

## **Exhibit B**

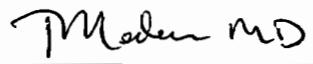
*EXHIBIT B*

<u>IN THE MATTER OF:</u>	<u>FILE NO:</u>
<b>FINLEY, Timothy</b>	
<u>A PRISONER IN THE CUSTODY OF THE MICHIGAN DEPARTMENT OF CORRECTIONS CMHP:</u>	<u>DATE:</u>
<b>Marquette Branch Prison</b>	<b>10/05/2016</b>

**Identifying Information:** Mr. Finley is a 35-year-old single white man from Jackson County who is classified to maximum security segregation while incarcerated for armed robbery, two counts of assault with a dangerous weapon, and two counts of resisting / obstructing / assault of police officer. He is on his C prefix. His sentence date was June 18, 2009. His earliest release date is September 6, 2023. His maximum discharge date is in 2038. Chief Complaint: "You should send me to WCC." He has been engaging in multiple acts of self-injurious behavior, including swallowing razor blades on several occasions. He is returning from emergency surgery for extraction of a razor blade.

**History of Present Illness:** After acquiring numerous misconducts at security level for he transferred to our level V facility on May 25th 2016. Since then he is required six placements in observation for suicidal ideation and/or self-injurious behavior. He has swallowed parts of razor blades on five separate occasions, by my recollection. On September 2, 2016 he refused the local hospital's recommendation to extract a razor from his esophagus. That razor part became lodged. He was assessed at the local hospital for a subsequent ingestion of a razor on 9/29/2016. Complications were identified and he was air-lifted to University of Michigan Hospital for surgical removal of the razor part. He returned to MBP on 10/05/2016. He refused to leave the quarantine hallway for several hours. He was generally uncooperative and defiant with custody and BH staff. When challenged about medication compliance he declared that a Depakote blood level would not be useful because "the hospital didn't give me my meds for the past five days" [records unavailable]. He was very resistant to reporting his method of securing razor blades, but finally admitted that he smuggles them into the observation area then tosses them into the observation cell as he undresses. He would not contract for safety so the Unit Chief placed him on constant observation. He resisted the psychiatric nurse practitioner's medication recommendations. Because of his recent and long-term history of high risk of self-harm, and because of his current imminent risk of self-harm, complicated by treatment non-compliance, the psychiatric nurse practitioner, in consultation with me, prescribed emergent treatment with Haldol and Benadryl injections (on 10/05/2016).

**Past Psychiatric History:** He was diagnosed with ADHD as a child and treated with Ritalin. An early CPE also reported a psychiatric hospitalization as a youth for behavioral problems, which Mr. Finley later identified as "my mania." I do not have detailed records but he was in various institutions as a youth. His father was absent and his mother had severe alcoholism, which led to her incarceration when Mr. Finley was eight years old. His criminal charges began when he was 12 years old. His criminality continued into adulthood, with numerous misconducts in prison, including additional convictions for possessing weapons and assaulting prison staff. He maxed out on his B prefix then returned to prison within five months on the instant crimes listed above. I do not believe he received mental health treatment during his first two incarcerations. CPEs in July and August of 2009 diagnosed Mood D/O NOS and ASPD. Celexa and trazodone were prescribed. He attempted hanging twice in August 2011. The CPE at WCC added the diagnosis of Major Depression, recurrent, severe. A CPE of 4/17/2012 dismissed him as malingering, with Substance-Related Disorder and ASPD. Two months later a CPE identified Borderline Personality Disorder and Depression NOS, with a significant history of SIB by cutting, unstable relationships and self-image, affective instability, high impulsivity, and inappropriate anger. As he re-engaged with treatment he improved significantly. Treatment had included mood stabilizers since 2011, including Risperdal, Depakote, Thorazine and Topamax. A CPE of 6/03/2013 noted the predominance of his

<u>SIGNATURE</u> 1 of 4	<u>PRINT/TYPE NAME</u>	<u>TITLE</u>	<u>PROVIDER ID</u>	<u>DATE</u>
	Terry Meden, M.D.	Psychiatrist	MM40090	10/07/2016

<p><b>COMPREHENSIVE PSYCHIATRIC EXAMINATION</b> <b>PA 252</b></p>	<p style="text-align: center;"><b>PRISONER INFORMATION</b></p> <p>Name: FINLEY, Timothy</p> <p>Number: 266147</p> <p>D.O.B.: 02/16/1981</p>
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