

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF MICHIGAN**

EVERETT HADIX, et al,

Plaintiffs,

No. 4:92-CV-110

v.

HONORABLE ROBERT J JONKER

PATRICIA CARUSO, NICK LUDWICK  
and JOHN OCWIEJA,

Defendants.

---

Patricia Streeter (P30022)  
Co-Counsel for Plaintiffs  
221 N. Main Street, Suite 300  
Ann Arbor, MI 48104  
(734) 222-0088

Michael Barnhart (P10467)  
Co-Counsel for Plaintiffs  
221 N. Main Street, Suite 300  
Ann Arbor, MI 48104  
(734) 213-3703

Elizabeth Alexander  
Co-Counsel for Plaintiffs  
The National Prison Project  
915 15<sup>th</sup> Street, NW, 7<sup>th</sup> Floor  
Washington, DC 20005  
(202) 393-4930

A. Peter Govorchin (P31161)  
Leo H. Friedman (P26319)  
Counsel for Defendants  
Michigan Department of Attorney General  
Corrections Division  
PO Box 30217  
Lansing, MI 48909  
(517) 335-7021

---

**DEFENDANTS' REVISED *HADIX* MENTAL HEALTH CARE PLAN SUBMITTED  
PURSUANT TO  
THE COURT'S NOVEMBER 13, 2006 AND MAY 4, 2007 ORDERS**

The Defendants submitted a Health Care Plan on Mental Health in December 2006 in response to the Court's November 13, 2006 Order and Preliminary Injunction. The Court's Order of May 4, 2007 rejected that plan and ordered the Defendants to submit a revised Plan. The Defendants have consulted with their mental health experts, Dr. Jeffrey Metzner and Dr. Tony Rome and have considered the April 25, 2007 Report of Dr. Cohen, the Associate Monitor for

medical issues. Defendants now submit a revised *Hadix* Mental Health Care Plan. After further consultation with Dr. Metzner and Dr. Rome, the Defendants are submitting this revised Plan.

This revised plan is Defendants' effort to fulfill the requirements established by this Court's November 13, 2006 Injunction and to respond to the Court-appointed medical monitor's criticisms of the December 2006 and February 2007 versions of the Defendants' Plan. However, this version of the Defendants' *Hadix* Mental Health Plan is not submitted in a vacuum.

Defendants, and hopefully the Court, are mindful that the Egeler Correctional Facility/Reception & Guidance Center (RGC) is now composed of three cell blocks (1, 2 and 3) instead of four cell blocks, as 7-Block has been closed. RGC's prisoner population has declined accordingly from around 1,680 to around 1,200 with prisoners staying in RGC an average of only about 21 days before they are transferred to their first "permanent" institutional placement.

Similarly, the Southern Michigan Correctional Facility's (JMF) population has dropped from about 1,440 in November 2006 to 667 at present. Cell block 4 has been closed. JMF's segregation population has dropped from the high 80's to an average of less than 24.

Defendants have also made some adjustments in this version of their plan based on their experience with carrying out elements of the plan over the last eight months. For example, the Psychological Services Unit (PSU) rounds in segregation are now assigned to the same psychologist, on the advice of outside experts, to improve familiarity of the rounding PSU staff person with the segregation population.

Defendants' Revised *Hadix* Mental Health Plan contains nine topic areas:

## **I. Case Management**

The Defendants have initiated weekly multidisciplinary case management meetings. The purpose of the meetings is to identify and discuss prisoners who may be at risk due to the status

of their mental health or physical conditions. These case management meetings provide weekly contacts for staff from all disciplines to ensure prisoners who have special mental health needs, or have an increased risk of experiencing a negative outcome from a mental health perspective, are identified and the needs and risks are communicated to all disciplines. Information concerning prisoners special needs, risks related to those needs and what to watch for is compiled and provided to staff. (See Exhibit A for the description of the case management protocol.) Based upon the advice of the Defendant's mental health experts, custody staff is an integral part of this process and representative from custody staff will be present at these meetings.

## **II. Supervision**

To meet the requirements of the Order the Defendants are adding key staff positions and changing staffing requirements to assure that routine, urgent, and emergent mental health needs of prisoners in Southern Michigan Correctional Facility (JMF), Egeler Reception and Guidance Center (RGC), and Hadix class members housed in the Parnall Correctional Facility (SMT), are addressed in a timely manner. Below is a presentation the increases that have been and will be made.

The Defendants have provided a full licensed supervising psychologist who will:

- 1) Directly supervise the full-licensed psychologist supervisors of JMF, RGC, and SMT;
- 2) Perform clinical case review (as a peer review function) of all psychologists (both full and limited licensed) involved in mental health treatment at JMF, RGC, and prisoner transferred from 8 block who have special needs and are housed in A unit at SMT. Today that number is 83 prisoners. Up to 3 cases per month per

psychologist will undergo review. Since the primary function in RGC is testing and evaluation there may be very few cases for review at RGC.

- 3) Coordinate the interface between the Psychological Services Unit (PSU) in the Department of Corrections, mental health services provided by the Department of Community Health (DCH) Corrections Mental Health Program (CMHP), and the medical services provided by the Department of Corrections (DOC); coordination shall be through monthly meetings between PSU, CMHP, and DOC Medical Services to discuss operational responsiveness of the system to the mental health needs of prisoners toward the production of improved outcomes.

Full-licensed psychologists have been provided to directly supervise all limited licensed psychologists providing services at JMF and at SMT. RGC continues to have a full-licensed psychologist directly supervising all limited licensed psychology staff. Each full-licensed psychologist supervisor will be required to meet monthly with their staff and each limited licensed staff psychologist will be required to provide a list of any patients identified throughout the month, in weekly multidisciplinary case management meetings, as having special needs. Treatment of these cases will be reviewed as will all emergency interventions provided during the month. The supervisor led discussion will focus on appropriateness of intervention, treatment, treatment plans, and follow up of issues identified in the case management meetings. The purpose of the review will be to improve patient outcomes and the activity described will be incorporated into the Quality Improvement system of the Department.

To assure the full functioning of psychological services in the presence of the added daily rounds, staff turn-over, and temporary vacancies, two (2) additional staff psychologists will be

added. These two additional psychologist positions will be placed at RGC and assigned to JMF if needed. These positions are approved, funded, posted, with interviews to be scheduled soon.

### **III. On Call 24 Hour Psychiatric Coverage**

When the original Plan was submitted there were five (5) full-time psychiatrist positions dedicated to providing psychiatric care to the prisoners in the *Hadix* facilities. JMF and SMT each have one (1) dedicated psychiatrist. RGC has three (3) dedicated psychiatrists. Funding and hours equivalent to two (2) additional psychiatrist positions has been added to:

- 1) Assure adequate staffing during temporary absences (vacation and sick time);
- 2) To assure coverage while recruiting for any vacancies; and
- 3) To provide on-call access to a psychiatrist after normal working hours on week days, on weekends, and on holidays.

The on-call psychiatric coverage system has been implemented such that a psychiatrist is available to come on-site to Duane Waters Health Center (DWH) within an hour of a call to evaluate and/or treat any prisoner undergoing a psychiatric crisis. Details of the on-call psychiatric coverage system can be found in the procedure attached as Exhibit B to this Plan.

### **IV. Segregation**

Daily psychologist rounds were implemented in the segregation unit at (JMF) and in the Special Management Housing Unit (SMHU) at RGC in November of 2006 and are continuing. There is no segregation or special management housing in SMT (See Exhibit C and D which are samples of the recent daily reports from rounds for JMF administrative segregation and RGC SMHU, respectively). The initial process for rounding of all prisoners in segregation each day has been minimally modified from that presented in the original plan based upon advice of the Defendants' Mental Health experts. The same PSU staff person conducts the rounds in his/her

facility each regular work day. If the designated staff person is absent another trained psychologist fills in during that period but segregation rounding will be a regularly assigned task for one designated PSU staff person at each facility. The assignment may be rotated every 4 to 6 months. The supervising psychologist will make rounds with the designated PSU staff person every two weeks, at a minimum, until he/she is comfortable with the comprehensiveness of the rounds.

The requirement to wake every prisoner every day has been eliminated and replaced with a statement which indicates that if the psychologist does not know the prisoner or has not talked with that prisoner in a few days, then he needs to be awakened. Clinical judgment is to be used as to when and if the psychologist needs to waken the prisoner.

All supervisory staff have been instructed in their responsibilities and direct care staff has been given written and verbal instructions to assure completion of rounds that are characterized by timeliness and thoroughness. These instructions for rounds are presented in Exhibit E, Michigan Department of Corrections PSU Staff Rounds Instructions for JMF and RGC. Rounds are documented and the quality of the rounds is being monitored.

Every prisoner who is placed in segregation in JMF or in the Special Management Housing Unit of RGC will have a brief screening conducted by the psychologist the day they go into segregation. If the prisoner is placed in segregation after normal business hours the screening will occur the next morning. This visit will be a brief mental health screening to assess the prisoner's current mental health status, during which the psychologist will introduce him/herself, indicate that a psychologist will be making rounds and inform the prisoner who to contact and how to do that if they need immediate help. This will include prisoners who are on the outpatient mental health team case load. Those prisoners will also receive a visit from a

member of the outpatient team within 5 days of being placed in segregation at JMF or the SMHU at RGC. This screening will generally not take place at the cell side but will be conducted out of the cell and will be documented on the appropriate segregation screening form.

Separately, the MDOC's Deputy Director for Correctional Facilities Administration issued a memorandum effective December 14, 2006 prohibiting prisoners prescribed psychotropic medication(s) to address mental health conditions from being placed in JMF's administrative segregation unit. As at least a partial result of this prohibition, the number of prisoners in JMF's administrative segregation unit carried on the Outpatient Mental Health Team case load has dropped from approximately 14 at any given time to virtually zero. Also attached is Exhibit F, OP-CFA3-04.05.112 effective December 22, 2006 which formally carries out the Court-ordered prohibition against using in-cell mechanical restraints, or at least that is how the Defendants have chosen to ensure that they not act in contempt of the Court's Order prohibiting the use of "punitive" mechanical in-cell restraints.

## **V. Suicide Observation**

Suicide and mental health observation needs special handling. The Defendants have established observation cells for suicide observation of *Hadix* class members outside the designated segregation or special management housing unit. Suicide and mental health observation for *Hadix* class members will be done in the Duane Waters Health Center (DWHC). (See Exhibit G which is a new operating procedure, OP CFA 3 -04.06.180 "Managing Prisoners in Need of Mental Health Observation at Hadix Facilities" effective 08/20/07).

The Defendants have revised the suicide prevention procedures to require a mental health professional be the person to determine if the prisoner needs suicide observation. The revision reflects the following: When a prisoner needs to be placed on suicide or mental health

observation it will be ordered by a mental health professional or an appropriately trained nurse. This staff person must confer with a psychiatrist. During normal business hours any prisoner suspected to need suicide observation will be maintained in a safe manner by custody staff with one on one observation and an emergency referral made to mental health services. The prisoner will be evaluated by a qualified mental health professional. If that qualified mental health professional (QMHP) is not a psychiatrist, the QMHP must confer with a psychiatrist before the prisoner is placed on suicide observation. If it is determined that the prisoner is in need of suicide observation he will be transported to DWH for this observation. If the need occurs after hours and no mental health staff is available on site, custody staff will ensure the prisoner is maintained in a safe manner with one on one observation until the prisoner can be transported to the DWH. At DWH the prisoner will be evaluated by an appropriately trained nurse. The nurse will conduct a suicide risk assessment and confer by telephone with the on call psychiatrist. The psychiatrist will decide if he/she needs to come to DWH to evaluate the prisoner or if the prisoner can stay on suicide observation until the next morning. The prisoner will be evaluated face to face, the next morning by a qualified mental health professional. If the prisoner remains on observation status for 24 hours he must be seen face to face by a psychiatrist and then again once every 24 hours.

The Defendants have revised procedures to require that suicide observation be done by constant one on one observation by a custody staff member, with the camera used for supplemental observation only. The observation may be every 15 minutes after the consult if determined to be clinically appropriate by the qualified mental health professional.



## **VI. Timeliness of Visits After Medication Changes**

A document entitled "Corrections Mental Health Program (CMHP) Guidelines on Follow- Up of Patients After Discontinuation or Significant Change of Psychotropic Medication" has been developed and implemented (see Exhibit H). This document is a protocol for the timeframe of the next visit when a psychiatrist changes or discontinues a prisoner's mental health medications. This document provides guidelines for use by the psychiatrist when scheduling patient follow up visits, yet allows for the use of clinical judgment when making the decision. The clinical practice of the psychiatrists in the Hadix facilities related to the scheduling of the follow up visits after medication change or discontinuation will be monitored through the Performance Improvement process. The Defendant's experts indicate that clinical judgment must be used. All patients require the same level of follow up after a medication change. The timelessness of the visit depends upon the medication changed or discontinued and the condition of the patient.

## **VII. Coordination of Mental Health Services**

The Defendants have begun functional integration of the mental health functions of PSU and CMHP within the Hadix facilities. (Exhibit J, Minutes of PSU/OPT staff meeting). Therefore, Defendants are committed to functionally merging the mental health identification and treatment activities of Psychological Services Unit (PSU) and the Corrections Mental Health Program - Outpatient Team (CMHP OPMHT) at JMF and RGC until JMF closes. The Defendants intend to begin this functional integration at JMF by integrating clinical duties of the PSU staff and those of the CMHP OPMHT. Duties to be assumed with PSU addition/integration with CMHP OPMHT include: Identification and evaluation of prisoners for mental illness or severe mental disorder; Crisis Intervention during normal business hours; Suicide assessment,

intervention, and treatment; Individual and group treatment (brief cognitive therapy or psycho education treatment, treatment for those not requiring psychotropic medication, and case management). The CMHP forms, data information system, and CMHP operating procedures will be used by all staff.

Staff currently providing assaultive offender and sex offender programming, segregation rounds, after hours crisis services, except the on-call psychiatrists, and assaultive offender and sex offender screenings for the parole board will continue to do so.

#### **VIII. Crisis Beds in *Hadix* Facilities**

The data on the occupancy of the Crisis Stabilization Program (CSP) at the Huron Valley facility is enclosed in Exhibit I. This data clearly indicates that there is an adequate number of crisis beds available in this unit to meet the emergent need for mentally ill prisoners from Hadix facilities to be placed in an acute care setting. It would not be financially or operational prudent to duplicate such services by establishing other inpatient mental health beds at DWHC.

#### **IX. Monitoring**

The elements of this Plan should be maintained using an external QI (Quality Improvement) process. Many of Dr. Cohen's suggestions, which are data collection and QI in nature, would be part of this process.

Respectfully submitted,

Michael A. Cox  
Attorney General

s/A. Peter Govorchin (P31161)  
Attorney for Defendants

Date: August 20, 2007