

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

In re:

TEHUM CARE SERVICES, INC.

Debtor.

Chapter 11

Case No. 23-90086 (CML)

United States Courts
Southern District of Texas
FILED

OCT 09 2025

Nathan Ochser, Clerk of Court

CREDITOR LEONARD THOMAS IS A DISTRESSED
SERIOUSLY MENTALLY ILL INCARCERATED
VETERAN RESPECTFULLY MOTION THE
HONORABLE COURT FOR AN ATTORNEY
PURSUANT TO 42 U.S.C. § 1915(e)(1) TO
SUBMIT ADDITIONAL EVIDENCE AND
MEDICAL RECORDS REGARDING TEHUM
CARE SERVICES SETTLEMENT

COMES NOW Leonard Thomas, Pro se on Epileptic
seriously mentally ill incarcerated individual
currently at the Miami Correctional Facility 3038
West 850 South Bunker Hill, IN 46914, alleges as
follows.

1. An inmate law clerk and a jailhouse lawyer
help me write this Motion.

2. Attached is a Notarized letter with additional
information regarding Tehum Care Services
Settlement. Appendix 1. and Appendix 2.

WHEREFORE, Creditor Thomas respectfully ask the honorable
Court to grant this Motion and For all other just and proper
relief in the premises.

10/9/25



23900862510090000000000001

A-F-F-I-D-A-V-I-D

I Leonard Thomas, do hereby swear under the penalty of perjury that the above statements are true and correct.

DATED 10-1-25

Respectfully submitted,
Leonard Thomas #125876
Leonard Thomas Pro Se
Miami Correctional Facility
3038 West 850 South
Bunker Hill, IN 46914
Thank you and May
God Truly Bless you

Tehum Personal Injury Settlement Trust

Administered by NextClaim Solutions

PO Box 89 Wilmington DE, 19899

(866) 372-2884

support@tehumcareservicessettlement.com

September 26, 2025

Leonard Thomas
#175876 Miami Correctional Facility
3038 West 850 South
Bunker Hill, IN 46914

RE: Leonard Thomas's Tehum Personal Injury Claim (Token #VMMJQMCC)

Dear Leonard Thomas,

We received the enclosed correspondence regarding your Tehum Personal Injury Claim.

We received your Trust Claim Submission on September 22, 2025. Your claim is currently being reviewed. You will receive notice if additional information is requested, or when a claim determination is made.

If you have further questions regarding your Trust Claim Submission you can contact the Claims Administrator at (913) 382-2673.

Thank you,

Tehum Personal Injury Settlement Trust Claims Administrator

30F4

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that on this 1 day of October, 2025,

I served a true and correct copy of the foregoing: CREATOR LEONARD THOMAS IS A DIAGNOSED SERIOUSLY MENTALLY ILL INCARCERATED VETERAN RESPECTFULLY MOTION THE HONORABLE COURT FOR AN ATTORNEY PURSUANT TO 42 U.S.C. § 1915(e)(1) TO SUBMIT ADDITIONAL EVIDENCE AND MEDICAL RECORDS REGARDING RETURN CARE SERVICES SETTLEMENT. CASE NO. 23-90086. APPENDIX 1 AND A2- PENDING 2. upon:

Clerk - H.S. Badgley Court
(recipient #1)
Southern District of Texas
(address)
515 Bush Street
(address)
Houston TX 77002
(city) (zip)

(recipient #2)

(address)

(address)

(city), IN (zip)

(recipient #3)

(address)

(address)

(city), IN (zip)

(recipient #4)

(address)

(address)

(city), IN (zip)

by submitting same to a designated civilian employee of the Indiana Department of Corrections for prompt processing and mailing by authorized prison personnel within the facility mailroom, with sufficient first class postage affixed, and it shall be deemed FILED as of the above date per the Indiana "mailbox rule." Dowell v State, 922 N.E.2d 605 (Ind. 2010).

P.S. Please Return A
Filed Stamped Copy
OF this Motion

Thank you and GOD Bless

Leonard Thomas
(signature)

Leonard Thomas pro se
(name, printed)

DOC # 175876

Dear Sir Or Madam

Thomas v. Khum Can Service
Case No. 23-90086

Sir,

Please Do Pardon Me

October 1st 25

Attached is additional Info:

I am a seriously mentally ill incarcerated veteran, currently at the Miami Correctional Facility, an inmate law clerk and a jailhouse lawyer helped me write this letter to you. Sir Or Madam, I am in receipt of your most recent correspondence dated September 26th 2025 regarding Khum Personal Injury Claim. However, it allows me to say the Court Claims Submission Forms were too complex for me to understand, attached is more info including notes, location, and medical records. For further information please do not hesitate to ask. Hopefully, this brief issue can be quickly resolved. I shall leave you in thought and wish you closing at this present moment with hopes and prayers are that Khum heart is content and your mind is truly at peace.

Cc: Appendix 1. Medical Records

05/22/2007 through 06/02/2016

Pages 1. through 31.

Appendix 2. H.S. Out. Ct.

EAS v. Commissioner (acc)

Case No. 1:08-cv-01317-TWP

2008 through 01/01/2016

Pages 1. through 27.

Respectfully Submitted,

Bernardo Romas #175876

Miami Correctional Facility

3038 West 850 South

Dunkes Hill, IN 47914

Thank you and mail

BOD Truly Bless, you.....

STATE OF INDIANA

SS:

COUNTY OF MIAMI

I the undersigned, do hereby swear or affirm under the penalties of perjury, that the foregoing statements are true and correct.

DATED 10-1-25

^{L.T.}
~~Leonard Thomas~~
Leonard Thomas

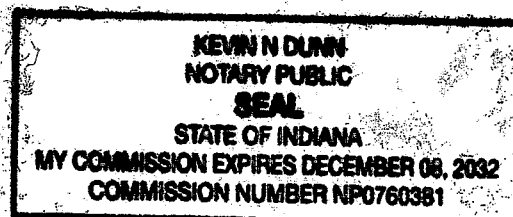
Subscribed and sworn to before me a Notary Public, in and for said county and state this 1 day of October, 2025.

MY COMMISSION EXPIRES ON:

Kevin N. Dunn
NOTARY PUBLIC

12 8 32
MONTH DAY YEAR

Hawthorn
COUNTY OF RESIDENCE



SECTION 1: IDENTIFYING INFORMATION

A. Identity of Claimant

Claimant's Unique Token: _____

First Name	LEONARD
Middle Initial	
Last Name	THOMAS
Suffix	
Aliases	
Social Security Number	346-56-9076
Birthdate	02/22/60
Gender	MALE

Is the PI/WD Claimant living or deceased? ☒ Currently Living ☐ Deceased

If deceased, Claimant Date of Death: ____/____/____

Please include death certificate.

If the Claimant is living, submit one form of acceptable identification.

Current Contact Info

If PI/WD Claimant is deceased, please provide the address of the Personal Representative

Street Address	
Apartment/Suite	
City	
State	
Zip Code	
Country	
Email Address*	
Best phone number	
Alternative phone number:	

*Only provide an email address that is currently accessible for the Claimant or Personal Representative for deceased Claimants

If PI/WD Claimant is currently incarcerated, please provide the name of the facility:

Miami Correctional Facility 3038 W. 850S. Bunker Hill, IN 46914

If the PI/WD Claimant is incarcerated, provide the Claimant's prison identification number (if known):

Identification No. 175876

B. Attorney

If the PI/WD Claimant is represented by counsel, please provide the following information:

Law Firm Name	
Attorney's Name	
Street Address	
Suite	
City	
State	
Zip Code	
Country	
Email Address	
Phone number	
Fax Number	

If you are not represented by an attorney, please indicate how you would like to receive correspondence (check the appropriate boxes):

☐ Email ☒ US Mail ☒ Telephone

C. Personal Representative

Would you like to designate another individual with whom we can discuss your claim? If yes, please:

- Complete Personal Representative fields below
- Submit relevant legal documentation (Power of Attorney)
- Submit one form of acceptable identification for the Personal Representative

If a Personal Representative is submitting on behalf of a **deceased** PI/WD Claimant, please:

- Complete Personal Representative fields below
- Submit Claimant's death certificate
- Submit relevant legal documentation (Certificate of Official Capacity, Letters Testamentary)
- Submit one form of acceptable identification for the Personal Representative

If Personal Representative is submitting on behalf of an **incapacitated** PI/WD Claimant, please:

- Complete Personal Representative fields below
- Submit relevant legal documentation (Power of Attorney, Living Will)
- Submit one form of acceptable identification for the Personal Representative

Personal Representative Information

First Name	
Middle Initial	
Last Name	
Suffix	

Aliases	
Social Security Number	
Birthdate	
Street Address	
Apartment / Suite	
City	
State	
Zip Code	
Country	
Email Address*	
Best phone number	
Alternative phone number:	

*Only provide an email address that is currently accessible for the Claimant's Personal Representative

SECTION 2: CLAIM PROCESS ELECTION

PI/WD Claim Process Options

- A. Expedited Distribution.** A PI/WD Claimant with an Allowed Claim may elect to receive an Expedited Distribution of \$5,000. A PI/WD Claimant who elects to receive the Expedited Distribution shall have no other remedies with respect to his or her Allowed Claim against the Trust and will not be eligible to receive any further distributions from the Trust. The Expedited Distribution amount may be reduced if the PI/WD Claimant with an Allowed Claim has outstanding governmental lien liability.
- B. Trust Claim Submissions.** To properly make a Trust Claim Submission, each submitting PI/WD Claimant, in addition to satisfying the Threshold Criteria for eligibility above, completing and filing the Trust Claim Submission, must also provide:
- **Medical Records:** Medical records or other medical evidence that contain information sufficient to support a diagnosis or treatment of any alleged injury for which the PI/WD Claimant seeks compensation.
 - **Description of Injury:** A written narrative or an audio or video recording detailing the PI/WD Claimant's injury or treatment, including a timeline of such injury or treatment. This may be provided by an attorney, personal representative, or family member of the PI/WD Claimant.
 - **Location and Date of Incarceration:** Evidence sufficient to show that the PI/WD Claimant was incarcerated at one or more facilities which the Debtor (or its predecessor) operated and provided medical services and the approximate starting and ending dates, where applicable, of incarceration at each facility.
 - **Wrongful Death:** To the extent that the submission involves a PI/WD Claimant who is deceased, the decedent's death certificate or a medical record providing proof of death.

You selected your claim process option when submitting your ballot. If you did not submit a ballot, your claim will be processed as a Trust Claim Submission.

Important: The election by a PI/WD Claimant to receive an Expedited Distribution on his or her Claim Ballot is controlling, and that such election cannot be modified through the Trust Claim Submission. The Expedited Distribution amount may be reduced if the PI/WD Claimant with an Allowed Claim has outstanding governmental lien liability.

Disclaimer: All Trust Claim Submissions are subject to review. Submitting a Trust Claim Submission does not mean the PI/WD Claimant will be entitled to an Allowed Claim. Only an Allowed Claim Amount can be paid by the Trust.

SECTION 3: INJURY AND DESCRIPTION OF CARE

Please answer each of the following questions to your best ability. If you do not know or recall, please indicate as such. Please submit all supporting medical documentation when possible, including medical services provided by facilities other than *Tehum Care Services, Inc / Corizon Health Services, Inc.*

Was medical care received while incarcerated?

☒ Yes

☐ No

Please describe all personal injuries resulting from treatment:

Check Box	Injury	Specify Injury and provide relevant details
	Wrongful Death	
	Amputation <i>E.g. Loss of limb, loss of testicle</i>	
	Complete or significant loss of mobility <i>E.g. Paralysis of Arms & Legs, Quadriplegia, Untreated Bone Breaks</i>	
	Neurological and cognitive issues <i>E.g. Stroke, Parkinson's</i>	
	Cancer <i>E.g. Failure to treat or diagnose</i>	
	Organ Rupture / Failure <i>E.g. Colon Rupture, Renal Failure</i>	
X	Sexual Abuse or Assault	1. Sexual remarks from officer while using the toilet. 2. Physically Assaulted by officer and an inmate while in Full-Body Restraints
X	Infections and immunological issues <i>E.g. Failure to treat resulting in fibrosis, meningitis, other</i>	Forced to drink contaminated water from old lead pipe system for years
X	Cardiac or vascular problems <i>E.g. Heart attack, heart damage</i>	Heart attack, surgery to remove blood clots off both lungs from contaminated water
X	Extreme pain and suffering	A total of (11) years

	E.g. Untreated bowel incontinence, untreated withdrawal	
X	Pain and suffering E.g. Untreated pain, emotional distress	Diagnosed 1. Axis I Anxiety 2. Axis I Paranoid type Schizophrenia 3. Axis II Antisocial Personality disorder
X	Digestive and abdominal issues E.g. Untreated Crohn's Disease, hernia, enlarged prostate	Lead piping system Banded in the U.S. Decades ago Caused throat infection and for virus stomach pain, fevers for weeks received medical treatment
	Sensory impairment E.g. Complete or incomplete loss of vision, hearing	
X	Injuries and trauma E.g. Bone break, joint injuries	Diagnosed 1. Intervertebral disc disorder 2. Numerous suicide attempts with major injuries and life long ugly scars
	Other Injuries E.g. COVID-19	

Nature and Circumstances of Personal Injury

Please describe any severe personal injury or aggravating circumstances. Please submit any supporting documentation including medical documentation whenever possible.

Supporting documentation includes:

- ☒ All medical documentation related to injury
 - Death Certificate (if applicable)
- ☒ Personal Narrative
 - Family Member/2nd party Narrative
 - Pre-trial statements, initial disclosure statements

Please provide the following information regarding medical services provided while incarcerated.
Attach additional pages for multiple facilities:

Facility where medical services were provided	
Name of Facility	Indiana State Prison, 1 Park Row
City	Michigan City
State	Indiana 46360
Dates when medical services were provided	07-27-2007 through 10-27-2010
Date care was initiated	07-27-2007
Date care ended (if applicable)	10-27-2010

Continued From Page 7.

Facility where medical services were provided:

2. Pendleton Corr. Fac. 4490 W. Reformatory Road
Pendleton,
Indiana 46064
10-27-2010 through 03-27-2014
10-27-2010
03-27-2014
- 3 Westville Correctional Facility, 5501 S. 1100 W.
Westville,
Indiana 46391
03-27-2014 through 06-26-2015
03-27-2014
06-26-2015
4. Wabash Valley Correctional Facility, 6908 S. Old U.S. Hwy.
Camishe,
Indiana 47383
04-26-2015 through 01-29-2016
04-26-2015
01-29-2016
5. Westville Correctional Facility, 5501 S. 1100 W.
Westville,
Indiana 46391
01-29-2016 through 04-20-2016
01-29-2016
04-20-2016
4. New Castle Correctional Facility, 1100 Van Nuys Rd.
New Castle,
Indiana 47362 through 03-07-2017
04-20-2016
04-20-2016
03-07-2017

Continued From Page 7.

7. Westville Correctional Facility, 5501 S. 1100 W.
Westville,
Indiana 46391
03-07-2017 through 03-09-2021
03-07-2017
03-09-2021
8. Miami Correctional Facility, 3038 West 850 South
Bunker Hill,
Indiana
03-09-2021 through The present
03-09-2021
Still requesting adequate Mental health treatment

If medical services for the injury were received from an outside provider, please provide the following information. Attach additional pages for multiple facilities:

Facility where medical services were provided	
Name of Facility	
City	
State	
Dates when medical services were provided	
Date care was initiated	
Date care ended (if applicable)	

Please provide a detailed description of the nature and circumstances of your injury, including injury timeline/progression, treatment, outcome, and any other relevant details. Attach additional pages if necessary.

Background Information

1. From early June 2004 through early July 2005 before my incarceration into the Indiana Department of Correction (IDOC) Penal system. I was approved for Social Security Income (S.S.I.) for Schizophrenia, Depression, and Epilepsy while on psychotropic medications, by the Social Security Administration located in Springfield, IL. Under my birth name Leonard Thomas
 To Be Continued:

SECTION 4: IMPACT OF PERSONAL INJURY

Please describe how PI/WD Claimant was impacted resulting from the treatment described above. Please submit any supporting documentation including medical records, counselor's treatment records, employment records, educational records, financial records, etc. Attach additional pages if necessary.

☒ Physical Health

Narrative: Both Corizon's and (IDOC's) unconstitutional policies, practices, procedures, and widespread customs violated seriously mentally ill inmates Eighth and Fourteenth Amendments. Resulting in major injuries

Continued From Page 8.

Social Security No. 346-54-9076. For Further verification. Please contact the Social Security Administration 2715 West Monroe Street Springfield, IL 62704 and/or The Harold Washington Social Security Center 400 West Madison Street P.O. Box 8280 Chicago, IL 60680.

2. Additional Information: Attorney Mrs. Elisabeth Copko located on 53rd Street Hyde Park Chicago, IL represented me during my appeal to the Social Security Administration in early June 2004 and won the appeal.
3. Records show from late July 2007 throughout my incarceration. I entered the Indiana Department of Correction (IDOC) as a Seriously Mentally Ill prisoner. Pursuant to the American Psychiatric Association's Diagnostic And Statistical Manual of Mental Disorder (DSM). With a diagnosis of Axis I Anxiety. Axis I Paranoid type Schizophrenia. Axis II Antisocial Personality disorder, and Epilepsy. And further diagnosed by Corizon Health, INC.'s medical doctors. Psychiatrists, and Mental Health Professionals as Seriously Mentally Ill (SMI), and prescribed psychotropic medications antipsychotics and antidepressants.
4. In 2008 a class action law suit was filed by a prison watch dog association called The Indiana Protection And Advocacy Services Commission (IPAS) on behalf of all Seriously Mentally Ill prisoners, against the Indiana Department of Correction's Commissioner. Mr.

Continued From Page 8.

Bruce Lemmon, IN the Case OF the LPAS v. DOC.
CASE No. 1:08-cv-01317-TWP-MID. WK 4738517.

5. In December 2012 U.S. District Judge. The Honorable Tanya Walton Pratt, Found that the Indiana Department of Correction (IDOC). Agency's treatment of nearly 6,000 incarcerated seriously mentally ill men and ladies in segregation and segregated-like environments was cruel and unusual punishment.
6. Records show on December 17th 2013 Mr. Ken Falk head of the Indiana American Civil Liberties Union of Indiana (IACLU). sent out numerous MEMORANDUMS to prisoners interested in a class action law suit challenging the Failure of the (IDOC), to properly treat seriously mentally ill prisoners.
7. David Fathi, head of the National (IACLU). "Prison Project," during that relevant time period. Made a statement to the South Bend Tribune New paper on Friday February 7th 2014 that mentally ill inmates across the United States are routinely held in solitary confinement for days or years and often mutilate or kill themselves.
8. The law was well settled. Locking seriously mentally ill prisoners male or female in solitary confinement in a (SUPERMAX). PRISON is a violation. Please see *Wilkinson v. Austin*, 545 U.S. 209 (2005).

Continued From Page 8.

9. Records show on January 27th, 2014 the (IDAS's) Lawyers and the (IDOC's) Lawyers ^{entered} into a private settlement agreement to resolve the Facts that seriously mentally ill prisoner in the State of Indiana. Constitutional rights were violated under the eighth Amendment. See also "Stipulation To Enter Into A Private Settlement Agreement Following A Notice To The Class And Fairness Hearing."
10. Corizon Health Inc.'s. Psychiatric staff officials, Medical staff officials, and the (IDOC). Security/custody staff officials knew and were well aware of my "Mental Status" and diagnosis as a seriously mentally ill inmate with chronic problems. Axis I Anxiety. Axis I Paranoid type Schizophrenia chronic state. Axis II Antisocial Personality disorder, and Axis III Intervertebral disc disorder pursuant to the (DSM), while on and off psychotropic meds. Risperdal 4 mg. Benztropine 2mg, and Dilantin 100mg. Antipsychotics and antidepressants for audio visual hallucinations and to combat my re-occurring ongoing psychiatric symptoms and suicidal ideation before I was transferred to a (SUPERMAX). Prison.
11. Records show From 3-27-2014 through 6-26-2015 as a diagnosed seriously mentally ill prisoner on psychotropic meds. I was forcibly (HOUSE) in solitary confinement at the Indiana Department of Correction (IDOC). (SUPERMAX). Maximum security Prison. The Westville Correctional Facility's/Westville Control Unit (SUPERMAX) 23-hour lockdown Segregation/Restricted Housing Unit.

Continued From Page 8.

Indeterminately, and exposed to "HARSH" deplorable, inhumane, dehumanized conditions of confinement. Cold air blew through my air vent 24/7, the bright lights in the cell stayed on 24/7, brokened toilets. My Box-Car-Door cell stayed locked 23-hours a day except for feeding three meals a day through my cuppert or occasional one hour recreation and/or shower. No Dialectical Behavior Therapy (DBT) Program. No (10) ten hours out of cell time for seriously mentally ill inmates, forced to drink the contaminated water from the decades old lead pipe systems which contained excessive amounts of bacteria, microbial contaminants, radioactive contaminants. Lead and copper. Cyanide. Pesticides. Herbicides. Radium. Alpha. Emitter. Cryptosporidium, and other contaminants. Causing sore throat, stomach pain, diarrhea, headaches, Fever, Night sweats, and weight loss requiring medical treatment and intravenous shots.

12. Also while forcibly (Housed) in that (SUPERMAX). I was exposed to Excessive Force Treatment, sprayed in my Face, arm, and hand with OC chemical agent and/or Pepper spray through my mail slot while secured in my Box-Car-Door cell. Burning for weeks at a time causing my skin to peel off and major scarring
13. On numerous occasions Corizon Health INC.'s Medical Staff Officials, Mental Health Staff Officials and the (IDOC) Security ^{custody} Staff Officials placed me on suicide watch at the (SUPERMAX) for self-inflicted-behaviors (SIB's). I was ordered to put on a suicide smock and/or kimono

Continued From Page 8.

and Forced to sleep on a solid steel Frame bed mounted to the Floor by the toilet and box-car door, with ants, bugs, spiders, and mice crawling on me keeping me up all night, and denied medical and mental health treatment while Forced to abide by Corizon Health INC.'s Unconstitutional 1 Day, 2 week, and One Month suicide watch post Follow-up policies, For 100's of Seriously Mentally Ill inmates including myself

14. The Indiana Department of Correction's Executive Staff Officials in Central Office Indianapolis, Indiana. Mr. Bruce Lemmon, Mr. James Basinger, Mr. Jack Hendrix, and others, including the Administrative Staff Officials at the Westville Correctional Facility's Westville Control Unit (SUPERMAX). Facilitate, participated, condone, and approved my (HOUSING), placement the First time, denied me an Informal or Formal hearing or Factual basis as to why I was placed in a (SUPERMAX). Or a chance to rebuttal. There was No Case Management Plan Nor (7) Day or (30) Day Periodic Reviews each month, For a duration of (1) year (3) Months resulting in numerous suicide attempts with major injuries and life long ugly scars, and were well aware and knew about my chronic problems and serious diagnosis by Corizon Health INC.'s (SUPERMAX). Medical doctors. Dr. Eddie M. Taylor, Dr. Barbara Eichman, and Mental Health Professional Mr. Charles A. Dalrymple, and the (SUPERMAX). Restricted Housing Review committee members, as deemed seriously Mentally ill. I went crazy

Continued From Page 8.

and lost my mind, the First time. I was constantly treated with cruel and unusual punishment and Due Process of law. A violation of our Supreme Court rulings cited in the case of *Wilkinson v. Austin*, 545 U.S. 209 (2005).

15. Records show from 6-26-2015 through 1-29-2016 almost (30) days after my seriously mentally ill diagnosis by the (SUPERMAX), doctors Dr. Taylor, Dr. Eichman, Mental Health Professional Mr. Dalrymple, the (SUPERMAX). Restricted Housing Review Committee members, and the (IDOC). Executive staff officials in Central Office. Indianapolis, Indiana. I was transferred from the Westville Correctional Facility's Westville Control Unit (SUPERMAX), and sent to the Wabash Valley Correctional Facility's special needs unit. one of the (IDOC's). Specialized Mental Health Facilities, for specialized mental health treatment, in a specialized mental health setting to stop my audio visual hallucinations and combat my re-occurring ongoing psychiatric symptoms and suicidal ideations, by enrolling in their Dialectical Behavior Therapy (DBT) program for diagnosed seriously mentally ill prisoners. Taught by Corizon's specialized mental health staff only. In less than (7) months I was kicked out. Booted and denied the opportunity to complete their (DBT) program in retaliation for filing grievances and law suits against their colleagues and associates. Case No. 1:12-cv-443-IMS-DKH and Case No. 2:15-cv-399-IMS-MID. And forcibly transferred back to the same (SUPERMAX). The Westville Correctional Facility's Westville Control Unit. A violation of Federal law. See also *Rasho v. Elyea*, 856 F.3d 469.

Continued From Page 8.

16. Records show from 1-29-2016 through 4-20-2016 After my retaliatory transfer from the Wabash Valley Correctional Facility's Special Needs Unit. And Forcefully transferred back to Solitary Confinement at the Westville Correctional Facility's Westville Control Unit (SUPERMAX). Maximum Security Prisons 23-hour lockdown Segregation Restricted Housing Unit. In spite of the 6-3-2015 and 6-25-2015 Seriously Mentally Ill Medical diagnosis by the (SUPERMAX). Medical and Mental Health Staff Officials. Dr. Taylor, Dr. Eichman, Mental Health Professional Mr. Dairymple, and the Restricted Housing Review Committee members. The Executive Staff Officials in Central Office. Indianapolis, Indiana. "Defendants," Facilitated, participated, condoned, and approved my (HOUSING) placement in the (SUPERMAX). A second time.
17. And despite the "HARSH" deplorable, inhumane, dehumanized conditions of confinement. cold air blowing through the air vents 24/7, with the bright lights that stayed on 24/7, broken toilets in each of my cells. My Box-Car-Door cells stayed locked 23-hours a day except for feeding three meals a day through my support. Recreation alone with a basket ball rim and a ball with no air. No Dialectical Behavior Therapy (DBT), program or classes. No (10) ten hours out of cell time for Seriously Mentally Ill prisoners including myself and still forced to drink the contaminated water from the Lead pipeline systems which was banned in the United States decades ago... Also during this relevant time period. Records show I sincerely, respectfully, and politely submitted 100's of "Request For Health Care Forms (HCRF)

Continued From Page 8.

State Forms 45913 (73/9-12). Respectfully asking for Medical and Mental health treatment regarding my Box-Car-Door cell walls closing in on me like I'm in a tunnel and can't breathe. Seeing demons crawling on top of my bed. Hearing voices again commanding me to take another razor blade cut the arteries on my wrist again and die. I received NO Mental health treatment. IN retaliation for submitting hundreds of (HCRF). I was issued a Disciplinary write-up and denied commissary and phone privileges and issued more time in the (SUPERMAX). On many occasions I was reprimanded by Medical Staff Officials and the Security/Custody Staff Official for complaining about my psychiatric symptoms and suicidal ideation. The Mental Health Treatment Team Staff Officials denied me treatment for my psychotic episodes. I sincerely, respectfully, and politely requested an Informal or Formal hearing on Factual basis as to why I was forcibly (HOUSED), in a (SUPERMAX) a second time. And a chance to rebuttal. There was NO Case Management Plan. Nor (7) Day or (30) Day Periodic Reviews each month. A violation of our Supreme Court rulings in the case of Wilkinson v. Austin, 545 U.S. 209 (2005)

18. Also during this relevant time From 1-29-2016 through 4-20-2016 I think my rights were also violated being forcibly housed indeterminately, in solitary confinement in a (supermax) on two separate occasions, a second time. IN spite of letters sincerely, respectfully, and

(CONTINUED FROM PAGE 8.)

politely sent to the (DOC's). Executive Staff Officials in Central Office. Commissioner Mr. Lemmon, Mr. Basinger, and Mr. Hendrix, copied to others including the Administrative Staff Officials in the (Supermax), and Face-to-Face encounters and Cell-Front interviews with several Medical and Mental health Staff Officials, and the Security/Custody Staff Officials a second time in the (Supermax). My respectful requests for adequate and appropriate Medical and Mental health treatment fell on deaf ears. For another duration of approximately (3) months... I lost it again and was placed back on suicide watch several more times after seeing demons again crawling on top of my bed. Hearing voices again commanding me to take a loose razor blade cut the arteries on both my wrist and die.

19. As a result of my suicidal ideations I received major injuries and life long ugly scars again, each time I ^{was} immediately taken to a strip-cell and dressed in another Kimono, Forced to sleep on a solid steel Frame bed mounted to the Floor by the toilet and Box-Car-Door with ants, bugs, spiders, and mice crawling on me keeping me up again all night while most of the Suicide Companions noted on their ("Suicide Companion Watch Report") State Form 54511 issued to all suicide companions during this time. It grieves me to say that the only way I could be released from Corron's 1 Day, a week or One Month mandatory suicide watch post follow-up policies for seriously mentally ill

Continued From Page 8.

prisoners and allowed to return to my regular cell was to say I'm OK after each suicidal ideation and/or psychotic episodes, or I would have to live in those cells with the rodents the entire month.

20. Corron and the (IDOC). Constitutional guidelines in relation to (housing) (placement) (classification) (screening) (security) (monitoring) (evaluating), and (treatment), of seriously mentally ill prisoners in a (supermax). Was the moving force behind my inadequate and inappropriate medical and mental health treatment. The defendants had information, avenues, and access to my Confidential Files. Internal and External Files, Clinical and Medical Files, and Administrative Records, knew and were well aware or should have known from prior psychiatric diagnosis that my serious chronic problems, mental status, suicidal ideations and/or psychotic episodes were vulnerable to solitary confinement for months after months in a supermax without therapy or counselling and exacerbated my mental illnesses to decompensation.

21. And was the direct and proximate and proximate cause of my Constitutional rights being violated. Imposing an atypical significant hardship on seriously mentally ill incarcerated individuals including myself, and enjoin from ordering bottle water to prevent sickness while forcibly housed in a supermax in relations to the

Continued From Page 8.

ordinary incidents of prison life. I was not only denied the minimal civilized measures of life's necessities, in spite of other alternatives but also, exposed to excessive force treatment, resulting in major injuries and life long ugly permanent scars.

22. As a direct and proximate cause of the Defendants conduct or lack thereof. I suffered damages in the form of physical injuries from repeated suicidal attempts, emotional distress, and mental anguish, suffering, and personal humiliation and is entitled to damages, including compensatory damages and punitive damages.

23. I do not know if the ADA Americans with Disabilities Act 42 U.S.C. § 12101 refer to me.

Prayer For Relief

WHEREFORE, I respectfully pray this claim is resolved as soon as possible.

DATED 10-1-25

Respectfully submitted,
Leonard Thomas
Miami Correctional Facility
3038 W. 850 S.
Bunker Hill, IN 46914
Thank you and may
GOD truly Bless you.....

AND LIFE LONG NAIL SCARS/Failed to Protect From SELF HARM/Excessive Force Treatment

☒ Psychological/ Mental Health

Narrative: Both CITIZEN Health INC. DEFENDANT and the Indiana Department OF Correction. DEFENDANT were (objectively and subjectively). Deliberate Indifference to my diagnosed chronic problems, pursuant to the (DSM) American Psychiatric Association's Diagnostic AND Statistical Manual OF Mental Disorder

☐ Inter-personal Relationships

Narrative: _____

☐ Vocational Capacity or Success

Narrative: _____

SECTION 5: EXIGENT CLAIMS

PI/WD Claimants may elect to submit their claim as either an *Exigent Health Claim* or an *Exigent Hardship Claim* if they meet the criteria outlined below. An Exigent Claim will be moved to the front of the FIFO Processing Queue.

Exigent Hardship Claim

A Personal Injury Claim that is compensable hereunder, for which the Trustee, in his or her sole discretion, determines that the PI/WD Claimant needs immediate financial assistance based on the PI/WD Claimant's expenses and all sources of available income.

Exigent Health Claim

A PI/WD Claim for which the PI/WD Claimant has provided a declaration or affidavit made under penalty of perjury by a physician who has examined the PI/WD Claimant within one hundred and twenty (120) days of the declaration or affidavit in which the physician states that there is substantial medical doubt that the PI/WD Claimant will survive beyond six (6) months from the date of the declaration or affidavit.

Are you submitting an Exigent Hardship Claim?☒ Yes ☐ No

Please submit any supporting documentation, including medical records, medical bills, financial records, tax records, etc.

Are you submitting an Exigent Health Claim?☐ Yes ☐ No

Please submit any supporting documentation, including medical records, financial records, physician's affidavit, etc.

SECTION 6: LIEN RESOLUTION**Health Insurance Questionnaire**

Federal and state laws, plus nearly all health insurance contracts require that we check with your health insurers for any "liens" they might have relating to your injur(y)(ies). We are committed to resolving these liens and maximizing your settlement take-home while also protecting your future medical benefits. Please provide the requested information so that we can contact any of those health insurance companies.

Injured Person's Name (as it appears on your insurance card(s))	
Insured Person's Date of Birth	
Street Address	
Apartment / Suite	
City	
State	
Zip Code	
Country	

In this section, please list any relevant Medicare and/or Medicaid coverage since your date of injury. Attach additional pages if necessary.

Medicare	Medicare #	
Medicaid	Medicaid #	
	Medicaid Provider	
	Medicaid State	
Other Medicaid (if applicable)	Medicaid #	
	List all States where you have lived since your injury	

I hereby acknowledge that I am solely and ultimately responsible for the satisfaction and discharge of all liens. A lien is legal claim or charge assets to secure payment or a debt or obligation ("Lien"). I shall use my best efforts to resolve all known Liens.

Notwithstanding my responsibilities to resolve all known Liens, I hereby authorize the Claims Administrator to act as the Lien Resolution Administrator to resolve all Medicare Program liens, Medicaid Program liens, and Medicare Part C Program liens, as set forth in the definition of Lien Resolution Administrator above. The Lien Resolution Administrator shall use best efforts to resolve the Medicare Program liens, Medicaid Program liens, and Medicare Part C or Part D Program liens on my behalf.

In further consideration of the payment from the Trust, I do hereby release, forever discharge, hold harmless, and covenant not to sue the Claims Administrator, its members, managers, agents or employees, and the Trustee, its agents, attorneys, or employees (the "Released Parties") from all claims arising from, relating to, resulting from or in any way connected to, in whole or in part, any act, or failure to act, of the Lien Resolution Administrator. I covenant and agree that I will honor the release as set forth in the preceding sentence and, further, that I will not (i) institute a lawsuit or other action based upon, arising out of, or relating to any Claim released hereby, (ii) participate, assist, or cooperate in any such action, or (iii) encourage, assist and/or solicit any third party to institute any such action.

I hereby acknowledge and agree that to the extent my information is incorrect or incomplete to any substantial degree, after reasonable diligence by the Lien Resolution Administrator, which results in the Lien Resolution Administrator being unable to properly verify coverage or identify Liens for which the Lien Resolution Administrator is responsible, then the Lien Resolution Administrator shall have no further responsibility for such unknown/unresolved Liens.

I acknowledge that the Trust and the Released Parties are not providing any tax advice with respect to the receipt of the payment from the Trust or any component thereof, and I understand and agree that I shall be solely responsible for compliance with all tax laws with respect to all Trust payments, to the extent applicable.

Claimant or Legal Representative Printed Name:

Leonard Thomas

10-1-25

Claimant or Legal Representative Signature:

Date:

Leonard Thomas

10-1-25

SECTION 7: BANKRUPTCY

Prior Bankruptcy: Does Claimant have any prior bankruptcies?

☐ Yes ☒ No

(If "Yes," Claimant is required to attach a copy of records)

24

Additional Bankruptcies: Does Claimant have any additional bankruptcies?

☐ Yes ☒ No

Current Bankruptcy Case: Is Claimant currently a debtor in a bankruptcy case?

☐ Yes ☒ No

If yes, please provide the following information:

Name of Case:	
Court	
Date Filed	
Case No.	
Chapter	☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13
Name of Trustee	

Attach additional pages if necessary.

SECTION 8: LITIGATION

Was a claim filed against *Tehum Care Services, Inc / Corizon Health Services Inc.* in the tort system before February 13, 2023?

☐ Yes ☒ No

State where initially filed _____

Court where initially filed _____

Case number _____

Complaint Filing date _____

Liquidated Judgments

- Before the Effective Date 03/31/2025, was your PI/WD Claim liquidated by judgment of a court of competent jurisdiction? ☐ Yes ☒ No
 - was the judgment reversed or vacated on appeal? ☐ Yes ☒ No
 - is the judgment secured by a bond or other collateral which allows it to be satisfied by a source other than the Trust? ☐ Yes ☒ No
 - did the PI/WD Claimant elect to be treated as an Opt-Out Insured PI/WD Claim under the Plan? ☐ Yes ☒ No
 - what was the date of the liquidated judgment? _____
 - what was the amount of the liquidated judgment? _____
 - Has any amount of the liquidated judgment been paid? ☐ Yes ☒ No

- If so, how much has been paid? _____
- Please include documentation regarding any liquidated judgments.

Was the PI/WD Claim previously dismissed?

☐ Yes ☒ No If YES, provide dismissal date _____

If a PI/WD Claim was not filed in the tort system against *Tehum Care Services, Inc / Corizon Health Inc. Services* before the Petition Date:

Which state/jurisdiction would the PI/WD Claimant have elected to file suit against *Tehum Care Services, Inc / Corizon Health Services Inc.*? _____

SIGNATURE

To be valid, this Trust Claim Submission Form must be signed by the PI/WD Claimant. If the PI/WD Claimant is deceased or incapacitated, this form must be signed by the PI/WD Claimant's representative or the attorney for the PI/WD Claimant's estate. If the PI/WD Claimant is a minor, the form must be signed by the PI/WD Claimant's parent or legal guardian, or the PI/WD Claimant's attorney. (Any form signed by a representative or legal guardian must attach documentation establishing such person's authority to sign this form for the PI/WD Claimant.)

Penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

☒ I am the PI/WD Claimant

☐ I am the PI/WD Claimant's Personal Representative

☐ I am the PI/WD Claimant's Attorney

I have examined the information in this Trust Claim Submission Form and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing statements are true and correct.

Date: 10-1-25

Signature: Leonard Thomas

Print Name: LEONARD THOMAS

*Medical Records - Indiana Department of Corrections
Dated: 05/32/2007 through 06/02/2016
Pages 1. through 31.*

APPENDIX 1

INDIANA DEPARTMENT OF CORRECTIONS
MEDICAL STATUS CLASSIFICATION

ITE: RDC

COMPLETED BY: Samuel Kobba, NP

05/22/2007 2:44 PM

Name of Offender: LEONARD THOMAS

DOC #: 175876

HECK APPROPRIATE BOX:

- ☐ A. Free of illness or injury, free of physical, mental or emotional impairment; individuals with short term self-limiting condition requiring minimal surgical, medical, nursing or dental intervention limited to 30 days duration.
- ☐ B. Illnesses that do or will recurrently require skilled nursing care of any chronic physical or emotional disability which requires on-going nursing care. Needs inpatient bed or immediate access to an inpatient bed.
- ☐ C. Renal failure requiring hemodialysis or peritoneal dialysis.
- ☐ E. Mental illness or emotional condition whereby an individual is unable to function in a standard prison environment.
- ☐ F. Chronic physical or medical condition requiring frequent monitoring / surveillance, the on-site availability of licensed health care personnel twenty-four hours per day, or the inmate is frail or debilitated.
- ☐ G. Any stabilized, permanent or chronic physical or medical condition in which:
- ☐ 1. Frequent monitoring/surveillance is not needed.
 - ☐ 2. The offender demonstrates an appropriate degree of knowledge and motivation and is able to perform self care.
 - ☐ 3. A twenty (20) pound or greater weight lifting restriction is needed.
 - ☐ 4. TB prophylactic medication is being administered.
 - ☐ 5. Elderly (65 years of age and above)
 - ☐ 6. Adolescent (younger than 18 years of age)
- ☒ H. Mental illness or emotional condition requiring suicide watch, the use of major tranquilizers or injectable psychotropic medications, requires frequent monitoring/surveillance by a psychiatrist.
- ☐ I. Short term self-limiting conditions of 31 to 180 days duration: conditions which may require a placement in an observation/short stay infirmary bed or requires that an inmate be placed in a negative pressure room.
- ☐ J. Pregnancy.
- ☒ K. Any acute or stable mental or emotional condition which requires the services of a psychiatrist limited to an evaluation to determine the presence of serious mental illness or requires infrequent psychiatric monitoring.

COMMENTS

Signature/Title

Date (month, day, year)

Name: THOMAS, LEON
Number: 17
D.O.B.: 02/22

DEPARTMENT OF CORRECTIONS

SITE: ISR

COMPLETED BY: Vicki E. Burdine, MD 12/17/2010 11:27 AM

PATIENT: LEONARD THOMAS
 IDOC#: 175876
 DATE OF BIRTH: 02/22/1960
 DATE: 12/17/2010 11:27 AM
 VISIT TYPE: Medication Management

Reason(s) for visit

1. med eval Pt seen in HCH taken out of cuffs to eval for EPS. Reports that he feels that his current medications are effective, and feels that the cogentin is working to decrease any side effects. Discussed again reasons for not receiving artane and reasons it was not felt to be safe in the prison due to trafficking and how individuals can be victimized to get their meds. He appeared to understand and did not request being restarted on artane. Cont to endorse that his meds were working and he was not having side effects. Reported some muscle cramps in his legs which he treated with ace wraps. He cont to hear voices and also has delusions about his ability to train wild animals. Says he has a dog, in his cell with him but the dog is hard headed and doesn't always do what he wants. Also has a zebra that appears, which he ties so the dog can chase the zebra in circles because "Joey doesn't know he is a bird dog and supposed to chase birds so he chases the zebra"

Appears to be chronically psychotic, but not distressed by his delusions or AH and he explains the voices and dog help him pass his time, by keeping him company. Denies SI/HI. AIMS done and negative, no invol movement noted. some mild cogwheeling in upper ext, but disappeared when pt relaxed and allowed passive movement

Chronic ProblemsAxis Description

Nonspecific reaction to tuberculin skin test witho
 Epilepsy
 Unspecified type schizophrenia, unspecified state

Current Counseling

Patient is not currently receiving counseling.

AllergiesDescription

No Known Allergies

ReactionMental Status

The patient is exhibiting signs of psychosis. No signs of mania.
 Patient's appearance is disheveled.
 Patient is oriented to person, place, time, situation.
 Behavior is described as rigid.
 Psychomotor behaviors are unremarkable.
 Speech is appropriate.

Patient's affect is constricted.
 Patient's mood is irritable, elevated.
 Memory is intact.
 Sensorium is clear consciousness.
 Patient's intellect is average.
 Attitude is cooperative.
 Attention is gained.
 Reasoning poor.
 Impulse control is poor.
 Judgment is poor.
 Insight is poor.
 Patient's self-perception is aggrandizing.
 Thought processes are circumstantial, vague, concrete.
 Patient has auditory, visual hallucinations. Thought content reveals paranoia, ideas of reference, delusions.
 The patient does not express suicidal ideation
 The patient does not express homicidal ideation
 Patient is able to understand and agrees to refrain from harmful action.

Clinical Assessment

Axis I and Axis II:

Axis I Epilepsy (345)

Axis II Antisocial Personality Disorder (301.7)

Axis I Schizophrenic Disorder, Paranoid (295.30)

Axis IV: Moderate

Problems related to: , housing, legal system/crime, primary support group, social environment.

Axis V:

Current GAF: 60 on 12/17/2010.

Abnormal Involuntary Movement Scale Modified (AIMS) Data Components

Facial and Oral Movements

- FACIAL EXPRESSION MUSCLES: Movement of periorbital area, cheeks include frowning, blinking, smiling, grimacing

0 = No

Involuntary movement

- LIPS AND PERIORAL AREA: Puckering, puffing, smacking

0 = No

Involuntary movement

- JAW: biting, clenching, chewing, mouth opening, lateral movement

0 = No

Involuntary movement

- TONGUE: Thrusting, rate only increases in movement both in and out of mouth
NOT inability to sustain movement

0 = No

Involuntary movement

Extremity Movements

- UPPER (arms, wrists, hands, fingers): include movements (rapid, objectively, purposeless, irregular, spontaneous), athetoid movements (slow, irregular, sinuous).
DO NOT INCLUDE tremor (repetitive, regular, rhythmic)

0 = No

Involuntary movement

- LOWER (legs, knees, ankles, toes): lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot, opening and closing of legs

0 = No

Involuntary movement

Trunk Movements

- NECK, SHOULDERS, HIPS: rocking, twisting, squirming, pelvic gyrations

0 = No

Involuntary movement

Global Judgements

- SEVERITY OF ABNORMAL MOVEMENTS

0 = No

Involuntary movement

- INCAPACITATION DUE TO ABNORMAL MOVEMENTS**
- Involuntary movement**
- PATIENT'S AWARENESS OF ABNORMAL awareness**
- Dental Status**
- CURRENT PROBLEMS WITH TEETH AND/OR DENTURES**
- PATIENT USUALLY WEAR DENTURES**

0 = No

0 = no

No

No

negative

Score**Orders/Plan****Medication Interventions**

<u>Brand Name</u>	<u>Dose</u>	<u>Sig Code</u>	<u>Start Date</u>	<u>Stop Date</u>
Remeron	30mg	2T PO QHS	12/17/2010	03/17/2011
Haloperidol	10mg	1T PO BID	12/17/2010	03/17/2011
Haloperidol	5mg	1 tab qhs	12/17/2010	03/17/2011
Geodon	80mg	1 tab po bid	12/17/2010	03/17/2011
Benzotropine Mesylate	2mg	1 tab po bid	12/17/2010	03/17/2011

Specific Plan Instructions

RTC 3 m

Cont Haldol 10mg qam 15mg qhs

Remeron 30mg qhs

Geodon 80mg bid

Cogentin 2mg bid

Office Procedures/Services

Patient understood and made informed decision

Instructions/Education

Risks/benefits of medications

Activity as tolerated

Continue current medication

Discussed risk/ benefits/ side-effects of treatment

Provider: Vicki E. Burdine MD

Document generated by: Vicki E. Burdine, MD 12/17/2010 12:42 PM

NAME: THOMAS, LEONARD
NUMBER: 175876
D.O.B.: 02/22/1960

DEPARTMENT OF CORRECTION

SITE: WVD

COMPLETED BY: Brion A. Bertsch, MD 04/09/2012 5:39 PM

MENTAL STATUS CLASSIFICATION

Offender: LEONARD THOMAS

DOC Number: 175876

MARK APPROPRIATE LINE:

A. ☐ Free of mental illness.

B. ☐ Psychiatric disorder that causes little functional impairment and requires infrequent psychiatric services. These services are routine in nature.

C. ☒ Psychiatric disorder that causes some functional impairment and requires frequent psychiatric and/or psychological services. These services may be routine and/or unplanned in nature and may involve mental health monitoring.

☐ Psychiatric disorder that causes some impairment and requires frequent psychiatric and/or psychological services and/or the individual has a history of a serious suicide attempt while in a correctional setting. Services needed may be routine and/or unplanned in nature and may involve mental health monitoring.

E. ☐ Psychiatric disorder that causes significant functional impairment such that the individual is unable to function in a standard prison environment and requires structured psychiatric and/or psychological services. Services needed are provided in a specialized mental health unit. There is a good prognosis for improvement in functional impairment and eventual movement to a less restricted environment.

F. ☐ Psychiatric disorder that causes acute or chronic extreme functional impairment such that the individual is unable to function in a standard prison environment and/or causes significant risk of harm to the individual or others around the individual and requires extensive structured psychiatric and/or psychological services. Services needed are provided in a specialized mental health unit. There may be a poor prognosis for improvement in functional impairment and eventual movement to a less restricted environment.

COMMENTS

Pt started on antipsychotic medication and Mental Health Code changed from B to C.

Signature/Title

Date (Month, day, year)

THOMAS, LEONARD 02/22/1960 1/2

INDIANA VIOLATING RIGHTS OF MENTALLY ILL, FEDERAL JUDGE SAYS

National CURE email: Posted: Wednesday, January 2, 2013 2:20 pm

Mentally ill prisoners placed in isolation and deprived of adequate medical treatment experience hallucinations, depression and other symptoms. Since 2007, at least 11 of these prisoners have committed suicide. On Monday, a federal judge ruled that such treatment by the Indiana Department of Correction violates the Eighth Amendment prohibition against cruel and unusual punishment.

"More than 200 years of scholarship has recognized that which should be obvious to all: Placing seriously mentally ill persons in segregated settings featuring prolonged isolation and little to no treatment merely increases mental illness and is incredibly damaging," said ACLU of Indiana Legal Director Ken Falk. "The ACLU of Indiana is happy that the Court has entered this decision that will force the Indiana Department of Correction to provide minimally adequate treatment to prisoners who will one day rejoin society."

Judge Tanya Walton Pratt in the United States District Court for the Southern District of Indiana concluded that the Indiana Department of Correction is violating the Eighth Amendment's prohibition against cruel and unusual punishment by placing hundreds of offenders with serious mental illnesses in segregated confinement. Around 400 mentally ill prisoners are being held in isolation, but the ruling will affect hundreds, if not thousands of inmates across the state.

This confinement generally consists of requiring offenders to spend 23 hours a day or more in their cells with very limited access to treatment, and often causes significant worsening of symptoms and illness - including hallucinations, paranoia, depression, self-harm, or even suicide - for persons with pre-existing mental health conditions. The State has more than 1,600 segregation beds at 14 facilities, including the Indiana State Prison at Michigan City, the Indiana Women's Prison in Indianapolis, and prisons at Branchville, Pendleton, Plainfield, Putnamville, Rockville, Wabash Valley and Westville. IDOC also possesses a specific psychiatric unit at the New Castle Correctional Facility. The Court found that this unit features prisoner isolation and infrequent treatment similar to that experienced in the Department's segregation units.

In its decision, the Court noted that nearly 50 percent of inmate suicides occurring within the Department of Correction since 2007 were committed by mentally ill offenders in a segregated setting, and that the evidence "overwhelmingly show that decompensation is psychologically painful to a mentally ill prisoner." The Court also found that the harmful effects of

Uphold the Indiana Constitution! -The penal code shall be based on the principles of reformation and not of vindictive justice. Art. 1, Section 15

Indiana CURE news Oct, Nov, Dec 2012

segregation on mentally ill offenders were known to the Department of Correction.

This decision follows a week-long trial that took place in July of 2011 in a case brought by the ACLU of Indiana on behalf of the Indiana Protection and Advocacy Services Commission and a class of inmates with serious mental illnesses. While the Court found that the plaintiffs' constitutional rights have been violated, it has not yet issued an order regarding the appropriate remedy.

David Smith, Interim Legal Services Director of the Indiana Protection and Advocacy Services Commission, said, "As both co-plaintiff and co-counsel in the case, IPAS strongly agrees with the ruling of the Court stating that the actions and conduct of the Indiana Department of Correction showed 'deliberate indifference' to the basic care and welfare of inmates in IDOC with serious mental illness who were not provided treatment and kept in segregated settings to their detriment. IPAS looks forward to working with and assisting the Court in determining an appropriate remedy to this problem, which will stop the non-treatment and mistreatment of inmates in IDOC with serious mental illness, now and in the future."

ACLU of Indiana Executive Director Jane Henegar said, "A civilized society treats everyone with humanity. That is the aspiration contained in the Eighth Amendment's prohibition against cruel and unusual punishment and the motivation of the ACLU of Indiana in this case."

The decision is entered in the United States District Court, Southern District of Indiana Indianapolis Division as Case No. 1:08-cv-01317-TWP-MJD.



American Civil Liberties Union of Indiana

MEMORANDUM

To: Prisoners interested in our lawsuit challenging the failure of the DOC to properly treat seriously mentally ill prisoners
From: Ken Falk
Re: *IPAS v. DOC*
Date: December 17, 2013

We recently had another formal conference in Court to discuss the progress that the DOC is making with regard to developing constitutionally adequate programming for seriously mentally ill prisoners in segregation or segregated-like environments such as the New Castle Psychiatric Unit. As you know, the Court did issue a decision on December 31, 2012, concluding that the Eighth Amendment rights of these prisoners were being violated by the DOC's failure to provide appropriate care and treatment. There is no final judgment in this case. However, the DOC has been working to provide constitutional alternatives to how it formerly treated these prisoners.

The Department indicated that it is finishing up developing both housing and treatment space at Pendleton. Prisoners will begin to be moved there at some point in January of 2014. Prisoners will be moved slowly – starting at 5 prisoners a week. The new program at Pendleton will feature daily group therapy and a lot of out-of-cell time. This will be a great improvement to the conditions that gave rise to the lawsuit.

The representatives of the Department also stated that changes were coming to New Castle to make sure that all prisoners are out of their cells at least 10 hours a week for therapeutic programming.

Finally, we discussed what was being done to assist seriously mentally ill female prisoners who are currently in segregation. The DOC is planning to put seriously mentally ill women in segregation in a unit at the Indiana Women's Prison where they can receive 10 hours a week of out-of-cell therapeutic programming.

It does appear that the DOC is working very hard to develop excellent programming. We will continue to closely monitor this.

Following the hearing the Judge ordered the parties to file a status report no later than January 31, 2014. Hopefully by that time all of the above tentative plans will have been finalized. If we wish, we can, after this report, ask for another hearing with the Court.

(b)(7)(C)

AA | Friday, February 7, 2014 | South Bend TRIBUNE

Agency: Mentally ill inmates receiving better care

By Charles D. Wilson
Associated Press

INDIANAPOLIS

Advocates will get a firmer hand look at Indiana's efforts to improve its treatment of mentally ill prisoners since a federal judge criticized the Department of Correction for acting "deliberately indifferent" toward the prisoners' plight.

Representatives of a state commission that advocates for the rights of the disabled and lawyers for the American Civil Liberties Union of Indiana are

scheduled to tour a new unit at Pendleton Correctional Facility today.

U.S. District Judge Tanya Walton Pratt found more than a year ago that the prison agency's treatment of its nearly 6,000 mentally ill inmates was inadequate, and ordered it to do more. Pratt ruled that by simply locking mentally ill prisoners up in their cells without adequate treatment, the state system was violating the inmates' constitutional right against cruel and unusual punishment.

The 2008 class action lawsuit said inmates were

routinely placed in isolation and they and their mental health caretakers often had to yell at each other through solid cell doors instead of meeting face to face.

David Pathl, who heads the national ACLU Prison Project, said Tuesday that mentally ill inmates across the U.S. are routinely held in solitary confinement for days or years and often mutilate or kill themselves. In 2005, an inmate at Indiana's Wabash Correctional Facility committed suicide by setting himself on fire in his cell.

"The Indiana case is definitely part of a trend, Pathl said. Prisons and jails have become the asylums of last resort, and judges are insisting they do a better job of caring for the mentally ill."

The ACLU has handled similar cases in Massachusetts, South Carolina, Arizona and Mississippi, Pathl said. He cited government figures showing that as many as one-third the nation's prison inmates are believed to have a mental illness.

The civil rights group also represents the Indiana

Protection and Advocacy Services Commission in its suit against the DOC.

Ken Falk, the ACLU of Indiana's legal director, said Tuesday the Pendleton unit now appears to be "state of the art" and puts Indiana ahead of other states in its treatment of mentally ill inmates.

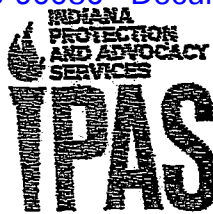
Advocates reported a lack of progress to the court last fall, but prison officials say they've made improvements since then, providing special training to about 300 prison staff and is in the process of starting up special units at

prisons in Pendleton, New Castle, Wabash Valley and the Indiana Women's Prison in Indianapolis.

The new mental health unit at the Pendleton Correctional Facility, about 25 miles northeast of Indianapolis, went into operation early last month and currently houses five offenders. Eventually, officials plan for the unit to house 264 inmates, the Department of Correction said.

Advocates say, however, that the number of mentally ill people in prison has risen over the years as states have cut budgets for treatment.

LOCAL



4701 N KEYSTONE AVE #222
 INDIANAPOLIS IN 46206-1592
 VOICE 317.722.5555
 FAX 317.722.5564
 TOLL FREE VOICE 800.622.4845
 TOLL FREE TTY 800.338.1131
 WWW.IN.GOV/IPAS

CHAE R PENCE
 VERNOR

COMMISSION MEMBERS

DUGLAS GOEPPNER
 CHAIRPERSON
 BOIS CO

YLE LLOYD
 ICE-CHAIRPERSON
 RANT CO

INDA DRIGGS
 SECRETARY
 LINTON CO

MARCI HAW
 MARION CO

MELANIE MOTSINGER
 ALLEN CO

JUSTIN OGDEN
 BOONE CO

WILLIAM RIGGS PHD
 HANCOCK CO

NANCY SLATER
 HAMILTON CO

SUSAN SMITH
 MIAMI CO

ROBERT WALSON
 MARION CO

LISA WELLS
 MARION CO

THERESA WILLARD
 HAMILTON CO

ADVISORY MEMBERS

JEAN LEISING
 SENATOR
 FRANKLIN/RUSH/
 SHELBY/HENRY CO

DALE DEVON
 REPRESENTATIVE
 ST JOSEPH CO

MENTAL ILLNESS ADVISORY COUNCIL

NANCY SLATER
 CHAIRPERSON
 HAMILTON CO

LEISA BARBER
 VICE-CHAIRPERSON
 SPENCER CO

RONDA AMES
 MARION CO

VICKI COPELAND
 HAMILTON CO

LYNDA SNIDER
 PORTER CO

DAYNA SWITZER
 HENDRICKS CO

DEBRA SWITZER
 VANDERBURGH CO

January 26, 2015

Leonard Thomas # 175876
 Westville Correctional Facility
 5501 South 1100 West
 Westville, Indiana 46391

Dear Mr. Thomas:

Indiana Protection and Advocacy Services (IPAS) received your letter on January 26, 2015, regarding inappropriate and/or a lack of mental health treatment in the Indiana Department of Correction (IDOC). As you may know, IPAS sued IDOC in 2008 claiming that IDOC was placing seriously mentally ill inmates in segregation to their detriment, and further failing to provide them with appropriate mental health care and treatment. In 2010, the court granted certification of a class that includes all seriously mentally ill inmates in segregation in IDOC, and that class of inmates is a plaintiff in the case.

If you suffer from a serious mental illness and are in segregation, you are included in the certified class for the lawsuit, and what relief the suit produces will apply to your situation in some way. While the case is pending, IPAS cannot provide individual advocacy services for individuals diagnosed with a mental health disorder.

IPAS is without the resources to open further prison cases that involve individuals with a mental health diagnosis at this time. Contact information for additional resources that may be able to address your concerns has been enclosed for your convenience.

Indiana State Bar Association
 One Indiana Square, Suite 530
 Indianapolis, IN 46204
 317.639.5465
 (F) 317.266.2588

American Civil Liberties Union of Indiana
 1031 E. Washington St.
 Indianapolis, IN 46202

Indiana DOC Ombudsman Bureau
 402 W. Washington Room W. 479
 Indianapolis, IN 46204

LEONARD THOMAS

06/03/2015

RESTRICTED HOUSING REVIEW

The patient does meet Serious Mental Illness criteria at this time.

Describe relevant clinical factors and mental health needs:

Ofd.'s hx includes suicidal ideations, serious suicide attempts, and verbalizing auditory and visual hallucinations.

Automatic Inclusion Criteria

1.) and 2.): The patient has engaged in a serious suicide attempt in the previous six months.

MHP was requested to meet with ofd. at cell following ofd. informing custody that he had SI. Ofd. informed MHP that he was feeling suicidal. Ofd. then stated that he was still upset over his legal mail situation and that he was not given medication while he was in the law library. MHP informed ofd. that the nurse did visit ofd. in law library to give medication but that ofd. refused to take his meds. Ofd. then stated that it was due to being in the law library at the time, trying to sort his mail situation, and that he would have taken the medication.

Ofd. was observed to be picking on the inside of his right wrist and then brought up the wrist to the cell window where there was blood and blood running down his right arm. MHP then left the cell and informed the officers on A-pod that ofd. was bleeding b/c MHP went to the lieutenant to inform him that ofd. would be placed on suicide observation, where lieutenant placed call to medical to have ofd. observed.

MHP then returned to A-pod where ofd. was receiving medical assistance (there were droplets of blood leading from ofd.'s cell to the medical room and a puddle of blood near medical table). Ofd. stated that his requests were not being heard or met for his legal mail situation and believed that if he took more drastic actions (i.e. cutting off his arm) then he would get the desired result. Ofd. also wanted MHP to call up the legal mail department in order to have issue resolved. Ofd. did admit to refusing medications while he was in the medical room and that he was not denied the meds.

Psychotic Disorder, Mood Disorder, Anxiety Disorder and Functional Impairment Inclusion Criteria

3.) The patient meets (or has met in the last six months) criteria for the following diagnosis:

Other and unspecified reactive psychosis

4.) The patient shows symptoms that are clinically severe.

Organic Brain Syndrome Diagnosis and Functional Impairment Inclusion Criteria

5.) The patient shows symptoms of Organic Brain Syndrome Diagnosis and/or functional impairment inclusion criteria.

Epilepsy

Personality Disorder Diagnosis and Frequent Episodes of Psychosis or Depression

6.) The patient shows symptoms of Personality Disorder Diagnosis and Frequent Episodes of Psychosis or Depression.

The patient meets the criteria for the following personality disorders:

Antisocial Personality Disorder

7.) The patient has experienced frequent episodes of psychosis within the last 6 months.

MHP was requested to meet with ofd. at cell following ofd. informing custody that he had SI. Ofd. informed MHP that he was feeling suicidal. Ofd. then stated that he was still upset over his legal mail situation and that he was not given medication while he was in the law library. MHP informed ofd. that the nurse did visit ofd. in law library to give medication but that ofd. refused to take his meds. Ofd. then stated that it was due to being in the law library at the time, trying to sort his mail situation, and that he would have taken the medication.

Ofd. was observed to be picking on the inside of his right wrist and then brought up the wrist to the cell window where there was blood and blood running down his right arm. MHP then left the cell and informed the officers on A-pod that ofd. was bleeding before MHP went to the lieutenant to inform him that ofd. would be placed on suicide observation, where lieutenant placed call to medical to have ofd. observed.

MHP then returned to A-pod where ofd. was receiving medical assistance (there were droplets of blood leading from ofd.'s cell to the medical room and a puddle of blood near medical table). Ofd. stated that his requests were not being heard or met for his legal mail situation and believed that if he took more drastic actions (i.e. cutting off his arm) then he would get the desired result. Ofd. also wanted MHP to call up the legal mail department in order to have issue resolved. Ofd. did admit to refusing medications while he was in the medical room and that he was not denied the meds.

8.) The patient has not experienced frequent episodes of depression within the last 6 months.

Functional Impairment Criteria

As a function of the above listed diagnosis, are currently suffering from significant functional impairment as evidenced by:

A pervasive pattern of dysfunctional or disruptive social interactions including withdrawal, bizarre or disruptive behavior etc.

Describe pattern of behavior:

Ofd. has made medical requests to mental health where he has written about his cell walls closing in on him, the custody staff colluding against him, the television speaking to him, and the air conditioner producing snow in his cell; this appears to be an ongoing issue

Describe most recent SIB.

MHP was requested to meet with ofd. at cell following ofd. informing custody that he had SI. Ofd. informed MHP that he was feeling suicidal. Ofd. then stated that he was still upset over his legal mail situation and that he was not given medication while he was in the law library. MHP informed ofd. that the nurse did visit ofd. in law library to give medication but that ofd. refused to take his meds. Ofd. then stated that it was due to being in the law library at the time, trying to sort his mail situation, and that he would have taken the medication.

Ofd. was observed to be picking on the inside of his right wrist and then brought up the wrist to the cell window where there was blood

Warg, Larry

From: Newkirk, Mark
Sent: Thursday, June 25, 2015 11:57 AM
To: Warg, Larry
Subject: Fwd: 175876

----- Forwarded message -----

From: "Taylor, Eddie M" <EMTaylor@idoc.IN.gov>

Date: Jun 25, 2015 11:48 AM

Subject: 175876

To: "Barnes, Douglas" <DOBarnes@idoc.IN.gov>

Cc: "Newkirk, Mark" <mnewkirk@idoc.IN.gov>, "Wardell, Nicholas P" <NWardell@idoc.IN.gov>, "Dalrymple, Charles A" <CDalrymple@idoc.IN.gov>, "Lowry, Evan" <EALowry@idoc.IN.gov>, "Thode, Gloria J" <GThode@idoc.IN.gov>

DEPARTMENT OF CORRECTION

SITE: WCU

COMPLETED BY: Eddie M. Taylor, PhD 06/25/2015 12:46 PM

MENTAL STATUS CLASSIFICATION

Offender: LEONARD THOMAS

DOC Number: 175876

MARK APPROPRIATE LINE:

A. ☐ Free of mental illness.

B. ☐ Psychiatric disorder that causes little functional impairment and requires infrequent psychiatric services. These services are routine in nature.

13

C. ☐ Psychiatric disorder that causes some functional impairment and requires frequent psychiatric and/or psychological services. These services may be routine and/or unplanned in nature and may involve mental health monitoring.

- D. Psychiatric disorder that causes some impairment and requires frequent psychiatric and/or psychological services and/or the individual has a history of a serious suicide attempt while in a correctional setting. Services needed may be routine and/or unplanned in nature and may involve mental health monitoring.
- E. X Psychiatric disorder that causes significant functional impairment such that the individual is unable to function in a standard prison environment and requires structured psychiatric and/or psychological services. Services needed are provided in a specialized mental health unit. There is a good prognosis for improvement in functional impairment and eventual movement to a less restricted environment.
- F. Psychiatric disorder that causes acute or chronic extreme functional impairment such that the individual is unable to function in a standard prison environment and/or causes significant risk of harm to the individual or others around the individual and requires extensive structured psychiatric and/or psychological services. Services needed are provided in a specialized mental health unit. There may be a poor prognosis for improvement in functional impairment and eventual movement to a less restricted environment.

COMMENTS

 Signature/Title

 Date (Month, day, year)

 Provider: Eddie Taylor Ph.D

Document generated by: Eddie M. Taylor, PhD 06/25/2015 12:47 PM

NAME: THOMAS, LEONARD

NUMBER: 175876

D.O.B.: 02/22/1960

14

DEPARTMENT OF CORRECTION

SITE: WVD

COMPLETED BY: Shannon L. Roden, Psy.D. 11/23/2015 10:01 AM

MENTAL STATUS CLASSIFICATION

Offender: LEONARD THOMAS

DOC Number: 175876

MARK APPROPRIATE LINE:

A. ☐ Free of mental illness.

B. ☐ Psychiatric disorder that causes little functional impairment and requires infrequent psychiatric services. These services are routine in nature.

C. ☒ Psychiatric disorder that causes some functional impairment and requires frequent psychiatric and/or psychological services. These services may be routine and/or unplanned in nature and may involve mental health monitoring.

D. ☐ Psychiatric disorder that causes some impairment and requires frequent psychiatric and/or psychological services and/or the individual has a history of a serious suicide attempt while in a correctional setting. Services needed may be routine and/or unplanned in nature and may involve mental health monitoring.

E. ☐ Psychiatric disorder that causes significant functional impairment such that the individual is unable to function in a standard prison environment and requires structured psychiatric and/or psychological services. Services needed are provided in a specialized mental health unit. There is a good prognosis for improvement in functional impairment and eventual movement to a less restricted environment.

F. ☐ Psychiatric disorder that causes acute or chronic extreme functional impairment such that the individual is unable to function in a standard prison environment and/or causes significant risk of harm to the individual or others around the individual and requires extensive structured psychiatric and/or psychological services. Services needed are provided in a specialized mental health unit. There may be a poor prognosis for improvement in functional impairment and eventual movement to a less restricted environment.

COMMENTS

Transfer from SNU to GP

Signature/Title

Date (Month, day, year)

Provider: Danielle D. Nance PsyD

Document generated by: Shannon L. Roden, Psy.D. 11/23/2015 10:02 AM

THOMAS, LEONARD 02/22/1960 1/2

DEPARTMENT OF CORRECTION

SITE: WCU

COMPLETED BY: Charles A. Dalrymple, MHP 04/20/2016 12:00 PM

PATIENT: LEONARD THOMAS
 IDOC#: 175876
 DATE OF BIRTH: 02/22/1960
 DATE: 04/20/2016 12:00 PM
 HISTORIAN: self
 VISIT TYPE: Chart Update

History of Present Illness

This 56 year old male presents with:

1. Transfer from RH to MH unit

Ofd. was transferred from WCU A-Pod (long-term RH) on 4/20/16 to NGP MH unit d/t SMI status.

Chronic ProblemsAxis Description

Axis I Anxiety

Axis I Paranoid type schizophrenia, chronic state

Axis I Other and unspecified reactive psychosis

Axis II Antisocial personality disorder

Axis III Epilepsy

Axis III Intervertebral disc disorders

Axis III Nonspecific reaction to tuberculin skin test witho

Medical/Surgical History

Condition	Year	Management	Year	Outcome
Unspecified type schizophrenia, unspecified state	2007		2011	Resolved from
Problem List				

Significant Life Events

Risk Issues: Risk factors include suicidal ideation, high risk behavior, psychosis, history of self injury and non-compliance with treatment.

Clinical AssessmentAxis I and Axis II:

Axis I Paranoid type schizophrenia, chronic state (295.32)

Axis I Anxiety (300.00)

Axis II Antisocial personality disorder (301.7)

NAME: THOMAS, LEONARD.
 D.O.B.: 02/22/1960

Axis III (module):

Nonspecific reaction to tuberculin skin test witho, Epilepsy.

Axis IV: Mild

Problems related to:

- education
- housing
- legal system/crime
- primary support group
- social environment

Comments: Convicted of Voluntary Manslaughter. EPRD is 04-02-2025.

Axis V:

Current GAF: 65 on 04/19/2016.

Orders/Plan**Medications**Medication NameSig DescStop Date

albuterol sulfate HFA 90 mcg/actuation aerosol inhaler

Use two puffs by mouth four times per day as needed.

10/13/2016

Risperdal 4 mg tablet

Take one tablet by mouth daily**** crush and float medication

06/22/2016

benztropine 2 mg tablet

Take one tablet by mouth daily***CRUSH 06/22/2016

Dilantin Kapseal 100-mg-capsule

-1 cap po bid.

09/09/2016

Treatment Plan**Problem 1:** RH Placement**Goal:** Maintain MH Stability**Target Date:** 05/01/2016**Resolved Date:** 04/20/2016**Objective 1**

Offender will participate in weekly rounds and monthly reviews.

Intervention: Weekly Rounds/Monthly Reviews**Date:** 01/29/2016 **Frequency:** weekly **Staff:** MHP**Problem 2:** Obsessive/Compulsive Behaviors: Recurrent and repetitive behaviors in response to

obsessive thoughts

Goal: Substantial reduction in obsessive compulsive symptoms**Target Date:** 06/22/2016**Objective 1**

Identifies and discusses significant feelings and conflicts

Intervention: Individual Therapy**Date:** 11/23/2015 **Frequency:** monthly **Staff:** MHP**Problem 3:** Psychotic Symptoms: Hallucinations - auditory**Goal:** Compliance with psychotropic medications and therapies**Target Date:** 06/22/2016**Objective 1**

Identifies benefits of compliance with treatment

Intervention: Medication Management scheduled to see providerNAME: THOMAS, LEONARD
D.O.B.: 02/22/1960

Date: 10/14/2015 Frequency: q 90 days Staff: Psychiatrist-

Objective 2

Recognizes symptoms associated with mental illness

Intervention: Individual Therapy

Date: 10/14/2015 Frequency: monthly Staff: MHP

Problem 4: Paranoid Ideation: Significant and consistent distrust of others without sufficient basis in reality

Goal: Marked decrease in feelings of mistrust and suspicion

Target Date: 06/22/2016

Resolved Date: 01/26/2016

Objective 1

Develops coping skills to manage suspicious feelings and thoughts

Intervention: Individual Therapy

Date: 10/14/2015 Frequency: monthly Staff: MHP

Problem 6: Suicidal Ideation: Engaging in self-harm to left wrist

Goal: Alleviate suicidal ideations and impulses

Target Date: 04/25/2016

Resolved Date: 04/18/2016

Objective 1

Ofd vocalizes no SI or self-harm thoughts, intent, plan

Intervention: Post observation release follow up

Date: 04/12/2016 Frequency: 24hr1wk2k1mo Staff: MHP

Provider: Eddie Taylor Ph.D 04/20/2016 12:04 PM

Document generated by: Charles A. Dalrymple, MHP 04/20/2016

NAME: THOMAS, LEONARD

NUMBER: 175876

D.O.B.: 02/22/1960

NAME: THOMAS, LEONARD

D.O.B.: 02/22/1960

THOMAS_000579

DEPARTMENT OF CORRECTION

SITE: WCU

COMPLETED BY: Charles A. Dalrymple, MHP 04/20/2016 12:00 PM

PATIENT: LEONARD THOMAS
 IDOC# 175876
 DATE OF BIRTH: 02/22/1960
 DATE: 04/20/2016 12:00 PM
 HISTORIAN: self
 VISIT TYPE: Chart Update

History of Present Illness

This 56 year old male presents with:

1. Transfer from RH to MH unit

Ofd. was transferred from WCU A-Pod (long-term RH) on 4/20/16 to NCP MH unit d/t SMI status.

Chronic ProblemsAxis Description

Axis I Anxiety

Axis I Paranoid type schizophrenia, chronic state

Axis I Other and unspecified reactive psychosis

Axis II Antisocial personality disorder

Axis III Epilepsy

Axis III Intervertebral disc disorders

Axis III Nonspecific reaction to tuberculin skin test witho

Medical/Surgical History

<u>Condition</u>	<u>Year</u>	<u>Management</u>	<u>Year</u>	<u>Outcome</u>
Unspecified type schizophrenia, unspecified state	2007		2011	Resolved from
Problem List				

Significant Life Events

Risk Issues: Risk factors include suicidal ideation, high risk behavior, psychosis, history of self injury and non-compliance with treatment.

Clinical AssessmentAxis I and Axis II:

Axis I Paranoid type schizophrenia, chronic state (295.32)

Axis I Anxiety (300.00)

Axis II Antisocial personality disorder (301.7)

NAME: THOMAS, LEONARD
 D.O.B.: 02/22/1960

THOMAS_000580

Axis III (module):

Nonspecific reaction to tuberculin skin test witho, Epilepsy.

Axis IV: Mild**Problems related to:**

education
housing
legal system/crime
primary support group
social environment

Comments: Convicted of Voluntary Manslaughter. EPRD is 04-02-2025.

Axis V:

Current GAF: 65 on 04/19/2016.

Orders/Plan**Medications**

<u>Medication Name</u>	<u>Sig Desc</u>	<u>Stop Date</u>
albuterol sulfate HFA 90 mcg/actuation aerosol inhaler 10/13/2016	Use two puffs by mouth four times per day as needed	
Risperdal 4 mg tablet 06/22/2016	Take one tablet by mouth daily**** crush and float medication	
benztropine 2 mg tablet	Take one tablet by mouth daily***CRUSH	06/22/2016
Dilantin Kapseal 100 mg capsule	-1 cap po bid	09/09/2016

Treatment Plan

Problem 1: RH Placement
Goal: Maintain MH Stability
Target Date: 05/01/2016
Resolved Date: 04/20/2016

Objective 1

Offender will participate in weekly rounds and monthly reviews.

Intervention: Weekly Rounds/Monthly Reviews**Date:** 01/29/2016 **Frequency:** weekly **Staff:** MHP

Problem 2: Obsessive/Compulsive Behaviors: Recurrent and repetitive behaviors in response to
obsessive thoughts

Goal: Substantial reduction in obsessive compulsive symptoms**Target Date:** 06/22/2016**Objective 1**

Identifies and discusses significant feelings and conflicts

Intervention: Individual Therapy**Date:** 11/23/2015 **Frequency:** monthly **Staff:** MHP**Problem 3:** Psychotic Symptoms: Hallucinations - auditory**Goal:** Compliance with psychotropic medications and therapies**Target Date:** 06/22/2016**Objective 1**

Identifies benefits of compliance with treatment

Intervention: Medication Management scheduled to see provider

NAME: THOMAS, LEONARD
D.O.B.: 02/22/1960

20

THOMAS_000581

Date: 10/14/2015 Frequency: q 90 days Staff: Psychiatrist

Objective 2

Recognizes symptoms associated with mental illness

Intervention: Individual Therapy

Date: 10/14/2015 Frequency: monthly Staff: MHP

Problem 4: Paranoid Ideation: Significant and consistent distrust of others without sufficient basis in reality

Goal: Marked decrease in feelings of mistrust and suspicion

Target Date: 06/22/2016

Resolved Date: 01/26/2016

Objective 1

Develops coping skills to manage suspicious feelings and thoughts

Intervention: Individual Therapy

Date: 10/14/2015 Frequency: monthly Staff: MHP

Problem 6: Suicidal Ideation: Engaging in self-harm to left wrist.

Goal: Alleviate suicidal ideations and impulses

Target Date: 04/25/2016

Resolved Date: 04/18/2016

Objective 1

Ofd vocalizes no SI or self-harm thoughts, intent, plan

Intervention: Post observation release follow up

Date: 04/12/2016 Frequency: 24hr1wk2k1mo Staff: MHP

Provider: Eddie Taylor Ph.D 04/20/2016 12:04 PM

Document generated by: Charles A. Dalrymple, MHP 04/20/2016

NAME: THOMAS, LEONARD

NUMBER: 175876

D.O.B.: 02/22/1960

NAME: THOMAS, LEONARD
D.O.B.: 02/22/1960

21

DEPARTMENT OF CORRECTION

SITE: NCP

COMPLETED BY: Kristina Stevens, LMHC 04/20/2016 3:24 PM

PATIENT: LEONARD THOMAS
 IDOC# 175876
 DATE OF BIRTH: 02/22/1960
 DATE: 04/20/2016 3:24 PM
 VISIT TYPE: Transfer - Receiving

History of Present Illness

This 56 year old male presents with:

1. new adm for NCP

Chronic ProblemsAxis Description

Axis I Anxiety

Axis I Paranoid type schizophrenia, chronic state

Axis I Other and unspecified reactive psychosis

Axis II Antisocial personality disorder

Axis III Epilepsy

Axis III Intervertebral disc disorders

Axis III Nonspecific reaction to tuberculin skin test witho

Medical/Surgical History

Condition	Year Management	Year Outcome
Unspecified type schizophrenia, unspecified state	2007	2011 Resolved from
Problem List		

Significant Life Events

Risk Issues: Risk factors include suicidal ideation, high risk behavior, psychosis, history of self injury and non-compliance with treatment.

Progress Note

Direct Service: Individual

Individual(s) Present: mhp & ofd

Treatment is necessary to: reduce risk of harm to self or others, maintain or improve current level of functioning

Therapeutic Interventions: supportive,

Comments: Met with ofd in 800 rec enclosure to assess for initial placement at NCP. Ofd was cooperative about answering questions, and asked appropriate questions of writer. He was interested most in property as he needs legal paperwork with deadlines. Ofd says he deals with schizophrenia and depression. He says he received disability on the street for schizophrenia, depression, and epilepsy. He reported cutting a couple of weeks ago because the voices told him to do so, currently denied any Ah or thought to harm himself. Ofd did not arrive on watch. Will allow to assigned cell on A&O status. Follow up per schedule or sooner if necessary.

NAME: THOMAS, LEONARD
 D.O.B.: 02/22/1960

22

Mental Status

Patient's appearance is appropriate.
Patient is oriented to person, place, time and situation.
Behavior is described as unremarkable.
Psychomotor behaviors are unremarkable.
Speech is appropriate.
Patient's affect is constricted.
Patient's mood is euthymic.
Memory is intact.
Sensorium is clear consciousness.
Patient's intellect is average.
Attitude is cooperative.
Attention is gained and directed.
Reasoning is poor.
Impulse control is poor.
Judgment is poor.
Insight is poor.
Patient's self-perception is realistic.
Thought processes are logical and asked about legal work several times.
Thought content is unremarkable.
The patient does not express suicidal ideation.
The patient does not express homicidal ideation.
Patient is able to understand and agrees to refrain from harmful action.

Clinical Assessment

Axis I and Axis II:

Axis I Paranoid type schizophrenia, chronic state (295.32)

Axis I Anxiety (300.00)

Axis II Antisocial personality disorder (301.7)

Axis III (module):

Nonspecific reaction to tuberculin skin test witho, Epilepsy.

Axis IV: Mild

Problems related to:

- education
- housing
- legal system/crime
- primary support group
- social environment

Comments: Convicted of Voluntary Manslaughter. EPRD is 04-02-2025.

Axis V:

Current GAF: 65 on 04/20/2016.

Orders/Plan

NAME: THOMAS, LEONARD
D.O.B.: 02/22/1960

Medications

<u>Medication Name</u>	<u>Sig Desc</u>	<u>Stop Date</u>
albuterol sulfate HFA 90 mcg/actuation aerosol inhaler	Use two puffs by mouth four times per day as needed	
10/13/2016		
Risperdal 4 mg tablet	Take one tablet by mouth daily**** crush and float medication	
06/22/2016		
benztropine 2 mg tablet	Take one tablet by mouth daily***CRUSH	06/22/2016
Dilantin Kapseal 100 mg capsule	-1 cap po bid	09/09/2016

Specific Plan Instructions

Continue treatment plan as prescribed. Please see description below.

Treatment Plan

Problem 1: RH Placement
Goal: Maintain MH Stability
Target Date: 05/01/2016
Resolved Date: 04/20/2016

Objective 1

Offender will participate in weekly rounds and monthly reviews.

Intervention: Weekly Rounds/Monthly Reviews
Date: 01/29/2016 **Frequency:** weekly **Staff:** MHP
Problem 2: Obsessive/Compulsive Behaviors: Recurrent and repetitive behaviors in response to obsessive thoughts
Goal: Substantial reduction in obsessive compulsive symptoms
Target Date: 06/22/2016

Objective 1

Identifies and discusses significant feelings and conflicts

Intervention: Individual Therapy
Date: 11/23/2015 **Frequency:** monthly **Staff:** MHP
Problem 3: Psychotic Symptoms: Hallucinations - auditory
Goal: Compliance with psychotropic medications and therapies
Target Date: 06/22/2016

Objective 1

Identifies benefits of compliance with treatment

Intervention: Medication Management scheduled to see provider
Date: 10/14/2015 **Frequency:** q 90 days **Staff:** Psychiatrist

Objective 2

Recognizes symptoms associated with mental illness

Intervention: Individual Therapy
Date: 10/14/2015 **Frequency:** monthly **Staff:** MHP
Problem 4: Paranoid Ideation: Significant and consistent distrust of others without sufficient basis in reality
Goal: Marked decrease in feelings of mistrust and suspicion
Target Date: 06/22/2016
Resolved Date: 01/26/2016

Objective 1

Develops coping skills to manage suspicious feelings and thoughts

Intervention: Individual Therapy
Date: 10/14/2015 **Frequency:** monthly **Staff:** MHP

NAME: THOMAS, LEONARD
D.O.B.: 02/22/1960

Problem 6: Suicidal Ideation: Engaging in self-harm to left wrist.
Goal: Alleviate suicidal ideations and impulses
Target Date: 04/25/2016
Resolved Date: 04/18/2016

Objective 1

Ofd vocalizes no SI or self-harm thoughts, intent, plan

Intervention: Post observation release follow up

Date: 04/12/2016 **Frequency:** 24hr1wk2k1mo **Staff:** MHP

Provider: Deanna Dwenger PysD 04/20/2016 3:40 PM

Document generated by: Kristina Stevens, LMHC 04/20/2016

NAME: THOMAS, LEONARD

NUMBER: 175876

D.O.B.: 02/22/1960

NAME: THOMAS, LEONARD
D.O.B.: 02/22/1960

**State of Indiana**

Department of Correction

Division of Medical and Mental Healthcare Services

Indiana Government Center South
362 W. Washington Street
Indianapolis, IN 46204

Patient: LEONARD THOMAS
 Date of Birth: 02/22/1960
 Date: 05/12/2016 1:11 PM
 Visit Type: Intake No Medical Services

Offender was made a 2C by treatment team.

Chronic Problems:**Axis Description**

Axis I Anxiety

Axis I Paranoid type schizophrenia, chronic state

Axis I Other and unspecified reactive psychosis

Axis Antisocial personality disorder

II

Axis Epilepsy

III

Axis Intervertebral disc disorders

III

Axis Nonspecific reaction to tuberculin skin test witho

III

Language

Preferred language is English.

PROBLEM LIST:

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Reactive psychoses	06/29/2015	Y		Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Other and unspecified reactive psychosis, 298.8, added by Brion A. Bertsch, MD, with responsible provider Brion A. Bertsch MD. Onset date 06/29/2015; Axis I.
Chronic paranoid schizophrenia	08/10/2015	Y		Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Paranoid type schizophrenia, chronic state, 295.32, added by Brion A. Bertsch, MD, with responsible provider Brion A. Bertsch MD. Onset date

24

Anxiety state 06/04/2012 Y

08/10/2015; Axis I

Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Anxiety, 300.00, added by Brion A. Bertsch, MD, with responsible provider Brion A. Bertsch MD.

Onset date 06/04/2012; Axis I

Antisocial personality disorder 06/03/2010 Y

Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Antisocial personality disorder, 301.7, added by Douglas W. Jones, LMHC, with responsible provider . Onset date 06/03/2010; Axis II.

Medication

Medication	Sig Desc	PRN Status	PRN Reason	Start Date	Stop Date
Dilantin Kapseal 100 mg capsule	-1 cap po bid	N		03/09/2016	09/09/2016
albuterol sulfate HFA 90 mcg/actuation aerosol inhaler	Use two puffs by mouth four times per day as needed	N		04/13/2016	10/13/2016

Individuals Present

Support Resources

Full Name	Relationship	Home Phone	Work Phone	Effective Date	End Date	Comments
-----------	--------------	------------	------------	----------------	----------	----------

Provider:

Dwenger, Deanna 05/12/2016 1:12 PM

Document generated by: Donalda Griffin, MRC 05/12/2016 01:12 PM

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204



State of Indiana

Department of Correction

Division of Medical and Clinical Healthcare Services

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

PATIENT: LEONARD THOMAS
 DATE OF BIRTH: 02/22/1960
 DATE: 05/19/2016 01:53 PM
 VISIT TYPE: Chart Update

Offender was made a 2+C by treatment team.

PROBLEM LIST:

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Reactive psychoses	06/29/2015	Y		Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Other and unspecified reactive psychosis, 298.8, added by Brion A. Bertsch, MD, with responsible provider Brion A. Bertsch MD. Onset date 06/29/2015; Axis I.
Chronic paranoid schizophrenia	08/10/2015	Y		Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Paranoid type schizophrenia, chronic state, 295.32, added by Brion A. Bertsch, MD, with responsible provider Brion A. Bertsch MD. Onset date 08/10/2015; Axis I.
Anxiety state	06/04/2012	Y		Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Anxiety, 300.00, added by Brion A. Bertsch, MD, with responsible provider Brion A. Bertsch MD. Onset date 06/04/2012; Axis I.
Antisocial personality disorder	06/03/2010	Y		Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Antisocial personality disorder, 301.7, added by Douglas W. Jones, LMHC, with responsible provider . Onset date 06/03/2010; Axis II.

THOMAS, LEONARD 175876 02/22/1960 05/19/2016 01:53 PM 1/2

28

Problem List (not yet mapped to SNOMED-CT®):

Problem Description	Onset Date	Notes
Epilepsy	05/22/2007	
Nonspecific reaction to tuberculin skin test witho	02/12/2008	
Intervertebral disc disorders	04/29/2014	

Allergies

Ingredient	Reaction	Medication Name	Comment
NO KNOWN DRUG ALLERGIES			
NO KNOWN DRUG ALLERGIES			
NO KNOWN DRUG ALLERGIES			

Medications (Added, Continued or Stopped today)

Start Date	Medication	Directions	PRN	PRN Reason	Instruction	Stop Date
04/13/2016	albuterol sulfate HFA 90 mcg/actuation aerosol inhaler	Use two puffs by mouth four times per day as needed	N			10/13/2016
03/09/2016	Dilantin-Kapseal 100 mg capsule	-1 cap po bid	N			09/09/2016

Provider:

Dwenger, Deanna 05/19/2016 1:54 PM

Document generated by: Donalda Griffin, MRC 05/19/2016 01:54 PM

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204



State of Indiana

Division of Medical and Clinical Healthcare Services

Department of Correction

Indiana Government Center South
382 W. Washington Street
Indianapolis, IN 46204

Facility: NCP

PATIENT: LEONARD THOMAS
 DATE OF BIRTH: 02/22/1960
 DATE: 06/02/2016 02:15 PM
 VISIT TYPE: Chart Update

Offender was made a 3C by treatment team.

PROBLEM LIST:

Problem Description	Onset Date	Chronic	Clinical Status
Reactive psychoses	06/29/2015	Y	
Chronic paranoid schizophrenia	08/10/2015	Y	
Anxiety state	06/04/2012	Y	
Antisocial personality disorder	06/03/2010	Y	

Problem List (not yet mapped to SNOMED-CT®):

Problem Description	Onset Date	Notes
Epilepsy	05/22/2007	
Nonspecific reaction to tuberculin skin test witho	02/12/2008	
Intervertebral disc disorders	04/29/2014	

Allergies

Ingredient	Reaction	Medication Name	Comment
NO KNOWN DRUG ALLERGIES			
NO KNOWN DRUG ALLERGIES			
NO KNOWN DRUG ALLERGIES			

Medications (Added, Continued or Stopped today)

Start Date	Medication	Directions	PRN Status	PRN Reason	Instruction	Stop Date
04/13/2016	albuterol sulfate HFA 90 mcg/actuation aerosol inhaler	Use two puffs by mouth four times per day as needed	N			10/13/2016
03/09/2016	Dilantin Kapseal 100 mg capsule	-1 cap po bid	N			09/09/2016

Provider:

Dwenger, Deanna 06/02/2016 2:16 PM

THOMAS, LEONARD 175876 02/22/1960 06/02/2016 02:15 PM 1/2

Document generated by: Donalda Griffin, MRC 06/02/2016 02:16 PM

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

United States District Court
Southern District of Indiana
Indianapolis Division

Law Suit Filed by (IPAS)
Indiana Protection And Advocacy Services

IPAS v. Commissioner (DOC)
Case No. 1:08-cv-01317-TWP
2008 through 01/27/2014
Pages 1. through 27.

APPENDIX 2

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

INDIANA PROTECTION AND ADVOCACY
SERVICES COMMISSION, *et al.*,

Plaintiffs,

v.

COMMISSIONER, INDIANA DEPARTMENT
OF CORRECTION,

Defendant.

No. 1:08-cv-01317 TWP-MJD

**Stipulation to Enter Into Private Settlement Agreement
Following Notice to the Class and Fairness Hearing**

The parties, in person and by their counsel, stipulate and agree as follows:

I. The history of the case

1. This action was filed in 2008 and sought declaratory and injunctive relief against the Commissioner of the Indiana Department of Correction ("DOC").
2. The action alleged that the DOC violated both the Eighth Amendment and certain federal statutes by housing seriously mentally ill prisoners in segregated or excessively isolated and harsh conditions where they failed to receive adequate mental health care.
3. At all times the DOC denied, and continues to deny, all of plaintiffs' material allegations.
4. The operative complaint in this case is the Amended Complaint of December 2, 2009 (Dkt. 75-1, 75-2, 80), in which the plaintiffs are the Indiana Protection and Advocacy Services Commission and three prisoners, Joshua Harrison, Gregory Sims, and James Panozzo.
5. On April 27, 2010, the Court certified this case as a class action with the class represented by the three prisoners and defined as:

all current and future mentally ill prisoners who are committed to the Indiana Department of Correction and who are housed in settings in Department of Correction Institutions or in the New Castle Correctional Facility that feature extended periods of time in cells, including, but not limited to, prisoners in disciplinary segregation, administrative segregation, or in the New Castle Psychiatric Unit.

(Dkt. 109).

6. The DOC no longer refers to “segregation,” and instead utilizes the term “restrictive status housing” and the parties therefore agree that the class includes those who are placed in what is now known as disciplinary restrictive status housing, administrative restrictive status housing, or protective custody, as well as the New Castle Psychiatric Unit. The term “segregation/restrictive housing” will be used in this agreement to reflect the change in terminology.

7. In an earlier decision, on July 21, 2009, the Court denied DOC’s motion to dismiss plaintiff Indiana Protection and Advocacy Services Commission, holding that Indiana Protection and Advocacy Services Commission had standing to sue on behalf of seriously mentally ill DOC prisoners. (Dkt. 58).

8. The Court conducted a bench trial in this case from July 25, 2011 through July 29, 2011.

9. The plaintiffs did not pursue their federal statutory claims, instead arguing only that the DOC was violating the Eighth Amendment rights of the prisoners included in the class.

10. On December 31, 2012, the Court issued its Entry Following Bench Trial (Dkt. 279), and concluded that “Plaintiffs have prevailed as to their Eighth Amendment claim.” (*Id.* at 36). The Court did not, however, enter any final judgment at that time or at any time since.

11. Since the Court’s Entry the parties, as set out in more detail below, have been working to address concerns expressed by the Court and to modify the conditions of confinement for the class.

12. The DOC continues to deny that it has at any time violated the Eighth Amendment rights of the class and denies the various claims made by plaintiffs to support their Eighth Amendment argument. However, the parties are desirous of attempting to reach a settlement of this matter and therefore they enter into this Stipulation. Plaintiffs stipulate that defendant's entry into this Private Settlement Agreement ("Agreement") is not an admission of any kind and imposes no liability on defendant or any of its agents, employees, officers or other persons for any violation of law, constitutional or otherwise.

13. Insofar as the plaintiffs have sought relief under 42 U.S.C. § 1983 for violations of the United States Constitution and federal law, this litigation is subject to the Prison Litigation Reform Act, 18 U.S.C. § 3626, *et seq.* This Act imposes certain requirements on judicially sanctioned agreements made in litigation such as this, but provides that the parties may enter into private agreements which are exempted from the requirements of the Act. 18 U.S.C. § 3626(c). However, such agreements are not subject to enforcement under federal law other than through potential reinstatement of the proceedings, although they are enforceable under state law as breaches of contract. *Id.*

14. Inasmuch as this case is a certified class action the Court must determine, pursuant to Rule 23(e) of the Federal Rules of Civil Procedure, that this Agreement is a fair, reasonable, and adequate resolution of this matter. The Court cannot ascertain this until after reasonable notice is given to the class. Accordingly, even though this Private Settlement Agreement has been agreed to by the DOC and all named plaintiffs and Indiana Protection and Advocacy Services, it will not go into effect until after notice is given to the class and the Court conducts the hearing required by Rule 23(e). Indiana Protection and Advocacy Services and the named plaintiffs specifically agree that their approval of this Agreement is contingent on the Court finding that the Agreement

is fair, reasonable, and adequate, and in the event that the Court does not find that the Agreement is fair, reasonable, and adequate, this Agreement will immediately be deemed null and void. The plaintiffs will file, along with this Agreement, a motion seeking approval of the form and manner of notice to the class of this Agreement.

15. Accordingly, to the extent that the parties agree to the terms and conditions as set forth below, this is deemed to be a private settlement agreement under the Prison Litigation Reform Act.

16. This Agreement is supported by good and valuable consideration. This includes, but is not limited to, the following. Plaintiffs agree that they will not seek a final judgment in this cause. The DOC agrees that it will not seek to appeal this Court's Entry of December 31, 2012, whether as an interlocutory matter or after final judgment, and will not challenge any of the Court's other rulings in this cause, unless this case is reinstated as set out below.

II. The definition and enumeration of seriously mentally ill prisoners

17. In the Court's Entry of December 31, 2012, the Court defined seriously mentally ill prisoners as follows:

prisoners with a current diagnosis or recent significant history of a DSM-IV Axis I diagnosis of: schizophrenia, delusional disorder, psychotic disorder, schizoaffective disorder, schizophreniform disorder, major depression, bipolar disorder who are actively suicidal. And, the term includes prisoners who have engaged in a recent serious suicide attempt, regardless of diagnosis, who because of their mental illness have a recent history of hallucinations, or who have organic brain syndrome, mental retardation, or severe anxiety disorder, leading to significant functional impairment or self-harm behaviors or who have personality disorders manifesting in frequent episodes of psychosis or depression.

(Dkt. 279 at 11).

18. The parties have agreed on the following definition of seriously mentally ill prisoners, which includes and expands upon the group of offenders covered by the Court's definition:

- a. Prisoners determined to have a current diagnosis or recent significant history of schizophrenia, delusional disorder, schizophreniform disorder, schizoaffective disorder, brief psychotic disorder, substance-induced psychotic disorder (excluding intoxication and withdrawal), undifferentiated psychotic disorder, bipolar I or II disorders;
- b. Prisoners diagnosed with any other validated mental illness that is clinically severe, based on evidence-based standards, and that results in significant functional impairment; and
- c. Prisoners diagnosed with an intellectual or developmental disability or other cognitive disorder that results in a significant functional impairment.
- d. As used above:
 - (i) "Recent significant history" refers to a diagnosis made at any time in the last 12 months.
 - (ii) "Significant functional impairment" includes one of the following as determined by qualified mental health staff:
 - Within the previous 6 months, the prisoner has either made a suicide attempt that mental health staff considers serious, inflicted self-injury that mental health staff considers serious, or both;
 - The prisoner has demonstrated difficulty in his/her ability to engage in activities of daily living including:
 - Eating
 - Grooming and/or personal hygiene
 - Maintenance of housing area
 - Participation in recreation
 - Ambulation
 - The prisoner has demonstrated a pervasive pattern of dysfunctional or disruptive social interactions, bizarre or disruptive behavior, *etc.*, as a result of mental illness.
 - (iii) A misdiagnosis does not qualify as a diagnosis or determination of mental illness for purposes of this settlement, once the error has been determined by a qualified mental health professional.

19. Inasmuch as the Court's definition is subsumed within the definition noted in paragraph 18, for the purpose of this Agreement the term "seriously mentally ill" is defined as noted in paragraph 18.

20. In May of 2013, a Request for Proposals created by the DOC estimated that that there were approximately 664 prisoners to whom the Court's December 31, 2012 Entry applies, including 402 mentally ill prisoners in segregation/restrictive housing beds and 128 such prisoners at the New Castle Psychiatric Facility and 134 prisoners at the Wabash Valley Special Needs Unit.

III. The development of mental health programming by the DOC following the Court's Entry of December 31, 2012

21. Following the Court's December 31, 2012, Entry the parties met and the DOC committed to a course of action that would allow seriously mentally ill prisoners in the certified class to be placed in a setting where they could receive at least 10 hours a week of therapeutic programming, not including the time out of cell for recreation, showers, or other purposes permitted generally to offenders not in the certified class. The parties agreed, and continue to agree, that the term "therapeutic programming" can include formal group therapy, individual therapy, therapeutic milieu activity, and other activity as determined by mental health professionals as part of an individualized treatment plan. The parties also agree, as set out further below, that under certain circumstances seriously mentally ill prisoners may be allowed to remain in segregated/restrictive housing for up to 30 days where they will not receive therapeutic programming and that receipt of the therapeutic programming is subject to waiver and exceptional or extraordinary circumstances as described below.

22. To this end the DOC determined to continue to utilize existing facilities and programs and develop new facilities and programs for seriously mentally ill prisoners in segregation/restrictive housing or similar housing in the DOC.

23. At the current time the following specialized mental health programs and facilities are in place for male prisoners.

a. New Castle Psychiatric Facility – This facility is located within the New Castle Correctional Facility that is operated by the GEO Group. It has 128 beds in 8 separate cell blocks. At the current time prisoners are offered a minimum of 10 hours of out-of-cell therapeutic programming each week. Depending on their functioning level they are provided a decreasing amount of individual therapy from at least weekly to at least monthly. They are also provided at least one hour of recreation a day and three showers a week. Prisoners are provided additional out-of-cell unstructured time as warranted. Treatment plans are maintained for all prisoners and are regularly reviewed by treatment teams made up of both treatment and correctional staff. Prisoners who are on psychiatric medication are regularly seen by either psychiatrists or advance practice nurses, or both, for medication reviews and monitoring.

b. Wabash Valley Correctional Facility – The Special Needs Unit (“SNU”) continues to house up to 134 mentally ill prisoners who can benefit from a transitional program in anticipation of returning to general population. The prisoners are offered, at a minimum, 10 hours of out-of-cell therapeutic programming each week. Treatment plans are maintained for all prisoners and are regularly reviewed by treatment teams made up of both treatment and correctional staff. Prisoners who are on psychiatric medication are

regularly seen by psychiatrists or advance practice nurses, or both, for medication reviews and monitoring.

c. Pendleton Correctional Facility. Subsequent to the Court's December 31, 2012, Decree the DOC opened a new unit and treatment facility known as the Pendleton Treatment Unit/INSIGHT (Intent on Shaping Individual Growth with Holistic Treatment) Unit. As currently envisioned, when fully occupied the unit will have the capacity to house up to 250 seriously mentally ill prisoners, many of whom were formerly in segregation/restrictive housing. Prisoners are being, or will be, housed in single cells or double cells, depending on their needs. A structure at Pendleton Correctional Facility has been rehabilitated into a treatment center, complete with rooms for group therapy, individual therapy, and offices. By agreement of the parties the treatment unit has been populated slowly, approximately five new prisoners each week. Prisoners in this unit receive at least 10 hours of out-of-cell therapeutic programming each week. They are also allowed, in addition to recreation and showers, significant time each day out of their cells for communal activities on their cell blocks and outside when weather permits. Individualized treatment plans are maintained for all prisoners and are regularly reviewed by treatment teams made up of both treatment and correctional staff. Prisoners who are on psychiatric medication are regularly seen by either psychiatrists or advance practice nurses, or both, for medication reviews and monitoring. These occur at least every 90 days.

24. The number of seriously mentally ill female prisoners is significantly less than the number of male prisoners. Generally there have been no more than 10 seriously mentally ill female prisoners in segregation/restricted confinement at any one time. These prisoners are

housed in the segregation/restrictive housing unit at the Indiana Women's Prison. However, unlike non-seriously mentally ill prisoners housed in that unit, these prisoners receive at least 10 hours of out-of-cell therapeutic programming each week. Individual therapy is also provided as needed. One hour of recreation is offered daily. Seriously mentally ill prisoners are transitioned as quickly as possible from the segregation/restrictive housing unit to the special needs unit at Indiana Women's Prison where prisoners are out of their cells, aside from count periods, from approximately 5:00 a.m. to 10:00 p.m.

25. The parties agree that there are also seriously mentally ill prisoners who are placed in settings in the DOC other than the specialized units noted above.

IV. Substantive Agreement

Staffing

26. The plaintiffs acknowledge that the DOC has made extraordinary efforts since the Court's Decree of December 31, 2012, to address the issues noted by the plaintiffs and the Court.

27. To meet the terms of the Private Settlement Agreement set out below the DOC, either directly or through its contract providers, has already, as appropriate, increased both correctional staffing and mental health staffing for seriously mentally ill prisoners. The DOC agrees that it will maintain sufficient staff to manage the mental health units noted below and to identify seriously mentally ill prisoners and divert them from placement in segregated/restrictive housing in keeping with considerations of safety and security. At the current time the DOC has no plans to decrease existing staffing levels.

28. This agreement uses the term "mental health professional." This term includes the following professionals: psychiatrists, psychologists, masters-prepared therapists, and psychiatric nurse practitioners.

The removal of seriously mentally ill from segregation/restrictive housing

29. While not agreeing with the conclusions of the Court in its December 31, 2012 Entry or that the following is mandated by the United States Constitution, and subject to the 30-day provision, waiver and "exceptional circumstances" as defined in paragraphs 30, 32, and 33, the DOC agrees that:

a. no seriously mentally ill prisoners shall be placed in segregation/restrictive housing (including protective custody) if they are known to be seriously mentally ill prior to such placement.

b. if a prisoner in segregation/restrictive housing (including protective custody) is found to be, or becomes, seriously mentally ill subsequent to such placement the prisoner shall be removed at the earliest opportunity and placed into an appropriate placement where his or her mental illness can be addressed.

30. This private settlement agreement is subject to the following qualification that has previously been referenced as "the 30-day provision." The parties recognize that if a seriously mentally ill prisoner is scheduled to be in segregation/restrictive housing for 30 days or less that it may be more disruptive to his or her mental health to move the prisoner to a mental health unit. Therefore, a seriously mentally ill prisoner may be placed into segregation/restrictive housing for as many as 30 continuous days if, and only if, mental health professionals determine that the prisoner may be safely housed in the segregated/restrictive housing for that period and that placing the person in such housing is preferable to a short-term move to a mental health or other unit.

31. If a seriously mentally ill prisoner continues to be housed in segregated/restrictive housing because the prisoner is scheduled to be in segregation/restricted housing for 30 days or less the prisoner will, at a minimum, have face-to-face contact with a mental health professional multiple times a week, with no more than 3 non-contact days between contacts and with such contact being recorded in the prisoner's file and with the prisoner being offered out-of-cell

evaluation and counseling by a mental health professional at least once every two weeks, but more often if specified in the prisoner's individualized treatment plan. The prisoner will be removed from the housing in the event that mental health staff determines that his or her mental health has decompensated such that staying in segregation/restricted housing, even for the remaining period of time, would cause problems that outweigh the disruption to the prisoner's mental health caused by the removal.

32. The parties acknowledge that there may be exceptional circumstances where barring or removing a seriously mentally ill prisoner from segregation/restrictive housing would pose an unacceptable risk to the safety and security of one or more prisoners and/or the staff. If such a situation arises the need for confinement in segregation/restrictive housing must be approved by the Superintendent of the facility where the prisoner is located, or his or her designee, following consultation with an appropriate mental health professional. The opinions of the mental health staff concerning the mental health needs of the prisoners will be honored unless there are real and substantial security or safety concerns noted. The decision shall be recorded in the prisoner's permanent record. The DOC shall attempt to resolve any such exceptional circumstances so that the prisoner may be removed from segregation/restrictive housing at the earliest possible opportunity. If a determination of exceptional circumstances is made it shall be reviewed at least every 14 calendar days by the Superintendent, or his or her designee, the mental health treatment team in the facility, and the head of mental health services for either the DOC or any contract provider responsible for the provision of mental health services to DOC prisoners. Such review, and the decisions made as the result of the review, will be documented in writing in the prisoner's permanent record. When the term "exceptional circumstances" is used in this Agreement with reference to retention of prisoners in segregation/restrictive housing it shall refer

to the circumstances noted in this paragraph. In the event that a seriously mentally ill prisoner is required by exceptional circumstances to remain in segregated/restrictive housing a specific written plan of mental health care will be created for the prisoner that will set out the frequency of contact of the prisoner with mental health staff with the frequency to be at least that specified in paragraph 31 above. Defendants will maintain a list of seriously mentally ill prisoners who remain in segregation because of exceptional circumstances, and share that list with plaintiffs' counsel no less often than once per calendar quarter on the request of plaintiffs' counsel.

33. The parties acknowledge that some seriously mentally ill prisoners may refuse to leave segregated/restrictive housing to go to an appropriate permanent placement where their mental illness may be best addressed. The DOC has the authority to involuntarily transfer a prisoner, and reserves the right to do so in appropriate circumstances as noted below. The parties agree that under the following circumstances a prisoner may waive the DOC recommendation that he or she leave segregated/restrictive housing. If a prisoner indicates that he or she wishes to refuse to be transferred the refusal will be documented in the prisoner's medical file. All reasonable efforts will be made to counsel the prisoner to voluntarily leave segregation/restrictive housing. In the event that a determination is made that the harm that will occur if the prisoner is allowed to remain in segregation/restricted housing outweighs the harm that the prisoner will suffer if the prisoner is moved to a placement where the prisoner is able to receive appropriate treatment for his or her mental illness, the prisoner will be transferred even though the prisoner objects. If the prisoner is allowed to remain in segregation/restrictive housing, the prisoner will continue to be monitored with the frequency noted in paragraphs 34-35 below and will, at least monthly, be offered the opportunity to be transferred if the prisoner's mental health needs continue to warrant such a transfer. The DOC is not, however, required to provide the minimum adequate treatment

set out in paragraph 42 below, and the provisions of this paragraph supersede the documentation and counseling requirements set forth in paragraph 43 below.

The monitoring of prisoners in segregation/restricted housing

34. The DOC agrees that the mental health status and needs of prisoners in segregated/restricted housing will be monitored frequently by mental health personnel to, among other things, assure that if they are seriously mentally ill, or become seriously mentally ill, steps will be taken to remove them from the segregation/restrictive housing, subject to the exceptional circumstances and waiver situations noted in paragraphs 32 and 33.

35. This monitoring shall consist of daily at-cell-front monitoring by correctional and medical staff during each shift. Additionally, prisoners with a mental health diagnosis shall be visited at least once a week, at their cell front, by mental health personnel and shall be offered monthly out-of-cell monitoring by a mental health professional. Absent a significant change in circumstances the weekly visit need not be recorded in the prisoner's medical records although some general log or record will be kept that demonstrates that the visit occurred. Unless correctional necessity dictates otherwise, out-of-cell monitoring will occur outside of the audible range of correctional staff.

36. In the event that a female prisoner in segregated/restrictive housing is found to be seriously mentally ill she shall be placed in the segregated/restrictive housing unit at the Indiana Women's Prison, absent waiver or exceptional circumstances, and subject to the 30-day period noted in paragraph 30 above, and offered minimum adequate treatment, as set out below.

The reclassification of mentally ill prisoners

37. The plaintiffs acknowledge that due to an original misdiagnosis or other circumstances, a patient previously classified as seriously mentally ill may properly no longer be so classified.

38. In the situation described in paragraph 37, a mental health professional may revise the prisoner's prior diagnosis. Plaintiffs acknowledge that this rediagnosis may allow the DOC to continue to house the prisoner in segregation/restrictive housing. The DOC acknowledges that if a prisoner is diagnosed with any of the mental illnesses noted in paragraph 18(a), the fact that the condition is in remission is not, by itself, justification for a rediagnosis of the prisoner.

39. The DOC or its designee will notify the plaintiffs' lead counsel, who is currently Kenneth J. Falk, either before or, at the option of DOC, within 30 days after, the occurrence of either of the following events:

- a. A prisoner who was reclassified from seriously mentally ill to not seriously mentally ill is placed in restrictive/segregated housing within 6 months of the reclassification;
- b. A prisoner who is in restrictive/segregated housing is reclassified from seriously mentally ill to not seriously mentally ill and is retained in restrictive/segregated housing.

40. In the event of an occurrence described in Paragraph 39a or 39b, and regardless whether notice has been given as provided in Paragraph 39, the plaintiffs' counsel may review the prisoner's medical records upon submission of a written request. The defendant's counsel will be notified in writing if the identity of the plaintiffs' lead counsel changes.

The provision of minimum adequate treatment to seriously mentally ill prisoners in the DOC's mental health units

41. As indicated above, the DOC is maintaining a number of correctional placements specifically for prisoners who are seriously mentally ill. These placements, referred to below as "mental health units" are:

- a. For male prisoners – New Castle Psychiatric Facility, Special Needs Unit at Wabash Valley Correctional Facility, and the Pendleton Treatment Unit.

- b. For female prisoners – The segregation/restrictive housing unit at the Indiana Women's Prison and the Special Needs Unit at the Indiana Women's Prison.

The DOC has no current plans to change the location of these specialized units for the housing of seriously mentally ill prisoners.

42. The DOC agrees that absent extraordinary circumstances, as set out below in paragraphs 46-47, every seriously mentally ill prisoner who is housed at the New Castle Psychiatric Facility, the Special Needs Unit at the Wabash Valley Correctional Facility, the Pendleton Treatment Unit, or the segregation/restrictive housing unit at the Indiana Women's Prison shall receive the following treatment, at a minimum, while confined in the respective unit. This is referred to in this Agreement as "minimum adequate treatment."

- a. An individualized treatment plan created by a treatment team consisting of mental health professionals and correctional staff who are familiar with the prisoner. The individualized treatment plan will be specific to the prisoner and will be reviewed at least every 90 days.
- b. At least 10 hours of therapeutic programming each week, which can include formal group therapy, individual therapy, therapeutic milieu activity, and other activity determined by a mental health professional to be therapeutic, as individually tailored to the prisoner by mental health professionals. Normal recreation is excluded from therapeutic programming hours. Prisoners will be allowed to attend group therapy sessions without restraints, except to the extent restraints are deemed necessary for security reasons. Prisoners will receive individual therapy at least once a month and more as needed. The individual therapy will be provided by a mental health professional. Prisoners will be allowed to attend individual therapy without restraints, except to the

extent restraints are deemed necessary on a case-by-case basis for security reasons.

Unless unsafe to do so for security reasons, as determined on a case-by-case basis, the patient and the therapist will be provided aural privacy. Individual therapy does not include medication reviews of prisoners receiving psychiatric medication that will occur by a psychiatrist or other medical doctor or advanced practice nurse consistent with existing DOC policy.

c. Recreation and showers will be offered consistent with general DOC policy.

d. As noted, the 10 hours a week of therapeutic programming is a minimum amount and additional hours may be provided.

e. Where possible and appropriate the prisoners will be provided additional out-of-cell time that may, or may not, involve therapeutic programming.

43. The minimum adequate treatment referred to in this Agreement represents out-of-cell opportunities offered to prisoners. The parties recognize that prisoners may, at times, refuse the offer of out-of-cell opportunities either because of their mental illnesses or for other reasons. In the event that a prisoner refuses to attend either individual or group therapy, the refusal will be documented in the prisoner's medical records. On any day on which the prisoner refuses to attend therapy, the prisoner will be visited at least once by a member of the mental health staff, who will endeavor to counsel and work with the prisoner so that he or she will attend future meetings. This will also be documented in the prisoner's medical records. The DOC may withhold privileges, such as access to a television, in order to facilitate the prisoner's therapeutic involvement.

44. Seriously mentally ill prisoners will not be discharged from the New Castle Psychiatric Unit or the mental health program at the Indiana Women's Prison because of their refusal to

participate in minimum adequate treatment unless the treatment team is in agreement that the offender is competent to refuse to participate and that discharge from the unit does not pose an excessive risk to the offender's mental health. If the prisoner is discharged into segregation/restrictive housing his or her mental health will be monitored as noted above in paragraphs 34-36. If the prisoner is discharged into a unit that is not segregation or restricted housing the prisoner will also receive appropriate monitoring. The purpose of the monitoring is to ascertain, and attempt to prevent, any deterioration in the prisoner's mental health. If placement back into the New Castle Psychiatric Unit or the mental health program at the Indiana Women's Prison remains appropriate the prisoner will be returned if a determination is made that he or she will participate.

45. A seriously mentally ill prisoner may be removed involuntarily from the Pendleton Treatment Unit or the SNU only under the following circumstances:

- a. The prisoner requires a higher degree of care than is provided in that unit.
- b. The prisoner does not require the care provided in that unit.
- c. The prisoner's continued presence in that unit endangers his own safety and security or that of others, as in the case of prisoners in separatee status.
- d. The prisoner needs health care other than mental health care that cannot be provided adequately in the unit.

46. The requirements of the paragraphs above, concerning the provision of treatment to prisoners in the mental health units maintained by the DOC, are subject to prisoner-specific emergency circumstances where a particular prisoner is not offered minimum adequate treatment. These emergency circumstances exist where removing the prisoner, or allowing the prisoner to exit his or her cell, to attend the specified treatment would pose an unacceptable risk

to the safety and security of prisoners and/or the staff. It is anticipated that if such a situation arises it will last only until the prisoner's condition has been stabilized and the prisoner can safely leave his or her cell. In such a situation the need to remove the prisoner from the minimum adequate treatment must be documented in the prisoner's medical record and the prisoner must be visited at least daily by a mental health professional to ascertain the prisoner's condition and to assist the prisoner in reaching the stabilized condition that will allow him or her to resume receiving the minimum adequate treatment. These daily visits will allow for a daily review as to whether the prisoner may resume minimum adequate treatment. These visits should take place outside of the prisoner's cell if possible but if the prisoner's condition does not safely allow such a visit it may occur at cell-front.

47. Additionally, short-term emergency situations affecting the specific mental health unit may justify the temporary suspension of treatment, however such suspension shall only be for the period of time that an emergency exists. During a facility-wide lockdown, DOC will continue to provide minimum adequate treatment to seriously mentally ill prisoners unless doing so poses an unacceptable risk to the safety and security of the facility, its staff, its prisoners, or the public.

The discharge of prisoners from the mental health units

48. Discharge planning will be considered by the treatment team each time a prisoner's treatment plan is reviewed. The goal for each prisoner in each of the DOC's mental health units is to discharge him or her into an appropriate general population setting when it is therapeutically appropriate to do so.

49. While prisoners who, but for this agreement, would be in disciplinary restrictive housing are committed to one of the mental health units described above, their disciplinary time will

“run” so that each day in the mental health unit will be treated as one less day of disciplinary confinement. If a seriously mentally ill prisoner has disciplinary restrictive housing time left at the time of his or her discharge from the mental health unit, the prisoner will be returned to segregated/restrictive housing only if exceptional circumstances, as outlined in more detail in paragraph 32, are present such that placing the prisoner outside of segregation/restrictive housing would pose an unacceptable risk to the safety and security of prisoners and/or the staff. If the DOC contemplates returning the prisoner to disciplinary restrictive housing it must comply with all requirements and procedures noted in paragraph 32. If the prisoner’s diagnosis or condition has changed such that he or she is no longer seriously mentally ill, the prisoner will not be returned to disciplinary restrictive housing unless approved by the Executive Director of Mental Health and Special Populations, or his or her designee, following consultation with an appropriate mental health professional. The decision shall be recorded in the prisoner’s permanent record.

50. A seriously mentally ill prisoner who was, prior to admission to a mental health unit, in administrative restrictive housing or protective custody will be returned to such housing only if exceptional circumstances, as outlined in more detail in paragraphs 32 and 33; are present such that placing the prisoner outside of segregation/restrictive housing would pose an unacceptable risk to the safety and security of one or more prisoners and/or the staff. If the DOC contemplates returning the prisoner to administrative restrictive housing or protective custody it must comply with all requirements and procedures noted in paragraph 32 or 33. If the prisoner’s diagnosis or condition has changed such that he or she is no longer seriously mentally ill, the prisoner will not be returned to administrative restrictive housing or protective custody unless approved by the Superintendent of the facility where the prisoner is located, or his or her designee, following

consultation with an appropriate mental health professional. The decision shall be recorded in the prisoner's permanent record.

51. . . . If a prisoner is released out of the DOC directly from a mental health unit, discharge planning will begin at the earliest opportunity, including contact with outside mental health providers to establish continuity of treatment to the greatest extent possible.

Discipline

52. Prisoners within the mental health units noted above are subject to all disciplinary rules and policies of the DOC. However, the DOC acknowledges that it is inappropriate to punish a mentally ill prisoner if the conduct in question is caused or strongly influenced by the prisoner's mental illness.

53. Accordingly, the DOC's Disciplinary Code for Adult Offenders (currently Policy and Administrative Procedure - Manual of Policies and Procedures [No. 02-04-101]) currently provides that in the event that discipline is contemplated with a prisoner with a mental illness, the Disciplinary Review Officer will contact the appropriate mental health professional. If it is determined that the incident in question was the result of the prisoner's mental illness, the prisoner will receive a written reprimand documenting the behavior, but will not receive other discipline. The parties agree that the DOC may change its Disciplinary Code for Adult Offenders without notice to, or consultation with, plaintiffs' counsel. However, the DOC agrees that prior to imposing discipline upon any prisoner who is seriously mentally ill and resides within a mental health or segregation unit that the appropriate mental health professional with that unit will be contacted and if it is determined that the incident in question was the result of the prisoner's mental illness, the prisoner will receive a written reprimand documenting the behavior, but will not receive other discipline.

54. As a temporary modification of the treatment plan a prisoner may be confined without access to the minimum adequate treatment set out above. However, such confinement will exceed 7 continuous days in duration only under emergent conditions that threaten safety or security. During such time the prisoner will be seen daily by a mental health professional, with the meeting occurring out-of-cell if possible consistent with institutional security and the prisoner's mental health. The prisoner will be released from such confinement for recreation when doing so is consistent with considerations of safety and security.

Observation of those who threaten suicide or self-harm or engage in self-harm

55. If a prisoner threatens suicide or self-harm, or engages in self-harm, he or she may be placed in a setting consistent with the suicide-safer cell checklists outlined within DOC policy.

56. During the time that the prisoner is confined in such setting the DOC is not required to provide the prisoner with the minimum adequate treatment noted above. In that event, consistent with DOC policy, mental health staff will monitor the prisoner daily and the prisoner will be provided appropriate mental health services and treatment.

Policies and procedures

57. The DOC routinely creates certain documents, including, but not limited to, documents in its Manual of Policies and Administrative Procedures, which set out the procedures to be followed throughout the DOC.

58. Additionally, DOC facilities may create facility or program-specific rules and guidelines.

59. The DOC has provided the plaintiffs' counsel with hard copies, digital copies, or both of a number of Administrative Policies and Procedures and other DOC-created documents that have been created specifically for use in the mental health units or otherwise deal specially with mentally ill prisoners.

60. The DOC is free to create new documents or alter these existing ones. Plaintiffs' counsel may, every six months, request and receive from defendant's counsel new and amended Administrative Policies and Procedures and other DOC-created documents that have been created specifically for use in the mental health units or otherwise deal specially with mentally ill prisoners.

Continued right of review by plaintiffs' counsel

61. The DOC recognizes that during the time that this Agreement is actively in effect, as set out below, plaintiffs' counsel will have a continued right to information and review of the treatment of seriously mentally ill prisoners as follows:

- a. If the DOC alters the location or identity of any of its mental health units it shall immediately notify plaintiffs' counsel.
- b. The DOC will transmit to plaintiffs' counsel any new policies or procedures used in any of the mental health treatment units within 30 days of the time they go into effect.
- c. Every six months plaintiffs' counsel, either by themselves or with their retained consultants, may tour each or any of the DOC's mental health units.
- d. If plaintiffs' counsel have specific named prisoners concerning whom they have questions, they may review the medical records of the prisoners upon notice to the defendant's counsel of record in this cause or the DOC's Director of Legal Services.
- e. At least once every six months plaintiffs' counsel, upon application, will be given access to the medical records of 10 prisoners from each of the DOC's mental health units as well as the Westville Control Unit and Custody and Control Unit at the Wabash Valley Correctional Facility.

f. The above enumerated records may not be all the records desired by plaintiffs' counsel in the future. Plaintiffs' counsel acknowledges that the DOC has been extremely accommodating in sharing information since the Court's Decree of December 31, 2012. The parties fully anticipate that this cooperation will continue and defendant's counsel will comply with all reasonable requests for documents by plaintiffs' counsel.

g. Unless the Court specifies otherwise, the parties agree to file a status report with the Court at least every six months, with the first report to be filed no later than six months after the date that this Private Settlement Agreement is approved by the Court.

62. Nothing in the preceding paragraph prevents employees of Indiana Protection and Advocacy Services from seeking access to prisoners' records if such access is necessary for matters that fall within the organization's statutory and regulatory purview and are unrelated to this litigation.

Attorneys' Fees – Monitoring Activities

63. Defendant shall pay to plaintiffs' counsel the sum of \$585,000 in full satisfaction of any claims in this lawsuit for attorneys' fees and costs owing as of the date of this Agreement. The payment shall be made within 60 days of the Court finding that this Settlement Agreement is fair, reasonable, and adequate pursuant to Rule 23(e) of the Federal Rules of Civil Procedure.

64. As noted above, plaintiffs' counsel anticipate that they will continue to monitor this agreement during the time that it remains in effect. Absent a final judgment or other order that allows fees to be sought pursuant to 42 U.S.C. § 1988, plaintiffs' counsel will not seek attorneys' fees or costs for their monitoring efforts.

65. Plaintiffs' counsel reserve the right to employ consultants to assist in monitoring efforts. If defendant agrees in writing, including via electronic communication, to that retention and to the identity of any consultant so retained, defendant will reimburse one-half of the cost incurred.

V. Further proceedings

66. The defendants will not be required to be in full compliance with the terms of this agreement until 90 days have passed from the date the Court finds this agreement to be fair, reasonable, and adequate.

67. In the event that plaintiffs believe that the DOC is not complying with the terms of this Settlement Agreement they will report this to defendant's counsel in writing and the parties will meet within 30 days, if necessary, to resolve the alleged non-compliance. If plaintiffs believe that the alleged non-compliance is still not resolved they may, no earlier than 14 days after the meeting, move this Court for a status conference to discuss this matter with the Court or the Magistrate Judge.

68. The parties recognize that this Settlement Agreement is in lieu of any further decisions in this matter by the Court. Plaintiffs reserve the right to seek to reinstate the case and seek further formal relief from the Court if the request for the status conference noted above does not resolve the plaintiffs' concerns. However, if plaintiffs do this then this Settlement Agreement is null and void and both parties retain their right to appeal following a final judgment in this cause, or as otherwise permitted by rules of procedure.

69. Plaintiffs may, if they believe that this Agreement is not being complied with, elect to file a breach of contract action in Indiana state court.

VI. Termination of this Agreement

70. It is the parties' intention that this Agreement will remain actively in effect for 3 years from the date that the Court finds that it is a fair, adequate, and reasonable settlement pursuant to Rule 23(e) of the Federal Rules of Civil Procedure. At that point, absent written agreement as noted in paragraph 71 below, the case will automatically be dismissed without prejudice.

71. The period that this Settlement Agreement is actively in effect may be extended by written agreement of the parties entered into before the end of the 3-year period noted above. It may thereafter be further extended by written agreement of the parties. In the event of any extension the case will be automatically dismissed without prejudice at the end of the extended period.

For the plaintiffs:

s/ Kenneth J. Falk

Kenneth J. Falk
No. 6777-49

s/ Gavin M. Rose

Gavin M. Rose
No. 26565-53

s/ Jan P. Mensz

ACLU of Indiana
1031 E. Washington St.
Indianapolis, IN 46202
317/635-4059
fax: 317/635-4105
kfalk@aclu-in.org
grose@aclu-in.org

s/ Melissa L. Keyes

Melissa L. Keyes
No. 30152-49

s/ Thomas E. Crishon

Thomas E. Crishon
No. 28513-49
Indiana Protection and Advocacy Services
4701 N. Keystone Ave. – Suite 222
Indianapolis, IN 46205
317/722-5555
Fax: 317/722-5564
mkeyes@ipas.IN.gov
tcrishon@ipas.IN.gov

For the defendant:

s/ David A. Arthur (w/permission)

David. A. Arthur

No. 2461-48

s/ Thomas D. Quigley (w/permission)

Thomas D. Quigley

No. 5883-49

Deputy Attorneys General

IGCS-5th Floor

302 W. Washington St.

Indianapolis, IN 46204

317/232-6286 (Arthur)

317/233-3645 (Quigley)

David.Arthur@atg.in.gov

Tquigley@idoc.in.gov

US POSTAGE • PITNEY BOWES
ZIP 46914 \$010.65⁰
02 7W
0008039116 OCT 06 2025



GND ADV

LEONARD THOMAS #175872 H233
MIAMI CORRECTIONAL FACILITY
3038 WEST 850 SOUTH
DUNTER HILL, IN 46914

CLERK

U.S. DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
515 Rusk Street
HOUSTON, TX 77002

