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**PROGRESS REPORT**

**HORTON VS WILLIAMS SUPPLEMENTAL STIPULATION & JUDGMENT**

**November 1997**

**Orlando L. Martinez  
Case No. C 94-5428 RJB**

FILED	RECEIVED
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CLERK U.S. DISTRICT COURT	
WESTERN DISTRICT OF WASHINGTON AT TACOMA	
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UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT TACOMA

JAMES HORTON, et al.,

Plaintiffs,

vs.

BOB WILLIAMS, et al.,

Defendants

CLASS ACTION

No. C94-5428 RJB

SUPPLEMENTAL STIPULATION &  
JUDGMENT RESOLVING PLAINTIFFS'  
REMAINING CLAIMS

Submitted to

United States District Court  
Western District of Washington  
at Tacoma

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## INTRODUCTION

Pursuant to the requirements of this Supplemental Stipulation & Judgment, defendants have retained consultants with expertise in the field of mental health services for juvenile offenders, the University of Washington, Department of Psychiatry and Behavioral Sciences, to evaluate and make recommendations regarding the mental health services available to juveniles incarcerated at Green Hill School (GHS). The consultants provided a written report including findings and recommendations, which resulted in the development of a remedial plan by the defendants in this case.

The plaintiffs object to the defendant's implementation of the remedial plan in part because defendants fail to adequately staff and designate a treatment program for those juveniles who have non-acute mental health problems and that continue in placement at GHS. Specifically the plaintiffs are asking that GHS (1) design and implement a treatment program that promotes behavior modification by emphasizing positive reinforcement techniques, (2) provide all juveniles with an individualized treatment plan identifying each juvenile's mental health problems including medical needs, (3) establish individual therapeutic goals for the juveniles and (4) provide group and/or individual counseling addressing the problems identified. The plaintiffs argue that mental health treatment should not consist only of medication but should take a balanced psychological/sociological approach to the treatment of juveniles experiencing mental health problems.

## FINDINGS

In response to the Court Monitor's findings in the February 1997 report to the court indicating that the University of Washington's report did not address how residents are provided access to treatment services if they are manifesting acute and non-acute mental illness, GHS has revised policy #36 (*Mental Health Care*). This policy states the following:

1. Green Hill School shall provide for resident mental health care consistent with professional standards for juvenile training schools.
2. Mental health care staff shall use a standardized intake process.
3. All residents of GHS shall have access to mental health services to ensure they are adequately monitored to prevent harm to self, others, or property as a result of a mental disorder.
4. Resident mental health care shall be managed by a standardized referral & assessment process.
5. Case management staff shall work in cooperation with mental health staff to ensure residents with mental disorders are assigned to a level of care consistent with the severity of their disorder.
6. The special needs program shall maintain and ensure the confidentiality and security of mental health records.
7. Residents of GHS may request supplemental mental health care in addition to services provided through the health center.
8. GHS shall prescribe voluntary psychotropic medications consistent with a resident's diagnosed mental disorder.

9. GHS's health care authority or psychiatric consultant may prescribe involuntary psychotropic medications consistent with a resident's diagnosed mental disorder and potential for harm to self or others.
- 10 Residents with severe mental disorders who are unresponsive to treatment may be considered for transfer to an inpatient mental health unit in a JRA facility, or to an inpatient unit within a mental health division facility in accordance with an inter-agency agreement.
- 11 GHS managers in cooperation with the mental health coordinator shall ensure community transitional planning and that referrals to appropriate community mental health resources are made.

In order to meet section 10 (noted above) of this policy #36, an interagency agreement between the Juvenile Rehabilitation Administration and the Mental Health Division, both within the Department of Social and Health Services, was signed on October 28, 1997. This agreement provides for the transfer of juveniles in the custody of the Juvenile Rehabilitation Administration to Mental Health Division psychiatric inpatient care. According to this agreement, transfers can occur for a short term assessment, stabilization and treatment, or for extended inpatient care. Apparently, an inpatient mental health unit(s) in a JRA facility has not been identified although some GHS residents have been transferred to Maple Lane School for treatment in the past.

The GHS mental health program includes a contract with a psychiatrist, however, the current psychiatrist, Dr. Heidi Lopez, will soon be terminating her contract with GHS. Because of the physical location of GHS, it is difficult to recruit and maintain mental health professionals. Also included in the mental health program is the Mobile Mental Health Team that reviews resident mental health plans on a bi-weekly basis, the Mental Health Resource Team comprised of twelve GHS counselors, and the GHS Special Needs staff who are considered mental health paraprofessionals because they have received mental health training. The Intensive Management Unit is used to house juveniles who require a high security setting associated with their mental disorder. The regular housing units do not have therapeutic treatment programs and utilize surveillance, i.e. suicide rooms, "in-sight program", to deal with those who exhibit mental health problems. The units also refer cases to the Special Needs Program staff who provide the core of services and help identify youth who require mental health services.

GHS has policies regarding the administration of drugs and the prescribing of psychotropic medications. The following is data provided by GHS on the use of psychotropic medications for January - July 1997:

MEDICATION	JAN	FEB	MAR	APR	MAY	JUN	JULY
Tricyclic Antidepressants	9	8	6	6	5	5	5
Selective Serotonin Reuptake Inhibitors	6	5	5	4	4	2	3

Anticonvulsants	2	2	3	3	3	2	3
Antimanics	1	0	0	0	0	1	0
Antianxiety Medications	0	0	0	0	1	1	1
Phenothiazines	4	3	2	2	2	2	4
Psychostimulants	3	3	3	2	1	2	1
Unicyclic Antidepressants	1	1	1	2	1	1	1
Other Antidepressants	2	3	4	4	4	2	2

The Juvenile Rehabilitation Administration and the University of Washington have developed a work plan responding to the JRA mental health program needs identified University's needs assessment. The work plan includes "VI. Specific Site Assessments, Green Hill School" which deals with five specific findings and recommendations made by the University.

VI.a. Evaluate effectiveness of current psychiatric consultation.

The proposed plan of action for this recommendation was to hire Kathy Kroening, ARNP, psychiatric nurse practitioner, to provide psychiatric consultation services. This was accomplished on October 11, 1996, and in September she was rotated to the Mobile Mental Health Team administered by the University because of the contracting with a new psychiatrist, Dr. Heidi Lopez. The previous psychiatric consultant was terminated on November 1, 1996, and Dr. Lopez was hired to replace him. Note that Dr. Lopez will be terminating her contract with GHS. The University and Dr. Lopez are recommending funding for additional psychiatric consultation time to provide on-site training and supervision of counseling staff and a request will be made by JRA in the next biennial budget request.

VI.b. Consider extending psychiatric medication management services by utilizing psychiatric nurse practitioner.

GHS is utilizing the psychiatrist, Dr. Heidi Lopez, to provide medication management and is developing a computer database system to track psychiatric medication use.

VI.c. Inservice Training.

Twelve Green Hill School staff members have completed 473 hours of mental health training conducted by the University of Washington staff. The plan is to continue sending staff to University sponsored training if the University contract is renewed.

VI.d. Psychiatric consultation input into mental health programming.

The University's Mobile Mental Health Team meets with Green Hill School staff bi-weekly to provide consultation on treatment plans for youths with mental disorders. It is unclear whether there is regular consultation and input with the Mental Health Resource Team. This team is comprised of cottage-based counselors.

VI.e. Institute formal medication protocols and policies.

GHS has written policies addressing medication protocols and procedures and have participated in formal training conducted by the University of Washington. See data presented above regarding a six month use of psychotropic medications.

**SUMMARY AND RECOMMENDATIONS**

Following the review of case files, visits to the Intensive Management Unit and to regular housing units it has been concluded that GHS has developed a good system for intake health screening that identifies those youth who need mental health services. Intake screening is performed by a qualified health professional on all juveniles upon arrival at the institution and those youth who after placement exhibit mental illness are identified and referred by health staff, special needs staff and counselors. The University of Washington inservice training is necessary to train all staff regarding the identification, treatment and referral of mental ill juveniles and should be refunded.

The University of Washington and Mental Health Division interagency agreement has given GHS a framework for emergency services and inpatient hospitalization, however, GHS does not have a mental health program for those juveniles who do not need to be placed in an acute treatment setting and whose health condition has been stabilized. The Special Needs Program has helped fill this gap and in fact most of the juveniles interviewed reported that the special needs staff were helpful and caring and that they could be depended upon to help them with their problems. This is not sufficient given that a comprehensive program is needed to deal with the "other 23 hours" of the youth's day.

GHS should have a designated mental health administrator with local responsibility for mental health services. This person should be a Ph.D. psychologist and/or a trained health care administrator. If this is not fiscally possible, the Juvenile Rehabilitation Administration should seek other ways to provide this local capacity to GHS. The responsibility of this administrator would be to create and implement a scope of mental health services for the institution dealing with education, counseling, substance abuse programs and special needs offenders. Most importantly, this administrator would be responsible for program coordination and supervision.