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PROPOSED STANDARDS FOR MONITORING COMPLIANCE

ORIGINAL AND SUPPLEMENTAL STIPULATION AND JUDGMENT

JAMES HORTON, ET AL.

VS.

BOB WILLIAMS, ET AL.

**MR. ORLANDO MARTINEZ,
U.S. FEDERAL COURT MONITOR**

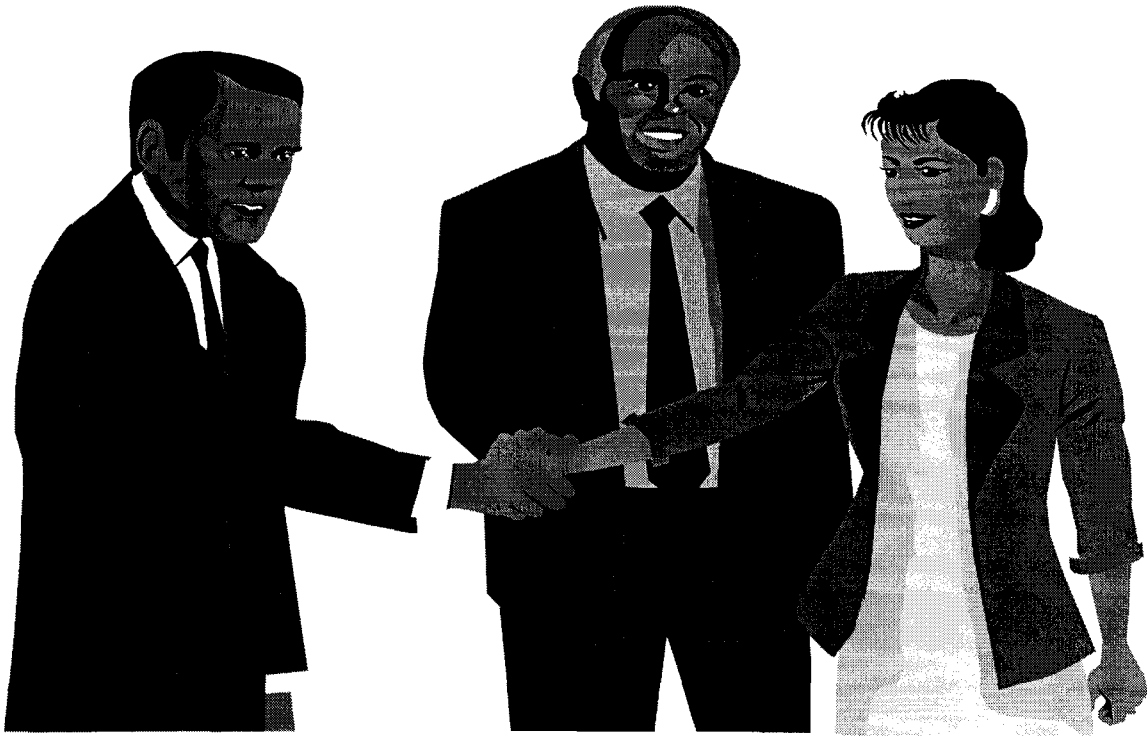
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ORIGINAL JUDGMENT

COMPLIANCE STANDARDS

1. PHYSICAL PLANT

- (A.) GHS shall implement the legislative appropriation for the reconstruction and rebuild of the institution's physical plant. The redevelopment shall meet minimum constitutional standards and shall include quarterly reports on the progress of such redevelopment.

COMPLIANCE INDICATORS:

- a. Construction Meeting Minutes;
- b. Auditor Observation.

- (B.) GHS shall maintain the existing physical plant in a safe and sanitary condition.

COMPLIANCE INDICATORS:

- a. Local Fire Department Inspection Report;
- b. State Office of Risk Management Inspection Report;
- c. Internal Weekly and Monthly Life Safety/Fire, Sanitation and Hygiene Inspection Reports;
- d. Auditor Observation.

2. AEROSOL AND MECHANICAL RESTRAINT USE

- (A.) GHS shall not use aerosol restraint on residents except to prevent serious injury to a person or to a substantial amount of property. GHS shall implement policy, procedure, and practice which permit aerosol restraint use only under the following conditions: (a) there must be a credible threat of a specific serious injury; (b) the intended use for the aerosol is to incapacitate the resident and not to inflict punishment; (c) the aerosol restraint shall be used as a last resort after all other reasonable attempts at crisis intervention/verbal de-escalation have been exhausted; (d) permission for the use of aerosol is authorized by the Superintendent or his designee on a case-by-case basis and its use never pre-authorized; and (e) if the resident is not in mechanical restraints. Whenever aerosol restraint is used, written reports and any video record

of its use shall be submitted to the Superintendent no later than the completion of the shift.

COMPLIANCE INDICATORS:

- a. Incident Reports, Incident Review, Audio/Visual Recordings (when available);
 - b. Local Policy (#4);
 - c. Database Reports.
- (B.) GHS shall implement policies, procedures, and practices which permit the use of mechanical restraints only under the following conditions: (a) a resident constitutes a serious and imminent danger to himself, others, or property; or (b) when transporting the resident outside the facility when necessary to protect public safety. Staff shall use only those restraint devices necessary to address the specific threat. When in restraints, a resident shall not be attached to any fixture or furniture except in cases of emergency. All incidents of mechanical restraint use shall be documented in writing and submitted for review prior to the completion of the appropriate shift. Nursing staff shall examine a resident who is injured or claims to be injured during the process of restraint or has remained in restraints longer than 30 minutes (except during or after off-campus transportation).

COMPLIANCE INDICATORS:

- a. Local Policy (#4);
- b. Incident Reports, Incident Review, Medical Chart;
- c. Data Base Reports;
- c. Auditor Observation.

3. DISCIPLINARY PROCEDURES

- (A.) GHS shall implement policies, procedures, and practices providing constitutionally adequate due process protections to residents transferred to IMU and/or denied a sentence reduction due to misbehavior. Such procedures shall include: (a) at least 24 hour notification of the hearing purpose, date, and time; (b) the opportunity to be present at the hearing and to request a staff advocate to help interpret the proceedings; (c) the ability to call witnesses on his behalf;(d) an impartial hearing officer to review the alleged rule violations and a written copy of the hearing officer's decision; (e) the ability to appeal the hearing decision and receive a response within a reasonable time period.

COMPLIANCE INDICATORS:

- a. Local Policy (#34 and #35);
- b. Safety Transfer Forms, Disciplinary Forms;
- c. Data Base Reports;
- d. Auditor Observation.

4. EDUCATIONAL SERVICES

- (A.) GHS shall ensure that policy, procedures and practices are implemented to ensure all residents, including those housed in the IMU, shall have access to educational services unless suspended or expelled under appropriate procedures or a security emergency exists.

COMPLIANCE INDICATORS:

- a. Local Policy (#5);
- b. Room Confinement Forms, Expulsion and/or Suspension Data;
- c. Attendance Records;
- d. Auditor Observation.

5. HEALTH AND REHABILITATIVE SERVICES

- (A.) GHS shall implement policies, procedures, and practices which permit only qualified medical personnel to prescribe and administer medications to residents;

COMPLIANCE INDICATORS:

- a. Local Policy (#7);
- b. Prescription Orders, Medical Charts;
- c. Auditor Observation.

6. TRANSLATION SERVICES

- (B.) GHS shall provide translation services during the delivery of health care services, orientation, disciplinary, classification, grievance, administrative or other “hearings” involving residents who are unable to speak English. In addition, GHS shall employ at least one staff who has met the testing and qualification criteria established for translation of the Spanish language.

COMPLIANCE INDICATORS:

- a. Translated Documents;
- b. Personnel Record;
- c. Auditor Observation.

7. GRIEVANCE PROCEDURES

- (C.) GHS shall implement policies, procedures, and practices providing residents with a formal review and written response to their grievances. The grievance system shall include at least one level of appeal and shall comply with JRA Bulletin #13.

COMPLIANCE INDICATORS:

- a. Local Policy (#12);
- b. JRA Bulletin (#13);
- c. Data Base Reports;
- d. Auditor Observation.

SUPPLEMENTAL JUDGMENT

COMPLIANCE STANDARDS

S1. ADMINISTRATION & PERSONNEL

- (A.) GHS has a designated mental health authority with local responsibility for mental health care. This individual's license and/or professional experience qualifies him/her to provide direct clinical services and manage a mental health program that addresses the needs of juvenile offenders. The mental health authority is responsible for planning, implementing, and evaluating all levels of mental health care and ensuring quality and accessibility for all mental health services (both preventative and therapeutic) provided to juveniles in GHS. The mental health authority also has responsibility for coordination with the contract psychiatrist, the Health Center supervisor and with outside providers and facilities to meet all levels of care. The Mental Health Authority reviews and evaluates, where appropriate, the recommendations for treatment made by mental health staff.

COMPLIANCE INDICATORS:

- a. Personnel organizational chart; copy of current resume and license including written job description.
 - b. Health Care Committee meeting minutes.
 - c. GHS Policy # 36 ("*Mental Health Care*").
 - d. GHS Policy # 26 ("*Suicide Prevention and Intervention*").
- (B.) GHS employs a child/adolescent psychiatrist who makes the health judgments regarding the mental health care provided to juveniles, and is available for consultation 24 hours per day, seven days per week.

COMPLIANCE INDICATORS:

- a. GHS Policy #36.
 - b. Written contract for psychiatric services with Children's Hospital.
 - c. Clinical records.
- (C.) GHS mental health staffs have written job descriptions and meet licensure, certification, or training and experience requirements. The Mental Health Authority supervises the mental health care providers, who are not licensed or certified.

COMPLIANCE INDICATORS:

- a. Personnel organizational chart and written job descriptions.
 - b. Copies of licenses.
 - c. Training Records.
- (D.) GHS provides certified chemical dependency counselors for juveniles in drug/alcohol treatment per State of Washington Administrative Code (WAC) requirements.

COMPLIANCE INDICATORS:

- a. Certifications and written job descriptions.
- b. Personnel Organization Chart.

S2. MENTAL HEALTH AND SUBSTANCE ABUSE CARE

- (A.) GHS provides individualized treatment plans for juveniles with mental health and substance abuse needs. These plans are developed and provided by qualified staff.

COMPLIANCE INDICATORS:

- a. Clinical and case management records.
- (B.) GHS has access to substance abuse and mental health residential treatment within the JRA service delivery system.

COMPLIANCE INDICATORS:

- a. Review of referral and transfer procedures.
 - b. Systems map of mental health and substance abuse service delivery system.
 - c. Review of documentation for juveniles transferred to other mental health or substance abuse programs.
- (C.) GHS has access to inpatient mental health hospitalization.

COMPLIANCE INDICATORS:

- a. Record of transfers to inpatient mental health facilities for severe mental disorders.

- b. Systems map of mental health and substance abuse service delivery system.
 - c. Interagency Agreement.
- (D.) GHS provides ongoing training to facility treatment staff relative to mental health and substance abuse needs.

COMPLIANCE INDICATORS:

- a. Training records.

S3. SUICIDE PREVENTION SERVICES

- (A.) GHS has written policies and procedures to reduce the risk of suicidal behavior. These policies ensure screening for all juveniles at all points of entry to the facility.

COMPLIANCE INDICATORS:

- a. GHS Policy #26.
- (B.) Mental health staff are immediately notified if a juvenile presents a risk for suicide or self-harm. The reporting staff immediately completes a mental health/self-harm risk assessment and notifies institution medical staff. If the screening results in assignment to Suicide Precaution Levels (SPL) 1 or 2 :
 - A mental health professional is consulted by Special Needs Program staff, or other health care staff as available;
 - The psychiatrist is consulted by nursing staff;
 - The psychiatrist determines the degree of intervention necessary based on established policies and procedures.

COMPLIANCE INDICATORS:

- a. Clinical records.
 - b. Policy #26
 - c. Suicide Watch Log.
- (C.) All GHS staff who have supervisory responsibility over juveniles receive agency approved suicide training.

COMPLIANCE INDICATORS:

- a. Training records.
- (D.) GHS maintains appropriate rescue equipment to ensure that staff can effectively intervene in an attempted suicide or episode of self-mutilation. This equipment is kept in an area easily accessible to all living units.

COMPLIANCE INDICATORS:

- a. Auditor observation.

S4. PSYCHOTROPIC MEDICATION PRACTICES
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- (A.) The facility psychiatrist or physician uses approved medication protocols when prescribing psychotropic medications. A child/adolescent psychiatrist develops the psychotropic protocols.

COMPLIANCE INDICATORS:

- a. Medication protocols.
- b. GHS Policy # 7.
- c. GHS Policy # 36.
- d. *Merck Manual of Diagnosis and Therapy*.
- e. *Physician's Desk Reference*.
- (B.) Psychotropic medications are prescribed by licensed physicians or qualified medical staff only when medically indicated, and are consistent with established protocols.

COMPLIANCE INDICATORS:

- a. Clinical records of juveniles prescribed psychotropic medications.
- b. GHS Policies #7 and #36.
- c. Medication protocols
- (C.) Nurses receive supplemental pharmacological training on psychotropic medication topics.

COMPLIANCE INDICATORS:

- a. Training records.

- (D.) Residents are monitored for adverse reactions to medications. Findings are documented in the medical file.

COMPLIANCE INDICATORS:

- a. Clinical records.

- (E.) GHS notifies a juvenile's parent or legal guardian or the juvenile court when prescribing psychotropic medication to residents who have not reached the statutory age of consent. The medication shall not be given on an involuntary basis unless a serious threat to safety exists.

COMPLIANCE INDICATORS:

- a. Clinical records.

- (F.) Nurses evaluate juveniles who have received emergency psychotropic medication at least once during each of the next three shifts.

COMPLIANCE INDICATORS:

- a. Clinical records.

- (G.) Within 24 hours of prescribing emergency psychotropic medication, the physician assesses the efficacy of medication therapy.

COMPLIANCE INDICATORS:

- a. Clinical records.

**Green Hill School
Chehalis, Washington**

**ORIGINAL STIPULATION AND JUDGMENT
COMPLIANCE MEASUREMENT WORKSHEET**

Standard #	Topic	Substantial Compliance Yes/No
PHYSICAL PLANT		
(1a)	GHS has written documentation that demonstrates measurable progress toward completing the physical plant rebuild.	
(1b)	There is written documentation from both internal and external sources, that GHS is maintaining the existing physical plant in a safe and sanitary manner consistent with Federal, State, and local Life Safety, Fire, Sanitation, and Hygiene standards.	
USE OF CHEMICAL AND MECHANICAL RESTRAINTS		
(2a)	Incidents involving the use of chemical restraint are documented and justifications for their use conform to local policy and settlement criteria.	
(2b)	Incidents involving the use of mechanical restraints are documented in writing and justification for their use conforms to local policy and settlement criteria.	
(2b)	There is written policy, procedure and practice which demonstrates residents who are injured or claim to be injured during the process of restraint are examined by nursing staff.	
(2b)	There is written policy, procedure, and practice which demonstrates residents who remain in mechanical restraints for longer than 30 minutes are examined by nursing staff.	
DISCIPLINARY PROCEDURES		
(3a)	GHS policies and procedures provide constitutionally adequate due process protections for residents transferred to the IMU and/or denied a sentence reduction due to misbehavior.	
(3a)	GHS has written documentation demonstrating residents housed in the IMU have received adequate due process review hearings in accordance with local policy and settlement criteria.	

Standard #	DISCIPLINARY PROCEDURES	Substantial Compliance Yes/No
(3a)	GHS has written documentation demonstrating residents who have been denied a sentence reduction due to misbehavior, have received adequate due process hearings in accordance with local policy and settlement criteria.	
EDUCATIONAL SERVICES		
(4a)	GHS has written policy and procedures ensuring all residents, including those housed in IMU, have access to educational services.	
(4a)	GHS has written documentation demonstrating any resident denied access to educational services has been expelled or suspended under appropriate procedures or was removed for security purposes.	
HEALTH AND REHABILITATIVE SERVICES		
(5a)	GHS has written documentation indicating only qualified medical personnel prescribe and administer medications to residents.	
TRANSLATION SERVICES		
(5b)	There is written evidence of translation services provided to residents who are unable to speak English. Appropriate orientation, health care, disciplinary, and grievance procedures have been translated or translators are available to assist in their translation when needed.	
(5b)	GHS employs at least one staff who is qualified and meets the criteria for translation and interpretation of Spanish.	
GRIEVANCE PROCEDURES		
(5c)	GHS has written policies and procedures for handling resident grievances according to the criteria promulgated in JRA Bulletin #13.	
(5c)	GHS has written documentation demonstrating timely resolution of resident complaints and appeals.	

**Green Hill School
Chehalis, Washington**

SUPPLEMENTAL STIPULATION AND JUDGMENT COMPLIANCE MEASUREMENT WORKSHEET

Standard #	Topic	Substantial Compliance Yes/No
ADMINISTRATION AND PERSONNEL		
(S1a)	GHS employs a designated mental health authority.	
(S1a)	The job description of the mental health authority denotes that this professional has completed a graduate level of education and training consistent with professional and licensure standards for their discipline.	
(S1a)	Personnel records indicate the mental health authority is currently licensed or certified in their discipline, and has sufficient experience in the profession to address position requirements.	
(S1a)	The mental health authority is required by the above agreement, contract, or job description to plan, implement, and evaluate all levels of mental health care.	
(S1a)	The mental health contract indicates that the mental health authority coordinates services by external mental health consultants and providers.	
(S1b)	Psychiatric consultation services are available 24 hours per day, seven days per week.	
(S1b)	GHS policies denote a physician is responsible for final mental health judgments for mentally ill juveniles.	
(S1c)	All mental health staff have written job descriptions consistent with their level of education, training and experience.	
(S1c)	There is written documentation demonstrating the Mental Health Authority provides clinical supervision and reviews the work of all non-licensed or certified mental health staff.	
(S1d)	Personnel records specify that all direct service providers in the chemical dependency treatment program are certified as chemical dependency counselors, or are supervised by a person with these qualifications.	

Standard #	MENTAL HEALTH AND SUBSTANCE ABUSE CARE	Substantial Compliance Yes/No
(S2a)	Clinical records indicate that residents provided with mental health services, other than assessments or emergencies, have treatment plans developed and provided by qualified staff.	
(S2b & c)	Clinical and administrative records indicate that in high acuity cases, juveniles in need of inpatient mental health services are transferred to such programs in a timely manner.	
(S2d)	Training records indicate that GHS staff have been provided with mental health and substance abuse training.	
SUICIDE PREVENTION SERVICES		
(S3a)	GHS has written policies and procedures to reduce the risk of suicidal behavior by providing screening for all juveniles at all points of entry to the facility.	
(S3a)	Clinical records indicate that all juveniles deemed at risk for suicidal or self-destructive behavior are assessed and provided with monitoring and intervention services based on level of need.	
(S3b)	Clinical records indicate that all juveniles who express a serious intent to commit acts of self-harm or suicide are immediately evaluated and placed on a preventive suicide watch to ensure their safety.	
(S3b)	Clinical records indicate that medical and mental health staff are notified immediately when a juvenile presents a risk to self-harm or suicide.	
(S3b)	Clinical records indicate that a psychiatrist has been immediately consulted regarding all juveniles placed on Suicide Precaution Level 1 or 2.	
(S3b)	Clinical records indicate that a psychiatrist evaluates all juveniles placed on Suicide Precaution Level 1 or 2.	

Standard #	SUICIDE PREVENTION SERVICES	Substantial Compliance Yes/No
(S3b)	Living unit records indicate that juveniles assigned to Suicide Precaution Level 1 are under constant watch per facility policy	
(S3c)	Training records indicate that all GHS staff who have supervisory responsibility over juveniles have completed suicide prevention training conducted by a qualified suicide prevention specialist, on an annual basis.	
(S3c)	Review of the suicide prevention training curriculum indicates that the topics covered includes, but is not limited to, responding to a suicide attempt, including emergency rescue techniques. The curriculum is approved by a mental health professional.	
(S3d)	Facility inspection reveals that GHS maintains appropriate suicide prevention rescue equipment in an area easily accessible to all living units.	
PSYCHOTROPIC MEDICATION PRACTICES		
(S4a)	The GHS policy or protocol manual reveals a child/adolescent developed and approved psychotropic medication protocol.	
(S4a)	GHS policies and clinical records indicate those only licensed physicians or qualified medical staff have prescribed psychotropic medications.	
(S4b)	Clinical records indicate that prescriptions for psychotropic medications were for medical disorders, and they are in compliance with protocols.	
(S4c)	Training records indicate that supplemental training on psychotropic medication protocols for nurses has been completed.	
(S4d)	Clinical records indicate that medical staff monitor juveniles receiving psychotropic medications, documenting the effects of the medication and side effects, if any.	
(S4e)	Clinical records indicate the facility contacts the parents or guardians of juveniles who have not met the statutory age of consent to notify them of prescription of psychotropic medications.	

Standard #	PSYCHOTROPIC MEDICATION PRACTICES	Substantial Compliance Yes/No
(S4e)	There is written documentation demonstrating that psychotropic medications are not administered involuntarily unless a safety emergency exists.	
(S4f)	Clinical and administrative records indicate that for juveniles who have received emergency (i.e., involuntary) psychotropic medications, nursing personnel conducted an examination of the juvenile each of the next three shifts since administration.	
(S4g)	Clinical records indicate that a physician has assessed the juvenile's response to administration of psychotropic medication within 24 hours of administration.	

AUDITOR'S COMMENTS
