



MR-CT-005-007

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Dec 4 4 28 PM '91

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF CONNECTICUT

U.S. DISTRICT COURT
NEW HAVEN

UNITED STATES OF AMERICA,)
)
 Plaintiff,)
)
 v.)
)
 STATE OF CONNECTICUT, et al.,)
)
 Defendants.)

Civil Action No. N-86-252 (EBB)

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STIPULATION

It is hereby agreed by and between the parties that the agreed-upon Order set forth below be entered in this action.

ORDER

1. Immediately, Defendants shall:

A. Establish a permanent committee of doctoral level psychology staff, chaired by the Director of Psychology, which shall every 30 days review the data relating to implementation of training programs for each resident who: (1) exhibits self-injurious or aggressive behavior or (2) is subject to aversive programming, or (3) receives behavior modifying medication, or (4) is otherwise thought to be at risk, to ascertain whether (i) there is sufficient behavioral data recorded, (ii) such data is reliable, and (iii) the continuation of such training or treatment program is justified or the program, including medication, should be modified for any reason. Where inadequate or unreliable data is found, or the continuation of the training

or treatment program is otherwise not justified, the matter shall be referred to the appropriate Interdisciplinary Team which shall, within 30 days from the referral, modify the existing program in accordance with professional judgment of qualified professionals, including the primary care physician and psychiatrist. The Human Rights and Program Review Committees shall receive and review, monthly, reports concerning the reviews required by this paragraph, and,

B. In all other respects, implement the Consolidated Behavior Program Review Plan attached hereto and incorporated herein.

2. The requirements of this Order are in lieu of those contained in paragraphs 1(S) and 1(T) of the Stipulation entered as an Order by this Court on April 24, 1990. All other provisions of the Consent Decree, Defendants' Implementation Plan, and the Stipulated Order of April 24, 1990 remain enforceable.

FOR THE STATE OF CONNECTICUT FOR THE UNITED STATES OF AMERICA

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SO ORDERED this 9th day of December, 1991, at New Haven,
Connecticut.

Ellen B. Burns

ELLEN BREE BURNS, CHIEF JUDGE
UNITED STATES DISTRICT COURT

Dated at New Haven, Connecticut, this 9th day of

December, 1991.

Exhibit A

CONSOLIDATED BEHAVIOR PROGRAM REVIEW PLAN

The PLAN reflects a comprehensive view of the clinical areas prioritized by interdisciplinary teams. A major contribution is anticipated from Psychology with the support of Unit Directors.

The PLAN has four major areas of focus that are described below:

1. Reliability of behavioral data.
2. Quality assurance of behavioral programs and behavior med reviews.
3. Interdisciplinary team review of clients "at risk".
4. PRC and HRC reviews of data reliability and program quality.

RELIABILITY OF BEHAVIORAL DATA:

Rationale - Reliability is confirmed to assure that clinical decisions are based on trustworthy data.

Responsible staff - Psychology staff in each unit have designed and implemented a unit specific approach to reliability sampling. This effort is managed by psychology and operates with participation by other team members. It is overseen and supported by the Unit Director.

Method and Documentation - "At risk" clients are prioritized within each unit and scheduled for reliability sampling of behavioral data. Team members are designated as participants in conducting reliability checks according to the unit schedule. Data sheets matching those routinely used are scored by the independent observers, computations of reliability percentages are shown on the data sheet, and an entry is made in the Reliability Log for each client completed. The completed observer data sheets for all clients sampled are submitted to Psychology with the Reliability Logs on the first day of each month. A separate Log is used for each cottage in the unit. Logs are subsequently shared with the Unit Directors and with the Consent Decree Coordinator.

Samples yielding less than 80% signal questionable trustworthiness in the data and require specific steps for improvement with a timetable for implementation. Clients affected are scheduled for re-checking reliability following implementation of adjustments.

Reliability checks are scheduled for each "at risk" client at a rate of once per 3-4 months to re-confirm acceptable reliability of behavioral data.

Status of data reliability is reviewed routinely at psychotropic medication reviews (monthly) and at OPS reviews (quarterly).

QUALITY ASSURANCE OF BEHAVIORAL PROGRAMS AND BEHAVIOR MEDICATION REVIEWS

Rationale - Clinical products and process are reviewed to provide supervisory feedback to psychology staff and assure maintenance of high clinical standards.

Responsible staff - A Permanent Committee chaired by the Director of Psychology and including doctoral level psychology staff reviews behavioral programs and medication reviews for "at risk" clients.

Method and Documentation - Permanent Committee members conduct reviews of "at risk" clients. A total of fifteen clients per month are reviewed, prioritized for review within units according to clinical need.

CONSOLIDATED BEHAVIOR PROGRAM REVIEW PLAN

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Reviews for Quality Assurance address both behavioral program quality and psychotropic medication review process. Program quality is evaluated with the Quality Assurance Checklist which includes but is not limited to a review of: sufficiency of data, reliability of data, and justification for continuation of the existing program. Client programs that are not justified in their present form are prioritized for revision within 30 days. Doctoral supervisors submit monthly documentation of reviews including the completed QA Checklist and a QA Log for each month.

Reviews of psychotropic medication reviews are completed at the same time as QA's if the client is on psychotropic medication. A recent medication review form is surveyed for confirmation of clinical accuracy and comprehensiveness. Comments are offered on the form where appropriate. Each form is dated and signed by the supervisor and submitted as documentation of the review along with a completed Psychotropic Medication Review Log for each cottage.

INTERDISCIPLINARY TEAM REVIEW

Rationale - Review of status of "at risk" clients facilitates team process and prioritization of client needs.

Responsible staff - Psychology staff provide ongoing monthly updates on "at risk" clients, including status of programs. Program development is prioritized to assure each client has a program. The Team and Case Manager update OPS to reflect client needs and status. The Unit Director reviews monthly updates and facilitates priorities to maintain programs for all "at risk" clients.

Method and Documentation - Psychology staff set month to month goals and priorities based upon need for programs. Psychology accuracy in monitoring status of "at risk" clients facilitates prioritization. Monthly updates are provided via computer entry with hard copy back-up. Status by unit is evaluated via monthly management reports. Unit Directors provide independent monitoring of updates and facilitate team goals for "at risk" clients. Quarterly OPS reviews provide documentation of client status.

PRC AND HRC REVIEWS OF RELIABILITY AND PROGRAM QUALITY

Rationale - PRC and HRC provide external review of compliance.

Responsible staff - Psychology provides Reliability Logs and QA Checklist Logs for all units monthly to Consent Decree Coordinator (CDC), who in turn provides information to PRC and HRC. Management Reports provide additional information on unit by unit progress for "at risk" clients.

Method and Documentation - Logs for each month are submitted to CDC for PRC and HRC reviews. Minutes of PRC and HRC provide documentation of reviews.

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