

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA

FILED

NOV 9 1993

CLERK, U.S. DISTRICT COURT  
DISTRICT OF COLUMBIA

LEONARD CAMPBELL, et al.,  
Plaintiffs,

v.

ANDERSON McGRUDER, et al.,  
Defendants.

C.A. No. 1462-71 (WBB)

INMATES OF D.C. JAIL, et al.,  
Plaintiffs,

v.

DELBERT JACKSON, et al.,  
Defendants.

C.A. No. 75-1668 (WBB)

ORDER

Upon consideration of the Plaintiffs' Motion for Interim Relief, defendants' opposition thereto, the Special Officer's Recommendations concerning Interim Relief, the Expert Reports on Medical and Mental Health Services at the District of Columbia Jail, and the record in this case, it is hereby

ORDERED that the plaintiffs' motion is granted; and it is

FURTHER ORDERED that within five days of the date of this Order, unless otherwise provided:

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JC-DC-001-060

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- (1) Inmates who exhibit symptoms or behavior indicating that they may be acutely suicidal, pose a danger to themselves or others, or require physical restraint or constant observation, shall be promptly evaluated by trained mental health professionals in consultation with an on-call psychiatrist, as needed. If a psychiatrist determines, in the exercise of his or her clinical judgment, after reasonable initial intervention, that an inmate is acutely suicidal or poses an imminent danger to him/herself or others and is in need of hospitalization, the defendants must transfer that inmate to a hospital that provides psychiatric services within eight hours.
- (2) The defendants shall implement the specific recommendations regarding restraints found in the mental health report [Dr. Richard Belitsky, Report on Mental Health at the Washington D.C. Jail, at 29-31 (September 15, 1993)].
- (3) The defendants shall insure that the inmates identified in paragraph (1) above are not placed in cells that contain obvious hazards, or in cells where they cannot be appropriately observed in accordance with physician orders.
- (4) Under the direct supervision of Dr. Henry Edwards, the Chief Psychiatrist, psychiatrists shall evaluate the psychiatric condition of the following inmates of the jail: all inmates housed on the Mental Health Units, the infirmary, or the medical step-down units; all inmates on suicide watch status; and any inmate currently receiving psychotropic medication or being seen in the psychiatric clinics. This evaluation shall be completed within two weeks of the date of this Order. For those inmates identified in the screening as psychotically agitated, or as having unusually complex psychiatric or combined medical-psychiatric conditions, the evaluating psychiatrist shall recommend to Dr. Edwards whether hospitalization is appropriate. If Dr. Edwards determines that hospitalization is appropriate, defendants shall transfer the inmate to a hospital that provides psychiatric services as soon as possible and in any case within a maximum period of two weeks following the completion of the screening. If Dr. Edwards determines that hospitalization is not appropriate, a detailed treatment plan will be prepared and implemented for the inmate.

- (5) The Jail shall have a trained mental health professional available on telephone call on a 24 hour basis, seven days a week.
- (6) Medications for the treatment of psychiatric conditions shall be given on a "watch take" basis and such medications shall be provided in liquid form.
- (7) The new intake screening form developed by Dr. Henry Edwards (attached as Exhibit 1) shall be completed on each new admittee to the Jail by the physician who conducts the intake physical examination.
- (8) The infirmary shall be maintained in a clean and vermin-free condition.
- (9) The defendants shall conduct sick call sessions five days a week on each housing unit and insure that all prisoners who sign up for sick call are seen in a timely fashion by a licensed health care provider.
- (10) The defendants shall clean sick call areas in each cell block daily.
- (11) The defendants shall refrain from conducting sick call through cell bars, but must hold sick call in an appropriate setting (i.e., in sick call rooms or in the infirmary).
- (12) The defendants shall chest x-ray or anergy test every prisoner on intake to the facility and promptly identify any prisoner suspected of suffering from infectious tuberculosis. The defendants shall, in consultation with the Special Officer and her medical expert, develop and implement, within two weeks of the date of this Order, a protocol identifying who shall receive chest x-rays and the procedure for tuberculosis screening on intake to the facility. Plaintiffs' counsel shall have an opportunity to review and comment on the protocol before it is finalized.
- (13) The defendants shall identify appropriately equipped isolation rooms for persons with infectious tuberculosis and insure that all infectious cases are isolated.

- (14) The defendants shall, in consultation with the Special Officer and her medical and mental health experts, develop and implement, within two weeks of the date of this Order, an appropriate emergency response plan to insure that medical staff promptly respond to medical emergencies. The plan shall also address the appropriate inventory of emergency equipment and its location. Plaintiffs' counsel shall have an opportunity to review and comment on the emergency response plan before it is finalized.
- (15) The defendants shall treat inmate #15 described in the report of Dr. Richard Belitsky and provide inmate #15 with humane living conditions.
- (16) The kitchen shall be maintained in a clean and vermin-free condition.
- (17) Within forty-five days of the date of this Order, defendants shall arrange for an inspection of the entire Jail by the Department of Consumer and Regulatory Affairs (DCRA). DCRA will promptly provide a report indicating the Jail's compliance or non-compliance with all applicable environmental, sanitary, plumbing, electrical, construction, dietary, pharmaceutical, and health codes and regulations. Within thirty days of receipt of the DCRA report, defendants will provide an abatement plan which addresses the findings of the DCRA report to the Special Officer and counsel for plaintiffs. DCRA will re-inspect the facility and report at four-month intervals thereafter, and the defendants will file responsive abatement plans as herein provided.
- (18) Defendants shall initiate Quality Assurance review of (a) medical and psychiatric morbidity and mortality; (b) active tuberculosis cases; and (c) lithium use and monitoring. Defendants shall report on the results of these reviews on a monthly basis.

IT IS FURTHER ORDERED that John S. Henderson, Administrator of the Jail, is hereby designated as the official responsible for promptly reporting, no later than the next business day, directly

to the Court, counsel for the parties, and the Special Officer, any non-compliance with this Order. He shall receive appropriate staff support to perform this reporting and monitoring function.

IT IS FURTHER ORDERED that the defendants shall report on their compliance with this Order in their Bi-Weekly Reports to this Court

So ORDERED this 9<sup>th</sup> day of November, 1993.

  
\_\_\_\_\_  
William B. Bryant  
Senior United States District Judge

Serve:

J. Patrick Hickey  
Janice H. Ziegler  
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Richard S. Love  
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Grace M. Lopes  
Special Officer of the U.S. District Court  
for the District of Columbia  
1130 17th Street, N.W.  
Suite 400  
Washington, D.C. 20036

INTAKE: MENTAL HEALTH SCREENING

NAME: \_\_\_\_\_ DCDC #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
LAST GRADE COMPLETED: \_\_\_\_\_

A. MENTAL HEALTH HISTORY: (CHECK POSITIVE RESPONSE)

( ) PREVIOUS MENTAL HEALTH TREATMENT: \_\_\_\_\_

( ) PREVIOUS PSYCHIATRIC DIAGNOSIS: \_\_\_\_\_

( ) HISTORY OF SUICIDAL/SELF INJURIOUS BEHAVIOR: \_\_\_\_\_

( ) SUBSTANCE ABUSE HISTORY: \_\_\_\_\_

( ) PSYCHIATRIC MEDICATION/DOSEAGE:

PAST

CURRENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. MENTAL STATUS ASSESSMENT: (CHECK ALL THAT ARE APPROPRIATE)

ORIENTATION

\_\_\_ TIME  
\_\_\_ PLACE  
\_\_\_ PERSON

THOUGHT PROCESS

\_\_\_ INCOHERENT  
\_\_\_ DISORIENTED  
\_\_\_ PARANOID/DELUSIONAL  
\_\_\_ NO ABNORMALITY

MOTOR ACTIVITY

\_\_\_ AGITATED  
\_\_\_ RESTLESS  
\_\_\_ SLOWED  
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EMOTIONAL STATE

\_\_\_ APPROPRIATE  
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\_\_\_ DEPRESSED  
\_\_\_ LABILE

\_\_\_ ANGRY  
\_\_\_ SUSPICIOUS  
\_\_\_ AGGRESSIVE

SUICIDE INTENT

\_\_\_ YES  
\_\_\_ NO  
\_\_\_ OTHER  
PLAN: \_\_\_\_\_

APPEARANCE/HYGIENE

\_\_\_ GOOD  
\_\_\_ FAIR  
\_\_\_ POOR

POSTURE

\_\_\_ GOOD  
\_\_\_ FAIR  
\_\_\_ POOR

C. IMPRESSION/EVALUATION: \_\_\_\_\_

D.

PLAN: \_\_\_ CONTINUE MEDICATION  
\_\_\_ REFER TO PSYCHIATRIST  
\_\_\_ OTHER: \_\_\_\_\_

TYPE: \_\_\_\_\_  
CONSULTATION COMPLETED: \_\_\_ YES \_\_\_ NO

E.

RECOMMENDED HOUSING:

INFIRMARY [ ] MENTAL HEALTH UNIT [ ] OPEN POPULATION [ ] OTHER [ ]

INTERVIEWER/TITLE

DATE

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D.

PLAN: \_\_\_\_\_ CONTINUE MEDICATION TYPE: \_\_\_\_\_  
REFER TO PSYCHIATRIST CONSULTATION COMPLETED: YES NO  
OTHER: \_\_\_\_\_

E.

RECOMMENDED HOUSING:

INFIRMARY [ ] MENTAL HEALTH UNIT [ ] OPEN POPULATION [ ] OTHER [ ]

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