

UNITED STATES DISTRICT COURT

DISTRICT OF CONNECTICUT

EMILY J., ET AL.,	:	
	:	
Plaintiffs	:	
	:	
V.	:	CASE NO. 3:93CV1944 (RNC)
	:	
JOHN G. ROWLAND, ET AL.,	:	
	:	
Defendants	:	

**ORDER FOR SUPPLEMENTAL RELIEF**

Plaintiffs having moved to enforce, extend and modify the Consent Judgment;

The Court having found after a hearing that plaintiffs are entitled to supplemental relief with regard to mental health services;

The Court having ordered the parties to explore the possibility of developing a joint corrective action plan with regard to such services;

The parties having helpfully submitted the Joint Corrective Action Plan attached to this Order at Appendix A;

The parties having also submitted separate proposals concerning certain additions to the Joint Plan; and,

The parties having been heard concerning the Joint Plan and the separate proposals;

Now, therefore, it is hereby ordered:

I. The Joint Plan, as amended by the additional provisions set forth below, is adopted to remedy the noncompliance with the Consent Judgment and the federal constitutional violations found by the Court.

The provisions of the Joint Plan, as thus amended, are narrowly drawn and extend no further than what is necessary and are the least intrusive means to address the federal constitutional claims of the plaintiff class members.

II. Additional Provisions:

A. The following paragraphs of Section XVI of the Consent Judgment entitled "Monitoring" are added to the Joint Plan, supplementing the paragraphs the parties have already incorporated by reference ( see Joint Plan, ¶ J.3b) : ¶¶ 9, 10, 12 (excluding 12a)and 14;

B. The following provisions are also added:

1. The Joint Plan will be in effect for three years from the entry of this Order. The Court will retain jurisdiction over this matter and will have authority to interpret, modify and enforce the Joint Plan, consistent with its equitable powers. At the end of .the three year period, the case will be dismissed unless otherwise ordered by the Court based on a finding of an ongoing constitutional violation.

2. The Monitor will be assisted by a Mental Health Consultant.

3. The State of Connecticut will pay the reasonable fees, costs and expenses of the Monitor and Mental Health Consultant pursuant to annual budgets approved by the Court.

4. The Monitor will submit within 30 days of entry of this Order a proposed budget covering anticipated monitoring, fees, costs and expenses for the first year of the Joint Plan. The parties will have 21 days to file objections to the proposal. In the event of objections, a hearing will be held.

5. Following entry of this Order, the Court will hold periodic conferences with counsel for the parties, the Monitor and the Mental Health Consultant, either in person or by telephone, to discuss implementation of the Joint Plan. During the first two years of the Joint Plan, such conferences will be held at least quarterly.

6. Any motion claiming noncompliance with the Joint Plan will be filed promptly and in any event within two years of entry of this Order, except as provided below. If no such motion is pending at the end of the two year period, plaintiffs will not be entitled to any relief on any motion filed after that date unless they demonstrate that the motion is based on a substantial change from the circumstances that existed at the end of the two year period. If after a hearing the Court determines that defendants have failed to substantially comply with the Joint Plan, the Court will enter further orders as appropriate.

It is so ordered.

Dated at Hartford, Connecticut this 24th day of June 2002.

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Robert N. Chatigny  
United States District Judge

UNITED STATES DISTRICT COURT

DISTRICT OF CONNECTICUT

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Plaintiffs	:	
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JOHN G. ROWLAND, ET AL.,	:	
	:	
Defendants	:	JUNE 6, 2002
	:	

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**JOINT CORRECTIVE ACTION PLAN**

Plaintiffs and Defendants submit this Joint Corrective Action Plan (Joint Plan) in compliance with the Court's Order of April 15, 2002. In response to the Plaintiffs' Motion for Enforcement, Extension, and Modification of Consent Judgment, filed on December 28, 2001, the Court issued formal findings on February 25, 2002 extending the Judgment beyond March 8, 2002, because of alleged violations of the provisions on mental health services. Judgment Sections VI, XI. Specifically, the Court found that..."a significant number of children confined in detention who have serious mental health needs, in the constitutional sense of the word serious, ...are not getting timely and adequate mental health services" in violation of their Fourteenth Amendment due process rights and in violation of "applicable principles of professional care." The Court's ruling required the parties and the Monitors to work together to submit a corrective action plan to the Court for its consideration.

By agreeing to the contents of this Joint Plan, the defendants do not admit liability or a violation of the Consent Judgment, are not waiving any rights to appeal the Court's prior rulings, and are not acquiescing to or conceding the Court's continuing jurisdiction over this matter .

A. Purpose and Goals

1. The purpose of the Joint Corrective Action Plan is to ensure that the constitutional rights of classmembers to adequate mental health services are safeguarded, and that the Defendants' obligations thereunder are fully satisfied.

2. The specific goals of the Joint Plan are to:

a. develop and implement a clinically appropriate evaluation process for classmembers with serious mental health needs;

b. expand the array of community based services for classmembers with serious mental health needs ;

c. provide for a quality assurance system and appropriate staff training relating to mental health services in detention; and

d. reduce the waiting list for evaluations, residential programs, and community- based services for classmembers with serious mental health needs.

3. For the purpose of this Joint Plan, a multidisciplinary team, exercising professional judgment, will determine whether a youth has a serious mental health need.

B. Screening

1. Upon admission to detention, each youth will receive multidisciplinary screens that will include risk assessment, mental health issues, and to the extent possible, contact with the family and a review of family/community supports and educational issues. These

screens shall be performed through use of validated, reliable instruments and shall be able to make appropriate assessments about the youth, including his/her mental health needs and danger to the community if released. The findings and recommendations of the screening process will be made available to the Superior Court for Juvenile Matters at the initial detention release hearing. The screens will be conducted by a multidisciplinary team consisting of a Classification and Program Officer with a masters degree whenever possible, other mental health professional(s), probation staff, and DCF and other professionals as necessary. [This team, led by the Classification and Program Officer, shall receive appropriate training in conducting such screens and eliciting information necessary to complete the screens and in making the requisite recommendations] As part of the monitoring responsibilities, the Monitor(s) shall provide assistance with the designing of the training program for this team.

2. Judicial and DCF will conduct a comprehensive review of the intake screening process within sixty days of the approval of this Joint Plan. Judicial and DCF will consult with the Monitor(s) during the conduct of the review. The goals of this review are to:

a. provide a validated risk assessment screening instrument for detainees entering the system; and

b. review present mental health and substance abuse screens and screening process, assess their value, and make recommendations to replace or continue their use.

Judicial and DCF will implement appropriate recommendations ninety days from the completion of the comprehensive review.

3. If the youth has any mental health needs or conditions that, in the opinion of the team, require a comprehensive evaluation, s/he will be recommended for an evaluation. In

that event, the screening report will make a recommendation as to what type of evaluation and whether the youth should remain confined, should be returned to the community, or requires hospitalization during the evaluation. The recommendation shall be guided by the principle that evaluations, whenever possible, should occur in the least restrictive alternative and that youth shall not be hospitalized unless inpatient services are required. If a mental health professional, the screening team, or a Physician's Emergency Certificate determines a youth is in acute psychiatric crisis, he or she will be immediately referred and transferred to a hospital.

C. Initial Detention Release Hearing

1. At the initial detention release hearing, the youth's attorney, the prosecutor and the Superior Court for Juvenile Matters, and with the court's approval, the parent/guardian, will review the screening report and recommendations. Pursuant to state law, the Superior Court for Juvenile Matters may order such further evaluation. This further evaluation will consist of either a court-based assessment, or if serious mental health concerns have been identified, a multidisciplinary evaluation on an outpatient basis or at Riverview if the child also needs mental health inpatient services. After reviewing the recommendations in the screening report, the Superior Court for Juvenile Matters, in its discretion, shall decide where the evaluation will take place. Outpatient evaluations will be completed within fifteen days and inpatient evaluations within thirty days. In the unusual case where an evaluation is not completed for clinical reasons within these time limits, a status report will be presented to the Superior Court for Juvenile Matters.

D. Multidisciplinary Outpatient Evaluations

1. By October 1, 2002, the state defendants will implement an intensive two-week multidisciplinary evaluation of each youth for whom a multidisciplinary out-patient evaluation has been ordered. Court Support Services Division (CSSD) shall be responsible for arranging the multidisciplinary evaluation in a timely manner as ordered and distributing the team's evaluation to the necessary parties.

2. The comprehensive evaluation will be conducted by a multidisciplinary team, appropriately trained in assessment and evaluation, consisting of a psychiatrist, psychologist and/or a clinical social worker, an educational consultant, probation officer, family members and/or other key support persons in a youth's life, and other specialists and resources as required. A home visit will be conducted as well. The evaluation will be of the same quality as the Riverview inpatient evaluation. The evaluation will determine whether the child has serious mental health needs and, if so, it will result in an individualized service plan that will include recommendations for mental health services, including placement options. These recommendations shall focus on the youth's strengths, needs, and family and community ties, and shall focus on the least restrictive option necessary to provide appropriate treatment for the youth close to the youth's family and community.

3. Evaluations may be done while the youth is placed in detention, Riverview, or an alternative detention program (ADP), or resides in the community, including but not limited to, the youth's home, group home, foster home, relative foster home, or shelter. Nothing in this Joint Plan shall require the defendants to develop new residential placements or community-based services for the youth while evaluated in the community.

Notwithstanding, such youth will still be eligible for the array of services generally available to youth with mental health needs.

E. Treatment Recommendations

1. The evaluation report, including treatment recommendations, will be submitted to the Superior Court for Juvenile Matters for its consideration. If a youth has been determined to require services and the Superior Court for Juvenile Matters approves, the report and a request for services will be forwarded to the DCF/Judicial Coordination Team. The Coordination Team will match treatment recommendations with appropriate and timely community-based and residential treatment services for such youth.

2. Barring individual circumstances outside the control of the defendants with respect to specific classmembers, the defendants will implement the treatment recommendations and services set forth in the individualized service plans in a timely manner, as ordered by the Superior Court for Juvenile Matters. To implement treatment recommendations, the defendants will make available the array of services and placements generally available to all youth with mental health needs. Notwithstanding the above, the defendants reserve the right to prioritize the provision of services to the children with the most serious needs and the longest length of time in detention.

F. Community-Based Services

1. In order to allow for more appropriate use of existing residential resources for youth with serious mental health needs, the defendants will implement new community-based treatment services for 170 youth per year. These new services include:

a. multi-systemic therapy type slots/year for 130 youth who will be returned to their community ;

b. outpatient mental health services for up to forty youth through the Adolescent Community Treatment (ACT) .

2. In addition to those community-based treatment slots, the defendants will contract for community psychiatric time for up to 100 youth to ensure medications and other treatment are available for youth released to the community.

3. The plaintiffs do not agree that these additional services are necessarily adequate or sufficient to address the mental health needs of classmembers. The plaintiffs reserve their right to challenge, after January 1,2003, a failure to implement the individualized service plans ordered by the Superior Court for Juvenile Matters, as evidenced by a pattern as distinguished from isolated examples.

G. Mental Health Services in Detention

1. Every youth in detention with serious mental health needs shall receive required mental health treatment.

2. The Judicial Branch shall continue the Quality Improvement Contract for Medical and Mental Health Services with the University of Connecticut Health Center (UCHC) or other qualified vendor. The CSSD Clinical Coordinator shall serve as the responsible liason ensuring CSSD review of identified problems and documenting the responses to initiatives recommended by UCHC or other qualified vendor.

3. The Judicial Branch shall establish standard procedures and timelines across detention centers for reviewing problems identified in Quality Improvement audits done by UCHC or other qualified vendor and documenting responses to problems identified.

4. The Judicial Branch will continue the auditing by UCHC or otherwise qualified vendor of procedures, practice standards, and documentation by medical, nursing and mental health contracted providers within the Hartford, New Haven, and Bridgeport detention centers, and provide for such audits by UCHC or other qualified vendor for the three community based secure detention centers currently located in Norwalk, Hamden, and Hartford. For all alternative detention programs (ADP), the Judicial Branch will conduct quality assurance monitoring substantially similar to the Detention Centers, using internal/contracted resources. Mental health services at the community detention centers and the ADPs shall be substantially similar to those provided at the regular detention centers.

5. The Judicial Branch shall assure that a centralized method exists to identify and document staff, resident, family or public complaints regarding medical or mental health services delivery to youth within each detention center and shall make such complaints available to CSSD administration, UCHC or other qualified vendor, and the Monitor(s).

6. The Judicial Branch shall complete Medical and Mental Health Policies and procedures in accordance with the standards of the National Commission on Correctional Health Care, shall adopt such policies and procedures by all three detention centers no later than December 31, 2002, and shall submit an application for accreditation by the National Commission on Correctional Health Care no later than December 31, 2002.

7. The Judicial Branch will continue to utilize an outside resource that contracts to provide on-going training for detention center staff to ensure integration and coordination of medical and mental health services to residents.

8. Regular medical and mental health on-site training sessions for Juvenile Detention Officers (JDO) and Classification and Program Officers (CPO) staff of the three

detention centers shall be provided using team meetings, shift changes, other forums and the expertise of contracted medical/mental health providers.

9. A contracted training resource shall be utilized to provide crisis intervention training to at least three (3) Classification and Program Officers, in each detention center, holding Master's Degrees in social sciences whenever possible, designed to assess and intervene in crisis situations under the direction of the facility mental health consultant.

#### H. Preadjudicated Options

1. ADP facilities shall be upgraded with additional mental health services substantially similar to the detention centers to provide the necessary supports to youth housed in an ADP receiving their multidisciplinary evaluation while in such setting. The Judicial Department will consult with the Monitor(s) regarding program enhancements and training necessary to provide such supports to these youth.

#### I. Monitoring

1. The defendants will communicate regularly with the plaintiffs about their efforts and progress in implementing this Joint Plan. Within thirty days of approval of this Joint Plan, the defendants will prepare quarterly reports of their activities and accomplishments under the Joint Plan. Beginning August 1, 2002, the defendants will meet with the plaintiffs quarterly to discuss their progress and any obstacles which they have encountered. The Monitor(s) will attend these meetings.

2. The plaintiffs shall have reasonable access to classmembers, their records, and to places where they live or receive services in order to monitor the defendants' efforts under this Joint Plan.

3. The Monitor(s) shall monitor this Joint Plan. They shall issue written reports to the Court every six months on the status of compliance with the Joint Plan.

4. The Monitor(s)' function shall be to review compliance with this Joint Plan. The Monitor(s) shall not review or become involved in matters that are not directly provided in this Joint Plan. The Monitor(s) have no authority to add or to alter the provisions of the Joint Plan.

5. Prior to filing any motion with the Court, the parties shall first raise the issues with the Monitor(s). The Monitor(s) shall meet with the parties within thirty days and attempt to resolve such issues informally. If the Monitor(s) are unable to resolve these issues informally, any party may seek appropriate relief from the Court.

6. If after one year from the date of the approval of this Joint Plan, the Monitor(s) determine that there is a pattern of not providing appropriate mental health services to classmembers as set forth in their individualized service plans in a timely fashion, as ordered by the Superior Court for Juvenile Matters, the Monitor(s) shall meet with the parties in an attempt to resolve the matter. If no resolution is reached, the plaintiffs may seek appropriate relief from the Court. If the Court finds such a pattern, the Court may order the defendants to contract with an independent contractor to conduct an assessment of the sufficiency, capacity, and effectiveness of the mental health service system for children admitted to detention, or may order the Monitor(s) to conduct such an assessment.

J. Miscellaneous

1. Nothing in this Joint Plan shall require the defendants to violate the laws of the State of Connecticut.

2. Nothing in this Joint Plan shall be construed to affect or limit the authority of Connecticut courts or the Judicial Branch to commit youth to juvenile detention.

3. The following provisions of the Consent Judgment, dated December 4, 1996, are incorporated by reference into this Joint Plan:

a. Definitions - ¶¶ 1 (without addresses for detention centers), 2, 5, 7, 9, 10, 13;

b. Monitoring - ¶¶ 1, 2,3,6, 8, 14, 16 (other than the final phrase "shall not have any special credibility over that afforded any other witness").

Respectfully submitted,

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