

EXHIBIT A

NOTICE OF PROPOSED SETTLEMENT OF *CANUPP, ET AL. v. SHELDON*

Canupp, et al. v. Sheldon, 2:04-cv-260-UA-DNF, is a lawsuit filed in the Federal Court for the Middle District of Florida, Ft. Myers Division. The case was filed in May 2004 and challenges the constitutional adequacy of the mental health treatment and sex offender treatment provided at the Florida Civil Commitment Center. In August 2005, the Court certified two subclasses:

(1) residents of the FCCC who (a) have been civilly committed to custody pursuant to §394.917, Fla. Stat., that they are sexually violent predators; or (b) have been detained to custody pursuant to §394.915 as probable cause sexually violent predators; and (c) who have consented to sex offender treatment, and are not receiving adequate sex offender treatment, and

(2) residents of the FCCC who (a) have been civilly committed to custody pursuant to §394.917, Fla. Stat., that they are sexually violent predators; or (b) have been detained to custody pursuant to §394.915 as probable cause sexually violent predators; and (c) who have been diagnosed by a treating professional with a mental illness as defined by DSM-IV, and who are not receiving adequate treatment for their mental illness.

The lawyers for Plaintiffs and Defendant Sheldon have agreed to settle this lawsuit. DCF has been making changes at FCCC since the lawsuit was filed in 2004. These changes are reflected at FCCC and in the contract with GEO. The settlement plan includes improvements to the oversight and staffing of the inpatient mental health unit, the creation of policies addressing the screening and referral process for the use of anti-androgens, comprehensive discharge planning for Phase IV residents, improvements to the special track of treatment, and improved training for clinical staff and TST housing staff.

The settlement plan is attached to this notice. It explains what the Defendant will do to address each issue, when the improvements will happen, and who is responsible for making sure the improvements occur. Additionally, Plaintiffs' attorneys signed an agreement with Defendant recouping their out-of-pocket expenses in prosecuting the claims raised in this litigation.

If you are a class member, then you have the right to object to the proposed settlement plan. Objections must be postmarked by October 15, 2009. You may file written objections to the settlement and dismissal of the case by mailing your reasons for objection to: Clerk, Middle District of Florida, 2110 First Street, Ft. Myers, FL 33901. Please reference the case name and case number in your objection.

After the period for objections is over, the Court will hold a hearing on the settlement plan. The hearing is scheduled for _____, 2009 at __:__. The hearing will take place in Courtroom ____, United States Courthouse, 2110 1st Street, Ft. Myers, Florida, 33901.

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**FLORIDA CIVIL COMMITMENT CENTER
PLAN OF ACTION**

Item	Focus Area	Action Plan	Title Responsible Party	Target Date
(1)	(2)	(3)	(4)	(5)
POLICIES/PROGRAMS				
1	Create a policy or process for an outside consultant or evaluator to review the records of any resident who has been in the inpatient living unit for more than one year.	<p>Department of Children and Families (DCF) shall designate a clinical team from another state treatment facility. This team shall not be from a GEO run facility or consist of DCF headquarter staff. At a minimum, the clinical team shall be comprised of a psychiatrist, psychologist, social worker, registered nurse and other disciplines as clinically indicated.</p> <p>FCCC shall identify all residents currently in the Chronic Care Unit (CCU) who have continuously resided in the unit for greater than one year.</p> <p>FCCC shall copy the files of those identified residents and send to the designated clinical team for review.</p> <p>The clinical team shall review a minimum of five (5) residents monthly until completed.</p> <p>Florida Civil Commitment Center (FCCC) Policy CL-10, "Residential Mental Health Services", shall be revised to reflect that the residents in the CCU shall have an annual review by the DCF designated clinical team. The clinical team shall review the resident's record to determine</p>	<p>DCF Chief of Mental Health (MH) Treatment Facilities</p> <p>FCCC Clinical Director</p> <p>FCCC Clinical Director</p> <p>DCF Chief of MH Treatment Facilities</p> <p>FCCC Clinical Director</p>	<p>7/10/2009</p> <p>7/15/2009</p> <p>8/1/2009</p> <p>9/01/2009</p> <p>7/20/2009</p>

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		progress in treatment in the event they have resided on the CCU for greater than a year.		
2	Create a policy or process for accreditation or outside oversight of the inpatient unit.	DCF Contract LI702, Attachment I, Section B.6.a.(8) requires FCCC to achieve full CARF accreditation within 18 months of occupying the new facility. FCCC Policy CL-10, "Residential Mental Health Services," shall be revised to reflect that the CCU shall achieve and maintain CARF accreditation standards for Inpatient Treatment (Section 3M).	FCCC Clinical Director FCCC Clinical Director	10/31/2010 7/20/2009
3	Create a policy or process for identifying and notifying courts of jurisdiction about residents who are not restorable for purpose of competency to proceed.	FCCC Policy ADM-13, "Competency Evaluation and Training," shall be revised to reflect that the court of jurisdiction shall be notified when residents are deemed nonrestorable for purposes of competency to proceed. The report shall be submitted to the court within 10 working days of a finding of non-restorability. The clinical director shall meet with the competency restoration team on a monthly basis to review resident status and ensure reports are being submitted timely.	FCCC Clinical Director FCCC Clinical Director	7/20/2009 8/1/2009
4	Create a policy or process for identifying and notifying courts of jurisdiction about residents with severe and persistent mental illnesses who are committed and not participating in sex offender treatment programming as a result of their mental illness.	FCCC Policy CL-4 "Integrated Care Planning" shall be revised pertaining to annual reports to the court of jurisdiction. For committed residents who have severe and persistent mental illnesses, the annual report shall include information on the resident's status, length of stay in the Chronic Care Unit (CCU), and current capacity for meaningful participation in the sex offender treatment program.	FCCC Clinical Director	7/20/2009
5	Create a policy for comprehensive discharge planning for Phase IV residents.	FCCC shall develop and implement a separate policy entitled, "Comprehensive Discharge Planning for Phase IV Residents." The policy shall address vocational aptitude, preparation	FCCC Clinical Director	8/1/2009

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		for return to the workforce, and identification of and planning for barriers to successful community reintegration.		
6	Create a policy for screening and assessing all residents for referral for therapeutic sex drive reduction medication, including anti-androgens.	<p>During the intake process, all residents shall be provided with a psychoeducational information sheet that includes types of medications prescribed for sex drive reduction, adverse side effects of medications, potential benefits of medications, and myths. All residents who express interest at the time of intake shall be referred to a psychiatrist for further assessment.</p> <p>Psycho educational information sheets shall be distributed to all current residents by a member of the FCCC clinical team. All current residents who express interest shall be referred to the psychiatrist for further assessment.</p> <p>All residents demonstrating problematic sexual thoughts, fantasies, or behaviors shall be referred for evaluation by a psychiatrist. Issues are identified via resident behavior and information gathered during treatment and case management.</p> <p>FCCC Policy HLTH-52, "Serotonin Reuptake Inhibitors," and FCCC Policy HLTH-53, "Use of Anti-Androgen Medications," regarding therapeutic sex drive reduction shall be revised to reflect screening and assessment for referral for use of medication, including anti-androgens. Individuals who are interested in further exploring the possible use of medication shall be referred to a psychiatrist.</p> <p>A screening tool shall be implemented at the facility to assist clinical staff in evaluating risk and need regarding therapeutic sex drive reduction. The tool shall be used at the time of admission to assess baseline level, and shall be filed in the medical record. If residents verbalize</p>	<p>FCCC Clinical Director</p> <p>FCCC Clinical Director</p>	<p>7/20/2009</p> <p>8/1/2009</p>

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		<p>a request for medication, a note shall be entered in the medical record and the appropriate referral made to a psychiatrist.</p> <p>Staff shall be trained on the policy and the tool at the weekly clinical staff meeting.</p>		
7	Create a policy that limits the treatment group size for the special needs track to no more than 8-10 residents per group with two co-facilitators.	FCCC Policy CL-1, "Program Description: Comprehensive Treatment Programming for Persons Who Have Sexually Offended," shall be revised to reflect the current practice outlined in the FCCC Program Description which limits treatment group size in Phase II and above for the special needs track to no more than eight (8) to ten (10) residents per group with two facilitators.	FCCC Clinical Director	7/20/2009
8	Create a policy that provides for the provision of services to persons with hearing impairments that does not isolate them with other special needs residents.	<p>FCCC shall create and implement a new policy entitled, "Program Services to Persons with Special Needs." The policy shall outline services for special needs clients including ADA limitations. The policy shall clearly provide that residents shall receive individualized care based on their level of need, including ensuring dignity and respect are adequately maintained. Specifically, hearing impaired individuals shall not be located with special needs residents unless clinically indicated.</p> <p>Staff shall be trained on this policy at the weekly staff meeting.</p>	FCCC Clinical Director	7/20/2009
9	Create a policy outlining expected timeframes for progressing through phases of treatment and for completion of the program as a whole.	The Comprehensive Treatment Program is outcome-based, not time-based. Minimum timeframes shall be added to both the FCCC Program Description and FCCC Policy CL-1, "Program Description: Comprehensive Treatment Programming for Persons Who Have Sexually Offended."	FCCC Clinical Director	7/20/2009
10	Create a vocational program that provides meaningful work training and opportunities to assist in re-integration into the community upon release.	<p>FCCC has recently enhanced the vocational program as well as retained a vocational instructor who oversees the vocational program.</p> <p>The vocational instructor facilitates vocational</p>	FCCC Director of Programs	7/20/2009

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		<p>development and planning classes for all Phase IV residents. These services assist residents in acquiring and developing needed skills to successfully reintegrate into the community upon release.</p> <p>The program is based on standards outlined in the CARF manual for vocational programming.</p> <p>As described in Policy CL-1, "Program Description: Comprehensive Treatment Programming for Persons Who Have Sexually Offended," all residents in Phase IV of the Comprehensive Treatment Program receive a vocational assessment. Based on the outcome of this assessment, the treatment team shall develop a vocational plan which may include training in computer literacy (basic computer skills, keyboard training, business and software applications), horticulture, commercial janitorial services, food services, educational programming, and painting.</p> <p>In addition, FCCC offers 2700 hours per week for resident employment opportunities, which provide a variety of work training skills.</p>		
<p>11</p>	<p>Create a program that promotes family involvement at appropriate point in treatment.</p>	<p>FCCC shall implement a family program, as described in Contract LI702 and the FCCC Program Description utilizing four unit managers, that includes offering an orientation session to all newly admitted families of residents, psychoeducational classes for family members to understand the program, and family therapy to residents in Phase IV, to assist with reintegration into the community.</p> <p>As clinically appropriate and with proper consent of the resident, families shall be informed of these opportunities. For example,</p>	<p>FCCC Clinical Director</p>	<p>8/1/2009</p>

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		families shall be notified of these services through the family email network disseminated by FCCC or by regular mail. Documentation of family notification shall be entered in the resident record.		
12	Create a policy or process for notifying courts of jurisdiction of terminally ill residents.	FCCC Policy HLTH-98, "Care of the Terminally Ill," shall be revised to outline the guidelines for notifying the court and public defenders when a resident is identified with a terminal illness.	FCCC Attorney	8/1/2009
13	Create a policy or process for intake screening that identifies individuals who have special needs, in order to facilitate their immediate placement in programs designed to meet those needs.	FCCC Policy PRG-5, "Routine Mental Health Screening and Evaluation," shall be revised to include screening criteria to identify individuals who have special needs in order to facilitate their immediate placement in programs designed for those needs. The Intake Screening Form shall be modified to capture any special needs/mental health concerns. Staff shall be trained on the revised form during the weekly clinical staff meeting.	FCCC Director of Programs FCCC Director of Programs	7/20/2009 8/1/2009
STAFFING				
14	At a minimum, an additional part-time psychiatrist for residents with severe and persistent mental illness	FCCC shall recruit an additional .5 FTE psychiatrist. FCCC shall utilize a locum's physician network in addition to having a recruitment plan consisting of on-line and print advertising with the American Psychiatric Association (APA), the Society for Correctional Physicians (Corr Docs) and the National Commission on Correctional Healthcare (NCCHC). DCF Contract LI702, Exhibit B, Staffing shall be amended to include the additional .5 FTE psychiatrist.	GEO Chief Medical Officer DCF Contract Manager	8/1/2009 8/1/2009
15	Psychiatrist attendance and involvement in team meetings for residents prescribed medication for traditional mental illnesses	FCCC shall ensure the involvement of the psychiatrist in the team meetings held every 180 days for residents prescribed medication for	GEO Chief Medical Officer	8/1/2009

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	or prescribed to lower sexual arousal.	<p>traditional mental illnesses or prescribed to lower sexual arousal.</p> <p>This involvement shall be added to the psychiatrist's job description.</p> <p>The psychiatrist shall promptly notify the resident's treatment team of any changes to medications or the psychiatric treatment plan. It shall be the responsibility of the treatment team to follow-up with the psychiatrist.</p> <p>FCCC shall amend policy CL-4 "Integrated Care Planning", to mandate involvement of the psychiatrist in the treatment planning of any resident prescribed medication for traditional mental illnesses or for therapeutic sex drive reduction.</p>	<p>GEO Chief Medical Officer</p> <p>GEO Chief Medical Officer</p>	<p>7/20/2009</p> <p>8/1/2009</p>
16	Full time psychiatric nurse on residential mental health unit.	<p>FCCC shall assign a full time psychiatric nurse, one team leader and two clinical therapists to the residential mental health units (4 FTEs).</p> <p>DCF Contract LI702, Exhibit B, Staffing, shall be amended to reflect that one of the existing nurse positions is filled with a full-time psychiatric nurse.</p>	<p>FCCC Health Services Administrator</p> <p>DCF Contract Manager</p>	<p>7/20/2009</p> <p>8/1/2009</p>
TRAINING				
17	Training to improve Individual Service Plans (ISP) to include regular updates, more individualized content and clear objective and measurable goals. This is applicable to ISPs for the residents with	<p>FCCC Policy CL-4, "Integrated Care Planning," shall be modified to include four hours of service planning training yearly.</p> <p>The GEO Corporate Vice President of Clinical</p>	<p>FCCC Facility Administrator</p>	7/20/2009

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	severe and persistent mental illness and residents participating in all tracks of the sex offender treatment program.	Programs shall provide the initial training on properly completing the service plan and writing observable, measurable, and individualized goals. Attendance shall be taken to ensure full participation by applicable staff.	FCCC Facility Administrator	8/1/2009
18	Training to improve communication between Clinical Staff and Therapeutic Security Technician (TST) housing staff to provide continuum of care on housing units.	TST staff shall receive a one-time round of enhanced training and yearly in-service training. During training by clinical staff, TSTs and other training participants are instructed on the necessity of teamwork and appropriate communication of risk and need. This shall be incorporated into the existing curricula. In addition to two (2) TST staff assigned to the residential mental health units, there shall be one (1) additional TST assigned to the Residential Mental Health Unit (3.0 FTEs) to facilitate ongoing training and improved communication with clinical staff. On-going supervision by the team leaders and/or unit managers shall occur.	FCCC Clinical Director FCCC Clinical Director	9/01/09 8/1/2009
19	Training and supervision of clinical staff and TST housing staff regarding the specific needs of the special needs track population and how to modify treatment and care for this population.	Clinical staff shall receive training in working with special needs residents from Gerry Blasingame, LMFT, or a comparable consultant in the field, by December 2009 and again by December 2010. TST staff shall receive a one-time round of enhanced training and yearly in-service training. During the yearly training, there shall be a section regarding working with residents with special needs. This training shall be provided by the staff who attended training by Gerry Blasingame or a comparable consultant in the field. FCCC shall designate a minimum of two (2)	FCCC Clinical Director FCCC	12/31/2009 and 12/31/2010 10/31/2009

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		<p>staff to attend the annual Association for the Treatment of Sexual Abusers (ATSA) conference (or a comparable conference), including workshops on treating sexual offenders with special needs.</p> <p>The staff in attendance shall be required to present current updates in special needs treatment to other FCCC clinical staff upon return to the facility.</p>	Clinical Director	
20	<p>Training for psychiatrists and clinical staff regarding screening, assessment and integration of medications, particularly anti-androgens, as a component of treatment.</p>	<p>Brad Johnson, M.D., a member of the FCCC Treatment Advisory Board, provided anti-androgen training to psychiatrists and clinical staff during May 2007.</p> <p>FCCC shall retain Dr. Johnson or a comparable outside consultant annually, to train psychiatrists and clinical staff regarding screening, assessment and integration of medications, particularly anti-androgens, as a component of treatment. Attendance at the training shall be documented.</p> <p>The GEO Chief Medical Officer shall be responsible for training all new hires occurring between annual training sessions.</p>	FCCC Facility Administrator	1/31/2010
21	<p>Training to improve discharge planning for residents nearing release from the facility.</p>	<p>FCCC staff shall receive annual training in discharge planning for residents nearing release from the facility.</p> <p>A random sample of discharge summaries shall be reviewed by supervisory staff monthly to ensure adequate discharge planning and to observe and recommend opportunities for improvement to staff.</p>	<p>FCCC Clinical Director</p> <p>FCCC Clinical Director</p>	<p>8/1/2009</p> <p>9/15/2009</p>