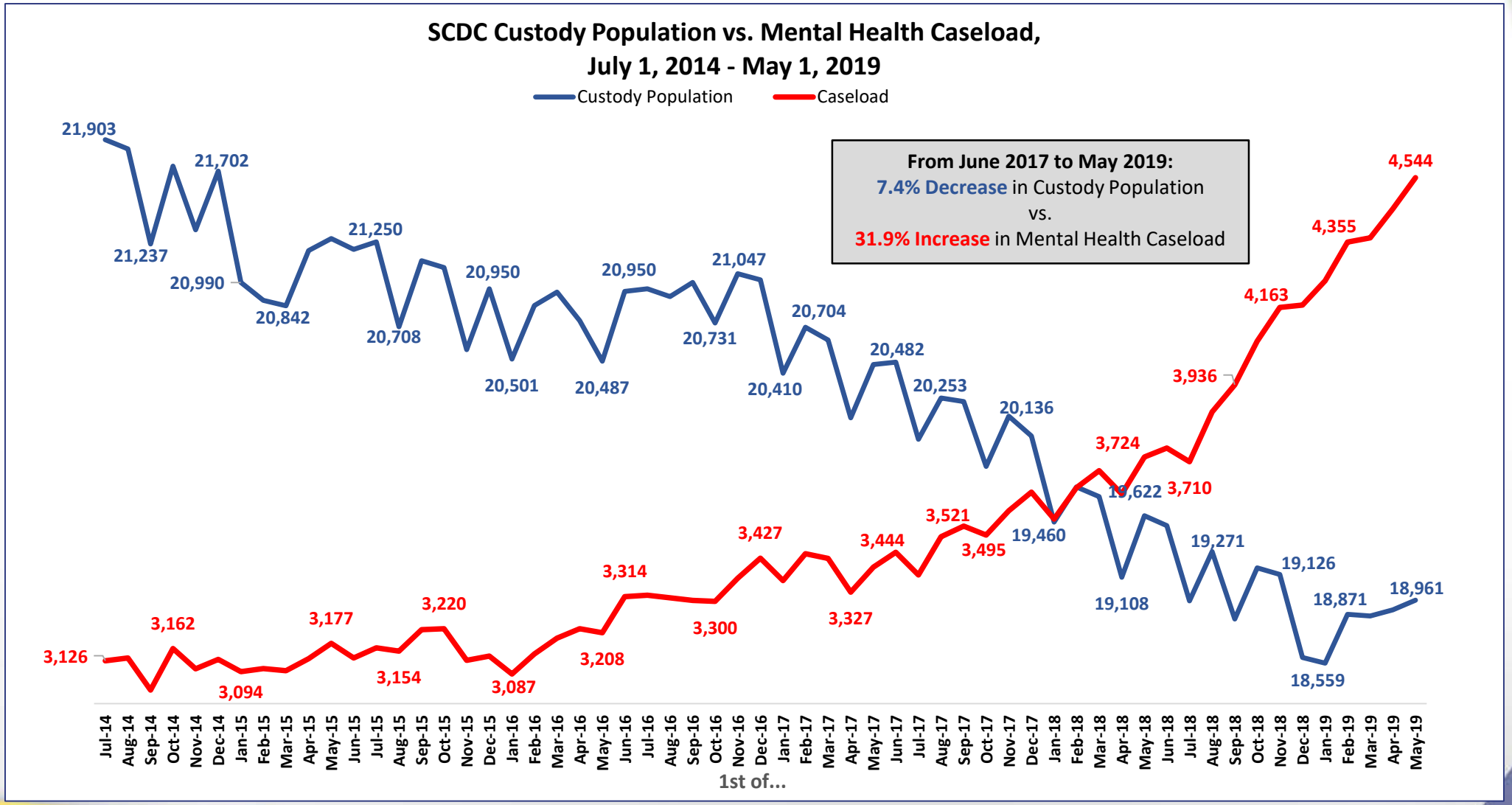
Mental health caseload is 24.5% as of August 19, 2019 = 4,552 of 18,589 inmates (up from 14.0% in July 2014, increasing weekly)

- 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



SCDC Population v. 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. (A*n 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

SCDC

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

Implementation Panel
Report of Compliance March 2019

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

Compliance Rating	# of Components
Substantial Compliance	21
Partial Compliance	33
Non-Compliance	5
Total	59

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

Implementation Panel
Report of Compliance March 2019

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)

Bureau of Justice Statistics, 2015

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**.

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

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

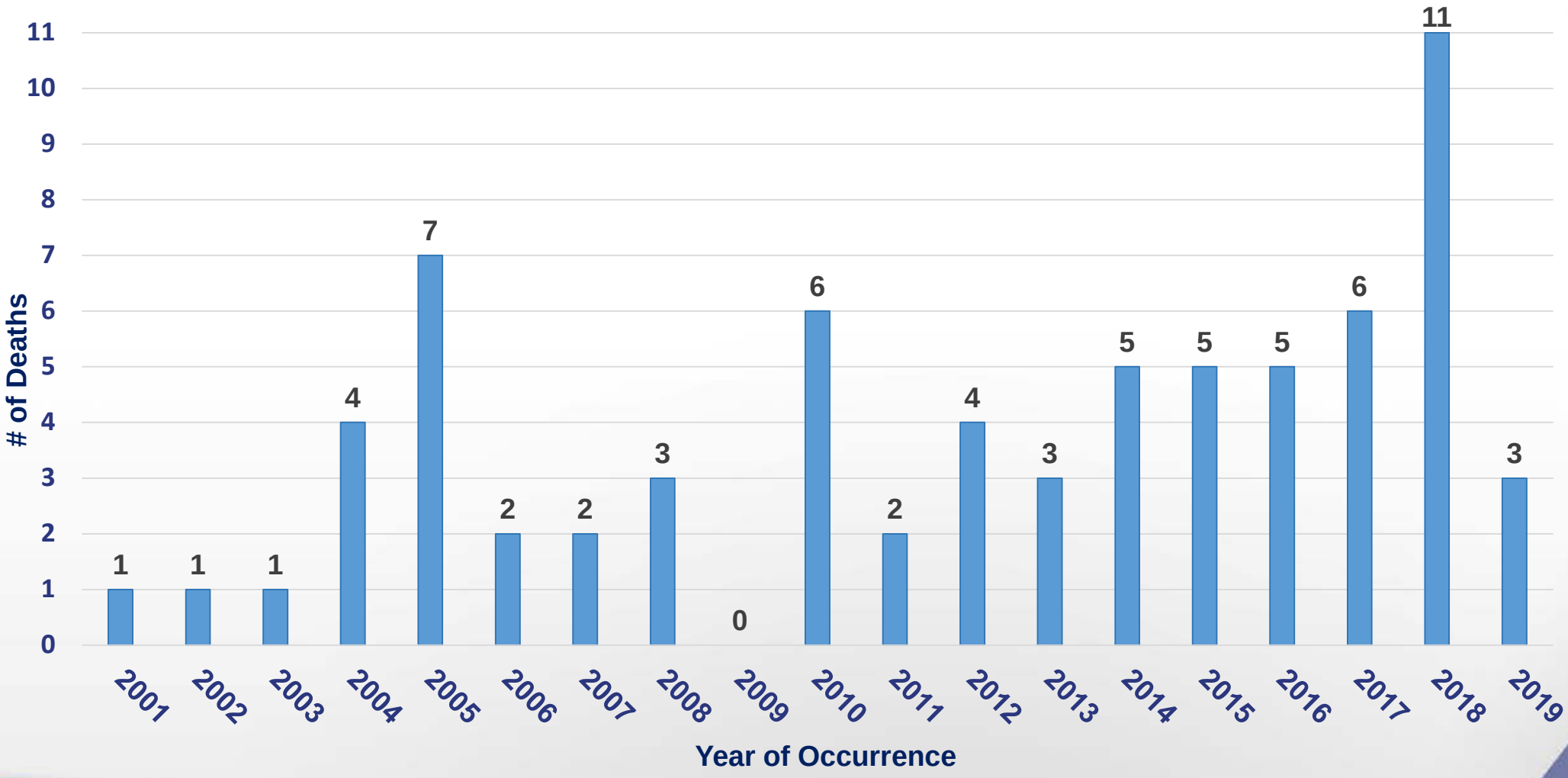
	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
South Carolina	**815**	**15.65**	**23**
Nationally	44,695	13.42	

afsp.org/StateFacts

American Foundation for Suicide Prevention

SCDC

of SCDC Suicides – January, 2001 – August, 2019



SCDC Suicide Prevention Initiative

MUSC Forensic Psychiatry & Psychology Departments

- Examine 2016, 2017, 2018 & 2019 SCDC suicide data
- 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, psychaitric 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

SCDC

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
Department of Alcohol and Other Drug Abuse Services

School of Medicine- Psychiatry
College of Social Work

SCDC
SOUTH CAROLINA
DEPARTMENT OF CORRECTIONS
Safety, Service, and Stewardship

wellpath
To hope and healing.

MUSC
Medical University of South Carolina

SOAR WORKS
SSI/SSDI Outreach, Access, and Recovery

SCDC

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

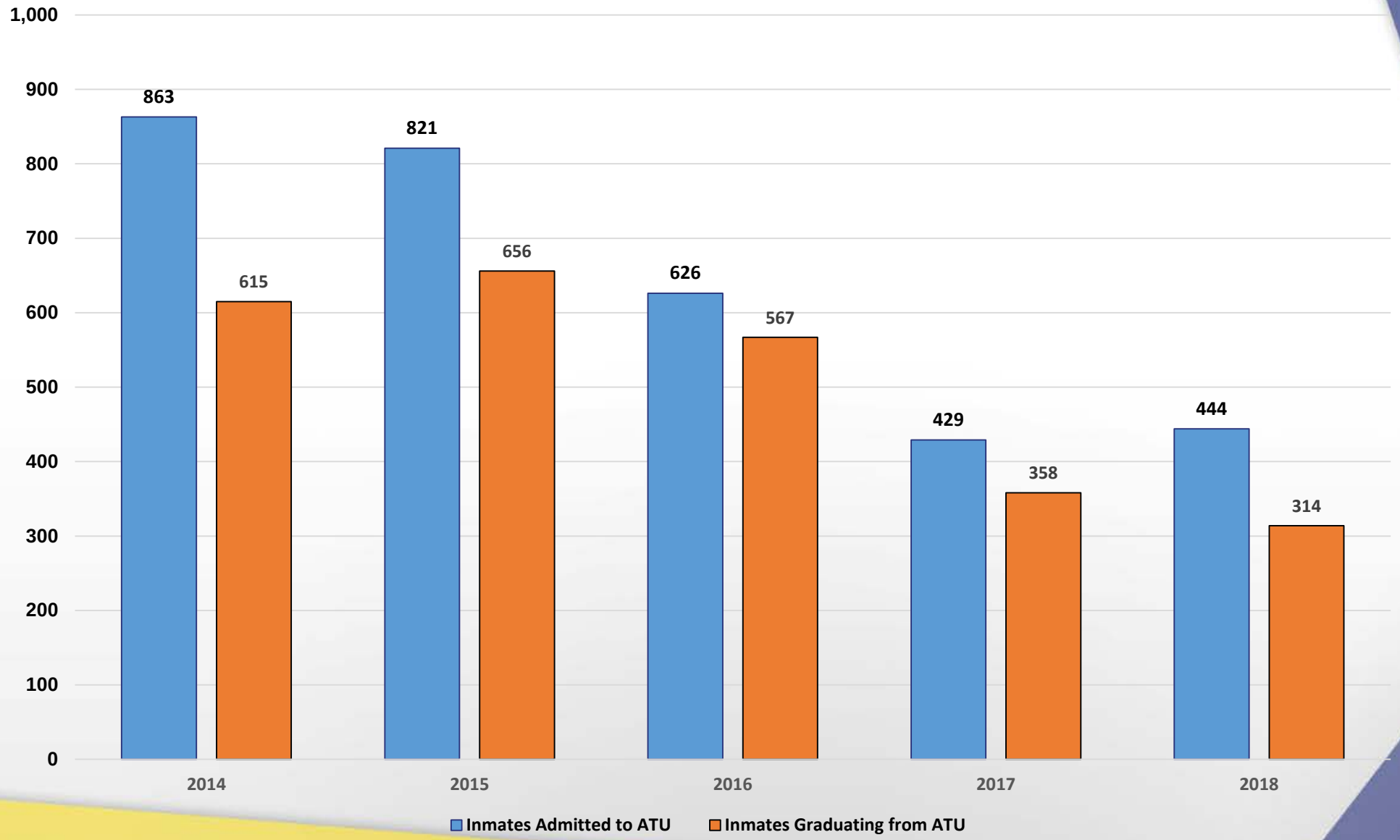
- 64-bed residential program with 6 being allocated to youthful offenders
- Adult Female Offenders
- 6 - 9 month gender-specific structured programming

Adult Male Substance Use Programs

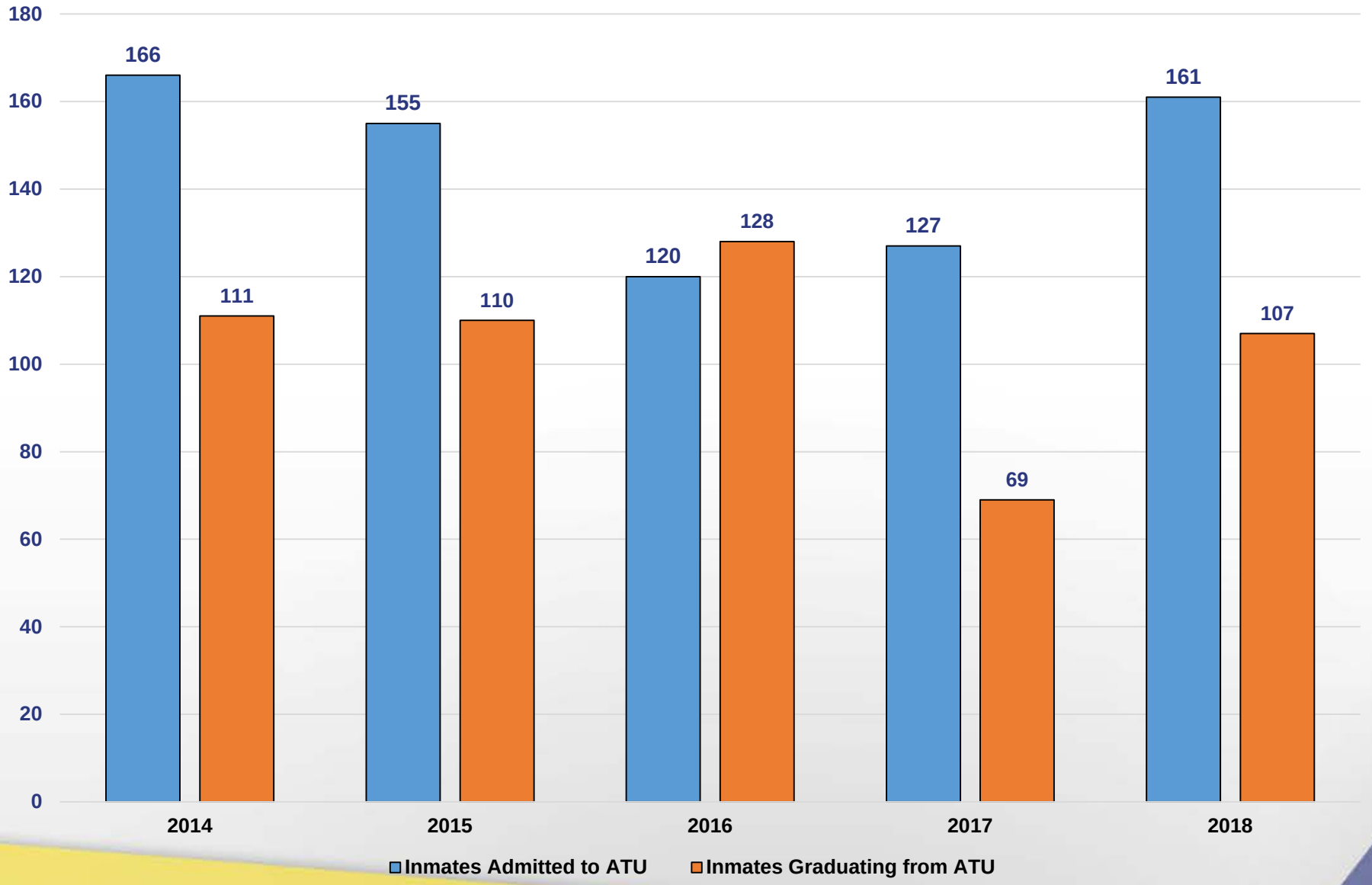
Horizon Addiction Treatment Unit

- 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

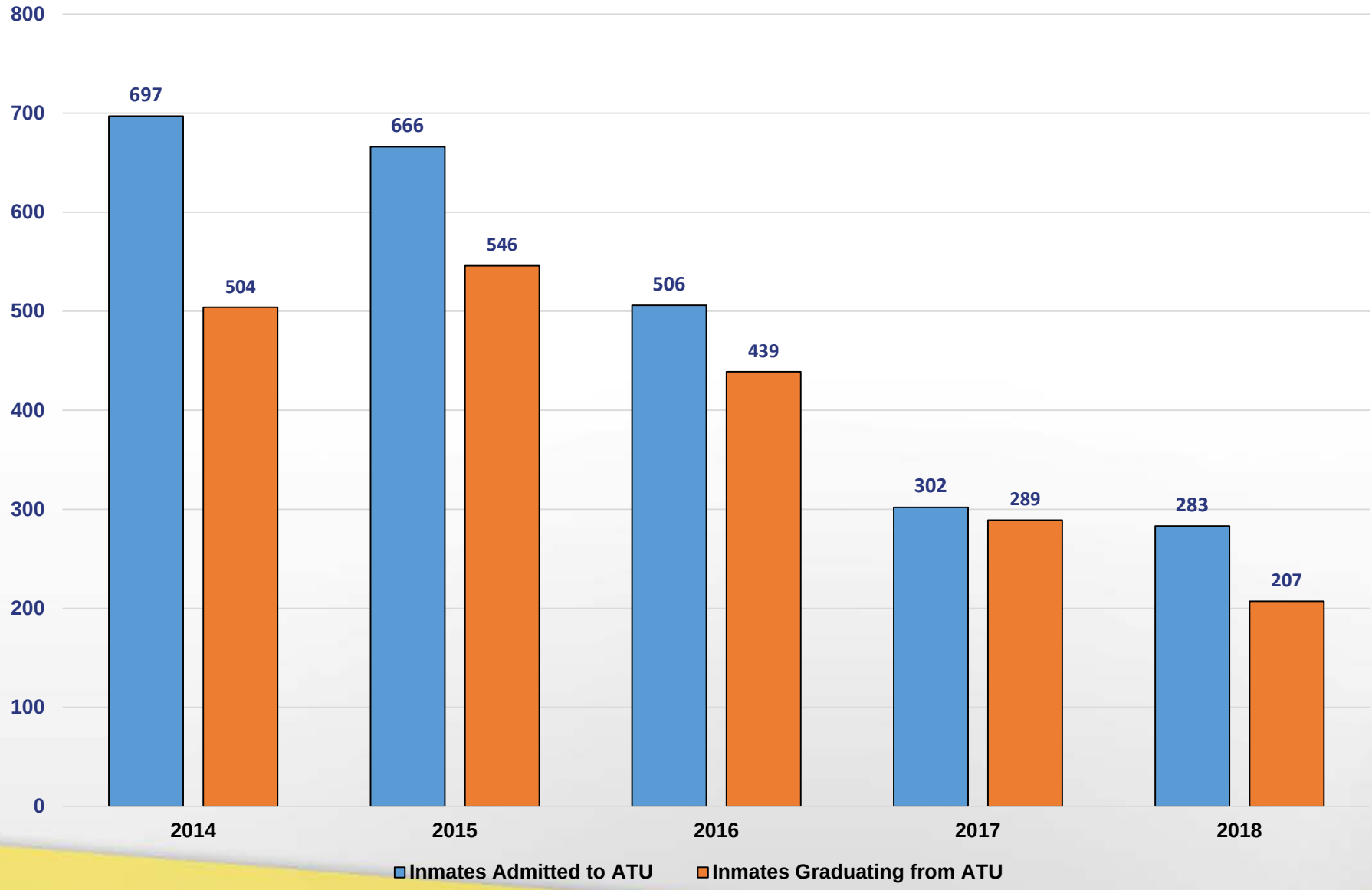
SCDC Addiction Treatment Units (ATU)
FY 2014 - 2018



SCDC Female Addiction Treatment Units (ATU)
FY 2014 - 2018



SCDC Male Addiction Treatment Units (ATU)
FY 2014 - 2018



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

Required
(if funding is appropriate)
SC Code 24-13-1910 and SC Code 24-13-1920

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.

Drug and Alcohol Center, Establish.

Deliverable 29

Required
SC Code 24-13-1910 & 24-13-1920

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.

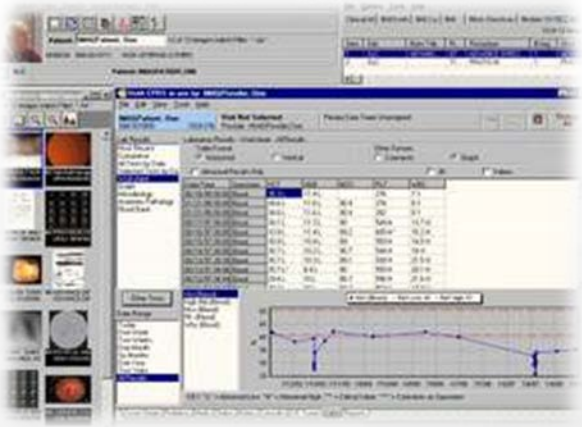
2018 INNOVATIONS/INITIATIVES/COLLABORATIONS

- 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



NEXTGEN HEALTHCARE

SCDC

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

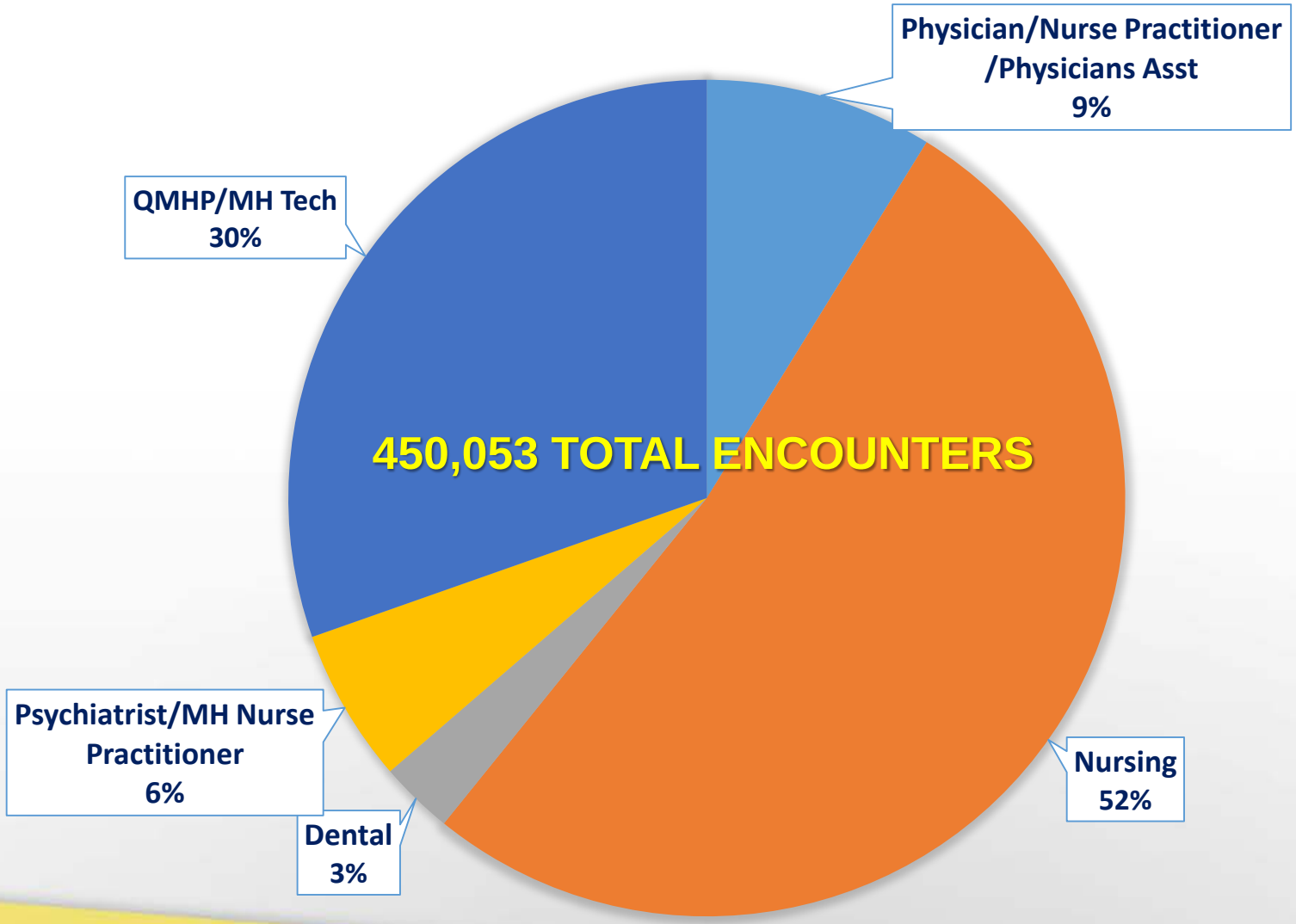
Health Record Information Received from County Jails (Current Status)

- 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



Questions and/or Comments

COMMITTEE CONTACT INFORMATION AND UPCOMING MEETINGS

Legislative Oversight Committee

South Carolina House of Representatives

Committee Mission

Determine if agency laws and programs are being implemented and carried out in accordance with the intent of the General Assembly and whether they should be continued, curtailed or eliminated. Inform the public about state agencies.

Website:	https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee.php
Phone Number:	803-212-6810
Email Address:	HCommLegOv@schouse.gov
Location:	Blatt Building, Room 228

UPCOMING MEETINGS

All at 10:30 a.m. in Blatt 110

Monday, September 16th

Tuesday, October 1st

Wednesday, October 2nd

Wednesday, October 23rd

END NOTES

[1] Visual Summary Figure 1 provided by the agency in its Program Evaluation report available online under "Citizens' Interest," under "House Legislative Oversight Committee Postings and Reports," under "Corrections, Department of," under "Other Reports, Reviews, and Audits," and under "Oversight Reports," https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/Corrections/PER%20Submission%2012819.pdf (accessed February 13, 2019).