UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MICHIGAN

EVERETT HADIX, et. al.,

Plaintiffs, No. 4:92-CV-110

v. HONORABLE RICHARD ENSLEN

PERRY M. JOHNSON, et. al.,

Defendants.

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DEFENDANTS' HEALTH CARE PLAN REGARDING MENTAL HEALTH ACTIVITIES SUBMITTED PURSUANT TO THE COURT'S NOVEMBER 13, 2006 ORDER AND PRELIMINARY INJUNCTION

A draft copy of this Plan along with the attachments were provided to Plaintiffs' counsel and Associate Monitor Cohen on the morning of Thursday, December 21, 2006 at a meeting arranged by Dr. Cohen to discuss the Defendants' response to the Court's November 13, 2006 Order and Preliminary Injunction (Order). Defendants' counsel solicited comments from Plaintiffs' counsel and/or Dr. Cohen up through the end of Wednesday, December 27, 2006. While this was admittedly not a long period of time and did include the Christmas holiday, Defendants' counsel has not received any comments from Plaintiffs' counsel or Associate

Monitor Cohen. This version of the Defendants' Plan is slightly expanded to include mention of the PSU rounds in administrative segregation and the Operating Procedure prohibiting the use of in-cell mechanical restraints at JMF administrative segregation, among other locations.

To meet the requirements of the Order the Defendants will cause to be added key staff positions and change staffing requirements to assure that routine, urgent and emergent mental health needs of prisoners in Southern Michigan Correctional Facility (JMF), Parnall Correctional Facility (SMT), and Egeler Reception and Guidance Center (RGC) are addressed, and are addressed in a timely manner. Below is a presentation of existing PSU services and the increases that will be made by facility:

The psychologist coverage for JMF, SMT and RGC will be increased by adding a full-licensed Psychologist position which will:

1) Directly supervise the full-licensed psychologist supervisors at JMF, SMT, RGC;
2) Perform clinical case review (as a peer review function) of all psychologists at JMF, RGC, and SMT; 3 cases per month per psychologist will undergo review; and
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; 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 will be provided to directly supervisor all psychologists providing services at JMF and at SMT. RGC currently has a full-licensed psychologist directly

supervising all staff. Each full-licensed psychologist supervisor will be required to meet monthly with their staff and each staff psychologist will be required to provide a case list summarization of any patients identified throughout the month (in weekly multidisciplinary case management meetings) as having special needs. (See Attachment F for the description of the case management protocol.) Treatment plans 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 the effectiveness of interdisciplinary communication. The purpose of the review and case management activities will be to improve patient outcomes and the activity described will be incorporated into the quality management 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.

Currently six (5) full-time psychiatrist positions are 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. Two (2) additional psychiatrist positions will be added to:

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

The on-call psychiatric coverage system will be implemented such that a psychiatrist will be available to come on-site to DWHC within an hour of a call to evaluate and/or treat any prisoner undergoing a psychiatric crisis. Two beds in DWHC will be earmarked for such cases. Detail of the on-call psychiatric coverage system can be found in the draft procedure attached as

Exhibit A to this Plan. Detail of the procedure to assure psychiatric coverage in the event of annual or sick leave is attached in Exhibit B.

Daily psychologist rounds have been implemented in the segregation unit at (JMF) and in the Special Management Housing Unit (SMHU) at RGC (see Attachments D and E, which are a month's worth of daily reports from rounds for JMF administrative segregation and RGC SMHU, respectively). A psychologist must round each day, 7 days per week, 365 days per year. All supervisory staff has been instructed in 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 are presented in Exhibit C, Michigan Department of Corrections PSU Staff Rounds Instructions for JMF and RGC. Rounds are documented and the quality of the rounds is being monitored. Several referrals for mental health follow-up and medical follow-up have resulted from this process.

Weekly meetings have been established for the purpose of the coordination of medical and mental health staff to assure exchange of information on all segregation prisoners and prisoners identified as having potential for increased risk.

Separately, as explained in Defendants' Motion to Reschedule the January 24-26, 2007 Hearing to a New Date in Late April 2007, the MDOC's Deputy Director for Correctional Facilities Administration issued a memorandum effective December 14, 2006 prohibiting the placement of 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 3 or less. Also attached is Exhibit G entitled, 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.

Respectfully submitted,

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Attorney General

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

Dated: December 28, 2006

Govorchin/Hadix/1992006833A/Pleadings-APG/Medical/Health Care Plan (Mental)-Update.122806

EXHIBIT A

DRAFT PROCEDURE FOR JACKSON MEDICAL COMPLEX OUTPATIENT MENTAL HEALTH TEAM (OPT) PSYCHIATRIC ON-CALL COVERAGE

OBJECTIVE: To establish a procedure to ensure that there is DCH corrections mental health program (CMHP) psychiatric on-call coverage for Hadix facilities when psychiatric services are required for emergencies after hours or on weekends or paid holidays.

INFORMATION: OPT psychiatrists provide psychiatric coverage and back-up during normal business days (Monday through Friday, excluding holidays) for the following prisons:

Southern Michigan Correctional Facility (JMF)

Egeler Reception & Guidance Center (RGC; including part-time coverage of Duane Waters Health Center, or DWH)

Parnall Correctional Facility (SMT)

When emergent psychiatric services or interventions are required for prisoners from Hadix facilities after hours or on weekends or paid holidays, there must be an effective process in place for on-call OPT psychiatric MSP to be contacted via pager and consulted with to determine the best course of action, treatment disposition, or management precautions.

On-call psychiatric coverage will be coordinated through the Duane Waters Health Center (DWH) Emergency Room, (517) 780-5910 or 5911.

WHO	**DOES WHAT**
Hadix Facility Staff	1. After hours or on weekends or paid holidays, identifies prisoner who is seriously mentally ill, a danger to self or others, or manifesting a mental health emergency and cannot be safely or effectively managed at the current Hadix facility location via the provisions of MDOC PD 04.05.112 Managing Disruptive Prisoners until CMHP staff are once again on duty on the next business day.

EXHIBIT A

	2. Arranges for secure transfer of the identified prisoner to the DWH Emergency Room (ER) for health care and mental health assessment and treatment disposition.
DWH ER Staff MSP or Nurse	3. Receives transferred Hadix facility prisoner, assesses prisoner's health status, and delivers any needed health care interventions.
	4. Evaluates prisoner's behavior and attempts to defuse the situation. Determines that prisoner appears to be seriously mentally ill, a danger to self or others, or manifesting a mental health emergency which requires the consultation and probable intervention of a CMHP on-call psychiatrist.
	5. Refers to the CMHP on-call psychiatrist schedule and identifies the appropriate on-call psychiatrist.
	6. Contacts the on-call psychiatrist via pager and awaits the call back from the psychiatrist.

WHO	**DOES WHAT**
	7. Observes and manages the prisoner in secure and safe manner pending the return call from the on-call psychiatrist.
	8. Initiates seclusion and/or restraints and supervises the placement of prisoner in seclusion and/or restraints.
On-Call Psychiatrist	9. Receives the page from the DWH ER staff and calls the ER within thirty (30) minutes.
DWH ER Staff	10. Describes for the psychiatrist the prisoner's status and presenting symptoms to help the psychiatrist determine what actions, treatment, or management precautions must be taken.
On-Call Psychiatrist	11. Based on prisoner's described status and presenting symptoms, (a) orders the medication, management or treatment interventions deemed necessary to effectively treat and/or manage the prisoner. If seclusion and/or restraint is needed, gives verbal orders to the RN/MSP approving or authorizing. **Note: Within one hour of authorizing the use of seclusion and/or restraints, the psychiatrist must evaluate the prisoner on site face-**

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to-face.

DWH ER or Other DWH Staff	12.	Implements or carries out all on-call psychiatrist orders while prisoner is in ER or if admitted to DWH.
On-Call Psychiatrist	13.	If necessary, completes and documents a comprehensive psychiatric examination to verify whether the prisoner is seriously mentally ill and meets CMHP admission criteria.
	14.	Documents all orders for medication, seclusion, restraints, or any other treatment or management interventions deemed necessary for the prisoner.
	15.	If necessary, recommends admission to a higher level of CMHP care (e.g., crisis stabilization program, inpatient services, or residential treatment program).
CMHP OPT Staff	16.	If prisoner is admitted to CMHP treatment, takes responsibility for the mental health treatment and monitoring of the prisoner during normal business days.

Central Region CMHP 17. Maintains and disseminates an on-call psychiatrist coverage schedule Director's Office including the names and pager numbers of the on-call psychiatrists and how to contact them.

EXHIBIT B

DRAFT PROCEDURE FOR JACKSON MEDICAL COMPLEX OUTPATIENT MENTAL HEALTH TEAM (OPT) PSYCHIATRIC COVERAGE BACK-UP

OBJECTIVE: To establish a procedure to ensure that there is adequate back-up for DCH outpatient mental health team (OPT) psychiatric coverage in Jackson Medical Complex when the OPT psychiatrist assigned to a given OPT facility is off on annual or sick leave.

INFORMATION: Jackson Medical Complex (JMC) OPT psychiatric medical service providers (MSPs) provide psychiatric coverage during normal business days (Monday through Friday, excluding holidays) for the following prisons:

Southern Michigan Correctional Facility (JMF);

Egeler Reception & Guidance Center (RGC; including part-time coverage of Duane Waters Health Center, or DWH);

G. Robert Cotton Correctional Facility (JCF); and

Parnall Correctional Facility (SMT).

[See Appendix 1.]

In the event that one (or more) of the assigned OPT psychiatrists is off work due to annual leave, sick leave, medical leave or other reason, OPT supervisors need to know which JMC OPT psychiatric MSPs are on duty and available to provide psychiatric back-up as needed and how to contact them.

If an OPT psychiatrist is to be off more than two weeks, attempts will be made to procure a contractual psychiatric MSP.

While the back-up psychiatric MSPs have their own scheduled (and unscheduled) workloads on all business days, it is vital for OPT supervisors to be able to identify and enlist the aid of a back-up psychiatric MSP when needed to handle urgent and emergent cases which must be addressed either face to face or via telemedicine and documented in a timely way.

<u>WHO</u>	<u>DOES WHAT</u>
Psychiatrist	1. Informs immediate supervisor of unforeseen absence from work (sick leave or medical leave) or gets supervisor's prior approval for annual leave.
Supervisor	2. Arranges for back-up psychiatric MSPcoverage by contacting the supervisor of another JMC OPT as per Appendix 1 to secure the

EXHIBIT B

help of the first (or, if necessary, the second) back-up psychiatric MSP. [NOTE: If neither the first or second back-up psychiatric MSP are available or on duty, go to Step #8.]

3. Reviews the number of urgent and emergent cases requiring evaluation/consultation and informs the supervisor of the first or second back up psychiatric MSP how many clinical contacts will need to be handled by the back-up psychiatric MSP.

4. Coordinates with the supervisor of the first or second back up psychiatric MSP the time, place, and logistics of the needed back-up services.

WHO	**DOES WHAT**
Supervisor of Back-Up Psychiatric MSP	5. Assigns an on-duty psychiatric MSP to deliver requested back-up services as coordinated and agreed on with the requesting supervisor.
	6. Directs on-duty OPT psychiatric MSPto provide the requested back-up psychiatric services.
Back-Up Psychiatric MSP	7. Works and coordinates with the OPT supervisor who requested psychiatric MSP back-up to deliver and document the needed services.
Supervisor	8. If the second back-up psychiatric MSPs are found to be unavailable, handles emergent referrals via telemedicine evaluations or consults with psychiatric MSPs from CMHP Inpatient Services at HVM in Ypsilanti or their on-call psychiatrists. [See Appendix 1.] **Note: In the event of disagreement or uncertainty as to who will be providing the back up services, the supervisor is to contact the Regional Director for resolution.**

EXHIBIT B

JACKSON MEDICAL COMPLEX

OUTPATIENT MENTAL HEALTH TEAM (OPT) PSYCHIATRIC COVERAGE AND BACK-UP

SOUTHERN MICHIGAN CORRECTIONAL FACILITY (JMF)

Psychiatrist, Michaela Weller, M.D.

- First back-up: One of the Psychiatric MSPs from RGC.
- Second back-up: Psychiatric MSP from JCF or SMT.

EGELER RECEPTION & GUIDANCE CENTER (RGC)*

Psychiatrist, T. Vinh Thai, M.D.
Psychiatrist, Aleksandra Wilanowski, M.D.
Psychiatrist, Vacant

- First back-up: One of the other RGC OPT psychiatric MSPs.
- Second back-up: Psychiatric MSP from JMF.

[*Includes limited, part-time consultation and monitoring of OPT patients at Duane Waters Health Center.]

G. ROBERT COTTON CORRECTIONAL FACILITY (JCF)
PARNALL CORRECTIONAL FACILITY (SMT)

Psychiatrist, Numa Cabrera, M.D. (SMT)

- First back-up: Psychiatric MSP from JCF.
- Second back-up: One of the Psychiatric MSPs from RGC.

Psychiatrist, Vacant (JCF)

- First back-up: Psychiatric MSP from SMT.
- Second back-up: One of the Psychiatric MSPs from RGC.

NOTE: If second back-ups are unavailable, urgent and emergent referrals must be handled via telemedicine evaluations or consults with psychiatric MSPs from CMHP Inpatient Services at HVM in Ypsilanti or their on-call psychiatrists. Inpatient Services is located at 3201 Bemis Road, Ypsilanti, MI 48197.

The Acting Program Director for Inpatient Services is Mary Parson, ACSW, LMSW, Parsonmm@michigan.gov, at (734) 572-9957. Her Secretary, Mariann Musgrave, musgrama@michigan.gov, is at (734) 434-4542. The Admission Telephone Line is (734) 434-9435. The Inpatient Admission/Discharge Coordinator is Jan Henry, henryjm1@michigan.gov,

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at (734) 434-5186. All admission referrals are to be faxed to: (734) 434-8813 or e-mailed to: Patelka@michigan.gov.

The psychiatrist overseeing Admissions is Kirtida Patel, M.D., Patelka@michigan.gov, at (734) 434-2708 or (734) 572-9935.

EXHIBIT C

INSTRUCTIONS FOR PSU STAFF ROUNDS – JMF AND RGC

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I. GENERAL INSTRUCTIONS FOR SEGREGATION ROUNDS

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VI. MANAGING REFERRALS

I. GENERAL INSTRUCTIONS FOR SEGREGATION ROUNDS

The purpose of these instructions is to outline the process and expectations for the Psychological Services Unit (PSU) rounds in segregation at the Southern Michigan Corrections Facility (JMF) and the Charles Egeler Reception and Guidance Center (RGC).

PSU staff must conduct daily rounds (every day/seven days a week) in the segregation units at JMF and the Special Management Housing Unit (SMHU) at RGC and report by email on a daily basis as soon after the round as possible. The following information must be included in the daily report in the format outlined below. There must be one email report per facility, each day. Weekend and holiday rounds must also be reported separately for each facility.

Subject: (XX/XX/06) RGC PSU SHMU Rounds
Subject: (XX/XX/06) JMF PSU Segregation Rounds

1. Date and Facility (JMF or RGC)
2. Name and Title of person making the rounds

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3. Sign in Time (time rounds began)
4. Sign Out time (time rounds concluded)
5. Total number of prisoners in segregation
6. Total number of prisoners on OPT caseload in segregation (this does not need to be reported on the weekend/holidays reports)
7. Number of patients out of cell and reason
8. Total number of patients seen

List, by name, prisoner number, and type if referral, all Mental Health Referrals, Mental Health Management Plans, or Medical Referrals that were done as a result of the round.

These reports must be emailed daily by 3:00 PM to the "designated report group" (this group concurrently consists of Barbara Hladki, Hampton Walker, Debbie Roth, and Marianne Sears.

II. WHAT TO DO DURING SEGREGATION ROUNDS

Segregation has always been identified as a "high risk" situation for prisoners housed in such units. It is important that all clinicians conduct the "Segregation Round" in a consistent fashion regardless of what facility might be involved. Below are the steps and the procedures that all PSU staff will follow when conducting a segregation round.

The psychologist will:

A. Check with the segregation unit officers upon entering and ask if there are any unusual behaviors/gestures/conditions which they have noticed, or if there are any prisoners about whom they have special concerns;

B. Sign the segregation unit log book upon entering the unit;

C. Follow up with any prisoner identified by the Segregation Unit Officer as needing special attention;

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INSTRUCTIONS FOR PSU STAFF ROUNDS – JMF AND RGC

D. Physically walk thru the entire unit;

E. Identify himself/herself to the prisoner and attempt to engage him/her in brief conversation;

F. Check for signs of potential decompensation such as:

   a. Confusion, lack of verbal interaction, slow mentation, a highly agitated state, inappropriate affect, hallucinations/delusions, speech disturbance or speaking nonsense;
   b. Poor hygiene, sleeping on the floor (not sleeping on the beds), sleeping under their mattress on the floor, mattress or sheets torn up, walking around naked, sitting on their beds rocking back and forth, talking to themselves loudly;
   c. Unusual or chaotic cell conditions such as a filthy cell, food and/or feces smeared or thrown around the cell or on the walls, papers strewn every where;
   d. Dangerous looking items that may have been broken such as TV's, radio's;
   e. Unusual odors or smells coming from the cells;
   f. Physical concerns such as readily visible cuts, scratches, burns, emaciated appearance;

Evidence of any of the signs of potential decompensation listed above, or any other curious findings or behaviors, warrant a brief assessment as to what may be occurring with the prisoner, including a mental status exam to determine if the prisoner is experiencing any significant stress. If the prisoner is experiencing some significant distress, the clinician must pursue a thorough evaluation including a review of the prisoner's health record.

If there is a mental health issue, the psychologist will address those within the scope of the PSU and make a referral to Out Patient Mental Health Team (OPT) as necessary.

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The treatment and/or referral must be documented in Serapis. The psychologist must follow up to be sure that OPT has evaluated the inmate and the outcome is sufficient to address the problem. If the prisoner is already on the OPT the psychologist must consult with OPT and advise the OPT case manager of the prisoner's concerns and follow up. If it is an emergent situation, then the psychologist must place the prisoner on appropriate restrictions and immediately contact OPT and advise them of the prisoner's status.

When a segregated prisoner requires an evaluation of any kind (suicide, mental illness, mental retardation, personality disorder, parole board evaluation, etc), the psychologist performing the evaluation must remove the prisoner from his cell and conduct the evaluation at a location that will provide privacy from other prisoners and staff.

PSU staff must not only look for mental and emotional distress, but must also immediately report any signs that a prisoner appears to have an emergent medical need. The psychologist must notify health care staff (including the ER at DWH if necessary) and custody staff immediately of the problem. The psychologist must then document this information into Serapis.

If, while making these rounds, the psychologist finds that a prisoner has a medical issue that is not of an urgent nature, the psychologist should instruct the prisoner to notify nursing during nursing staff's next round. At JMF, the psychologist must document the medical issue in the Segregation Healthcare Log Book so that when nursing staff at JMF complete their next round, they will be alerted by the Log Book that there is an issue which needs to be addressed. In RGC, the psychologist must inform the RGC nursing staff, either in person or by telephone. If there are questionable medical cases or someone is refusing treatment, the psychologist must notify the JMC Medical Director, Dr. Savage. The psychologist must then follow up with that prisoner during the next round to be sure that his issue has been addressed.

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Upon completion of the rounds the psychologist must inform custody staff that rounds are complete, make them aware of any prisoners causing concern, and document those concerns in the Segregation Healthcare Logbook and on the Special Housing Unit Record.

A Serapis note is not mandatory for each contact made during rounding. If clinical contacts, observations, or other referrals are necessary, a Serapis note must be written.

III. WEEKEND /HOLIDAY PSU ROUNDING

The Psychological Services Unit (PSU) is responsible for providing first responses to all requests for mental health services by facility staff or by prisoners themselves. This responsibility extends to the provision of emergency services coverage during weekends and on legal holidays. These assignments are filled by PSU staff on a rotating basis in accordance with the emergency services staff roster.

All PSU line professional staff assigned to the Jackson Medical Complex rotates the emergency services assignment. Consequently, the emergency services rotation list will vary from week to week, and the emergency services rotation list will be updated weekly to reflect any changes.

The emergency services assignment is normally from 8:00 a.m. until 12:00 noon on weekends and holidays. The rounding requirement may necessitate additional hours depending upon the other emergencies which need to be addressed. Assigned staff must:

a) Report to the Duane Waters Health Center (DWH) Emergency Room by 8:00 a.m. and pick up the pager;
b) Advise the Emergency Room supervisor that they are on site;

c) Tell the Emergency Room supervisor where he/she may be reached by telephone during the shift; and inquire whether any calls have been made to the Emergency Room staff requesting the need for emergency psychological services; and

d) Check his/her telephone messaging system and e-mail for any messages regarding prisoners needing to be evaluated. In the event of multiple emergency calls, the psychologist must use clinical judgment and respond in order of clinical urgency. All calls to PSU will be responded to and the referral source will be advised as to what the plans and intentions are in response to the referral.

PSU staff may request that prisoners be escorted to the Emergency Room for evaluation. However, clinicians may provide on-site evaluations at the prisoner's facility, if appropriate. These generally should be conducted outside the prisoner's cell. Wherever an evaluation is completed, the process must be identical to an evaluation completed during the normal work week.

At the end of the Emergency services shift, staff returns the pager to the DWH Emergency Room. It is never acceptable to leave the pager in someone's mail box, desk drawer, or at any information desk. The pager should always be returned to the DWH Emergency Room.

IV. SPECIFIC INSTRUCTIONS FOR ROUNDS AT JMF

Segregation at JMF is located in pods 6C, 6D, and 6E. The specific instructions for Rounding are as follows:

1. Use OMNI to go to OCMS facility reports, click the "occupied locks" folder, and click on the drop down menu for housing unit 6C, 6D, and 6E at JMF. Retrieve

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INSTRUCTIONS FOR PSU STAFF ROUNDS – JMF AND RGC

each of these to compile the census of the three units at JMF as of that day. Print these out, and bring them to JMF. Also, take a green pen to sign in and out.

2. Pick up a PPD and a pass key at the JMF arsenal or control center. There will be a special set of keys designated for the ER Weekend/holiday staff. The pass key allows entrance into the segregation health care area so that entries may be made into the segregation health care log book as described above.

3. Walk through the PSU area at JMF and review a blue notebook labeled "Ad Seg Rounding Log". This notebook contains copies of previous reports which can be used as models to communicate your findings.

4. Walk into Temporary Segregation (C-Pod) and sign in the unit log book, using a green pen, indicating that you are beginning rounds. Check with the officers to see if there are any prisoners about whom they have concerns. Make rounds as described above in the "What To Do During Rounds" section. If you should have to leave the unit before completing the rounds, indicate this in the unit logbook. Then, resume the round again when you return. Keep track of when you begin and finish rounds as this information needs to be communicated via email at the end.

5. Make verbal contact with each prisoner in the cell using the printed census from OMNI as described in #1 above. Wake prisoners up to engage with them. Sign your name clearly to the "comments" section of the Special Housing Unit Record. This record is next to every single cell door in all three areas of Administrative Segregation.

6. Keep track of the prisoners seen, those that may be out to medical, visits, court, etc. Unless a prisoner is off site, every attempt should be made to speak to him. A Serapis note does not need to be completed on these contacts. If clinical

contacts, observations, or other referrals are necessary, a Serapis note should be written.

7. If there is a mental health concern, take the appropriate action including evaluation, referral, or treatment as the situation requires. Request the Officer escort the prisoner to the health care room in the cellblock for an assessment.

<u>If the prisoner's status requires immediate intervention, institute procedures to safely manage the prisoner until he is assessed and treated, or transferred.</u>

Advise the PSU clerical staff, Chief Psychologist, and Lead Worker Psychologist of any evaluation performed and the disposition of the referral. This may be done by telephone or e-mail and will provide back-up to the notifications required in the unit log book and in the Special Housing Unit Record.

8. Inform the officer of any findings or specific recommendations on any prisoner about whom you have a concern and describe to the officer any actions that are to be taken. Indicate this in the unit logbook.

9. Log in the book at the Officer's Desk that rounds were completed, the number of prisoners observed during rounds, and the time rounds were completed. Sign the log book when you leave the unit with a legible signature and provider number.

10. Email the report to the designated report group described above (Hampton Walker, Barbara Hladki, Debbie Roth and Marianne Sears) before 3:00 p.m. Also send a copy to the PSU Lead Worker at JMF, David Arends, so it can be added to the JMF Ad Seg Rounding Log book.

V. SPECIFIC INSTRUCTIONS FOR ROUNDS AT RGC

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INSTRUCTIONS FOR PSU STAFF ROUNDS – JMF AND RGC

At the Reception and Guidance Center (RGC), the Special Management Housing Unit (SMHU) is currently located in One Block south on base level. The specific instructions for Rounding are as follows:

1. Retrieve the email sent to you from the PSU secretary, which contains the current SMHU census list and relevant information about each prisoner's status. The PSU secretary will send this list to the next day's duty psychologist via email. This will also be emailed to the psychologist covering the weekend and holidays. The psychologist will need to access this email before the end of the previous shift or prior to commencing rounds. Another copy will be placed in the Egeler front office mailroom. The RGC emergency duty coverage psychologist for the day will normally be the person completing rounds on week days and he/she will usually complete rounds between 0800 and 0900 daily. .

2. Sign the log book at the Officer's Desk at One Block upon entering the area indicating, at minimum, the time, his or her name, provider number, and presence on the unit.

3. Ask the officer if they are aware of any prisoners who might be having difficulties. The psychologist may ask an officer to walk through rounds with the psychologist or he/she may complete rounds on his/her own.

4. Make verbal contact with each prisoner in the cells. Use the SMHU roster and go cell to cell trying to engage each and every prisoner. Wake prisoners up to engage with them.

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5. Keep track of the prisoners seen, those that may be out to medical, visits, court, etc. Unless a prisoner is off site, every attempt should be made to speak to him.

A Serapis note is not mandatory for each contact made during rounding. If clinical contacts, observations, or other referrals are necessary, a Serapis note must be written.

6. If there is a mental health concern, take the appropriate action including evaluation, referral, or treatment, as the situation requires.

If the prisoner's status requires immediate intervention, institute procedures to safely manage the prisoner until he is assessed and treated, or transferred.

7. Initial each prisoner's door card, indicate in red ink.

8. Inform the officer of any findings or specific recommendations, any prisoner about whom you have a concern and what actions are to be taken. Indicate this in the Special Housing Management Unit logbook and in the Special Housing Unit Record.

9. Log in the book at the Officer's Desk that SMHU rounds were completed, the number of prisoners observed during rounds, and the time rounds were completed. Sign the log book when you leave the unit with a legible signature and provider number.

10. Email a report to the designated report group and copy the RGC Chief Psychologist, Dr. Diane Gartland. The RGC PSU QMHP will download this information and attach it to the SHMU list originally provided and put it in the binder in the data processing area.

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INSTRUCTIONS FOR PSU STAFF ROUNDS – JMF AND RGC

VI. MANAGING REFERRALS

Wherever one completes an evaluation, the clinician makes a determination as to what action is needed. The clinician may find:

1. The prisoner is not experiencing significant psychological distress. This is noted in the unit log book and the contact is documented in the Serapis medical record.

2. The presenting problems can be addressed through the development of a Management Plan, supportive counseling, or periodic follow-up. This is communicated to the facility PSU and the contact documented in the Serapis medical record.

3. The prisoner's psychological problems are severe enough to warrant placing him in an observation cell with restrictions specified by a Management Plan. This is communicated to the facility PSU and the contact documented in the medical record.

   Note: The Management Plan is communicated on form CHJ-177 and should be an individualized plan detailing the specialized management needs of the prisoner referred. Instructions for completion of this plan are on the back of the CHJ-177 packet and are self-explanatory. The Management Plan's use is not restricted to self-injurious or suicidal prisoners and may be used to communicate any specialized management needs identified during the psychological evaluation.

4. The prisoner requires an assessment for suicide risk. It is important that PSU staff complete all necessary forms when conducting these evaluations. These are:

   Evaluation of Suicide Risk (CHJ-180)

EXHIBIT C

INSTRUCTIONS FOR PSU STAFF ROUNDS – JMF AND RGC

Mental Health Progress Note (CHJ-543)

Mental Health Referral/Evaluation Data Entry (CHJ-246)

Mental Health Management Plan (CHJ-177) (if necessary)

Mental Health Evaluation/Admission Referral (CHJ-332) (if necessary)

5. The prisoner needs a referral to an inpatient medical unit, mental health facility, or crisis stabilization unit.

Note: For referrals to the CSP follow the OP 04.06.180b, Crisis Stabilization Program Referrals/Adminssions. The process for referrals to the Huron Valley Men's is outlined in OP-05.01.140-E, "Transfers to Huron Valley Mens." The same five forms listed in # 4 above will be used, although the CHJ-543 is not necessary if the CHJ-332 is used. The following is the current process of transferring prisoners for admission to HVM. The PSU staff will:

1) Complete a QMHP evaluation documenting that the prisoner may be acutely mentally ill or suicidal and a mental health emergency exists.

2) Place the prisoner in an observation cell and complete CHJ-177 pending transfer of the prisoner to HVM.

3) Complete CHJ-332 and fax this to the HVM Admissions Coordinator at (734) 434-8813.

4) Complete CHJ-246 for data entry.

5) Call the HVM Admissions Coordinator at: (734) 434-5186 providing the referral information. On the weekends or holidays, you will need to call the HVM's Control Center at (734) 572-9893 and/or the HMV Admission Unit at (734) 572-

9935. Describe the mental health emergency and the reason for referral.

If you do not speak immediately to the psychiatrist and the on call system is utilized you must wait onsite until the on call psychiatrist calls you back or until the admission is approved.

6. After the transfer to HMV is approved, complete a request for Prisoner Transfer for Health Care Reasons (CHX-165); including the name of the HVM doctor approving the transfer. The registered nurse at the facility must also complete the transfer assessment form (CHJ-218). He/she should include the name of the facility or Emergency Room Physician consulted regarding any current medical condition requiring assessment and/or treatment prior to admission to HVM. Emergency Room medical staff can assist in the transfer process.

7. Notify appropriate institutional staff, such as the Control Center and Duty Officer/Deputy Warden at the sending Hadix facility, of HVM approval and the need to coordinate transportation of the prisoner.

8. If transfer to HVM is not accepted, a CHJ-177 may need modification to assist in the management of the prisoner until a psychiatric assessment occurs. The CHJ-332 should be retained in the prisoner's medical file, and the facility's Outpatient Mental Health Team should be notified of the need for psychiatric assessment.

9. Complete any necessary calls to ensure follow-up of referral once the normal work week resumes.

Staff is expected to stay on site until all matters related to the emergency have been attended to. The prisoner should be stabilized either in his regular housing setting, in an

inpatient medical facility, in an observation cell, or the prisoner's transfer should be assured. All documentation must be completed.

Follow-up needs on assessed prisoners should be clearly communicated to the respective facility's clerical staff, Chief Psychologist, and Lead Worker Psychologist. If follow-up instructions need to be communicated to the next assigned psychologist providing emergency services coverage, these should be left at the Emergency Room with the pager so that the next assigned person may pick them up.

Weekly **Case Management Meetings** have been established to identify prisoners who are in some way “at risk” due to the status of their health condition. These “at risk” prisoners comprise a group of **Special Needs Patients** who require close medical or multidisciplinary management, in other words, they need to be case-managed and individual treatment plans need to be developed for each of them. Individual **Treatment Plans** are developed by a Qualified Health Professional (QHP) or Qualified Mental Health Professional (QMHP) at the time the condition is identified, and updated when warranted.

The purposes of the **Case Management Meetings** are to:

1) Serve as a point of weekly contact for medical, nursing, and mental health (Corrections Mental Health Program and Psychological Services Unit) staff to assure communication on **Special Needs Patients** toward improving individual patient outcomes and systems improvement;

2) Review and, if necessary, modify the treatment plan;

3) Assess progress on the **Treatment Plan** and identify any impediments to timely access to needed services;

4) Initiate and then monitor any actions necessary to assure continuity of care; and

5) Generate a comprehensive list of **Special Needs Patients** from which subsequent lists of patients can be shared with the Warden and Segregation Unit Staff to engage them when necessary in facilitating the **Treatment Plan**.

NOTE: ***Information shared with the Warden and/or segregation staff should not contain specific diagnoses and should be restricted only to***

information necessary for them to know in order to facilitate action if and when the prisoner's health status requires.

The **Treatment Plan** is the plan developed and maintained within Serapis© which must include, at a minimum:

- The frequency of follow-up for medical evaluation and adjustment of treatment modality;
- The type and frequency of diagnostic testing and therapeutic regimens;
- When appropriate, instructions about diet, exercise, adaptation to the correctional environment, and medication.
- Delineation of special needs on the master problem list; and

NOTE: Lists of special needs patients must be maintained by the Health Unit Manager (HUM) (see reporting requirements later in this document.)

Discussion

Case Management Meetings are intended to ensure that prisoners with significant health conditions receive ongoing multidisciplinary care.

The **special needs program** serves a broad range of health conditions and problems that require the physician or other designated qualified health care professionals to design a treatment plan tailored to the individual patient's needs. The treatment plan is individualized, typically multidisciplinary, and based on an assessment of the patient's needs, and includes a statement of short- and long-term goals as well as the methods by which these goals will be pursued. When clinically indicated, the treatment plan gives patients access to the range of supportive and rehabilitative

services (such as physical therapy, individual or group counseling, and self-help groups) that the treating clinician deems appropriate.

Patients with special needs are followed closely through regularly scheduled Medical Service Provider visits appropriate to the needs and complexities of the care required. The master problem list includes known drug allergies and any special needs. All documentation is to be entered into Serapis© to assure system-wide availability of necessary health information for the facilitation of care.

Treatment plans for patients with mental health conditions should incorporate ways to address the patients' problems and enhance patients' strengths, involve patients in their development, and include relapse prevention risk management strategies. The strategies should describe signs and symptoms associated with relapse or recurring difficulties (e.g., auditory hallucinations), how the patient thinks a relapse can be averted, and how best to help him or her manage crises that occur.

Inmates with intellectual limitations are prone to become victims in the correctional environment and may need special housing arrangements.

An individual treatment plan should be developed or revised for any prisoner expressing suicidal ideation. This treatment plan should be developed by the mental health staff in conjunction with the patient to address relapse prevention and initiate a risk management plan. The risk management plan should describe signs, symptoms, and the circumstances under which the risk for suicide is likely to recur, how recurrence of suicidal thoughts can be avoided, and actions the patient or staff can take if the suicidal thoughts do occur.

REPORTING

A list of Special Needs Prisoners must be kept by each HUM for each Hadix facility. In addition, each special program supervisor (e.g., dialysis unit) shall keep a list of their Special Needs Prisoners and report on their status to the HUM at least weekly. Reporting of specific diagnoses and treatment must be contained within health care. Reporting of risk factors to the Warden or to staff on segregation units should not contain such detailed patient information. QHPs and QMHPs must use discretion and share confidential health care information only on a need to know basis. Use the format contained in **Appendix B, Special Needs Patient Report**.

APPENDIX A

WEEKLY CASE MANGEMENT MEETINGS

DEFINITIONS

- ***Special Needs Patients*** include those with chronic diseases or conditions that require regular care. Examples of special needs patients, and their conditions, are provided below.
- The ***Special Needs Program*** assures individual prisoners' health care needs are addressed by the QHP/QMHP. It addresses the broad range of health conditions and problems that require the physician or other designated qualified health care professionals to design a treatment plan tailored to the individual patient's needs.
- A ***Treatment Plan*** is a series of written statements specifying a patient's particular course of therapy and the roles of qualified health care professionals in carrying it out.
    - ***Adolescence*** is a period during which a prisoner goes through periods that require special attention to diet, exercise, and nutrition.
    - ***Chronic Disease*** is an illness or condition that affects an individual's well-being for an extended interval, usually (at least) 6 months, and generally is not curable, but can be managed to provide optimum functioning within any limitations the condition imposes on the individual.
    - ***Developmentally Disabled*** individuals include those with limited intellectual ability who may need habilitation planning, assistance in accepting the limitations of their conditions, and special attention to their physical safety in the corrections environment.
    - ***Dialysis*** patients are those with end-stage renal disease requiring either hemodialysis or peritoneal dialysis on a recurrent basis.
    - ***Frail or Elderly*** prisoners include those who suffer from conditions that impair their ability to function to the extent that they require assistance in activities of daily living (e.g., dressing, feeding, transferring, toileting).
    - ***Physical Disabilities*** can refer to mobility impairments (e.g., amputations, paraplegia) or to other disabilities that limit a person's daily functioning (e.g., visual impairments, hearing impairments, speech impairments).
    - ***QHP (Qualified Health Professional)*** is a physician, physician assistant, nurse practitioner, registered nurse, dentist, dental hygienist or other health care professional licensed by the State of Michigan or certified to practice within the scope of his/her training (definition taken from PD 03.040.100 "Health Services").
    - ***QMHP (Qualified Mental Health Professional)*** is a physician, psychiatrist, psychologist, social worker, registered nurse, or other health professional who is trained and experienced in the areas of mental illness or mental retardation and is licensed by the State of Michigan or certified to practice within the scope of his/her training (definition taken from PD 03.040.100 "Health Services").

APPENDIX A

WEEKLY CASE MANGEMENT MEETINGS

DEFINITIONS

- ***Serious Communicable Diseases*** include those that are transmitted sexually, through the respiratory system, or by infected blood (e.g., syphilis, gonorrhea, chlamydia, HIV, tuberculosis, hepatitis).
- ***Serious Mental Health*** needs include those with basic psychotic disorders or mood disorders (e.g., manic-depressives), self-mutilators, the aggressive mentally ill, post-traumatic stress disorders, and suicidal prisoners.
- ***Terminally Ill*** prisoners all require specialized care that includes mental health and medical management.

APPENDIX B

SPECIAL NEEDS PATIENT REPORTS

Special Needs Patient Reports are required to be kept and updated continuously as significant changes in patient status are noted. The following procedure and forms must be used

Purpose: Case Management of Special Needs Patients.

Definitions:

1) **Case Management** -- a process involving medical, nursing, mental health, and dental staff which in collaboration assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health needs through communication and the effective use of available resources to promote quality, cost effective outcomes". (Derived from US Military definition)

2) **Special Needs Prisoners** -- medically or mentally fragile and/or in a diagnostic or treatment pathway (example: Rule out cancer/heart disease, etc.) that, if interrupted, would cause increased morbidity or mortality. APPLIES TO PRISONERS IN GENERAL POPULATION AND IN SEGREGATION. See definitions in Appendix A.

NOTE: The prisoner must be moved to a medical bed if the medical/mental health condition cannot be managed in segregation.

Complete the form:

Field	Instruction	Example
Date Listed/ Updated	Enter the date the Special Needs Patient issue(s) was/were identified; change the date if the Patient status factors change significantly.	
Prisoner Name	Enter prisoner name.	Example: Last Name, First Name, Middle Initial.
Prisoner #	Enter Prisoner number.	Example: #999999
Lock/Location	Enter Lock & Location.	
Issue(s)	Identify Issue(s).	Example: Being treated for a serious medical illness requiring frequent off-sites; Difficulty breathing with exercise; High Risk for Heat Related Illness.

Note: Enter all prisoners on the comprehensive list; share with each Warden and/or segregation unit staff any information required to enlist their support of patient care and send the Warden's. **DO NOT SHARE SPECIFIC DIAGNOSES OR TREATMENT PLANS.**

Forward by e-mail a copy of the lists for the Warden and for segregation to the Warden and work with the Warden to establish a process to share the segregation list with the segregation officers in a timely way.

Forward copies of all lists to your RHA.

Use the HUM form as the basis of your weekly multidisciplinary case management meeting. Include only those disciplines that have relevance given patient illness/risks to conserve staff time.

APPENDIX B

SPECIAL NEEDS PATIENT REPORTS

Michigan Department of Corrections

"Expecting Excellence Every Day"

Health Unit Manager's
Special Needs Patient List

Report Date: ____________

Facility: __________________________

Date Listed/ Updated	Prisoner Name	Prisoner #	Lock/Location	Issue(s) For Clinical and Health Care Support Staff

APPENDIX B

SPECIAL NEEDS PATIENT REPORTS

Michigan Department of Corrections

"Expecting Excellence Every Day"

Warden
High Health Risk Prisoners List

Report Date: ____________

Facility: __________________________

Date Listed/ Updated	Prisoner Name	Prisoner #	Lock/Location	Issue(s) for Warden's

APPENDIX B

SPECIAL NEEDS PATIENT REPORTS

Michigan Department of Corrections

"Expecting Excellence Every Day"

Segregation Officers
High Health Risk Prisoners List

Report Date: ____________

Facility: __________________________

Date Listed/ Updated	Prisoner Name	Prisoner #	Lock/Location	Issue(s) for Segregation Officers

CFA REGION III ADMINISTRATION	EFFECTIVE DATE 12/22/2006	NUMBER OP-CFA3-04.05.112
OPERATING PROCEDURE	SUPERCEDES NEW	
	AUTHORITY PD-04.05.112, Managing Disruptive Prisoners; USDC-ES Case#: 4:92-cv-110, Hadix v. Johnson	
	ACA STANDARDS 4-4190; 4-419	
SUBJECT Managing Prisoners In Need Of Mechanical Restraints, in Hadix Facilities	PAGE 1 OF 4	

APPLICATION: Southern Michigan Correctional Facility (JMF)
Parnall Correctional Facility (SMT)
Charles Egeler Reception & Guidance Center (RGC)

OBJECTIVE: To establish the proper procedure for handling a prisoner, when staff have determined that his in-cell behavior warrants the use of mechanical restraints.

AUDITING: The CFA 3 Regional Administrative Assistant has responsibility for ensuring that this procedure is complete and accurate. This responsibility includes: 1) ensuring that the procedure complies with all applicable Department administrative rules, policies, DOMs and procedures; 2) reviewing the procedure at the time of annual review; 3) submitting draft revisions when the procedure needs updating; and, 4) auditing staff compliance.

FORMS/ RETENTION: None

RELATED POLICIES/ PROCEDURES: PD-04.05.110, Use of Force (EXEMPT)
PD-04.05.112, Managing Disruptive Prisoners (EXEMPT)
PD-05.01.140, Prisoner Placement and Transfer

DEFINITIONS:

A. Mechanical Restraints - Any device or instrument utilized to limit, restrict, or hold patients under control, which inhibits freedom of physical movement. Mechanical restraints include leather or metal restraints applied to wrist(s), ankle(s), waist, chest or head.

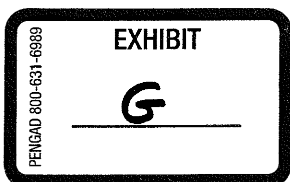
B. Medical Service Provider (MSP) - Any credentialed Physician, Physician Assistant, or Nurse Practitioner approved to practice in the Duane Waters Health Center.

INFORMATION: The use of in-cell mechanical restraints is prohibited at the Southern Michigan, Charles E. Egeler, and Parnall Correctional Facilities.

If mechanical restraints are necessary to prevent a prisoner who is in a cell from causing significant damage to state property and/or from self-injury, staff should take immediate steps to ensure the physical safety of the prisoner. If mechanical restraints are required, he must be physically removed from the cell following application of restraints, pending transfer to Duane L. Waters Health Center (DWH).

Staff may utilize the proper application of mechanical restraints outside of a prisoner's cell to control or secure a situation, or to prevent the prisoner from harming himself or others. The prisoner may not be placed in a cell, however, while remaining in restraints.

This operating procedure is intended to outline what steps staff will take when a prisoner's in-cell behavior reaches a point where mechanical restraints are deemed necessary in order to safely manage the prisoner.



PROCEDURE:

WHO	**DOES WHAT**
	Determination of Need
Shift Commander (RGC/JMF/SMT)	1. Determines that a prisoner's in-cell behavior can not be safely managed or controlled without the utilization of mechanical restraints.
Custody Staff	2. Takes immediate steps to ensure the prisoner's physical safety, while immediately facilitating a timely transfer to DWH.
Shift Commander (RGC/JMF/SMT)	3. Contacts their On-Site or On-Call Duty Administrator immediately, to obtain authorization to move the prisoner to the Duane L. Waters Health Center (DWH) for evaluation.
	If Approved by On-Site or On-Call Duty Administrator
Shift Commander (JMF/SMT)	4. Notifies the RGC-Main Control Center of the impending move.
Shift Commander (RGC)	5. Notifies DWH Building Control that they will be receiving the prisoner, as soon as he can be secured for transport.
Building Control (DWH)	6. Notifies the DWH House Supervisor and Emergency Room of the incoming transport.
	(OR)
	If Not Approved by On-Site or On-Call Duty Administrator
Shift Commander (RGC/JMF/SMT)	7. Follows the instructions for managing the prisoner from their On-Site or On-Call Duty Administrator.
	8. Reassesses the situation as needed, and contacts their On-Site or On-Call Duty Administrator for further direction.
	Documentation for Movement
Shift Commander (Sending Facility)	9. Prepares the documentation necessary for transporting the prisoner to DWH.
	10. Ensures that the prisoner's cell is secured immediately upon his removal from the cell, and that his property is inventoried, packed-up and secured for storage as soon as possible thereafter, in accordance with the facility's operating procedures. This includes logging the pack-up disposition in the housing unit log book.
	Arrangement of Transport - JMF/RGC
Building Control/ House Supervisor (DWH)	11. Notifies the DWH Emergency Room to dispatch the mini-ambulance to the prisoner's facility and housing unit for transport.
	(OR)
Shift Commander (JMF/RGC)	12. Arranges to transport the prisoner directly to DWH south gate.

PROCEDURE: (Cont'd)

WHO	DOES WHAT
	Arrangement of Transport - SMT
Building Control/ House Supervisor (DWH)	13. Notifies the DWH Emergency Room to dispatch the state ambulance to the prisoner's facility and housing unit for transport.
	(OR)
Shift Commander (SMT)	14. Arranges to transport the prisoner directly to DWH east gate.
	Evaluation of Need for Restraints at DWH
DWH Staff (at DWH)	15. Evaluates the prisoner for the initiation or application of restraints, according to OP-DWH-03.04.100 Y - Medical Use of Physical Restraints - Inpatient.
	Release from Restraints - Return to Facility
Medical Service Provider (MSP)	16. Determines that the prisoner can be safely managed at his originating facility, without restraints.
DWH Staff	17. Arranges for the prisoner's discharge, as directed by the MSP.
	(OR)
MSP/Mental Health Service Provider	18. Identifies the prisoner's need for alternate placement and arranges for admission.
	During Weekdays & Normal Business Hours
RGC/DWH Staff	19. Informs the Sending Facility Transfer Coordinator that the prisoner will be transferred.
Transfer Coordinator (Sending Facility)	20. Discusses the need for alternate placement with Classification Division staff, in Central Office CFA.
DWH Staff (at DWH)	21. Retains the prisoner at DWH until the necessary alternate placements plans are made and the prisoner can be transferred, or as directed by the MSP.
	During Weekends or After Normal Business Hours
RGC/DWH Staff	22. Informs the Sending Facility Shift Commander that the prisoner will be transferred.
Shift Commander & On-Site/On-Duty Administrator (Sending Facility)	23. Contacts the Shift Commander & On-Site/On-Duty Administrator at a receiving facility, and arranges for the prisoner's transportation and transfer.

DOCUMENT TYPE OPERATING PROCEDURE	EFECTIVE DATE 12/22/2006	NMBER OP-CFA3-04.05.112	PAGE 4 OF 4

APPROVED BY: Signature on File... 12/19/2006
Barbara Bock, Regional Prison Administrator Date

Signature on File... 12/19/2006
Duncan Howard, Regional Health Administrator Date

PREPARED BY: R Cole Bouck, Administrative Assistant, CFA Region III Administration