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UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT

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CLERK
U.S. DISTRICT COURT
HARTFORD, CT 06103

VALERIE WEST, ET AL,

Plaintiffs,

v.

JOHN R. MANSON, ET AL,

Defendants.

✓
CIVIL ACTION NO.
H-83-366 (AHN)

October 13, 1988

CONSENT JUDGMENT

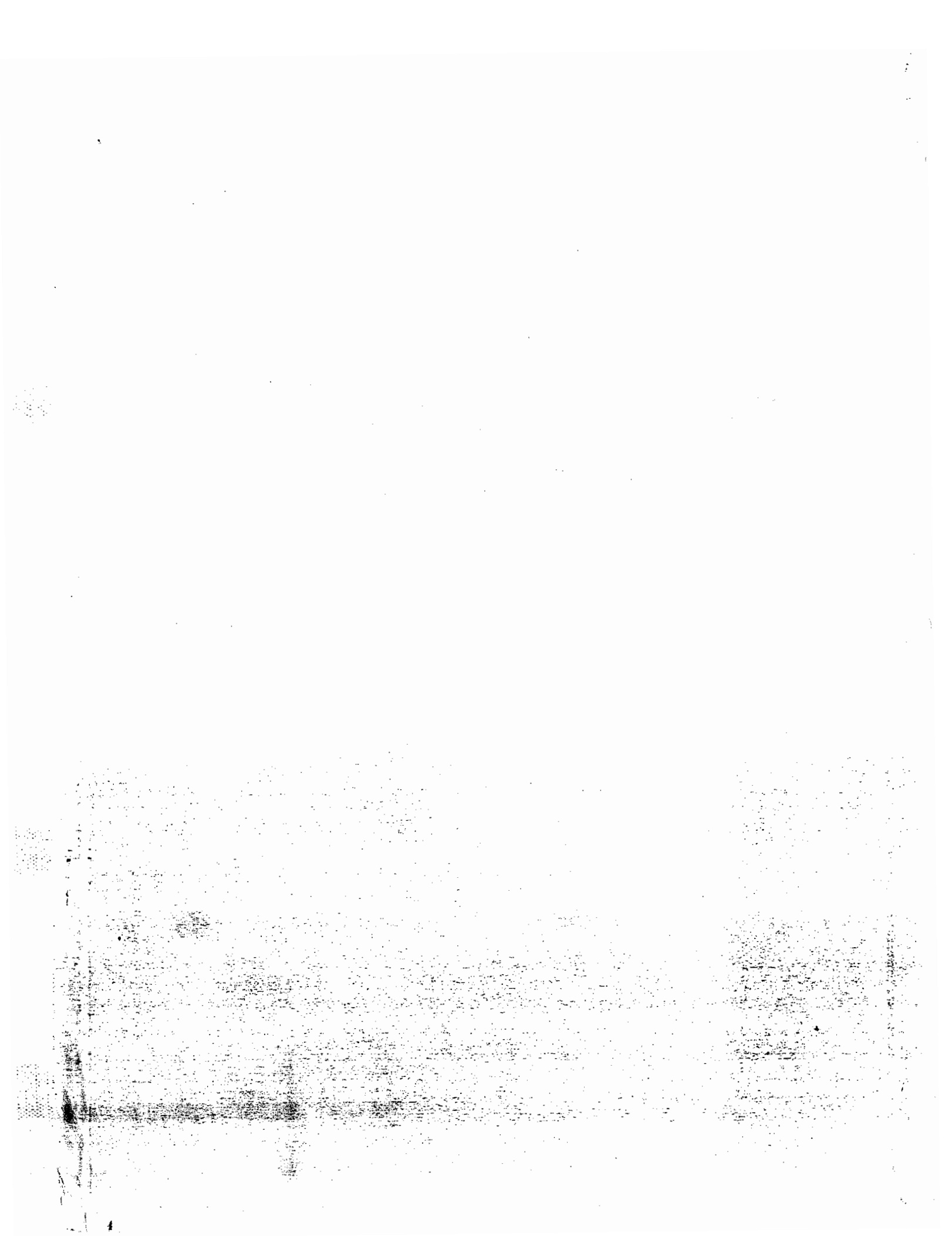


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I. GENERAL PROVISIONS

1. The provisions of this Consent Judgment resolve the existing disputes and issues in the above-entitled case between the plaintiffs, individually and those similarly situated as present and future inmates confined at The Connecticut Correctional Institution at Niantic, and the defendants, all of whom are officials and employees of the Connecticut Department of Corrections, and Department of Children and Youth Services.

2. This Consent Judgment satisfies and resolves the claims of the plaintiffs and plaintiffs' class in the above-entitled case as of the date of this Consent Judgment.

3. The provisions of this Consent Judgment are the result of lengthy and careful negotiation among all the parties under the supervision of the Settlement Judge and the Mediation Panel. They have been agreed upon solely as a means to put a reasonable end to this complex case and to avoid the costs, time and risks which would be involved for both parties. The Consent Judgment embodies a compromise of the issues involved in this case and, while its provisions are binding on the parties herein, its provisions are not to be construed to be statements, rulings, or precedents with respect to the constitutional and other legal rights of persons who are parties or nonparties to this litigation in this or any other action. Moreover, the provisions of this Consent Judgment are not to be construed as statements, rulings, or precedents with respect to the constitutional or other legal rights of any person

or persons involved in any action pertaining to any facility administered by the defendants other than the Niantic Correctional Institution.

4. The provisions of this Consent Judgment may be suspended or modified in part or in its entirety if the Commissioner, Warden, or person next in command, determine that a "genuine emergency" exists at CCIN or any portion thereof. Genuine emergency means any special circumstances, or combination thereof, under which it is reasonable to conclude that there is any actual or presumptive threat to (a) either the security and order of CCIN or any portion thereof, or to (b) the safety of the staff, inmates or other persons within CCIN. If a "genuine emergency" lasts longer than twelve hours or recurs once or more in a one week period, defendants shall report to plaintiffs' counsel, and the Mediation Panel, within forty-eight hours except for good cause, the date of the emergency, the nature of the emergency, and what provisions of this Consent Judgment were suspended and/or modified and how they were suspended and/or modified. Population increases alone and overcrowding shall not constitute a "genuine emergency."

5. The provisions of this Consent Judgment can be temporarily suspended or modified for a specific inmate by defendants when, in the opinion of prison authorities, disciplinary or security reasons require such action. Any

permanent suspension or modification of the provisions of this Consent Judgment for a specific inmate must be approved by the Mediation Panel.

6. A plaintiff, a member of plaintiffs' class, or plaintiffs' counsel may file a claim of non-compliance with any provision of this Consent Judgment with the Mediation Panel. The Mediation Panel shall resolve any such claim as soon as practicable pursuant to the Monitoring provisions of this Consent Judgment.

7. As used in this Consent Judgment, the following terms shall have the following meaning unless specifically stated otherwise:

a. The "Commissioner of Correction" shall mean the Commissioner of Correction or his designee.

b. "The Warden shall mean the Warden of CCIN or her designee.

c. "The Commissioner of DCYS" shall mean the Commissioner of the Department of Children and Youth Services or her designee.

d. "Inmate" shall mean the plaintiff class composed of those who are or in the future will be confined in the Connecticut Correctional Institution at Niantic whether in pretrial or sentenced status.

e. "Children" shall mean all children whose mothers are in the future will be confined in the Connecticut Correctional Institution at Niantic.

f. "CCIN" shall mean Connecticut Correctional Institution at Niantic at its present location and no other and shall exclude the Gates facility.

g. "DCYS-involved children" shall mean children whose placements are funded, supported, or supervised by DCYS, whose mother's parental rights have not been terminated and whose mothers are incarcerated at CCIN.

h. "Child" shall mean:

(i) With regard to those paragraphs of this Judgment involving obligations by DCYS, "child" shall be defined as set forth in paragraph g., above.

(ii) With regard to those paragraphs of this agreement involving the obligations of Department of Correction, child shall be defined as anyone sixteen [eighteen] years of age or younger, unless specified otherwise herein.

i. "Sentenced inmate" shall be defined as any inmate who is serving a sentence regardless of whether she has other charges pending, unless otherwise specified.

8. Notice to the plaintiffs' class shall issue pursuant to the notice provisions approved by the Court.

II. HOUSING

1. That, subject to the terms, conditions and provisions set forth in Exhibit A attached hereto, the defendants may utilize multiple housing rooms and areas not to exceed a total of 452 beds in the present space utilized in the following facilities and buildings: Thompson Hall (no double-celling in any room 66 sq. ft. or less for pretrial inmates only), Davis, Fenwick, Lucretia Shaw, Faith Trumbull, and the Cabin.

2. That the Mediation Panel shall take all necessary and appropriate action -- including inspections, interviews and review of documents -- to ensure that the terms, conditions and provisions set forth in Exhibit A are complied with in all material respects.

3. That, in the event the defendants are not in compliance in any material respect with any of the terms, conditions and provisions set forth in Exhibit A, the Mediation Panel shall forthwith follow the procedures set forth in the Mediation Panel Order dated January 6, 1988 to review, consider and resolve the matter of noncompliance.

4. The defendants may expand inmate housing beyond the 452 beds referred to in paragraph 1, by utilizing areas in the buildings referred to therein which are not presently being used for inmate housing, for example, but not limited to the basements in both Fenwicks and both Trumbulls and the second floor of Lucretia Shaw. In such event, the defendants shall, as soon as practicable but not later than fifteen days thereafter, notify the Mediation Panel of the action. The Mediation Panel, within

fifteen days, shall review the action and may approve, reject, or modify the defendants' action in accordance with the procedures set forth in the provisions of the Mediation Panel Order dated January 6, 1988.

5. As new or additional housing in buildings not referred to in paragraph 1 become available for inmate beds, and if the defendants reduce or eliminate the inmate population in the buildings referred to in paragraph 1, the Mediation Panel may alter or amend the terms, conditions and provisions set forth in Exhibit A in accordance with the procedures of the Mediation Panel Order dated January 6, 1988.

6. That, if there is a reduction or elimination of housing figures which have been approved by the panel, and if thereafter circumstances exist which require a need to return to the housing figures so approved, such return shall be permitted so long as the terms, conditions, and provisions of Exhibit A are complied with by the defendants. In such event, the Mediation Panel shall review the situation to ensure that the terms, conditions, and provisions of Exhibit A are complied with in all material respects.

EXHIBIT A

The terms, conditions and provisions referred to in the Housing Order are as follows:

I. STAFFING, CAPITAL PROJECTS AND EQUIPMENT

The defendants shall furnish additional staffing, capital projects, and equipment as follows:

1) Care & Custody/Security Staff/CO's

- a) 2 CO's - Thompson Hall - (Fire Safety)
- b) 18 CO's - 1 Post FT x 7 Days
Thompson Basement,
Davis Basement, Cabin
- c) 4 CO's - Driving Post -- on Grounds
1 CO - Driving Medical and Court
Trips
- d) 6 CO's - Medical Unit

2) CRSO I's -- Counselors

- a) 1 Counselor - Thompson Basement,
Davis Basement, Cabin
- b) 1 Parent Child Counselor
- c) 3 CRSO's - Program Services/Classification
- d) 1 CRSO - Education/School
- e) 1 CRSO - Pre-Release
- f) 1 CRSO - Drug/Alcohol Addiction Services

3) STAFF -- INDIRECT SERVICES/SUPPORT

- a) 1 Lieutenant
1 Food Service Supervisor CFSSII
4 Maintenance Staff - 2 (FY 87-88)
+ 2 (FY 88-89)
1 Records Clerk
2 Recreation Staff
2 Clerks - Typist (Adm. & School)
1 Industries Supervisor (2nd Shift)
1 Voc. Ed.: Computer Lab Instructor

b) MEDICAL STAFF -- IMMEDIATELY

(FY 87-88)

- 1 Medical Records Technician
- 1 Data-Input Clerk
- 1 Clerical - Medical Secretary
- 5 Nurses CN I
- 1 Corr. Nurse II (Admin.)
- 1/2 Obstetrician (Salary)

(FY 88-89)

- 5 Nurses CN I
- 1 FT Physician
- 1 Laboratory Technician
- 1 Pharmacist
- 1 FT Dentist
- 1 FT Dental (Asst.)
- AIDS Education Counselor
- 1 FT Dental Hygienist

4) RENOVATIONS -- CAPITAL PROJECTS

- a) Fire Safety - Residential Units
- School Building
- b) Electrical/Lighting
- c) Showers/Plumbing
Ventilation (showers)

- d) School - Security, Improvements,
Exterior Doors & Bars
- e) Medical Unit
- f) Minor Renovations
Maintenance Improvements - Heating
Radiator Valves, etc.
- g) Smoke Detectors - D.C. Units

5) EQUIPMENT

MEDICAL

- 3 Examining Rooms - Medical Equipment
- 1 Dental Examining Room
- 1 X-ray Facility
- 1 Laboratory/Pharmacy Area
- 1 Software - Medical Unit; Office Equipment/Files
for Medical Unit
- 20 Beds in-patient medical unit

6. SCHOOL

- 20 Microcomputers (4 @ \$1,500)
(16 @ \$800)

- 5 Printers (5 @ \$400)

Software/Supplies

- 5 Apple IIe with Printer, Dual D.D. &
Super Serial Card (5 @ \$1,500)

7. HOUSING LIMITS

Thompson	93
Davis	82
Fenwick	99
Trumbull	130
Cabin	16
Lucretia Shaw	32
	<u>452</u>

III. MEDICAL CARE

MEDICAL

A. Disease Surveillance

1. The medical department at CCIN will implement a computerized data base within three months, incorporating basic medical information on each inmate at CCIN. It shall be updated regularly and maintained throughout the period of incarceration at CCIN. Appropriate provisions shall be made to restrict access to this medical information.

2. A suitable system for CCIN shall either be developed by a programmer or a suitable existing system shall be purchased within three months. The medical records technician and/or data entry personnel shall maintain the system. The medical director will be able to obtain on request regular print-outs of critical medical data.

B. Examination at Entry Into the Prison

1. The initial screening exam, including appropriate medical and mental status exams, may be performed by a medically trained person assigned by the medical director, or a registered nurse, or a physician. If the initial screening exam is performed by a medically trained person, a physician or registered nurse must perform another examination of the inmate within forty-eight hours.

2. Delousing shall be performed on all inmates before assignment to residential housing.

3. A routine history and general physical examination will be performed on each inmate by a physician, nurse clinician, or physician assistant or, subject to approval of the Mediation Panel, a trained nurse within forty-eight hours for sentenced inmates and within ninety-six hours for pretrial detainees. During this initial medical evaluation, a complete bloodcount, urinalysis, SMAC-20 (or equivalent) and, if indicated or appropriate request is made, hepatitis serology and HIV antibody studies shall be obtained. A PPD-intermediate should be placed following the physical exam as long as the patient is not known to have a positive test in the past. The PPD-intermediate should be read at forty-eight hours (48 hrs.). A chest x-ray shall be obtained unless a normal film has been obtained within the previous twelve (12) months and there is no obvious change in clinical status. A pelvic examination with cervical culture and a pregnancy test (if capable of child-bearing) shall also be obtained during this initial evaluation.

4. If neither the initial screening exam nor the full physical examination suggests a potential medical condition that requires special housing, immediate placement in appropriate housing is acceptable. No one will be placed in general population housing until the physical examination is completed.

5. All new inmates will be questioned regarding their usual medical care providers. Medical records will be requested from these providers when the physician deems it advisable.

5. All appropriate screening data shall be recorded in the permanent computerized record specified in paragraph A. #1 above.

C. Delivery of Routine Health Services

Unless stated otherwise, all references to physicians, nurses, dentists, or medical staff refers to personnel employed by the DOC.

1. All inmates housed in CCIN shall have an annual physical examination. The physical examination will include a breast exam, pelvic examination with PAP test, rectal exam with occult blood check, and a basic review of health status, in addition to other tests and examinations that the physician feels to be appropriate.

2. Vaccines shall be made available based on general CDC recommendations. All inmates shall be given a dT if not allergic and if not vaccinated within the previous ten years. Within six months of the date of this Consent Judgment, the Mediation Panel shall conduct a feasibility study concerning a hepatitis vaccine program for inmates. The Mediation Panel's report shall include (1) pertinent findings on the need and efficacy of such a program, the cost of the program, the funding of the program, and so forth; and (2) the Mediation Panel's recommendations and conclusions with respect to the establishment of a hepatitis vaccine program. The Mediation Panel's report shall, in the first instance be submitted to the Commissioner and

Warden for appropriate action and, thereafter, if necessary, action on the report shall be subject to the Monitoring provisions of this Consent Judgment.

3. Upon discharge from CCIN, when feasible, all inmates with a medical condition requiring ongoing care shall have an exit interview with the medical department to discuss health maintenance and define where outside health care can be delivered.

D. Services for Symptomatic Illness and Emergencies

The medical department at CCIN will implement the following services as described below within three months:

1. Exams performed by CCIN doctors, nurses, medical personnel, and outside consultants shall be conducted in appropriate examining facilities. At least three fully-equipped examination rooms will be available. Sick call examinations shall also be conducted in a private examination room when appropriate.

2. On-site x-ray services shall be provided for CCIN inmates. Routine blood studies shall be drawn on-site, but the actual laboratory facility performing these studies may be located outside the CCIN complex.

3. A medical unit of at least twenty beds shall be established at CCIN with full-time licensed nursing coverage and with twenty-four hour on-call physician back-up. This medical unit shall have the capability to administer IV fluids and IV medications.

4. Other than simple "over-the-counter" medications, medications shall be administered only by medically-trained personnel. Record-keeping shall be such that it can be determined

what drugs have been ordered for an inmate, by whom, and for what purpose and when these have been administered and/or offered and refused.

5. The use of prescription medications by preset formula is prohibited. No prescription medication may be administered without a physician's order. If a physician is not present in the medical unit, a registered nurse may relay information to the physician by telephone regarding the inmate's symptoms and condition. If medication is thereafter initiated or changed by a physician by telephone, a physician must sign the verbal order recorded by the registered nurse on the physician's next working day. If medication is initiated or changed by a physician by telephone to other than a registered nurse, the physician must sign the verbal order within twenty-four hours.

6. An inmate may not be barred from receiving medication solely by reason of the inmate being unavailable to request and/or obtain the medication by a certain time. Only a member of the medical staff shall make any necessary medication dosage adjustments due to a delay in the administration of such medications.

E. AIDS and HIV-Related Issues

1. HIV antibody testing shall be made available to high-risk group inmates upon admission to CCIN. Those who are positive shall be offered appropriate counseling.

2. An educational program concerning AIDS shall be established for all inmates and staff at CCIN.

3. When an HIV-antibody positive inmate develops fever or other signs of infection, and when the CCIN physician deems it appropriate, the inmate shall be transferred to an outside hospital with facilities to treat aids-related disorders. Any inmate with clinically-defined AIDS or ARC showing debilitating symptoms but not requiring acute hospitalization shall be housed in a medically supervised unit or private room designated for that purpose.

F. Pregnant Inmates

The medical staff of CCIN shall implement a program for pregnant inmates within three months:

1. Inmates capable of child-bearing shall be tested for pregnancy on arrival to CCIN. Efforts shall be made to coordinate the health issues of pregnancy with the high-risk medical issues of the population general (e.g. routinely evaluating HIV antibody and hepatitis B status). In addition, health care needs must be coordinated between the medical department and the consultant obstetrician to ensure that special fetal and maternal risks (infections, drug and alcohol problems, etc.) are identified and jointly managed to optimize the pregnancy's outcome.

2. Each inmate known to be pregnant will be assigned to a bottom bunk.

3. Before a woman known to be pregnant or a woman in the post-partum period (defined as that period from delivery until four weeks after delivery) is placed in leg irons or other restraints, a nurse or physician in the medical unit shall be consulted for approval. If the nurse or physician determine that

placement in leg irons or other restraints is not medically advisable, no such restraints shall be used. For a woman in the third trimester of pregnancy, no leg irons shall be used unless the shift supervisor determines that security reasons dictate otherwise and a nurse or physician on duty does not find this medically contraindicated. Any untoward event that occurs while such restraints are in place shall be duly noted in the inmate's medical record.

4. The attending obstetrician at CCIN shall assess the dietary needs of each individual pregnant inmate as soon as reasonably possible after the confirmation of pregnancy. In performing such assessments during the regularly scheduled weekly visits, the CCIN obstetrician shall consider the inmate's medical history, including drug and alcohol abuse. Any special dietary provisions that are recommended will be specified in the inmate's medical records. If a special diet is thereafter prescribed by such physician, it shall be made available within one week of admission or after the confirmation of pregnancy. Pregnant inmates who are unable to eat any meal because of nausea, vomiting, etc. must inform a staff person of this fact at the time of the regularly scheduled meal. The attending obstetrician should then be notified of this situation. The attending obstetrician should also establish a protocol to cover those situations where a pregnant inmate misses a CCIN meal due to special circumstances e.g. court trips, transportation delays, medical appointments on the outside.

5. The Commissioner of Corrections shall continue to make prenatal vitamins available to pregnant inmates, as deemed appropriate by the attending obstetrician for CCIN. There shall be monthly monitoring of weight changes in all pregnant inmates. Such monitoring shall be done on a more frequent basis when deemed appropriate by the attending obstetrician for CCIN.

6. Regular prenatal classes shall be provided to all pregnant inmates regardless of security status. Nutrition education shall be included in these classes. Any inmate whom the Warden determines cannot attend a class because she is classified as a security risk shall be given comparable prenatal information in a manner as determined by the Warden.

7. If an inmate indicates to staff that she is or may be pregnant, a pregnancy test shall be given to that inmate as soon as reasonably possible, and as needed thereafter if a pregnancy determination cannot be conclusively made. The results of the test(s) shall be communicated to the inmate within twenty-four hours, if possible, after the results are received by CCIN.

8. Pregnant inmates shall have the same rights to terminate their pregnancies that non-incarcerated women have.

9. Efforts shall be made to place pregnant inmates in their third trimester in rooms closest to the staff office in each housing unit unless the inmate requests otherwise.

G. Dental

1. All inmates shall see the dentist within ten weeks of their current arrival at CCIN and have a treatment plan for their dental care devised. Subsequent visits will be determined by the dental plan formulated by the dentist.

2. At least one fully-equipped dental examination and treatment room shall be provided.

3. Dental hygiene instructions shall be provided to all inmates.

4. Any inmate requesting to see a dentist shall be placed on the list to see the dentist. Inmate requests shall be prioritized by the dentist, with highest priority being given to those with emergency situations. All inmates shall be informed of the above guidelines regardless of their inmate status.

H. Staff Physician

1. Back-up physician phone coverage shall be available around-the-clock.

2. The defendants shall contract to have on-site services of a physician. The defendants shall make every reasonable effort to provide services of a physician for at least four and one-half days a week which include the hours of 9:00 A.M. to 1:00 P.M. on Saturdays or Sundays.

3. At any time when a physician is not physically present at CCIN, the nurse in charge shall contact the on-call physician when there is any significant alteration of an inmate's physical or medical condition.

4. Transportation shall be provided to inmates for off-site medical appointments or medical emergencies.

IV. DRUG AND ALCOHOL TREATMENT

INTAKE PROCEDURES:

1. CCIN admissions staff shall obtain, as soon as possible, but no later than six hours after admission, a drug and alcohol history for each inmate. Admissions staff shall promptly refer to the medical unit the name of each inmate currently exhibiting signs of dependency and/or withdrawal and/or who requests treatment for withdrawal. Staff shall refer to the substance abuse counseling staff within two working days all others who have a history of substance abuse, but are not currently withdrawing.

2. All inmates who exhibit signs of dependency on drugs and/or alcohol shall be examined by a physician associate or appropriately trained nurse within twelve hours of admission to CCIN and by a physician as soon as appropriate but no later than twenty-four hours. This examination shall include a physical exam (which emphasizes particularly an assessment of all organ systems for probabilities of infectious disease, pulmonary and cardiovascular abnormalities, and liver, renal and dermatological complications of addiction). Laboratory tests (including, but not limited to, CBC and differential, routine chemistries, liver function tests, thyroid function tests, TB tests, urinalysis, screening for hepatitis where intravenous drug use is suspected), and, a test for pregnancy will be carried out as specified in the Medical agreement.

3. Each inmate exhibiting signs of dependency on drugs and/or alcohol upon admission or who requests or is referred for treatment for substance abuse problems shall be interviewed by a qualified substance abuse professional and the documentation specified herein in the Records section, infra, shall be completed as soon as possible but no later than one week after admission to CCIN or request referral for treatment, as appropriate.

4. Inmates addicted to alcohol if in withdrawal stage shall also have medical withdrawal symptoms evaluated by a physician, physician associate, or nurse practitioner periodically, but at a frequency no less than once every day.

DETOXIFICATION UNIT

1. Detoxification of an inmate as determined by a physician shall be accomplished in the Medical Unit designated for inpatient services at CCIN for all inmates detoxifying from alcohol, sedatives, barbituates, benzodiazepines, and/or opiates. Should the demand for inpatient medical care be such that the beds are filled and places are not available for detoxifying patients, CCIN agrees to increase the number of beds appropriately to satisfy inpatient medical demands.

DETOXIFICATION REGIMENS - NON-PREGNANT INMATES

No inmate shall be placed in a detoxification regimen unless authorized by a physician in person or by phone. If by phone, the patient must be seen by the physician within 24 hours of admission. Prior to being seen by a physician, a physician associate or appropriately trained nurse may give supportive care (including but not limited to the monitoring of vital signs, blood pressure, etc.). Such monitoring shall be reviewed by telephone by a physician. If medical complications arise, the inmate should be transferred to the Emergency Room at the local Hospital.

Inmates in need of detoxification shall be identified by the medical intake screening procedures and placed on a detoxification regimen as determined and supervised by a facility physician. The regimens suggested below or other appropriate regimens may be chosen at the discretion of the physician in charge as long as such regimens have been submitted to and approved by the Mediation Panel.

A. Opiates (including Heroin)

1. Methadone

a. The inmate will be initially placed on a daily dose of methadone which is approximately equivalent to her daily opiate consumption, e.g. an average daily use of heroin (equivalent to approximately \$100 per day) can be adequately covered by 20 mg. per day of methadone. The methadone dosage will usually be given in two divided doses (i.e., 10 mg. BID). Occasionally, a higher dose of methadone may be required in order to treat abstinence symptoms, but this would rarely exceed

35-40 mg. per day. If inmates enter the institution on a known verified dose of methadone or other prescribed opiate, the equivalent amount of methadone will be prescribed.

b. Once the patient has been stabilized on a standing dose of methadone this dosage will be gradually tapered. The tapering schedule is to reduce methadone by 5 mg. each day until a dosage of 20 mg. per day is reached. Below 20 mg. per day, the dosage is reduced by 5 mg. every other day. This procedure will usually take from seven days to two weeks. Once the tapering schedule is initiated, it will not be reversed, nor will inmates be allowed to refuse doses (once they do, the detox is completed with the exception that during the first forty-eight hours while the appropriate dose is being established, inmates should be allowed to refuse doses).

2. Clonidine

Opiate-addicted inmates should be allowed, if appropriate, to detoxify with Clonidine. This procedure involves gradually increasing the daily dose of Clonidine in parallel with the anticipated withdrawal syndrome of the particular opiate to which the patient is addicted. (For example, methadone withdrawal occurs later than heroin so the dosage of Clonidine is raised more gradually to a higher level for a methadone-addicted than a heroin addicted inmate. Similarly the dosage of Clonidine is maintained for a somewhat longer period for withdrawal from the longer acting opiates such as methadone.)

If Clonidine is administered, blood pressure should be monitored once an hour for three hours after each administration of Clonidine until the maximum dosage level is reached.

B. Sedative Hypnotics

Withdrawal from sedative hypnotics (including alcohol) shall be accomplished by the use of a benzodiazepine (such as chlordiazepoxide). Treatment shall commence with a dosage of valium 10-25 mg. QID or librium 25-50 mg. QID. (These dosages are approximations and PRN doses for symptoms and signs of withdrawal shall be ordered by the attending physician.) Orders will include the directive that doses shall be held if the inmate becomes overly sedated. By the end of the first day, a standing dose of a benzodiazepine, sufficient to cover withdrawal symptoms, should usually be established. Once this state has been reached, this inmate shall then be withdrawn at a rate of approximately 15% of the previous daily dose per day. (Thus, for example, a patient on 40 mg. day of valium would be reduced to 35 mg. the next day, 30 the next and so on. At lower doses the daily reduction is correspondingly lower.) For inmates in whom one is more concerned about over-sedation (e.g., debilitated patients or patients with liver disease), shorter acting benzodiazepines such as lorazepam or oxazepam shall be used. These drugs can also be given intramuscularly for inmates who require withdrawal but who refuse p.o. medication, when so ordered by the attending physician.

C. Cocaine and Amphetamines

Management of inmates withdrawing from cocaine and amphetamines shall focus on the management of psychosis which may be occasioned by these drugs and/or the sudden depression which occurs after discontinuation of their use. These concerns shall be addressed by appropriate monitoring by the Mediation Panel. Medications to address withdrawal symptoms shall be administered as directed by the attending physician.

DETOXIFICATION REGIMENS - PREGNANT INMATES

1. Unless she refuses, every inmate of childbearing age shall be tested for pregnancy as part of the intake procedures within twenty-four hours of admission to CCIN. Until results of the pregnancy test are determined, only methadone or other regimens approved by the doctor or Monitoring Panel shall be administered. If found to be pregnant, she shall be informed by a physician that:

a. if she remains addicted throughout her pregnancy, her baby will be born addicted;

b. a baby born addicted can undergo withdrawal in a closely-monitored setting;

c. if she undergoes withdrawal while pregnant, the fetus will suffer withdrawal as well, but under conditions that cannot be monitored;

d. withdrawal during the first trimester of pregnancy poses significant dangers to fetal development and increases significantly the likelihood of fetal abnormalities;

e. withdrawal during the third trimester of pregnancy creates an unacceptable medical risk that the fetus will abort or that a live birth will be substantially premature;

f. detoxification, if it takes place, preferably should be attempted during the second trimester;

g. detoxification in the second trimester is the best option from the perspective of the potential child, in those cases in which the mother, once drug free, will remain so throughout the term of her pregnancy; and

h. she has the free option of gradually withdrawing from narcotics or being maintained on a low dose of methadone until she gives birth.

2. If, based on this information, an inmate elects to be maintained on methadone throughout her pregnancy, she should be gradually decreased, at a rate determined by the attending physician, from her current dosage to a maintenance dose of twenty-five or thirty milligrams of methadone and should be maintained at that level throughout the term of her pregnancy. If withdrawal symptoms occur, the dosage may be increased usually in the order of five to ten milligrams. If, however, she elects to be detoxified, she should be maintained on twenty-five or thirty milligrams of methadone through the first trimester and into the second and gradually detoxified over a period of forty-five to sixty days.

DETOXIFICATION REGIMENS - IN GENERAL

1. Any inmate who at the time of admission is drug and/or alcohol dependent and requiring a detoxification regimen as determined by the physician shall be kept in the Detoxification Unit of the Medical Unit for an initial forty-eight hour period. Inmates who are being maintained on methadone may be housed in general population once the dose of methadone has been verified. Thereafter, inmates who are detoxing from alcohol and/or barbituates or having Clonidine detoxification shall continue to be housed in the detoxification section during the course of their treatment. Inmates detoxing from other substances shall remain in the detoxification section until a physician orders otherwise.

2. A nurse, doctor or pharmacist shall administer and dispense all drugs for detoxification. If there is a unit dose system for the institution, other appropriately trained personnel shall be permitted to administer and dispense the medication.

3. Before the administration of each dose of Clonidine, the inmate's blood pressure shall be taken. If blood pressure is less than 85/55 standing, then the next dose of Clonidine should be reduced or held. Any inmate receiving Clonidine shall be examined by a physician or registered nurse at least once a day.

4. An inmate who is undergoing detoxification from sedatives and benzodiazepines shall be examined by a physician or registered nurse at least once each day for the first five days for risks of seizure.

5. Any inmate who receives methadone must be examined by a physician or registered nurse at least once a day for the first three days, if maintained on Methadone, or if detoxifying, for at least the first five days until detoxification is completed.

6. No prescription medication may be administered without a physician's order. If a physician is not present at the medical unit, a registered nurse or a physician associate may relay information to the physician regarding the inmate's symptoms and conditions. If medication is thereafter initiated, renewed, discontinued, or changed by the physician by telephone, the physician must examine the inmate within twenty-four hours and sign the verbal order recorded by the nurse.

7. Any inmate who is undergoing detoxification from drugs shall be checked at least once per shift by a nurse who shall note her observations regarding withdrawal symptoms, the inmate's reaction to medications, and the side effects of medications, if any, in the inmate's medical chart.

8. Any inmate undergoing alcohol withdrawal should be checked three or more times a day by a nurse who shall note her observations regarding withdrawal symptoms, the inmate's reaction to medications, and the side effects of medications, if any, in the inmate's medical chart. The inmate shall be examined at least once a day by a physician or registered nurse for the first five days for withdrawal or longer if deemed necessary by the physician.

9. Any inmate undergoing detoxification from cocaine or amphetamines shall be monitored once daily for first five days by an appropriately trained health professional for potential risk of suicide.

INFORMED CONSENT

1. Prior to the initiation of any detoxification regimen, an inmate shall be informed by the attending physician, registered nurse or other trained medical professional of the risks, benefits and possible side effects of the regimen and shall sign a form indicating her informed consent to the procedure. A translator shall be provided when feasible for all inmates who are not fluent in English to ensure that the risks are fully understood.

2. Prior to the initiation of methadone, an inmate must sign a consent form approved by the Mediation Panel.

RECORDS

A. Prior Records.

1. For all inmates identified as alcohol or drug dependent, efforts shall be made to obtain relevant records from previous treating facilities. These shall be sent for immediately, but no later than seventy-two hours after admission to Niantic.

2. For all inmates identified as methadone dependent and involved in a methadone maintenance program, telephone contact by CCIN shall be initiated within 24 hours with the methadone program which was treating the inmate immediately prior to her

incarceration to confirm participation and dosage level. Contact with the program shall be achieved if at all possible no later than one working day after the inmate's admission to CCIN.

B. CCIN MEDICAL RECORDS -- DOCUMENTATION

1. An organized written record for each inmate who is detoxifying and/or undergoing treatment for substance abuse shall be maintained by CCIN medical staff which contains current information sufficient for an assessment of need for the provision of appropriate care and/or treatment services.

2. Each inmate record shall contain the following:

a. The inmate's name and number, address, date of birth, and date of admission to CCIN;

b. An evaluation of current physiologic dependency, as determined by a physician upon his/her consideration of the inmate's history of substance abuse (types of substances abused, mode of use, amount used, frequency and duration of use, date or time of last use), inmate's signs and symptoms of withdrawal and/or intoxication, a positive urine test, old or fresh needle marks, and a dependency history from a previous treatment program;

c. Presenting problem(s);

d. The results of the physical examination (inclusive of the medical history and lab tests) as required herein;

e. History of past substance abuse and treatment;

f. Referral source summary, if any, to include reason for referral and current medications;

g. Copies of releases and notations of each release of information;

h. The individualized treatment plan, as specified in paragraph 4, p. 33 infra;

i. Progress notes which document lab tests and services provided to the inmate and progress made toward objectives in accordance with the individualized treatment plan;

j. Documentation of services as they are rendered;

k. Aftercare planning, referrals upon release and discharge summaries;

l. Next of kin or other designated individual to be notified in the event of an emergency;

m. A mental status examination, including an evaluation of the inmate's mood, behavior, thought process, orientation (to time, place and persons). If this examination is abnormal, then referral to the mental health unit shall be made.

TREATMENT ORIENTATION

1. Within one week of admission or completion of detoxification at CCIN, each inmate who has a prior history of substance abuse will be invited and encouraged to attend an Orientation to Addiction Services Treatment. Those sentenced will be required to attend an Orientation to Addiction Services Treatment which would include an interview by a qualified substance abuse professional.

2. This Treatment Orientation will include a written description of services given to the inmate and a discussion of available substance abuse treatment services.

The intent of the substance abuse programming is, where appropriate, to intervene in the life of the inmate who abuses alcohol/drugs and commits related crimes by providing an opportunity for her to recognize the problem with substance abuse, to help her choose the appropriate paths to take to assume a fulfilling life without substance abuse, and to reduce the occurrence of such behavior and its consequences.

The methodology focuses on: a) evaluation, b) primary treatment including individual and group counseling, and, where appropriate placement in an in-house or external therapeutic community, c) self-help abstinence fellowships, and d) continuity of care through Project FIRE, which is the Department of Correction's drug-free, outpatient community-based program, and other community-based substance abuse programs. To reverse the state of addiction to non-addiction, there is the assumption that an individual needs to acquire a large number of new skills and corrective experiences.

The objectives of the in-house Addiction Services are to maintain individuals in a drug-free, non-dependent status, and to limit recidivism.

All specific programs described are subject to change and modification at the discretion of the Commissioner and approval of the Monitoring Panel.

3. Each inmate that attends the Treatment Orientation will indicate on a Request for Treatment Form either her request for treatment services or that she is not currently interested in treatment involvement. If an inmate requests treatment, or is in

the sentenced category she will be seen individually by an Addiction Services Counselor within one week of the Treatment Orientation Group to address specific needs. Those inmates not currently interested, may request and receive treatment at a later date.

4. Each inmate that requests treatment will be seen at an Initial Treatment Session within one week and will be scheduled for the appropriate treatment services. A Treatment Services Plan consistent with the Addiction Services Treatment Methodology (p. 32) will be developed with the inmate. The plan will indicate what services the inmate will be involved in during her incarceration at CCIN and include: a) short and long term goals for treatment generated by both staff and inmate, b) assignment of a primary counselor, c) description of the type and frequency of counseling services to be received, d) description of recommended supportive services.

5. The Treatment Services Plan will be reviewed by the Addiction Services Program Director 30 days after the Initial Treatment Session, and every 60 days thereafter for the 1st year and at least every 120 calendar days after the initial year.

The Treatment Services Plan may be modified as necessary, depending on the inmate's specific needs until discharged from CCIN.

D. Confidentiality of Records

1. Inmate medical and treatment records as specified herein shall be maintained in the Medical Unit and shall be kept confidential and released only to legally authorized personnel.

E. Release of Records Post-Discharge

1. CCIN shall release records specified above only to legally authorized personnel.

ADDICTION SERVICES COMMUNITY TREATMENT REFERRALS

1. CCIN's Addiction Services Counselors shall encourage those inmates who have requested treatment services to be involved in community treatment programs upon discharge and will make the appropriate referrals for such involvement.

2. Those inmates who request or are referred to participate will be referred to an appropriate community-based treatment program. Such treatment programs may include halfway houses, methadone maintenance, methadone-to-abstinence programs, outpatient drug-free programs (Project FIRE), antagonist programs (e.g. Naltrexone and Antabuse), or residential inpatient programs. The Addiction Services Counselor will contact the specific program and attempt to arrange for an interview after discharge at the selected community program or at CCIN when possible.

3. All inmates who require detoxification or who have a history of substance abuse, even if not taking part in a treatment program at CCIN, will be encouraged to attend one or more counseling sessions regarding realistic plans for treatment after their discharge from CCIN. Where appropriate, CCIN Addiction Services staff will contact the suitable community-based treatment program and attempt to arrange an interview after discharge at the program or at CCIN when possible.

STAFFING

1. A physician, who is currently licensed in the State of Connecticut, shall be designated to direct the detoxification and treatment services. Such a physician shall have experience or training in diagnosis and treatment of substance dependent persons. DOC shall contract with this physician(s) to provide services to this population for an appropriate amount of time to fulfill the provisions of the substance abuse portions of the Consent Judgment.

2. A physician, currently licensed in the State of Connecticut and similarly trained, shall be on call and available to come to CCIN during all those hours when the physician is not physically present at CCIN.

3. There shall be on duty at all times in the Medical Unit at least one nurse who is currently licensed in the State of Connecticut and who has training in providing care to substance dependent persons.

4a. CCIN shall employ a total of four Addiction Services Counselors to carry out the provisions of the Judgment. Each counselor shall be either currently certified or in the process of seeking certification by the Connecticut Alcohol and Drug Abuse Counselor Certification Board and the Connecticut Drug and Alcohol Abuse Commission and shall individually, or collectively, have experience working with each of the following types of addictions: alcohol, cocaine and other stimulants, opiates, sedative hypnotics.

4b. In addition, if the Mediation Panel shall determine there are sufficient numbers of youthful offender substance abusers, a counselor will be specifically trained to deal with youthful substance abusers, or, if deemed necessary by the Mediation Panel, an additional counselor shall be hired and trained to deal with youthful substance abusers.

5. A physician associate(s) licensed in the State of Connecticut, may be hired in lieu of a nurse(s) whose duties as specified in this Consent Judgment shall include, but not be limited to, the evaluation, monitoring, and treatment of inmates with substance abuse problems.

6. As specified, staff shall be hired to implement this Consent Judgment.

7. In hiring new staff and replacing staff, defendants shall make a special effort to recruit staff who are fluent in Spanish, as well as English.

TREATMENT PROGRAMS

A. CCIN Institutional Programs

The following treatment services will be provided:

1. A Treatment Orientation Group will be held once a week to provide a description and discussion of substance abuse treatment services provided at CCIN. Each inmate that attends this group will indicate on a Request for Treatment Form their request for treatment services.

2. Individual Counseling: The counselor will attempt to establish a supportive, empathetic relationship to help the inmate understand her problems, patterns of coping with stress and the need for mood-altering substances. An action plan will be developed to attempt to reduce the occurrence of such behavior and its consequences.

3. Group Counseling: Staff will conduct group counseling including such programs as Behavioral Studies and Recovery Training Groups. The Behavioral Studies Program examines the growth and development processes, the tasks, behaviors, and skills essential to recovery from substance abuse. The Recovery Training Program focuses on identifying high risk relapse factors and the development of helpful coping strategies to manage these difficult situations.

4. Specialized Groups: If deemed feasible by the Mediation Panel, CCIN Addictions Services staff shall establish group sessions designed to meet the special needs of different groups of inmates. Examples include, but are not limited to, those who primarily speak Spanish, those with family problems, pregnancy, AIDS or HIV-+.

5. A specialized education prevention and substance abuse treatment program shall be set up for sentenced youthful offender substance abusers.

6. Alcoholics Anonymous (A.A.): A.A. Meetings are coordinated by staff and utilize volunteers from the community. The concept of the program is that recovering alcoholics can help each other recover from alcoholism by following a program utilizing the 12 Steps and 12 Traditions of A.A.

7. Narcotics Anonymous (N.A.): N.A. Meetings are coordinated by staff and utilize volunteers from the community. The concept of the program is that recovering addicts can help each other recover from drug abuse by following a program utilizing the 12 Steps and 12 Traditions of N.A.

8. Al-anon: These Meetings are coordinated by staff and utilize volunteers from the community. The concept of the program is that the disease of alcoholism affects all family members. It is important that an inmate or family member of an inmate understand the role alcoholism has played in their own lives. Once they have broken the hold alcoholism has over their own lives, they are in a position to try to help the alcoholic.

9. In-House Therapeutic Community: Within six months of the date of this Consent Judgment, the Mediation Panel shall conduct a feasibility study concerning the establishment of a therapeutic community within a housing unit for recovering substance abusers.

The Mediation Panel's report shall include 1) findings with respect to need, size, cost, structure, location, and content of a therapeutic community program; and 2) the Mediation Panel's recommendations and conclusions with respect to the establishment of a therapeutic community program.

The Mediation Panel's report shall, in the first instance, be submitted to the Commissioner and Warden for appropriate action and, thereafter, if necessary, action on the report shall be subject to the Monitoring provisions of this Consent Judgment.

10. Referrals: Upon release to the community, staff shall make referrals to appropriate community treatment programs, including halfway houses, methadone maintenance, methadone-to-abstinence, residential inpatient programs, antagonist programs such as naltrexone, and outpatient drug-free programs such as Project FIRE and social service programs including P/PREP. Project FIRE is the final link in Addiction Services' continuity of care model and provides individualized treatment/services including individual, group, and family counseling; and referrals to other community-based substance abuse treatment programs. Project FIRE will also refer clients to the P/PREP network of services for housing, job preparation, development and placement, and make other social services referrals. Inmates may be considered for appropriate community-based substance abuse treatment programs instead of Project FIRE. Such referrals will be aided by CCIN staff. Where appropriate, Project FIRE shall refer clients to methadone, naltrexone, or other community-based treatment programs.

11. Every attempt will be made to provide sufficient numbers of A.A. and N.A. Meetings to accommodate all interested inmates and eliminate waiting lists.

All interested women will be permitted to receive the substance abuse program specified in the report, except for those in special management status. Every effort will be made to provide alternative substance abuse programming for those in special management status.

B. Community Aftercare

1. All appropriate inmates that request or are required to be involved in a community treatment program will be referred to an appropriate community program based on their specific needs. The Addiction Services CCIN staff will act as a liaison with community-based programs to ensure continuity of care for all released inmates.

V. MOTHER AND CHILDREN

VISITATION

1. There shall be visiting hours seven days a week excluding all state holidays except: 1) Veteran's Day; 2) Columbus Day; 3) Martin Luther King's Birthday; 4) Lincoln's Birthday; 5) Washington's Birthday; and 6) Good Friday. Visiting hours shall be in the morning and afternoon for a total of at least five hours per day.

2. The Commissioner of Correction will establish evening visiting a minimum of three evenings a week for a two hour period on each of those evenings. The evenings selected shall be determined by the Commissioner of Correction.

3. Each week, a sentenced inmate shall be permitted one two-hour visit on one weekday (Monday through Friday), one two-hour visit on the one weeknight, and one one-hour visit on either Saturday or Sunday.

4. Each week, a pretrial inmate shall be permitted one two-hour visit on each weekday or weeknight (Monday through Friday) and one one-hour visit on either Saturday or Sunday. CCIN staff may extend the one-hour weekend visit for up to two hours if space in the visiting areas permits. The facility (CCIN) shall reserve the right on all visits to reduce the length of visits to one-half hour if reasonably necessary to accommodate all visitors.

5. CCIN will make reasonable efforts to bring the inmate to the visiting area in a timely manner.

6. As to "DCYS-involved" children, the Commissioner of Correction shall make reasonable efforts to permit additional visits of children under age 18 if such visits are recommended by the Commissioner of DCYS or her designee. As to non "DCYS-involved" children, the Commissioner of Correction shall permit additional visits of children under age 18 if such visits are recommended by the Coordinator for Parent and Child Services at CCIN and approved by the Warden.

7. The Commissioner of Correction shall permit each inmate to visit together with no more than three adult visitors at each visit; however, children under one year of age or children over one year of age who can sit on a lap are not to be counted among the three. Also, if an inmate has more than three children who wish to visit at any one time, the Commissioner or the Warden will accommodate and permit such a visit either by continuing the present practice of permitting the inmate to split her visit among her visitors or by permitting all visitors to visit with the inmate simultaneously. "Child" for the purposes of this section shall mean a non-DCYS involved child under sixteen years of age.

8. The Commissioner of Correction will permit each inmate to have seven (7) people on her visiting list. An inmate's children under sixteen years of age are not to be counted among the seven.

9. Inmates may change the names on their visiting list no more frequently than once every thirty days. CCIN will not predetermine the particular day or days each month on which lists will be permitted to be changed.

10. The Commissioner of Correction and the Warden shall permit children who are brought to CCIN by DCYS, a social service agency, or their designees to visit their mothers without requiring that the individual's name be on the inmate's visiting list and under terms and conditions determined by DCYS and acceptable to DOC. There shall be no requirement that an individual be present in the visiting room when the mother and child visit in a supervised visiting room. Defendants may waive the requirement of supervision if such supervision is deemed unnecessary.

11. The Commissioner of Correction shall continue to operate the Family Visitation Program for so long as a program is operated at a male facility and for so long as such program is sufficiently utilized. If the Commissioner chooses to change the rules, regulations, and eligibility requirements for the program as specified in the CCIN policy dated January 31, 1986, he shall give notice to the Mediation Panel who must grant approval before such changes shall be effective. Inmates who are furlough eligible but who have no place in the community to visit with their children, as determined by CCIN, shall be eligible for consideration in the Family Visitation Program in lieu of furlough to see their children. Unless otherwise ordered by a physician, or registered nurse with telephonic approval of a physician, a woman shall not be ruled ineligible for a family visit with her children solely because she has AIDS, ARC or is HIV positive. In those cases in which an inmate mother has DCYS-involved children in foster care and no eligible relative is able to accompany the children to the

family visit, DOC shall allow some other responsible adult to accompany the children under terms and conditions determined by DCYS.

12. A playroom or area shall be provided at CCIN for the Sesame Street Program. The program will operate on weekends and during hours established by the Commissioner of Correction or Warden and shall include playroom facilities and activities, use of community volunteers, and may make use of and train eligible inmate volunteers. The Sesame Street Program or similar program shall continue at CCIN for so long as a comparable program exists at a male correction facility in the state. The Sesame Street playroom may be combined with the visiting area provided to inmate mothers and their children.

13. Except as provided for in the preceding paragraph, the Warden will allow visitation in separate indoor visiting areas to all inmate mothers, their children, and any of those persons accompanying their children to CCIN who are on the inmate's visiting list under terms and conditions determined by DCYS. The area(s) will be adequate in size to accommodate the need. All indoor mother-child visiting areas shall be equipped with toys and other play equipment and furniture suitable for children. Defendants shall notify and obtain the approval of the Mediation Panel of any change in site for the special childrens' visiting area(s).

14. Inmates who have violated any rule governing visitation may be barred by the Warden from visiting with their children in the special children's visiting area.

INMATE MOTHERS AND THEIR CHILDREN

A. Coordinator For Parent and Child Services

1. A full-time staff person shall continue to be employed by the Commissioner of Correction to act as Coordinator of Parent and Child Services at CCIN. This person shall have education and/or clinical experience in early childhood development. If the person selected to be Coordinator has not had educational and clinical experience in early childhood development, the Commissioner of Correction shall obtain, as soon as reasonably possible, suitable training in these areas for this person as determined necessary upon consultation with DCYS.

2. The job description of the Coordinator for Parent and Child Services shall specify that one of the areas of responsibility in this position is to evaluate the need for and facilitate special visits between a woman incarcerated at CCIN and her children under the age of sixteen. In those situations in which the Coordinator believes that mothers and children might benefit from more frequent visits than CCIN visiting regulations would normally permit, the Coordinator will recommend special visits for the approval of the Warden.

B. Parenting Education Services for Inmate Mothers

Parenting education services will be a component of the Mother and Children program at CCIN. The program will be designed to increase knowledge and skills in a variety of child development and child rearing, as well as family skills, areas. Topics might

include child development stages, alternative discipline strategies, health, crisis coping (abandonment, separation, death, grieving and guilt) and dealing with anger.

These services will be offered to all eligible inmate mothers, except those who the Warden has determined are temporarily ineligible for disciplinary or security reasons. There shall be no automatic exclusions based on security classification. Special courses, designed for inmate mothers scheduled for transfer to a halfway house for inmate mothers and their children, may be provided on an as-needed basis after consultation with the parent/child coordinator and the halfway house. Courses will be taught by CCIN staff, volunteers supervised by CCIN staff, consultants and other professional instructors. All such persons shall be qualified in the courses being taught.

Other services which may be provided include:

- Family Outreach
- Job Readiness Skills
- Voc./Ed. Training
- Counseling - Individual/Family
- Substance Abuse Counseling/Education
- Independent Living Skills
- Employment Placement Assistance

C. Parent and Child Counselor

The Warden will hire and train, if necessary, in addition to the Coordinator, a new full-time counselor with appropriate experience in childhood development to supervise those portions of this Judgment pertaining to inmate mothers and their children. This counselor's primary duties will be to implement DOC's

obligations under this Judgment, but the counselor may perform such other duties as the Warden determines if her primary duties under this Consent Judgment are fulfilled.

D. Existing Programs

No existing programs relating to contact between mothers and children shall be discontinued without the approval of the Mediation Panel.

E. Halfway House Program for Inmate mothers and Their Children Under Thirty Months of Age.

1. Implementation

The halfway house, presently located in Norwalk, is to be operated by a qualified provider for approximately twenty mothers and children, and shall admit women and children on the date determined by the Mediation Panel. Within six months after the opening of the facility, the Mediation Panel shall assess the operation of the facility and make recommendations to the parties and the Settlement Judge regarding improvements in the operation of that facility and the addition of other such facilities to meet the needs of the CCIN population.

2. Notice of Halfway House Program Components

Defendants shall provide plaintiffs' counsel with notice of the components of the parenting program at the halfway house, the rules and regulations of the house, the contracts and quarterly and annual reports of the providers providing services to the house, and the names and responsibilities of any advisory boards

or boards of directors for the house. Plaintiffs may also address inquiries for additional information to defendants. Defendants shall respond to all reasonable additional inquiries.

3. Eligibility for the Halfway Houses

Defendants shall ~~develop criteria and procedures~~ for determining eligibility for placement in the halfway house. Defendants shall provide plaintiffs' counsel with such criteria and procedures, and any subsequent modifications thereto, no later than thirty days prior to the implementation or modification of the criteria and procedures. The plaintiffs may challenge such criteria and procedures, as written and/or as applied, pursuant to Section XII, infra.

4. Preplacement Planning

If it appears that an inmate who is pregnant and who will be confined at Niantic when her infant is born will not be eligible for the programs specified in § 3, supra, the Commissioner of Corrections or the Warden, or when appropriate in the best interests of the child, the Commissioner of DCYS will undertake pre-delivery placement planning with the inmate.

F. Admission of Inmate Mother to CCIN

1. On admission to CCIN, or as soon as reasonably possible thereafter if the inmate's physical or mental condition precludes taking such information upon admission, the Warden shall seek to obtain information from the admitted inmate determining if the

~~inmate has any children and if so, if the child is~~
~~inmate's children.~~

2. If the inmate has minor children, the Coordinator for Parent and Child Services shall be notified. Written notice of the services available, the times of operation, and the procedures and persons to contact to take advantage of these services shall be set forth in the inmate handbook.

VI. SEX DISCRIMINATION AND PROGRAMMING

A. VOCATIONAL EDUCATION ADVISORY COUNCIL

The Commissioner of the Department of Correction shall establish a Vocational Education Advisory Council to serve the Connecticut Correctional Institution, Niantic. Council members will be subject to the authority of the Commissioner.

1. Representation

Representation shall be composed of not less than five members of the general public with training in business, industry, and construction.

2. Term of Appointment

Members shall be appointed for terms to be determined by the Commissioner.

3. Meetings

The Council will meet a minimum of four sessions each academic year. Further meetings may be called as circumstances require. The Council shall file an annual report with the Commissioner.

4. Rights

a. The Commissioner will appoint a chairperson and a secretary. Minutes of all meetings will be published and circulated to council members, institution administration, the Commissioner of Corrections, and the Director of Education.

b. Members of the Council may visit CCIN to observe programs with the permission of the warden.

5. Responsibilities

a. Council members will make recommendations to the Commissioner as to vocational offerings with respect to current labor market needs in Connecticut.

b. Council members will provide information updates regarding technological changes in their respective fields.

c. Council members will provide guidance in placement of program participants following release.

B. BUSINESS EDUCATION

1. Business education classes shall be continued for inmates classified as eligible and interested. It shall be the goal of the CCIN Administration to utilize all spaces and maintain all classes at capacity.

2. At least one business education instructor shall be maintained.

3. At least one school counselor shall be hired.

C. NURSES' AIDE PROGRAM

1. The current nurses' aide program shall be expanded to accommodate all inmates who are interested and classified eligible. This goal will be pursued by expanding this program to a full 12 months class period.

D. MACHINE SHOP AND ELECTRONICS PROGRAM

1. The current machine shop and electronics programs shall be continued. It will be a goal to maintain these classes at full capacity.

E. GENERAL PROVISIONS

1. All other vocational programs shall be continued, as warranted.
2. Class sizes shall be maintained at an average of fifteen to seventeen inmates/class.
3. Vocational training programs shall continue to be open entry - open exit, except for nurses' aides, and shall continue to be scheduled for half day as well as full day programming.

F. APPRENTICESHIP PROGRAMS

1. The present pre-apprenticeship program in the building trades and food service shall be continued or expanded based on recommendation of the Vocational Education Advisory Council or by the Commissioner.

G. PRISON INDUSTRIES

1. The data entry prison industry shall be expanded by:
 - a. Providing a supervisor for the second shift to increase inmate participation. Sales efforts will be assigned to CDOC Industries office in Hartford.
 - b. Having sufficient work benches and tables for batching, verifying, sorting, processing, and filing and adding cabinets for storage.
2. Defendants shall conduct an evaluation of the profitability and productivity of the motor vehicle tag industry to determine whether it should be expanded or replaced with another industry or industries with potential for profitability.

H. INSTITUTIONAL JOBS

1. Pay scales for all jobs shall be maintained so as not to discriminate against female inmates.
2. The proportion of seven day per week jobs shall be similar in male and female correctional facilities.

I. JOB COUNSELING

1. Defendants shall institute a formal pre-release job counseling program for all appropriate inmates.
2. Defendants shall continue to maintain job placement programs with community agencies in major cities in Connecticut whose goal shall be the placement in jobs of all releasees who are employable.

J. ACADEMIC PROGRAM

1. Computer Literacy
 - a. CCIN will establish a computer laboratory attached to both the Academic Vocational School and Library.
 - b. The computer laboratory shall have at least twenty computers and two printers.
 - c. Space shall be made available to accommodate the computer laboratory.
 - d. The goal of this laboratory will be to offer a broad spectrum of computer programs to address all education, library and life skills programs of the institution.
 - e. CCIN shall hire an instructor for the computer laboratory.

2. General Academic Program

a. One personal computer shall be maintained for each academic general education classroom.

b. Correctional officer posts shall be maintained at the school to insure security and insure maximum use of the school's programs.

c. Additional multi-media equipment shall be added to the pretrial classroom.

d. Defendants shall maintain the educational programs in accordance with the curriculum of the Unified School District.

e. The same general academic program (including placement testing and class activities) shall be offered to inmates at CCIN as is offered to male inmates.

f. The physical plant shall be maintained in the academic and vocational area so as to maximize the learning environment.

3. College Courses

a. Community college courses offered at CCIN shall be continued and maintained at maximum capacity based on actual needs of the inmate population. It shall be the goal of CCIN to offer courses in sequence so that inmates can pursue a college degree.

b. The electronic college courses via computer hookup shall continue to be maintained at maximum capacity.

c. CCIN inmates shall have access to community college TV courses and other educational TV courses on the same basis as provided to male inmates.

d. Eligible and approved CCIN inmates shall continue to be allowed educational release during the last eighteen months of their sentences.

K. LIBRARY

1. A full-time equivalent librarian shall be employed at CCIN and the library open seven (7) days per week.

2. Inmates shall be trained and used as aides in the use of the library.

3. Books shall be placed in each residential building.

L. YOUTHFUL OFFENDERS

1. Educational, job and programming opportunities, and career counseling and guidance shall be provided to female youthful offenders to the same extent as provided to male youthful offenders.

2. Inmate to non-specialized counselor ratio shall not exceed 125 to one for this population.

3. A housing unit or part(s) thereof shall be designated for inmates under the ~~age of twenty~~. Reasonable efforts will be made to house youthful offenders (i.e., those under twenty years of age) in this Unit. Security factors, prior records, and inmate needs will be factors considered in making the classification decision. If there is an insufficient number of youthful offenders to fully occupy the Unit, inmates older than twenty years of age may be used to fill the Unit, drawing first from the population of first offenders or other appropriate inmates.

M. PROGRAM ELIGIBILITY

1. The same eligibility requirements for participation in all aspects of programming (educational, job, industries, etc.) shall be similar for male and female inmates of comparable status and be afforded comparable opportunities to participate in programming.

2. Pretrial inmates at CCIN shall have access to all programs which are available to male pretrial inmates.

3. Maximum and medium security CCIN inmates shall have access to all programs (including education, vocational training and industries programs) available to CCIN inmates of a lower security status as deemed appropriate by the classification process without automatic exclusions.

N. COUNSELING

Defendants shall employ an appropriate ratio of counselors to provide program services and classification functions at CCIN.

O. WORK RELEASE AND WORK FURLOUGH

It shall be the responsibility of the CDOC to insure that opportunities, terms and conditions are the same for female and male inmates for work furlough and work release.

P. RECREATION

1. Two recreation/physical education directors shall be maintained at CCIN.

2. Recreation supplies and equipment shall be purchased routinely and maintained.

3. Each general population inmate shall be afforded the opportunity to have at least one hour of physical activity, inside or outside, daily, as well as additional time to participate in passive recreation, such as playing bingo or sitting outside. Programs shall be maintained to use the lake during good weather.

Q. VISITATION

1. A new visiting center shall be available and equipped with appropriate furniture, equipment and supplies.

2. Visiting shall be allowed seven days per week at least five hours during the day and two hours per evening, three evenings per week, under normal circumstances.

3. All inmates shall be authorized a minimum of two visits during weekdays and one per weekend.

4. Furlough-eligible women may use the trailer in exceptional circumstances.

5. The facility (CCIN) shall reserve the right on all visits to reduce the length of visits to one-half hour if reasonably necessary to accomodate all visitors.

R. ORIENTATION, INTAKE AND CLASSIFICATION

1. The CCIN inmate handbook shall be updated to include new programs and services, changes in policies/rules/regulations, and the relevant provisions of this Judgment.

2. The intake, classification, and orientation programs and procedures at CCIN shall be comparable in duration, location, and content to those provided to male inmates.

S. GOOD TIME

1. A system-wide policy on good time shall be implemented. Female inmates shall have all of the same opportunities to earn good time as are provided to male inmates (including, but not limited to, comparable numbers of seven day per week jobs, identical procedures for award of good time credit for participation in educational programs, etc.) and the policies and procedures for the award of good time shall be applied in the same manner to female inmates as are applied to male inmates.

T. COMMUNITY RELEASE AND ALTERNATIVES TO INCARCERATION

1. Defendants shall continue to operate non-residential and residential community release programs and an institutional work furlough program for female inmates. Defendants shall expand said programs (including the supervised home release program and the electronics monitoring program) and make every effort to place inmates in the community whenever possible.

2. Such staff shall be hired and maintained as is necessary to screen female inmates for early release to residential community programs and to expand and place female inmates in the institutional work furlough program through the classification process.

VII. ENVIRONMENTAL HEALTH AND SAFETY

A. FIRE ALARM SYSTEM

1. Smoke detectors shall be installed and maintained in all areas at the direction of the State Fire Marshal.

2. Defendants shall implement and maintain a preventive maintenance cleaning and testing program with a recorded log which is dated and signed.

3. Defendants shall implement all recommendations made by the Connecticut Fire Marshal, as per the Connecticut State Fire Code.

B. LIGHTING SYSTEM

1. It will be a goal to upgrade existing incandescent fixtures in sleeping rooms and replace them as needed to ensure twenty foot candles to comply with ACA recommendations, as presently initiated in Davis Hall.

2. It will be a goal in multiple occupancy sleeping rooms to have receptacles and desk lamps except at high risk security areas. Use of such lamps shall be permitted.

3. In dorm sleeping rooms, existing incandescent fixtures shall be replaced as needed to provide twenty foot candles to comply with ACA recommendations. Controls of night and emergency lights should be provided to limit interference with sleeping.

4. It will be a goal of CCIN to provide receptacles and desk lamps or individual light fixtures for each bed position. Use of such lamps where possible will be permitted.

5. A program of maintenance, repair, and relamping of fixtures in inmates living and toilet areas and rooms shall be initiated and maintained.

C. VENTILATION

1. Defendants shall provide adequate ventilation for all living units, particularly those units with solid doors, that at least meets the ACA Standards of 10 cfm outside or recirculated, filtered air per resident.

2. Defendants shall either institute a preventive maintenance program for all ventilation equipment program that includes schedules for inspection and maintenance, and a spare parts inventory, or defendants shall contract with a licensed, independent, outside firm to provide said services.

D. PAINTING

1. A painting schedule shall be maintained. Priority areas should be toilet rooms, toilet areas, shower areas, and shadow areas of multi-occupancy dorms.

E. STANDBY POWER

1. The present program to provide standby power to each housing building, including food service shall be expedited.

F. EMERGENCY RELEASE

1. A twenty-four (24) hour staffing plan shall be implemented to insure emergency release.

G. PLUMBING FIXTURES

1. An additional shower shall be installed in Davis Hall, First Floor East.

2. Where counted as showers, shower heads shall be installed in bathtubs to achieve proper ratio in accordance with ACA Standards.

3. Steel wall showers shall be replaced with fiberglass ceramic or other acceptable shower walls. If fiberglass showers are installed, cleaning should be according to manufacturer's directions.

4. A pressure balance type mixing valve shall be installed on all showers.

H. TOILETS

1. Defendants shall provide sufficient staff so that inmates will have reasonable access to go to the bathroom and/or get a drink of water.

I. HEATING-VENTILATING SYSTEM

1. Defendants shall repair existing inoperative fans, motors, drives, and controls. Priority should be given to shower areas.

2. Defendants shall implement a preventive maintenance program. This plan should include equipment inventory, scheduled inspection/maintenance, and a regularly needed parts inventory.

3. Defendants shall establish and maintain a regular replacement and/or cleaning program for filters and grilles, and establish a policy of monitoring filters free of blockage.

4. Defendants shall establish procedures for maintaining proper winter and summer systems operation to assure minimum ventilation, especially in winter.

5. Mechanical ventilation shall be added to all janitors' closets if used for wet storage.

6. Defendants shall install ventilation or supplement existing ventilation in all shower/toilet rooms where necessary.

7. Defendants shall implement the present plan to install individual thermostatic valves on all radiators in sleeping areas.

J. LIGHTS

1. Defendants shall provide at least twenty foot candles of light in all dishwashing and food preparation areas and at the lavatories used by food service workers, and provide at least ten foot candles of light in all food storage rooms.

2. Defendants shall provide additional lighting in the living units to assure that areas where visual activities and personal hygiene take place have at least twenty foot candles of light.

K. PREVENTIVE MAINTENANCE AND REPAIR

1. All existing fixtures shall be maintained or replaced, as needed.

2. A preventive maintenance and repair program to maintain fixtures in operating condition shall be maintained. This plan should include equipment inventory, action procedures, signed maintenance checklists, and an inventory of regularly needed parts.

L. The defendants shall meet all Connecticut State Health Code requirements with respect to:

1. Backflow Protection

2. Dishwashing

3. Domestic Water
4. Food Service
 - a. Kitchen
 - (1) Equipment
 - (2) Maintenance
 - (3) Personnel
 - (4) Sanitation
 - b. Refrigeration
 - (1) Temperature
 - (2) Equipment
 - c. Serving Temperature
 - d. Storage
 - e. Transportation
5. Refuse Handling
6. Vermin Control

Copies of the Quarterly Health Code reports will be made available to the Mediation Panel.

M. MATTRESSES

1. Defendants shall discard dirty mattresses that cannot be cleaned or repaired.
2. Defendants shall clean, or repair, all soiled or torn mattresses that are not excessively dirty or torn.
3. Defendants shall replace mattresses that do not fit the bunks with mattresses of the correct size.
4. Defendants shall store all mattresses off the floor in clean storage areas.
5. Defendants shall use fire retardant mattresses.

6. Defendants shall sanitize all mattresses between users with an approved sanitizing agent.

7. Defendants shall repair all badly sagging bed springs.

8. Defendants shall provide a bed and a mattress for every inmate.

N. RATIO OF SANITARY FIXTURES TO INMATES

1. It shall be a goal of the Defendants to provide:

a. at least one, fully functional lavatory equipped with hot and cold water for every six inmates.

b. at least one operating toilet for every eight inmates.

c. at least one operating shower, equipped with mixing faucets for hot and cold water, for every eight inmates.

O. BUILDING SANITATION

Defendants shall maintain a sanitary maintenance program in accordance with the Connecticut State Health Code.

P. LAUNDRY

1. Defendants shall maintain a laundry according to the Connecticut State Health Code.

Q. PLANT FACILITIES ENGINEER

The Plant Facilities Engineer at CCIN shall assure that maintenance requests are categorized and prioritized regularly. Unusual delays in completing essential repairs shall be reported to the warden who will decide if any additional steps should be taken beyond what has already been initiated.

VIII. PRIVACY

1. Within thirty days hereof, the Warden shall promulgate and distribute to the staff: 1) a policy statement forbidding the male staff from observing or interfering with inmates engaged in personal activities (such as undressing, using toilet facilities, or showering) except during emergency situations, or inadvertently and occasionally during necessary random inspections to detect illicit activity; and 2) rules and procedures which, with due accommodation for required prison management and necessary security inspections, will ensure inmates' privacy from male observation during personal activities by permitting inmates to dress in the shower and toilet areas in the mornings and evenings, and/or by permitting the inmates while dressing to use privacy coverings on cell windows, and/or by permitting the inmates while dressing to use privacy screens in designated areas.

IX. COURT ACCESS

1. The defendants shall furnish the library at CCIN with the following books:

(A) A complete, updated set of the Connecticut General Statutes;

(B) Palmer, Constitutional Rights of Prisoners;

(C) Sokol, Federal Habeas Corpus; and

(D) The Connecticut Practice Book.

2. Defendants shall provide for a full-time attorney to represent CCIN inmates in family matters, such as divorces, child custody, DCYS proceedings, and other civil matters. This attorney shall be present at CCIN at least one day or its equivalent per week. In exceptional circumstances, this attorney shall be allowed to cover continuances, and calendar calls in non-CCIN cases arising in the court in which the attorney is already scheduled to be present.

3. Adequate transportation to court shall be provided to female inmates.

X. LOCK IN AND LOCK OUT

General population inmates shall be confined to their cells/rooms only to the extent necessary for sleeping and security counts.

Medical/mental health patients shall be confined at the discretion of the physician.

Inmates in disciplinary segregation shall be allowed out of their cells for exercise, showers, visits, sick-call, telephone calls and counseling or other reasons at the discretion of the Warden.

All reasonable efforts shall be made to single cell inmates in disciplinary segregation.

XI. MEDICAL/DRUG AND ALCOHOL TREATMENT MONITORING PANEL

A Medical Monitoring Panel ("MMP") shall be established by the Mediation Panel to advise the panel (see order of January 6, 1988) concerning compliance with the provisions of this Consent Judgment.

The MMP shall consist of persons with appropriate knowledge and expertise in medical and drug and alcohol services. It shall be formed within 4 weeks of the signing of this Consent Judgment and consist of three people: one chosen by defendants, one chosen by plaintiffs, and one by the Mediation Panel from a list provided by both plaintiffs and defendants. No one who is on the staff at CCIN shall be a member of the MMP. The defendants shall contract with each expert on the MMP for the consultative services required by the Mediation Panel. Defendants also agree to represent and hold harmless to the same extent as state employees the members of the MMP in any litigation involving the MMP in its performance of its duties under this Consent Judgment.

The MMP shall provide the Mediation Panel biannual reports during the first year of this Consent Judgment and shall provide yearly reports thereafter unless directed otherwise during the year by the Mediation Panel.

In monitoring this Consent Judgment, the MMP shall focus on patterns of compliance with standards set out in this Consent Judgment. The MMP's first monitoring report shall specifically address the points raised in the letter from Dr. Herbert Kleber dated August 25, 1988. The MMP may recommend changes in those

areas raised in the Kleber correspondence. Any further monitoring by the MMP shall consist of review of compliance with contents of this Consent Judgment.

Upon due notice the MMP shall have access to all policies, records, procedures and files at CCIN relevant to medical and drug and alcohol treatment and access to all staff and consulting physicians with respect to such treatment.

This Consent Judgment shall be modified in accordance with Paragraph XIII¹³ of the Mediation Panel Order of January 16, 1988, ^{Modification} Monitoring of Consent Judgment. The Court shall be notified in writing of all such modifications, but need not approve such modifications.

XII. MONITORING OF CONSENT JUDGMENT

The Mediation Panel is empowered to monitor all provisions of this Consent Judgment, to periodically inspect conditions at the CCIN to ensure compliance with this Consent Judgment, and to resolve all disputes, issues and matters relating to this Consent Judgment.

All disputes, issues and matters resolved by the unanimous vote of all members of the Mediation Panel shall be deemed final and binding upon the parties, and shall not be subject to appeal.

If any dispute, issue or matter is not resolved by the unanimous vote of the members of the Mediation Panel, the dispute, issue or matter shall be referred to a Settlement Judge appointed by the Chief Judge for resolution pursuant to proceedings deemed acceptable by the parties.

If any issue or matter remains unresolved despite all effort of the Mediation Panel and Settlement Judge, that issue or matter shall be referred to a Trial Judge for adjudication pursuant to any proceeding which the Trial Judge shall deem feasible. At any such proceeding, the members of the Mediation Panel may be called as witnesses by a party or the Trial Judge.

Respectfully submitted:

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APPROVED AND SO ORDERED

Alan H. Nevas
Alan H. Nevas
United States District Judge

1/9/89

