**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

EDWARDS BRAGGS, et al.,	)	
	)	
Plaintiffs,	)	
	)	
v.	)	CIVIL ACTION NO.
	)	2:14-CV-00601-MHT-TFM
JEFFERSON DUNN, in his official	)	
capacity as Commissioner	)	
of the Alabama Department of	)	
Corrections, et al.,	)	
	)	
Defendants.	)	
	)	

PLAINTIFFS' BRIEF IN SUPPORT OF LIABILITY FINDING RELATED TO FAILURE TO ADEQUATELY MONITOR AND TREAT PRISONERS IN SEGREGATION WHO HAVE NOT PREVIOUSLY BEEN IDENTIFIED AS NEEDING MENTAL HEALTH SERVICES

INTRODUCTION

for most inmates and likely would cause serious mental illness or a massive exacerbation of existing mental illness for inmates with active mental illness or a history of mental illness." Graves v. Arpaio, 48 F. Supp. 3d 1318, 1336 (D. Ariz. 2014)(citing Madrid v. Gomez, 889 F.Supp. 1146, 1155, 1235–36, 1265–66 (N.D.Cal.1995)); see also United States v. D.W., 198 F. Supp. 3d 18, 91 (E.D.N.Y. 2016) ("Research has demonstrated that time served in solitary confinement can lead to serious mental illness in healthy individuals."); Ind. Prot. & Advocacy Servs. Comm'n v. Comm'r, Ind. Dep't of Corr., 2012 WL 6738517 at *23 (S.D.Ind. Dec. 31, 2012)).

Earlier this year, the Third Circuit found that research shows that "the psychological trauma associated with solitary confinement is caused by the confinement itself. 8.3(()-4. -2.2913

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visited on October 13, 2017). The Standard Minimum Rules also provide that "[h]ealth-care personnel shall … pay particular attention to the health of prisoners held under any form of involuntary separation, including by visiting such prisoners on a daily basis." Id. at Rule 46.

As the psychological harm of isolation became widely recognized, federal courts have increasingly found that specific conditions of isolation similar to those in Alabama put mentally-stable inmates at psychological risk. In Louisiana, the court found that allowing prisoners to leave their segregation cells for only one hour per day for exercise and showers "take[s] a detrimental toll on the health and well-being of the average inmate." Wilkerson v. Stalder, 2013 WL 6665452, at *8 (M.D. La. Dec. 17, 2013), aff'd sub nom. Wilkerson v. Goodwin, 774 F.3d 845 (5th Cir. 2014) (citing Grassian at 333). Administrative segregation units in Texas were found to be "virtual incubators of psychoses—seeding illness in otherwise healthy inmates and exacerbating illness in those already suffering from mental infirmities." Ruiz v. Johnson, 154 F. Supp. 2d 975, 984 (S.D. Tex. 2001). In Illinois, a Court found that "[i]solation in solitary confinement can cause

B. The Record Is Filled with Evidence of Mental Health Needs of Persons in Segregation, Including Those Previously Unidentified as Needing Mental Health Care

The evidence presented in this case leaves no question: many persons in segregation in the ADOC who have not previously been identified as having mental health needs develop serious mental health needs in segregation.[2]

In the most extreme examples, many of the individuals who have taken their own lives in the ADOC in

  - J.H. committed suicide in a Holman death row cell on August 25, 2014. He was not on the mental health caseload, and his suicide was described as "not anticipated by anyone". Pls. Ex. 1110 at MHM040816-818.

- Psychological Autopsies, Pls. Ex. 1215:
  - C.P. committed suicide in a Holman segregation cell on February 18, 2016. He had been in previously been in segregation for a two-year period, during which he complained of "feeling anxious and feeling closed in, as well as of hearing voices.". He was not on the mental health caseload, and his suicide was described as "not anticipated." Pls. Ex. 1215 at MHM041802-804.

  - D.H. committed suicide in a Limestone segregation cell on August 24, 2015. He was not on the mental health caseload, and his suicide was described as "not anticipated by anyone". Pls. Ex. 1215 at MHM041808-810.

Many more individuals engage in some sort of self-harm while in segregation. They are discussed in MHM's Continuous Quality Improvement Meeting Minutes. The following exhibits describe instances where an individual who was not clearly identified as being on the mental health caseload engaged in self-harm in segregation.[4]

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- Pls. Ex. 670, MHM's Continuous Quality Improvement Meeting Minutes, April 30, 2014
  - A man hanged himself in segregation and died. MHM031197 (This is likely a discussion of T.H., discussed above).

- Pls. Ex. 670, MHM's Continuous Quality Improvement Meeting Minutes, July 23, 2014
  - A man at Kilby became suicidal once he was placed in segregation. MHM031205

- Pls. Ex. 670, MHM's Continuous Quality Improvement Meeting Minutes, Jan 28, 2015
  - A man in a two-person segregation cell at Bibb committed a suicidal gesture. He was not on the mental health caseload. MHM031219
  - There was an undescribed "critical incident" regarding a man in segregation at Holman. MHM031220
  - A man in segregation at Kilby set fire to his cell. MHM031220.

- Pls. Ex. 670, MHM's Continuous Quality Improvement Meeting Minutes, April 22, 2015
  - A man in segregation at Donaldson committed suicide. He was not on the mental health caseload. MHM031226-27
  - A man in segregation at Fountain committed three suicidal gestures "in order to get out of seg". MHM031227
  - A man in segregation at St. Clair cut himself. MHM031229

- Pls. Ex. 717, MHM's Continuous Quality Improvement Meeting Minutes, July 22, 2015
  - A woman in segregation at Tutwiler hung herself, but did not die. She also cut her wrist with a rock. She was not on the mental health caseload. MHM 029601

- Pls. Ex. 720, MHM's Continuous Quality Improvement Meeting Minutes, Feb. 5, 2014
  - A woman in segregation hanged herself. She did not die. MHM 029583.
  - A woman in segregation strangled herself. She did not die. MHM 029583.

further testified that, at one time, self-mutilation gave her relief from the depression in segregation. *Id.* at 16:2-11. R.M.W. testified that she has self-mutilated and attempted to hang herself in prison, but that she has taken these actions only when in segregation. *Id.* at 17:15-25.

Plaintiffs' mental health experts also provided evidence regarding the mental health harms to people in segregation, including those not previously identified as needing mental health care. Dr. Craig Haney opined that "long-term exposure to precisely the kinds of conditions and practices that [] currently exist in the ADOC, creates significant risk of serious psychological harm. The risk of harm is brought about whether or not the prisoners subjected to these conditions suffer from a preexisting mental illness." Haney Rep., Jt. Ex. 459 at 105. Dr. Haney goes on to explain that the harms from isolation, enforced idleness, and oppressive surveillance "predictably can impair the psychological functioning of the prisoners who are subjected to them. For some prisoners, these impairments can be permanent and life-threatening." *Id.* at 110-11. Citing studies by, among others, Defendants' expert Dr. Raymond Patterson, Dr. Haney explained that rates of suicide are higher for persons in segregation, even when controlling for variables such as serious mental illness or age. *Id.* at 114-15. Further, Dr. Haney referenced the study of Defendants' newly identified consultant, Dr. Jeffrey Metzner, that concludes that "[i]solation can be harmful to any prisoner," and that the potentially

adverse effects of isolation include anxiety, depression, anger, cognitive disturbances, perceptual distortions, obsessive thoughts, paranoia, and psychosis." Id. at 118.

Plaintiffs' psychiatric expert Dr. Kathryn Burns testified that "even people without mental illness can suffer psychological harm from being in segregation." Burns Trial Tr., Vol. I, 208:25-209:2. She references studies that find that "suicides occur proportionately more often in segregation than in other settings" in correctional systems. Id. at 206:3-7. She further testified that psychological harm often occurs "as a consequence of people being in segregation," and that "we don't know in advance" which prisoners might have the kinds of vulnerabilities that will result in psychological harm from segregation. Id. at 209:11-210:2. The psychological harm can lead to hallucinations, chest pain, palpitations, anxiety attacks, and self-harm, even among previously healthy people. Id. at 208:25-209:9.

Indeed, Dr. Hunter, MHM's Chief Psychiatrist, testified that "anyone, if they were in segregation long enough, would run the risk of deterioration in their mental health functioning." Hunter Trial Tr., Vol. III, 72:24-73:1.

II. Defendants Fail to Meet Their Obligation to Assess Persons in

to provide "medical treatment for illness and injuries, which encompasses a right to psychiatric and mental health care." Osterback v. McDonough, 549 F. Supp. 2d 1337, 1349 (M.D. Fla. 2008) (quoting Cook ex rel. Estate of Tessier v. Sheriff of Monroe County, Fla., 402 F.3d 1092, 1115 (11th Cir. 2005)). The right to adequate psychiatric and mental health care includes the "right to be protected from self-inflicted injuries, including suicide." Id. The right to protection from self-harm arises where, as here, there is "a strong likelihood rather than a mere possibility that the self-infliction of harm will occur." Id (quoting Cagle v. Sutherland, 334 F.3d 980, 987 (11th Cir. 2003)). In a systemic case such as this, there is no need for the defendant to know who will be harmed, only that there is a substantial risk of serious harm. Marsh v Butler County, Ala., 268 F.3d 1014, 1028-30 (11th Cir. 2001) (en banc), abrogated in other part by Bell Atl. Corp. v. Twombly, 550 U.S. 544, 561-63, (2007); Rogers v. Evans, 792 F.2d 1052, 1058 (11th Cir. 1986) ("systemic deficiencies can provide the basis for a finding of deliberate indifference."). As discussed in detail below, the systemic deficiencies and Defendants' knowledge of such deficiencies give rise to an affirmative obligation to protect prisoners in segregation from self-harm through basic monitoring and assessment practices that are nearly universally required throughout the correctional community. See, e.g., Pls. Ex. 1097; Burns Trial Tr., Vol. I, 212:9-14.

Further, Defendants' own written policies require that prisoners in

segregation be monitored periodically to ensure early identification of mental health

Burns Trial Tr., Vol. I, 208:13-21. Being able to see into the cell and make contact with the person in the cell is an important part of the rounding process. Id. at 213:5-25. Defendants' security expert, Robert Ayers, similarly opined that rounds are important so that the clinician can "get an early jump on if there's any decompensation starting to happen." Ayers Trial Tr., 97:16-26.

Another important method of assessing people's mental health status is by doing regular mental health evaluations. Such evaluations enable mental health staff to "catch[ ] signs of mental illness at its earliest point to be able to intervene." Burns Trial Tr., Vol. I, 212:9-14. Such an evaluation is "an individual face-to-face encounter out of cell with the person to be able to conduct a mental status

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processes are being conducted regularly or in a manner that has any likelihood of "catching signs of mental illness" among the prisoners in segregation. Burns Trial Tr., Vol. I, 212:9-14.

1. Infrequent and Inadequate Mental Health Rounds

Dr. Haney, in his report, recounted numerous interviews in which he was told that rounds were rare and ineffective. At Holman, he was told that "mental health staff […] only come [to segregation] as part of the 'Seg Board.' Because this group includes custody staff, prisoners are unwilling to candidly discuss sensitive mental health issues." Jt. Ex. 459 at 244. In the main segregation unit at Bullock, Dr. Haney was told that mental health contact "was very sporadic" and that "even then the contact they had with prisoners was cursory: 'The officer says, "mental health,"' and the mental health [staff] just walk through, don't stop at your cell, just walk by, if you are breathing, you are OK.'" Id. at 250. In a segregation unit at Donaldson, Dr. Haney reports being told that "mental health comes back once in

health person coming to my cell window and asking me how I am, not since I've been there."

Id. at 290. Anoth

correctional officer overhear what is being said, … [and] having other prisoners overhear what is being said. And this is of grave concern to most prisoners who are reluctant to have other prisoners know they're mentally ill." Haney Trial Tr., Vol. II, 84:5-11.

Nonetheless, rounds are done at cell-front and in front of officers and other prisoners, to the extent they are done. Three members of the mental health staff – one current, one former – testified about the cursory and sporadic nature of mental health rounds. Dr. David Tytell, the psychologist at the Office of Health Services, testified that when his role included segregation rounds at Donaldson, he saw 112 people, in six housing units, in one and a half to two hours – a minute or less per person, including walking time in and between segregation units. Tytell Trial Tr., 10:25-13:12. He testified that he did the round contacts at cell front. Id. 13:15-18. Lesleigh Dodd testified that at Holman, mental health rounds of segregation and death row are not happening, and that there has difficulty conducting such rounds since 2008 or 2009. Dodd Trial Tr., 11240:6. Former MHM Mental Health Professional Cassandra Lee testified that she spent 35

In his report, Defendants' security expert, Mr. Ayers, observed that "documentation was scant[,] [r]ounds in segregation units were recorded mostly by check marks." Ayers Rep., Jt. Ex. 446 at 26.[5] Ayers testified that, aside from "a

testified that during the six years he was in segregation at St. Clair “they would

then goes on to speculate about the mental health distress of the prisoner. Pls. Ex. 1110 at MHM040807, MHM040817; Pls. Ex. 1215 at MHM041803.

watch, he had a 30-day review and a 90-day review by an unlicensed psychological associate. Jt. Ex. 272, MR012092-93. The reviews have identical boxes checked, all identifying L.P. as being in good condition, and the only comment on the forms is “stable”. Id. There are no progress notes or further documentation of these assessments. The second assessment took place ten days prior to the first placement on suicide watch. Jt. Ex. 272, MR012092, MR012091. There were no assessments for the following nine months, as L.P. suffered through multiple mental health crises. Jt. Ex. 272, MR012091-093.

R.M.W. spent time in segregation at Fountain in the Spring of 2014.[6] She was seen by mental health only while in the suicide watch cell, and for a 30-day review. Jt. Ex. 404, MR017066-081. At the review, the psychological associate wrote “Inmate appropriate for placement” and circled the statement “Segregation placement not impacting inmate’s mental health.” Id. at MR017081. All the same boxes are checked

are not on the mental health caseload is also consistent with the failure to assess those on the caseload. For example, Plaintiff C.J. was in segregation (or suicide watch) from March 2008 through September 2014, January 2015 through November 2016 with brief periods in general population in August 2015 and April 2016. Pls. Ex. 1258, ADOC0400233-45; Pls. Dem. Ex. 131. There is only one periodic assessment in his medical records, from July 19, 2013. Jt. Ex. 163, MR007796 (same assessment appears a second time in the exhibit at MR008179). The assessment has all the same boxes checked as on the assessments of L.P. and R.M.W., states C.J. was stable and that segregation was not impacting his mental health. Id. C.J. had been on suicide watch three times in the three months prior to that assessment. Pls. Ex. 1258, ADOC0400233-37; Pls. Dem. Ex. 131.

Former Plaintiff H.C. also spent years in segregation (and suicide watch) from 2011 to May 2014. Jt. Ex. 173, ADOC038881-85.[7] During this time, he had just 3 periodic assessments, none of which provided substantive comments:

1. 11/5/2013 – all boxes checked to indicate that he is in good condition, comment reads: "Inmate stable at this time. Segregation placement is not impacting inmate's mental health," and the box for "Segregation placement not impacting inmate's mental health" was checked. Jt. Ex. 222, at ADOC007816.

2. 11/5/2012 – several boxes indicating possible mental health problems are checked, the written comments read: "Continued segregation placement is warranted given MH and disciplinary history," and the box for

[7] Mr. Carter spent longer than this in segregation, but this is the most recent continual period for which his movement history is in the record. See Jt. Ex. 173.

“Segregation placement not impacting inmate’s mental health” was checked. Jt. Ex. 222, at ADOC007971.

3. September 2013 (no specified date) – all boxes checked to indicate that he is in good condition, comment reads: “Inmate stable at this time. Segregation placement is not impacting inmate’s mental health”, and the box for “Segregation placement not impacting inmate’s mental health” was checked. Jt. Ex. 222, at ADOC007973.

K.N. has also spent significant amounts of time in segregation, including from August 5, 2015 through November 11, 2015. Jt. Ex. 470, ADOC0400169-170.[8] There is one periodic assessment in the medical records produced for her, a “30-Day Review” that took place on October 19, 2015, 75 days after she was placed in segregation. Jt. 252, at ADOC0385201. That review has all boxes checked to indicate that she is in good condition, written comment reads: “none”, and the box for “Segregation placement not impacting inmate’s mental health” was checked. Id.

The periodic assessments, on the rare occasions they occur, are uniformly void of facts. The uniformity of (1) the lack of assessments and (2) lack of information amply demonstrates that no one – whether or not recognized as mentally ill – is receiving adequate, regular mental health assessments in segregation.[9]

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[8] Ms. Norris has been in segregation numerous times. Jt. Ex. 470. This is the only period when she was in segregation for more than 30 days at a time covered by the medical records that are in evidence.

[9] The lack of monitoring of even the people on the mental health caseload was corroborated by Dr. Tytell, who testified about the lack of assessments for anyone in segregation when he discussed the November 2015 audit at Donaldson: “[t]he mental health inmates in segregation were not being seen.” Tytel Trial Tr., 153:10; see also Pls. Ex. 1245.

3. Infrequent Security Rounds

Plaintiffs' security expert Eldon Vail reported that "Mental Health has not been able to provide segregation rounds and groups because of officer shortage issues." Vail Rep., Jt. Ex. 463 at 69 (quoting St. Clair Quality Improvement Report at MHM032030). Mr. Vail also noted that correctional officers are not following ADOC policy and checking segregation units every 30 minutes. Vail Rep., Jt. Ex. 463 at 56. Mr. Ayers also found that "[t]hirty minute checks by security staff were even more sparsely recorded." Ayers Rep., Jt. Ex. 464 at 24.

The lack of 30-

might have the kinds of vulnerabilities that will result in psychological harm from segregation. Burns Trial Tr., Vol. I at 209:10-12. Similarly, Dr. Tytell testified that his belief is that segregation should only be used in a limited manner and only if the prisoner is a danger. Tytell Trial Tr., 188:15-189:8. He went on to explain:

> THE COURT: And why do you feel that way? What is it about segregation?
>
> THE WITNESS: Being placed in a small room for long periods of time could play tricks on someone's mind. It could help trigger psychosis possibly.
>
> THE COURT: For even a normal person?
>
> THE WITNESS: Yes. It could cause possible delusions. It could. That's definitely a possibility.
>
> THE COURT: What else? Is that the only reason?
>
> THE WITNESS: No. Feelings of isolation can cause depression, and depression, of course, we all know leads to possible suicide. Can also cause social alienation.

Id. at 189:9-20.

While monitoring and assessing individuals in segregation does not prevent the development of mental illness, they allow mental health and correctional staff to "catch[ ] signs of mental illness at its earliest point to be able to intervene." Burns Trial Tr., Vol. I, 212:9-14.

Dr. Tytell similarly testified that the purpose of segregation rounds is to find out if there are any issues, and bring prisoners who need mental health interventions out of their cells for treatment. Tytell Trial Tr., 13:15-18. The dearth

of segregation interventions demonstrates that ADOC is not identifying people needing mental health interventions. From January 2012 to May 2016, there was an average of 1178 people in segregation at all times, and just 69 segregation interventions per month, on average.[11] Jt. Exs. 318 at ADOC0319078, 319 at ADOC0319100, 320 at ADOC0319014, 321 at ADOC0319116, 322 at ADOC0319131, 323 at ADOC0319153, 324 at ADOC0319177, 325 at ADOC0319197, 326 at ADOC0319222, 327 at ADOC0319037, 328 at ADOC0319242, 329 at ADOC0319262, 330 at ADOC0319056, 331 at ADOC0319283, 332 at ADOC0319297, 333 at ADOC0319316, 335 at ADOC043540, ADOC043618, ADOC043662, ADOC043696, ADOC043731, ADOC043763, ADOC043807, ADOC043840, ADOC043869, ADOC043906, ADOC043933, ADOC043974, 336 at ADOC043999, ADOC044040, ADOC044062, ADOC044089, ADOC044112, ADOC044142, ADOC044172, ADOC044194, ADOC044219, ADOC044242, ADOC044264, ADOC044286, 337 at ADOC044308, ADOC044331, ADOC044350, ADOC044371, ADOC044393, ADOC044417, ADOC044441, ADOC044466, ADOC044491, ADOC044519, 339 at ADOC0392820, 342 at ADOC0392589, and 343 at ADOC0393067.[12]

monitoring and assessment tragically and predictably results in the harms

opinion, "[i]n the context of mental-health care, the quality of psychiatric care can be so substantial a deviation from accepted standards as to evidence deliberate indifference to those serious psychiatric needs." Doc. 1285 at 246 (quoting Steele v. Shah, 87 F.3d 1266, 1269 (11th Cir. 1996) (internal quotations and citations omitted)).

452 U.S. 337, 347 (1981)

ADOC's sole psychologist, Dr. Tytell, testified about the risks: psychosis, delusions, depression, possible suicide. Tytell Trial Tr., 189:9-20.

In May 2014, MHM's Chief Psychiatrist, Dr. Hunter, wrote in a psychological reconstruction of a then-recent suicide "His recent segregation placement is a definite stressor and risk factor for suicide." Pls. Ex. 1110 at MHM040806-07. The psychological reconstruction was available to ADOC.

ADOC can and often does attend MHM's CQI Meetings at which the self-harm and suicides of persons in segregation and not on the mental health caseload are routinely discussed. Pls. Exs. 670, 717, 720. As far back as July 2013, Dr. Hunter explained in a CQI Meeting that "any Inmate held in segregation for a long period of time is at risk for mental deterioration." Pls. Ex. 716, July 24, 2013, MHM029562.

105:2. By 2016, ADOC had a suicide rate of 37.86 suicides per 100,000 prisoners. Patterson Trial Tr., Vol. II, 26:5-27:8; Pls. Ex. 1267. The average rate throughout the country was 16 per 100,000, less than half Alabama's rate. Patterson Trial Tr., Vol. II, 27:9-19. Most of the individuals who committed suicide had not been identified as needing any mental health care. Pls. Ex. 1267.

In the October 2015, ADOC and MHM held a meeting to discuss the rising number of suicides. Houser Trial Tr., Vol. II, 202:18-203:3; Tytell Trial Tr., 18:18-185:7; Hunter Trial Tr., Vol. II, 106:4-108:11; Naglich Trial Tr., Vol. IV, 141-156. ADOC, at that meeting, recognized that a significant commonality of the suicides was that nearly all of them occurred in segregation. Hunter Trial Tr., Vol. II, 105:2-11; Tytell Trial Tr., 184:22-185:1, 186:19-187:5.

Unfortunately, ADOC did not take reasonable steps to address the extraordinary risk that its practices regarding segregation created for the men and women in its custody.

During the six months after the meeting in October 2015 in which segregation was identified as the primary commonality of the suicides that had recently occurred, ADOC made no changes to its segregation practices. Hunter Trial Tr., Vol. II, 111:23-112:13. The only change Dr. Hunter identified from the period between the spring of 2016 and his testimony in December 2016 was "some movement to address that issue, again, in the context of changing or amending our

coding system." *Id.* at 112:2-8. To the extent Dr. Hunter was referring to amendments to the coding system to prevent persons identified as having a serious mental illness from being housed in segregation, these amendments would not have had any effect at all for the large majority of persons in segregation who commit suicide –

CERTIFICATE OF SERVICE

I hereby certify that I have on this 13th day of October, 2017, electronically filed the foregoing with the clerk of the court by using the CM/ECF system, which will send a notice of electronic filing to the following:

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