IN THE UNITED STATES DISTRICT COURT

FOR THE EASTERN DISTRICT OF CALIFORNIA

RALPH COLEMAN, et al., Plaintiffs, **v.** **ARNOLD SCHWARZENEGGER, et al.,** Defendants.	CIV S-90-0520 LKK JFM P **ORDER RE: ASH/CMF BED PLAN**

By order of May 2, 2006, this Court directed Defendants to submit a plan for the interim provision of intermediate inpatient beds and mental health crisis beds. Defendants' submitted plan contained a number of components. One component addressed switching the missions of certain beds at Atascadero State Hospital (ASH) and California Medical Facility at Vacaville (CMF): 25 of the 150 acute care beds at Vacaville Psychiatric Program (VPP) from acute level-of-care to mental health crisis bed services, giving priority to prisons other than CMF, and switch the 25 acute/emergency beds at Atascadero State Hospital (ASH) for California Men's Colony (CMC) and California Institution for Men (CIM) to acute level of care for all prisons. This component is termed the "CMF/ASH plan."

This Court hereby approves the parties' stipulation and so orders the Defendants' submitted CMF/ASH plan be implemented immediately, with the following conditions:

AUTHENTICATED U.S. GOVERNMENT INFORMATION GPO

1. The utilization of the beds subject to this plan will be monitored for twelve months, with the evaluative marker of 90% or higher bed utilization during this period of time. At the end of the twelve-month monitoring period, the parties shall meet and confer with Special Master Keating to discuss the continued implementation of this plan in light of the bed utilization statistics and other relevant clinical factors.

2. Defendants DMH and CDCR are to provide Plaintiffs' counsel and Special Master Keating with a monthly utilization report by the fifteenth day of the following month concerning the 25 ASH APP beds, the 25 bed CMF MHCB unit, and the remaining CMF APP unit. The monthly report should contain the following information: number of patient referrals, number of patient rejections, patient-inmate transfer time frames, number of patient acceptances, identities of patients, each patient's length of stay and discharge date, the source of referrals by institution, and the reason for rejection.

3. Defendants are to provide Plaintiffs' counsel and Special Master Keating for review and comment a copy of the uniform referral form for acute beds provided by DMH for referrals from CDCR. This uniform referral form will be used for all referrals to all acute beds provided by the DMH to CDCR inmates.

4. Defendants DMH and CDCR will do system-wide training on the policies and procedures for inpatient referrals as well as the care provided by the intermediate and acute programs. Defendants DMH and CDCR will provide Plaintiffs' counsel and Special Master Keating with a copy of the training materials for comment before the training occurs. This Court leaves it to the discretion of Special Master Keating to have one or more of his experts attend the training.

5. If there is no patient waiting or using the new MHCB beds at CMF, then those beds may be used to provide acute care.

Dated: August 23, 2006

LAWRENCE K. KARLTON
SENIOR JUDGE
UNITED STATES DISTRICT COURT

CF1997CS0003
90cv0520.o.0823.1.wpd