REQUEST FOR PROPOSALS to the Utah State Legislature
Consultant for Feasibility Study on Privatization of Portions of the Utah State Hospital and the Utah State Developmental Center, 2009-02

ADDENDUM 3

Addendum Date: January 4, 2010

Note: The information in this addendum is provided in response to questions posed by potential RFP responders. Much of this information is more applicable to conducting the actual study requested in the RFP than it is to the initial RFP response itself. However, the information is provided in order to assist potential responders in providing the best RFP response possible. It is requested that questions regarding this RFP focus on information needed to respond to the RFP itself. The successful RFP responder will be provided additional information on the FACILITIES in order to enable the responder to complete the study and the report described in this RFP.

Item 1:

UTAH STATE HOSPITAL
FORENSIC FACILITY PERSONNEL & OPERATIONAL COSTS- FY 2010

The Forensic Mental Health Facility at Utah State Hospital has a capacity of 100 patients. The facility provides court ordered inpatient psychiatric services in a secure setting to the citizens of Utah 18 years and older who suffer from a serious mental illness and who have been convicted or have been charged with a crime in the State of Utah.

The facility is divided into 4 units with populations of 22, 26, 26, and 26. One unit of 26 admits both males and females. The other 3 units are male units. The core staff for the entire facility is 155.5 FTE's with a cost in FY 2010 of $9,247,000.

In FY 2010, $7,694,013 in indirect costs for the Forensic Mental Health Facility is provided by Utah State Hospital. These indirect costs include hospital personnel as well as hospital wide services that are contracted privately. Personnel from Medical Clinics, Physical Therapy, Transportation, Information Technology, Medical Records, Substance Abuse Day treatment, Pharmacy, Food Services, Custodial Services, Maintenance and Fleet, Swimming Pool, Patient Library, Volunteer Services, Chaplain, Business Office/Purchasing/Warehouse, Switchboard, Medical Staff Coordinator, Human Resources, Hospital Executive Staff, Risk Management, Nursing Education, Nursing Administration, Scheduling, Security, Infection Control, Occupational Therapy, Vocational Therapy, Director of Social Work Services, Director of Recreation Therapy, Medicare/Medicaid Eligibility, Psychology, Legal Services/Civil Court, Consumer Advocates, Beautician, Medical Services, and Quality Resources provide services to the Forensic facility. Many of these departments consist of 1 or 2 FTE's and could not be downsized without a significant negative impact to the entire hospital.

Hospital wide contracted services for this facility are Dental, Optometry, Podiatry, Neurology, EEG's, EKG's, Audiology, Laboratory, Radiology, Adult Education, Utah State Department of Technical Services, Laundry, Window Washing, Pest Control, Grounds-lawns, and a Patient Attorney. The cost effectiveness of these services would be diminished if the contract was not hospital wide.

The budget for support staff and contracted services in the Forensic Facility is 45% of the total Forensic budget. The total budget for the Forensic Mental Health Facility for FY 2010 is $16,941,013.

Item 2:

Procedure/protocol for placement in TLC and Woodland and for moving residents from there to a less secure environment:

The Emergency Services Management Committee (ESMC) makes determinations on all requests for admission to the Utah State Developmental Center. Determinations can result in a recommendation for admission, a referral to another resource, or suggestions regarding other interventions or supports that should be tried before an admission decision is considered.

Typically, individuals referred to the Developmental Center meet the following ESMC Criteria:

- Individual must have severe behavioral needs which jeopardizes their or the families health and Safety.
- Individual must have severe medical needs which jeopardizes their health and safety
- Individual (self or others) must be at risk for permanent injury or death.

Other criteria typically considered by the Committee include:

- The Community Provider has exhausted the available resources and still has not been able to stabilize the individual's behavioral, mental health or health issues.
- The ability of alternative community placements to provide the necessary support for the individual. Frequently admissions to the Developmental Center are at the request of the provider who has been given a 30 days notice to continue services. No other community provider is willing to provide services until the behavioral or medical issues are resolved.
- The individual is a sex offender and is unable to be supported in a community setting. Typically the individual is found not competent to stand trial and is referred to us by the courts with a request for a secure setting.
- The individual has severe behavioral issues that have not been able to be brought under control in a community provider setting. The individuals may require a semi-secure setting to assure the communities safety while behaviors are being addressed.
- The individual has a dual diagnosis of Intellectual Disabilities and has a serious Mental Health problem that the Community Mental Health Hospitals are not able to get under control during a short admission. The individual does not meet the criteria for the State Hospital, yet requires intensive mental health supports in order to address their treatment

needs.

- The individual has severe medical issues. He/she does not require a skilled nursing level of care but requires an enhanced level of nursing and medical follow up. Typically these individuals have medical disabilities such as seizures, severe burns, severe diabetes and obesity.

The ESMC has historically referred only the most difficult individuals for placement. Admission requests are quite individualized and are typically based on clinical observations and the clinical decision of the ESMC team.

Item 3:

DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES
EMERGENCY SERVICES MANAGEMENT COMMITTEE
Guidelines July 2009 to June 2010

PURPOSE:

- Consider requests from the Regions for emergency funding for individuals on the Waiting List, Court Ordered referrals, individuals who are currently in service and are Requesting Additional Funding (RAS) for existing services over $3,000 in state funds, new services (ex. residential, day supports), and individuals who meet the ESMC criteria for Emergency Waiting List One-Time crisis funding criteria.
- Allocate Committee funds based on decisions about each case, after ascertaining that the Region has considered all possible alternatives and has used all available funding resources. The Regions must have exhausted all their options with available Waiting List and RAS allocations prior to coming to the committee.
- Provide professional and clinical recommendations on difficult cases on which the regions request assistance.
- Make determinations on all requests for admission to the Utah State Developmental Center. These can include recommendation for admission, referral to other resources or suggestions regarding other interventions/supports that might help before an admission decision should be considered.
- When considering funding priorities for Waiting List consumers, the ESMC will typically fund the most critical cases primarily based upon the individual's Needs Assessment ranking. However, the ESMC may override the Needs Assessment ranking order based upon a clinical review by the Committee that indicates a crisis situation that is not clearly identified by the Needs Assessment Score document that shows an immediate need for funding.
- Review Court Ordered placements for appropriateness of referrals, necessity for funding, proposed treatment planning, and approval of suggested Regional funding level.

COMPOSITION:

A State Office professional will chair the Committee, appointed by the Division Director. One staff member appointed by the Region Director will represent each Region. Other State Office staff with expertise in behavioral issues, medical and available community resources will also be asked to serve. The Utah Health Care Association may provide a representative from the private ICF/MR system to participate as a member of the committee. A consumer and /or parent may be appointed to attend but can not receive a stipend for their attendance. Terms of membership for division staff are not time limited but can change if job duties so necessitate. Terms of membership for members not employed by the division should be reviewed every four years. These members can be re-appointed for additional terms if they are so willing and the approval of the Division Director.

MEETINGS and REFERRALS:

- Regular meetings will be held monthly on the first Thursday of the month, with emergency meetings being called as necessary. Access / referral to the Committee should go through the Region Administrative Program Managers for initial review and recommendations.
- Support coordinators may attend by phone or in person to provide necessary information to support their request, when invited by the Committee Chair.
- Families and other involved persons may attend via phone in order to provide information to the committee, when invited by the Committee Chair.
- Prior to screening an individual at ESMC, all community, natural and family resources must be documented, explored and/or exhausted.
- Referrals to the ESMC Committee must be received by Tuesday afternoon of the first week of the month to be considered for the Thursday meeting. Administrative Program Mangers should review the ESMC Request for New / Additional Services (RAS requests over $3000 & Waiting List) document to assure that they meet the funding criteria and request the appropriate level of funding. They should enter their comments and approval on the ESMC referral form.
- Support Coordinators should submit an electronic version of the ESMC referral form for New / Additional RAS services over $3,000 and Waiting lit request prior to the meeting. The referral form should be filled out completely, including the proposed services / supports requested and the projected costs for the current and coming fiscal years. A Worksheet should be attached showing how funding was developed for residential and day programs. A referral should be made for Court Ordered funding requests for review and approval of the committee.
- The Committee meetings will be closed for final decision-making and funding determinations. The Regional Administrative Program Managers will inform the support coordinator of the committee's decision upon receiving the ESMC minutes. A copy of the minutes, regarding the consumer, should be emailed to the support coordinator for inclusion in the Log notes.
- Decisions will normally be made by consensus, but if agreement cannot be reached, the Division Director will have the final say. If there is a difference of opinion on the final funding in terms of what the person needs between the Committee, Region and / or support coordinator, for either community or court ordered funding requests, the final approved funding amount will be determined between the Division Director and his /her designee.

CRITERIA FOR PRIORITIZING ESMC REFERRALS - <u>CAN INCLUDE BUT ARE NOT LIMITED TO:</u>

- Immediate threat to health and safety of the individual or their family.
- Immediate risk of becoming homeless
- Children who can no longer be maintained in their family residence due to sever behavioral or medical issues
- Immediate threat of causing injury to others or property destruction

- Immediate risk of loss of caregiver and/or deterioration of family

FY 2010 Referral Criteria for Ongoing (base) Funding:
Individuals requesting ESMC funding must meet one of the following:

- Individual must be homeless or in immediate jeopardy of being homeless Individual's parents are deceased and there is no other family member or friend able or willing to provide supports.
- Individual must have severe behavioral needs which jeopardizes their or the families health and safety
- Individual must have severe medical needs which jeopardizes their health and safety
- Individual must have documented physical/sexual abuse
- Individual (self or others) must be at risk for permanent injury or death
- Individual has been court ordered into DSPD service

FY 2010 Criteria for Distribution of One-Time ESMC Waiting List Funding:

- The ESMC Committee will establish criteria to determining who is eligible for distribution of One-Time Waiting List Crisis State Funding.
- This document will be revised annually based upon the Division's budgets and available One – Time State funds.

Item 4:

TLC Building Guidelines for Staff (5-19-09)

Phone protocol:

Individuals are allowed to use the phone in the med room with staff supervision on Level 1 or 2. If an individual is escalated, then staff will allow them time (15 minute minimum) to calm before the call is made. Staff will dial the number and the individual will be given the handset to use in the hallway with the med room door closed. The cordless phone in the kitchen and downstairs are not to be used by individuals.

- Phone calls are not allowed during workshop, meal times, or other scheduled activities.
- Lawyers and clergy can be called at any available time throughout the day as long as the individuals is not escalated.
- Guardians, immediate family, and caseworkers can be contacted with the assistance of the social worker or QMRP when the individual is on Level 1 or 2.
- Other phone calls can be made at the following times:
  - 6:00 8:00 pm daily
  - 12:00 -2:00 pm on Weekends

Keys:

Each individual will be assigned a key to their room unless the right is restricted. Once it is lost, they will require staff to open their door or they can purchase a new key for $2.00.

Visitors:

All visitors should be accompanied in the building by staff at all times. This includes nurses and other USDC staff, unless the nurse/staff tell TLC staff they do not need an escort.

QMRP/Program Lead office:

Individuals are not to be in the office due to confidential information that is on the desks at times. The QMRP or Program Lead may invite an individual into the office, but only one should enter at a time. Individuals should not knock on the door and disturb anyone working in the office, but should get with staff and call from the building phone to make an appointment.

Social Work office:

Individuals should not knock on the door and disturb anyone working in the office, but should get with staff and call from the building phone to make an appointment.

Nurses Office:

Individuals should not knock on the door and disturb anyone working in the office, but should get with staff and call from the building phone to make an appointment.

Downstairs:

Downstairs access is limited to individuals who have taken their medications, made their bed, cleaned their room, attended work, and done any chores assigned. Anyone who appears escalated to staff can be denied access until 2 staff can interact with them and agree that the individual is no longer escalated. When individuals are downstairs, they are responsible for cleaning up before leaving. Staff need to make certain that the individuals clean up or the staff will clean up any mess before the end of shift.

Med room:

Individuals are not to enter the med room unless invited. Only one individual is to be in the room at any time. Individuals are not to stay in the Med room while talking on the phone.

Kitchen:

The TLC kitchen is kept locked. There is an automatic lock on the back door and the door leading to the dining room is locked except when serving meals or cooking. Sharps are kept in the kitchen which is locked. This means the knives and food are restricted. Individuals are not to enter the kitchen unless invited by staff. Staff need to monitor potential weapons and knives

before they invite an individual into the kitchen and continue monitoring during the time the individual is in the kitchen. Some individuals may not be allowed access to the kitchen at all by the team or they may not be allowed to use knives or other specified kitchen utensils.

Bedrooms:

Individuals are not allowed to go in each others' rooms. No exceptions!

Hallways:

Staff should be monitoring hallways at all times when individuals are using them. Staff should observe and watch for individuals trying to go in offices or other individual's rooms. They should also observe interactions and monitor conversations between individuals.

Dayroom:

When behaviors occur, staff may need to remove furniture and objects that could be used to cause further damage or be used to climb on to reach wires, speakers, etc. Individuals can disable the magnetic door by ripping out the wires above the door and this must be monitored or prevented.

Laundry Room:

Individuals should not be left unaccompanied in the laundry room.

Building Van/vehicles:

Individuals will be restricted from use of vehicles until they can be effectively assessed and proven safe to ride. (Conditional—will be an Interdisciplinary Team decision).

Media:

Movies. No R-rated or NC-17 movies are allowed to be viewed in TLC. PG-13 movies need to be Okayed by the team before viewing. Any PG or G rated movies do not need any prior approval.

Games hat have an ESRB rating of Teen, Mature, Adults Only, or Rating Pending need to be approved by the team before use by the individual. ESRB Ratings of Early Childhood, Everyone, and Everyone 10+ have no restrictions.

Music that has a "Parental Advisory Explicit content" logo or warning on the album is not allowed. Any music with profanity, drug references, violent themes, or sexual content should not be played by individuals and may be restricted.

Paychecks:

Individuals will get up to $10 every two weeks from their paychecks. Money will be kept in the lock box in the program lead office to help assist them to manage their money. At no time will the individuals be allowed to keep more than $20 on their person. Since the money must be accounted for, the individuals are only given enough for the purchase they want to make during that shift.

Lock Box:

The lock box will only be available once in the AM (11:00 am) for TIMS payment and once in the PM (4:00 pm) for TIMS payment. Individuals will need to arrange to get any of their personal money at those times. The program leads or a charge person with a key are the only ones who will disperse money. Individuals will sign off on their ledger sheet when money is deposited or withdrawn. If they are unable to sign, then the program lead or charge person will sign off on the transaction.

Work:

Individuals are expected to go to work Monday through Friday from 9:00 am to 11:00 am and 2:00 pm to 4:00 pm. Times may differ slightly, but are still expected to meet the standard of 2 hours in the morning and 2 hours in the afternoon. If an individual does not go to work, they do not earn that part of their TIMS money and their pay check will have 50 cents deducted for each time they miss work or work less than half of the scheduled time from the $10 they are given each two weeks. If the individual misses work 2 mornings and 3 afternoons and come back from work after only 15 minutes of work 3 times, they would get $4 less that pay period and would get $6 instead of $10.

Item 5:

TLC Level System (Revised 5-19-09)

Level 1: The individual enjoys all privileges. The individual may participate in all on-campus and off-campus activities scheduled unless personal restrictions apply.

Level 2: The individual enjoys privileges strictly related to and located on the USDC campus. The individual may participate in riding horses at the farm, going to dances, working, swimming, riding bikes, etc. The individual may not go on any activity off the USDC campus.

Level 3: The individual is restricted to the TLC building and work only. They may go out back in the fenced area. They cannot go downstairs. They cannot walk anywhere else outside the building except directly to work and back. They are restricted from going on the van for on hill box runs. Individuals on Level 3 do not attend school. All Phone privileges are restricted while on Level 3. An incident form must be filled out Documenting the behavior that warranted a drop in each Level.

Level Procedure:

- An individual will drop a level when he refuses to take his medications during the appropriate time frame (med pass), refuses to go to work, or threatens physical harm to staff, self or another individual. If an individual refuses the second med pass, they will drop from Level 2 to Level 3. An incident form must be filled out documenting the behavior that warranted a drop in each Level.
- A person will be placed on Level 3 if they become physically aggressive with another individual or staff member, and/or when he deliberately attempts to destroy property. One does not go to Level 3 for swearing or SIB, unless it escalates to physical aggression or property destruction. Threatening staff or other individuals with harm will also lead to a Level 3 if the individual is given a warning, has already dropped to Level 2, and continues to make threats of harm.
- An incident form must be filled out documenting the behavior that warranted a drop in Level.
- Once a level drop occurs, the staff must indicate this on the white board in the kitchen. This needs to be initialed and the starting date and time must be noted. After 24 hours, the individual will start on Level 2. Should he do well the entire day, he will then rise to Level 1 after another 24 hours. Should the individual regress and experience challenges, he will go back to the previous level, and will restart working toward a Level 1 starting from the time in incident ended. If they are on Level 3 due to refusing meds, they will be raised a level 24 hours from the end of the last med pass refused (8:30 am, 1:00 pm, 17:30 pm, and 20:30 pm).
- It is critical that staff document all changes of levels and the dates of these changes. It is also critical that all staff check the board and follow the Level Program in order to provide consistency and best support the individuals.

- Any exceptions to these guidelines should be discussed in consultation with the team leader (QMRP, Professional in charge, or program lead/charge person on the weekend). For example, it may be felt that the individual who was put on Level 3 the previous day would benefit therapeutically from a walk with therapist outside the fenced area and the individual has been appropriate and working toward raising his level.

Item 6:

Budget Breakdown:

Transitional Living Center (TLC)

- Cost per client (average daily rate): $635.
- FY 2009 average census: 5
- FY 2009 total TLC cost : $1,158,872

Woodland

- Cost per client: $664.
- FY 2009 average census: 7
- FY 2009 total Woodland Cost: $1,697,503

Item 7:

Woodland & Transitional Living Center (TLC) Census
December, 2009

Number of individuals enrolled in TLC & Woodland at the end of the month

2007	TLC	Woodland	TLC Females
January	7	9	3
February	5	9	5
March	5	9	5
April	5	9	5
May	6	9	5
June	6	9	5
July	6	8	3
August	5	8	4
September	6	9	5
October	6	10	4
November	6	9	4
December	6	9	4

2008	TLC	Woodland	TLC Females
January	4	7	4
February	4	7	4
March	5	7	4
April	5	7	4
May	6	7	4
June	6	7	4
July	5	8	3
August	5	8	3
September	5	8	3
October	6	8	3
November	5	8	3
December	5	8	3

2009	TLC	Woodland	TLC Females
January	5	8	3
February	4	6	3
March	4	5	3
April	4	5	4
May	5	5	4
June	5	5	4
July	5	5	4
August	6	5	4
September	6	4	3
October	6	5	3
November	6	4	3
December	5	4	3

Item 8:

Woodland Movement of Population 2007-2009

Name	Moved In	Moved Out
23945	Before 1/1/2007	7/16/2007 to Oakridge #3
4083	Before 1/1/2007 TEMP 4/24/2008	11/13/07 to Oakridge #5 TEMP 5/20/2008 to Oak #5
14757	Before 1/1/2007	1/22/2008 to Oakridge #7
22393	Before 1/1/2007	9/29/2009 to Quailrun #7
4075	Before 1/1/2007	10/29/2007 to Oakridge #4
10201	Before 1/1/2007	
4085 TEMP=temporary	Before 1/1/2007 TEMP 10/28/2009 TEMP 12/1/2009	9/1/2007 to Quailrun #7 TEMP 11/16/2009 Quailrun #7 TEMP 12/2/2009 Quailrun #7
23744	Before 1/1/2007	7/16/2007 to Oakridge #3
23931	Before 1/1/2007 6/11/2008 – return from jail 10/10/2009 from Oakridge #1	5/21/2008 –Jail 11/20/2008 to Oakridge #1 10/12/2009 Twin Home 4B
3480	10/26/2007 from TLC	1/3/2008 – Jail 1/31/2008 – Discharged to State Hospital
24802	7/23/2007 new admission	3/26/2009 to TLC
22844	9/25/2007 from Quailrun #6	
24895	6/18/2008 from Woodland	2/2/2009 to Oakridge #5
3957	11/24/2008 new admission	2/2/2009 to Oakridge #2
24721	10/28/2009 from TLC	
25205	9/24/2009 from TLC	10/28/2009 to TLC

Item 9:

Transitional Living Center Movement of Population 2007-2009

Name	Moved In	Moved Out
22360	Before 1/1/2007	2/8/2007 to Oakridge #2
24145	Before 1/1/2007 8/26/2009 from Quailrun #7	6/24/2009 to Quailrun #7
24085	Before 1/1/2007	
22871	Before 1/1/2007	2/27/2007 to Quailrun
22649	Before 1/1/2007	1/22/2008 to Oakridge #7
13443	Before 1/1/2007	
23931	Before 1/1/2007 10/6/2008	9/10/2008 to Oakridge #1
24895	9/19/2007 new admission	6/18/2007 to Woodland
3480	10/24/2007 new admission	10/26/2007 to Woodland 1/3/2008 – Jail 1/31/2008 – Discharged to State Hospital
15085	5/3/2007 new admission	8/27/2007 to Oakridge #8
24721	5/30/2007 new admission 9/24/2009 Oakridge #5	3/18/2009 to Oakridge #5 10/28/2009 to Woodland
25087	3/12/2008 new admission	2/2/2009 to Quailrun #7
25205	5/28/2008 new admission 6/23/2009 from Quailrun #7 10/28/2009 from Woodland	2/2/2009 to Quailrun #7 9/24/2009 to Woodland
25398	9/30/2009 new admission	11/1/2008 Discharged
24802	3/26/2009 from Woodland	
25678	3/20/2009 new admission	12/7/2009 to Oakridge #2
25710	5/28/2009 new admission	

Item 10:

Transitional Center for Females (Quailrun #4) Movement of Population 2007-2009

23631	Before 1/1/2007	4/13/2009 Twin Home 2A
22940	Before 1/1/2007	7/9/2007 Quailrun #1
21680	Before 1/1/2007	10/24/2007 Quailrun #3
20496	2/16/2007 re-admission 4/2/2009 Raintree #8	5/5/2008 to Raintree #8 9/28/2009 Twin Home 2A
24313	2/20/2007 new admission	7/12/2007 Discharged
24908	9/26/2007	7/11/2008 Quailrun #1
25649	4/29/2009	
25172	5/5/2008	
24851	8/28/2007	

Item 11:

USDC funding sources

General state funding: 30%
Title XIX: 65%
Social Security, Earned Income, and Insurance Collections: 5%

Item 12:

FY 2010 "Staffing Data Report" for Quailrun Apartment #4

Staffing (Full-time):

Developmentalist (8)
Lead Developmentalist (1)

Staffing (Part-time - ranging from .5 hrs daily to 30 hrs weekly):

Accounting Technician
Archive Technician
Audiaulogist
Building Coordinator
Center Attendant
Clinical Director
Custodian
Dental Assistant
Dentist
DHS Administrator III
Diet Tech
Executive Secretary
Financial Manager
Food Service Manager
Food Service Worker
Liability Prevention Specialist
Living Skills Atttendant
LPN
Maintenance Supervisor
Maintenance Worker
Nurse Practitioner
Occupational Therapist
Office Clerk
Office Technician
OT Tech
Physical Therapist
Program Administrator
Project Aide
Psychologist
PT Tech
Purchasing Agent
QMRP
Records Manager
Recreation Therapist

RN II
RN III
Secretary
Social Worker
Superintendent
Support Service Coordinator
Support Staff Supervisor
Trainer III
Unit Director
Warehouse Worker

Item 13:

FY 2010 "Staffing Data Report" for Transitional Living Center

Staffing (Full-time):

Developmentalist (16)
Lead Developmentalist (2)

Staffing (Part-time - ranging from .5 hrs daily to 30 hrs weekly):

Accounting Technician
Archive Technician
Audiaulogist
Building Coordinator
Center Attendant
Clinical Director
Custodian
Dental Assistant
Dentist
DHS Administrator III
Diet Tech
Executive Secretary
Financial Manager
Food Service Manager
Food Service Worker
Liability Prevention Specialist
Living Skills Atttendant
LPN
Maintenance Supervisor
Maintenance Worker
Nurse Practitioner
Occupational Therapist
Office Clerk
Office Technician
OT Tech
Physical Therapist
Program Administrator
Project Aide
Psychologist
PT Tech
Purchasing Agent
QMRP
Records Manager
Recreation Therapist

RN II
RN III
Secretary
Social Worker
Superintendent
Support Service Coordinator
Support Staff Supervisor
Trainer III
Unit Director
Warehouse Worker

Item 14:

FY 2010 "Staffing Data Report" for Woodland

Staffing (Full-time):

Developmentalist (19)
Lead Developmentalist (2)

Staffing (Part-time - ranging from .5 hrs daily to 30 hrs weekly):

Accounting Technician
Archive Technician
Audiaulogist
Building Coordinator
Center Attendant
Clinical Director
Custodian
Dental Assistant
Dentist
DHS Administrator III
Diet Tech
Executive Secretary
Financial Manager
Food Service Manager
Food Service Worker
Liability Prevention Specialist
Living Skills Atttendant
LPN
Maintenance Supervisor
Maintenance Worker
Nurse Practitioner
Occupational Therapist
Office Clerk
Office Technician
OT Tech
Physical Therapist
Program Administrator
Project Aide
Psychologist
PT Tech
Purchasing Agent
QMRP
Records Manager
Recreation Therapist

RN II
RN III
Secretary
Social Worker
Superintendent
Support Service Coordinator
Support Staff Supervisor
Trainer III
Unit Director
Warehouse Worker

Item 15:

FY 2009 "Patient Days" Report

Quailrun Apartment #4

Patient #	Patient Days
4168	63
4165	365
4162	365
4137	289

Total: 1082

Transitional Living Center

Patient #	Patient Days
4156	365
4159	365
4170	34
4166	365
4135	365
4150	330

Total: 1824

Transitional Living Center

Patient #	Patient Days
4146	365
4158	365
3957	219
10201	365
4155	65
4143	365
4085	365
9926	365
2367	91

Total: 2565

Item 16:

USDC Census Data (Number of individuals enrolled at the end of the month)

2007	TLC	Woodland	Quailrun Apartment #4	Oakridge	Quailrun	Town Home 4
January	7	9	3	35	37	0
February	5	9	5	36	40	0
March	5	9	5	35	40	0
April	5	9	5	35	40	0
May	6	9	5	36	40	0
June	6	9	5	35	40	0
July	6	8	3	35	40	0
August	5	8	4	31	41	0
September	6	9	5	31	41	0
October	6	10	4	30	40	0
November	6	9	4	31	40	0
December	6	9	4	30	40	0

2008	TLC	Woodland	Quailrun Apartment #4	Oakridge	Quailrun	Town Home 4
January	4	7	4	33	39	0
February	4	7	4	33	40	0
March	5	7	4	33	40	0
April	5	7	4	33	40	0
May	6	7	4	33	40	0
June	6	7	4	33	40	0
July	5	8	3	34	40	0
August	5	8	3	34	39	0
September	5	8	3	34	37	0
October	6	8	3	33	37	0
November	5	8	3	34	37	0
December	5	8	3	33	37	0

2009	TLC	Woodland	Quailrun Apartment #4	Oakridge	Quailrun	Town Home 4
January	5	8	3	33	36	0
February	4	6	3	34	33	0
March	4	5	3	33	33	0
April	4	5	4	21	33	8
May	5	5	4	20	33	9
June	5	5	4	19	33	9
July	5	5	4	19	33	9
August	6	5	4	19	32	9
September	6	4	3	19	33	8
October	6	5	3	20	30	8
November	6	4	3	20	31	8
December	5	4	3	21	31	8

Item 17:

USDC Census Data (Number of individuals enrolled at the end of the month)

Transitional Living Center (TLC) Movement of Population 2007-2009

Name	Moved In	Moved Out
22360	Before 1/1/2007	2/8/2007 to Oakridge
24145	Before 1/1/2007 8/26/2009 from Quailrun	6/24/2009 to Quailrun
24085	Before 1/1/2007	
22871	Before 1/1/2007	2/27/2007 to Quailrun
22649	Before 1/1/2007	1/22/2008 to Oakridge
13443	Before 1/1/2007	
23931	Before 1/1/2007 10/6/2008	9/10/2008 to Oakridge
24895	9/19/2007 new admission	6/18/2007 to Woodland
3480	10/24/2007 new admission	10/26/2007 to Woodland 1/3/2008 – Jail 1/31/2008 – Discharged
15085	5/3/2007 new admission	8/27/2007 to Oakridge
24721	5/30/2007 new admission 9/24/2009 Oakridge	3/18/2009 to Oakridge 10/28/2009 to Woodland
25087	3/12/2008 new admission	2/2/2009 to Quailrun
25205	5/28/2008 new admission 6/23/2009 from Quailrun 10/28/2009 from Woodland	2/2/2009 to Quailrun 9/24/2009 to Woodland
25398	9/30/2009 new admission	11/1/2008 Discharged
24802	3/26/2009 from Woodland	
25678	3/20/2009 new admission	12/7/2009 to Oakridge
25710	5/28/2009 new admission	

Woodland Movement of Population 2007-2009

Name	Moved In	Moved Out
23945	Before 1/1/2007	7/16/2007 to Oakridge
4083	Before 1/1/2007 TEMP 4/24/2008	11/13/07 to Oakridge TEMP 5/20/2008 to Oakridge
14757	Before 1/1/2007	1/22/2008 to Oakridge
22393	Before 1/1/2007	9/29/2009 to Quailrun
4075	Before 1/1/2007	10/29/2007 to Oakridge
10201	Before 1/1/2007	
4085 TEMP=temporary	Before 1/1/2007 TEMP 10/28/2009 TEMP 12/1/2009	9/1/2007 to Quailrun TEMP 11/16/2009 Quailrun TEMP 12/2/2009 Quailrun
23744	Before 1/1/2007	7/16/2007 to Oakridge
23931	Before 1/1/2007	5/21/2008 –Jail

	6/11/2008 – return from jail 10/10/2009 from Oakridge	11/20/2008 to Oakridge 10/12/2009 Twin Home 4
3480	10/26/2007 from TLC	1/3/2008 – Jail 1/31/2008 – Discharged to State Hospital
24802	7/23/2007 new admission	3/26/2009 to TLC
22844	9/25/2007 from Quailrun	
24895	6/18/2008 from Woodland	2/2/2009 to Oakridge
3957	11/24/2008 new admission	2/2/2009 to Oakridge
24721	10/28/2009 from TLC	
25205	9/24/2009 from TLC	10/28/2009 to TLC

Quailrun Apartment #4 Movement of Population 2007-2009

23631	Before 1/1/2007	4/13/2009 Twin Home 2
22940	Before 1/1/2007	7/9/2007 Quailrun #1
21680	Before 1/1/2007	10/24/2007 Quailrun
20496	2/16/2007 re-admission 4/2/2009 Raintree	5/5/2008 to Raintree 9/28/2009 Twin Home 2
24313	2/20/2007 new admission	7/12/2007 Discharged
24908	9/26/2007	7/11/2008 Quailrun
25649	4/29/2009	
25172	5/5/2008	
24851	8/28/2007	

Oakridge Movement of Population 2007-2009

Name	Moved In	Moved Out
22360	2/8/2007 from TLC	
21288		3/14/2007 Discharged
24085	5/30/2007 from TLC	9/4/2009 Discharged
18022		6/19/2007 Discharged
23744	7/16/2007 From Woodland	3/13/2009 Discharged
23945	7/16/2007 from Woodland	4/13/2009 Twin Home 4
	8/10/2009 from Twin Home 4	
3931	7/16/2007 from Quailrun	9/30/2008 Discharged
4038		7/17/2007 to Sunset
15085	8/27/2007 from TLC	
22393	10/29/2009 from Quailrun	8/27/2007 to Sunset
14779	7/14/2008	8/27/2007 to Sunset
3342		8/27/2007 to Sunset
15578		8/27/2007 to Sunset
3484		8/27/2007 to Sunset
22844		9/25/2007 to Woodland
21676		10/5/2007 Discharged
4083	11/13/2007 from Woodland	4/13/2009 to Twin Home 3
14740		12/20/2007 Discharged
14757	1/22/2007 from Woodland	
23360	1/22/2007 from Woodland	
22649	1/22/2007 from TLC	
23931	9/10/2008 from TLC	10/6/2008 to TLC
22941	11/20/2008 from Woodland	4/13/2009 to Twin Home 4
21714	1/6/2009 from Quailrun	4/13/2009 to Twin Home 3
20799		1/23/2009 Discharged
24895	2/2/2009 from Woodland	4/10/2009 Discharged
3957	2/2/2009 from Woodland	4/13/2009 to Woodland
23021		2/5/2009 to TLC
24721	3/18/2009 from TLC	9/24/2009 to TLC
15656		3/24/2009 Discharged
14750		4/13/2009 to Twin Home 3
14807		4/13/2009 to Twin Home 3
4071		4/13/2009 to Twin Home 3
15560		4/13/2009 to Twin Home 3
3377		4/13/2009 to Twin Home 3
14780		4/13/2009 to Twin Home 3
14825		4/13/2009 to Twin Home 3
15215		4/13/2009 to Twin Home 3
4065		4/13/2009 to Twin Home 4
4075		4/13/2009 to Twin Home 4
14822		4/13/2009 to Twin Home 4
13443		4/13/2009 to Twin Home 4

15317	4/16/2009 from Sunset	
3927	4/16/2009 from Willow Creek	6/17/2009 Discharged
15268	4/16/2009 from Willow Creek	
14743	4/16/2009 from Willow Creek	
15217	4/16/2009 from Willow Creek	
15344	4/16/2009 from Willow Creek	
15280		5/28/2009 to Willow Creek
3939		6/23/20009 Discharged

Quailrun Movement of Population 2007-2009

Name	Moved In	Moved Out
20496		1/29/2007 DISCHARGED
	2/16/2007 re-admission	5/5/2008 to Raintree
	4/2/2009 from Raintree	9/28/2009 Twin Home 2
24313	2/20/2007 new admission	4/4/2007 Discharged Home
	4/5/2007 Re-admitted	7/12/2007 Discharged DSPD
22871	2/27/2007 from TLC	9/30/2008 Discharged
3931		7/16/2007 to Oakridge
		9/30/2008 Discharged
24851	8/28/2007 New admission	
24908	9/26/2007 New admission	7/11/2008 Quailrun
		4/13/2009 to Twin Home 2
22940		10/10/2007 Discharged
15360		1/7/2008 Deceased
24943	2/22/2008 from Pleasant View	
3617		8/4/2008 to Sunset
21714		1/6/2009 moved to Oakridge
25205	2/2/2009 from TLC	
25087	2/2/2009 from TLC	
14758		2/17/2009 to Sunset
14840		2/17/2009 to Sunset
3459		2/17/2009 to Sunset
3467		2/17/2009 to Sunset
21860		2/17/2009 to Sunset
22830		4/13/2009 to Twin Home 4
3456		4/13/2009 to Twin Home 1
14767		4/13/2009 to Twin Home 2
14801		4/13/2009 to Twin Home 2
23631		4/13/2009 to Twin Home 2
15285		4/13/2009 to Sunset
15289	4/14/2009 from Willow Creek	9/15/2009 Discharged
3623	4/16/2009 from Raintree	
15329	4/16/2009 from Raintree	
4076	4/16/2009 from Raintree	
4047	4/16/2009 from Raintree	
25649	4/29/2009	
24145		8/26/2009 to TLC
4085	9/1/2009 from Woodland	
	11/16/2009 from Woodland	
22393	9/29/2009 from Woodland	10/29/2009 To Oakridge
25172	5/5/2008	

Twin Home 4 Movement of Population 2009

Name	Moved In	Moved Out
13443	4/13/2009 from Oakridge	
14822	4/13/2009 from Oakridge	
4065	4/13/2009 form Oakridge	
4075	4/13/2009 from Oakridge	
22830	4/13/2009 from Oakridge	
22941	4/13/2009 from Oakridge	
23945	4/13/2009 from Oakridge	8/7/2009 to Oakridge
9926	4/13/2009 from Woodland	
23021	5/27/2009 from TLC	

Item 18:

USDC Diagnoses Data

TLC Diagnoses 2007

1.	**Axis I**	299.00	Autistic Disorder
	Axis II	318.1	Severe Mental Retardation
	Axis III	343.9	Cerebral Palsy
		345.10	Epilepsy
2.	**Axis I**	299.00	Autistic Disorder
	Axis II	317	Mild Mental Retardation
	Axis III		recurrent ear infections, PE tubes
	Axis IV		none identified at this time
	Axis V		GAF: 15 (current)
3.	**Axis I**	296.32	Major Depressive Disorder, Recurrent, Moderate
		313.01	Attention-Deficit/Hyperactivity Disorder, Combined Type
	Axis II	317.	Mild Mental Retardation (Provisional)
		R/O	Antisocial Personality Disorder
	Axis III		reported history of brain trauma
	Axis IV		Problems with primary support and legal systems
	Axis V		Current GAF: 45
4.	**Axis I**	296.24	Major Depressive Disorder-single episode severe with psychotic features
	Axis II	317.0	Mild Mental Retardation
5.	**Axis I**	299.00	Autistic Disorder
		300.3	Obsessive Compulsive Disorder
		307.52	Pica
	Axis II	319.	Mental Retardation, Severity Unspecified
	Axis III		seizure disorder (controlled)
	Axis IV		multiple and ongoing changes in living environment (both in staff and individuals)
	Axis V		GAF = 15 (current)
6.	**Axis I**		Bipolar Disorder, most recent episode mania, attention. Deficit Hyperactivity Disorder, combined type.
	Axis II		Severe Mental Retardation
	Axis III		MRI evidence of frontal lobe changes
7.	**Axis I**	314.00	Attention Deficit / Hyperactivity Disorder, Predominantly Inattentive
		300.4	Dysthymic Disorder
	Axis II	317.	Mild Mental Retardation
	Axis III		Hypothyroidism by history, obesity
	Axis IV		Lack of support system
	Axis V		GAF: 55 (current)

TLC Diagnoses 2008

1.	**Axis I**	299.00	Autistic Disorder
	Axis II	317	Mild Mental Retardation
	Axis III		recurrent ear infections, PE tubes
	Axis IV		none identified at this time
	Axis V		GAF: 15 (current)
2.	**Axis I**	299.00	Autistic Disorder
		r/o	Mood Disorder NOS
		r/o	Anxiety Disorder NOS
	Axis II	319.00	Mental Retardation, Severity Unspecified
	Axis III		Deferred to Physician
	Axis IV		Poor communication skills
	Axis V		GAF = 40 (Current)
3.	**Axis I**	302.2	Pedophilia, Sexually attracted to males
	Axis II	317.	Mild Mental Retardation
	Axis III		asthma, orthostasis
	Axis IV		death of his grandmother, reintroduction of his mother into his life, placement in Woodland Unit of USDC
	Axis V		GAF = 50
4.	**Axis I**	299.00	Autistic Disorder
		300.3	Obsessive Compulsive Disorder
		307.52	Pica
	Axis II	319.	Mental Retardation, Severity Unspecified
	Axis III		seizure disorder (controlled)
	Axis IV		multiple and ongoing changes in living environment (both in staff and individuals)
	Axis V		GAF = 15 (current)
5.	**Axis I**		Bipolar Disorder, most recent episode mania, attention. Deficit Hyperactivity Disorder, combined type.
	Axis II		Severe Mental Retardation.
	Axis III		MRI evidence of frontal lobe changes.
6.	**Axis I**	314.00	Attention Deficit / Hyperactivity Disorder, Predominantly Inattentive
		300.4	Dysthymic Disorder
	Axis II	317.	Mild Mental Retardation
	Axis III		Hypothyroidism by history, obesity
	Axis IV		Lack of support system
	Axis V		GAF: 55 (current)

TLC Diagnoses 2009

1.	**Axis I**	299.00	Autistic Disorder
	Axis II	317	Mild Mental Retardation
	Axis III		recurrent ear infections, PE tubes
	Axis IV		none identified at this time
	Axis V		GAF: 15 (current)
2.	**Axis I**	299.00	Autistic Disorder
		r/o	Mood Disorder NOS
		r/o	Anxiety Disorder NOS
	Axis II	319.00	Mental Retardation, Severity Unspecified
	Axis III		Deferred to Physician
	Axis IV		Poor communication skills
	Axis V		GAF = 40 (Current)
3.	**Axis I**	296.43	Bipolar Disorder, most recent episode manic, severe, by history
		299.00	Autistic Disorder
		300.00	Anxiety Disorder Not Otherwise Specified, with Obsessive Compulsive Features
	Axis II	318.1	Severe Mental Retardation
	Axis III		hypothyroidism, possible seizure disorder
4.	**Axis I**	299.00	Autistic Disorder
		r/o	Bipolar Disorder
		r/o	Obsessive Compulsive Disorder
	Axis II	319	Mental Retardation, Severity Unspecified
5.	**Axis I**	314.00	Attention Deficit / Hyperactivity Disorder, Predominantly Inattentive
		300.4	Dysthymic Disorder
	Axis II	317.	Mild Mental Retardation
	Axis III		Hypothyroidism by history, obesity
	Axis IV		Lack of support system
	Axis V		GAF: 55 (current)

Woodland Diagnoses 2007

1.	**Axis I**	296.32	Major Depressive Disorder, Recurrent, Moderate
		R/O	Intermittent Explosive Disorder
	Axis II	317	Mild Mental Retardation
		R/O	Moderate Mental Retardation
	Axis III	none	
2.	**Axis I**	312.34	Intermittent Explosive Disorder
	Axis II	317	Mild Mental Retardation
	Axis III		seizure disorder
3.	**Axis I**	296.64	Bipolar Disorder, mixed with psychotic features
	Axis II	317.00	Mild Mental Retardation
4.	**Axis I**	314.01	Attention-Deficit/Hyperactivity Disorder
	Axis II	317.00	Mild Mental Retardation
	Axis III		Fetal Alcohol Effects
	Axis IV		Early history of exposure to domestic violence and sexual abuse, major physical injury resulting in the partial severing of three fingers on his right hand, multiple foster care placements, termination of his mother's parental rights
	Axis V		GAF: 65 (current)
5.	**Axis I**	299.80	Pervasive Developmental Disorder, NOS
		302.2	Pedophilia, Sexually Attracted to Females, Exclusive type
		r/o	Eating Disorder, NOS
	Axis II	317.00	Mild Mental Retardation
		r/o	Borderline Intellectual Functioning
6.	**Axis I**	298.9	Psychotic Disorder, NOS
	r/o	299.00	Autistic Disorder
		302.91	Fetishism
	Axis II	317.	Mild Mental Retardation
	Axis III		medication induced thickening of the heart walls
	Axis IV		lack of family and social support
	Axis V		GAF: 20 (current)
7.	**Axis I**	v71.09	No Diagnosis on Axis I
	Axis II	317.	Mild Mental Retardation
		300.7	Antisocial Personality Disorder
	Axis III		none
	Axis IV		conflict with peers and staff, court commitment, possible victim of child sexual abuse
	Axis V		GAF = 55 (current)
8.	**Axis I**	V62.83	Sexual Abuse of Adult (provisionary).
	Axis II	317.00	Mild Mental retardation.
	Axis III		Deferred to Medical
9.	**Axis I**	313.81	Oppositional Defiant Disorder, Childhood Onset (provisional)
	Axis II	317	Mild Mental Retardation

Woodland Diagnoses 2008

1.	**Axis I**	312.8	Conduct Disorder
		313.01	Attention-Deficit/Hyperactivity Disorder, combined type.
		r/o	Reactive Attachment Disorder
		r/o	Generalized Anxiety Disorder
		r/o	Mood Disorder NOS
	Axis II	318.0	Moderate Mental Retardation
	Axis III		Fetal Alcohol Syndrome
	Axis IV		recent incarceration, history of physical, emotional, and medical abuse/neglect, multiple failed placements
	Axis V		Current GAF: 10
2.	**Axis I**	299.00	Autism
		311.34	Intermittent Explosive Disorder
		311	Depressive Disorder, Not Otherwise Specified
		r/o	Psychotic Disorder
	Axis II	318.0	Moderate Mental Retardation
	Axis III		Seizure Disorder
	Axis IV		separation from parents
	Axis V		GAF: 45 (current)
3.	**Axis I**	296.64	Bipolar Disorder, mixed with psychotic features
	Axis II	317.00	Mild Mental Retardation
4.	**Axis I**	310.1	Personality change due to Traumatic Brain Injury, Disinhibited Type
	Axis II	301.7	Antisocial Personality Disorder
	Axis III		history of severe traumatic brain injury with left hemiparesis; spastic hemiplegia; cerebellar ataxia; dysphonia and dysarthria, severe with partial vocal cord paralysis; dysconjugate gaze with anasocoria, OS; and acquired Organic Brain Syndrome, secondary to Traumatic Brain Injury
5.	**Axis I**	314.01	Attention-Deficit/Hyperactivity Disorder
	Axis II	317.00	Mild Mental Retardation
	Axis III		Fetal Alcohol Effects
	Axis IV		Early history of exposure to domestic violence and sexual abuse, major physical injury resulting in the partial severing of three fingers on his right hand, multiple foster care placements, termination of his mother's parental rights
	Axis V		GAF: 65 (current)
6.	**Axis I**	298.9	Psychotic Disorder, NOS
		r/o 299.00	Autistic Disorder
		302.91	Fetishism
	Axis II	317.	Mild Mental Retardation
	Axis III		medication induced thickening of the heart walls
	Axis IV		lack of family and social support
	Axis V		GAF: 20 (current)
7.	**Axis I**	v71.09	No Diagnosis on Axis I

	Axis II	317. 301.8	Mild Mental Retardation Antisocial Personality Disorder
	Axis III		none
	Axis IV		conflict with peers and staff, court commitment, possible victim of child sexual abuse
	Axis V		GAF = 55 (current)
8.	**Axis I**	302.2 302.81	Pedophilia, Sexually attracted to Males Fetishism
	Axis II	317.	Mild Mental Retardation
	Axis III		Neurofibromatosis, seizure disorder
9.	**Axis I**	313.81	Oppositional Defiant Disorder, Childhood Onset (provisional)
	Axis II	317	Mild Mental Retardation

Woodland Diagnoses 2009

1.	**Axis I**	312.8	Conduct Disorder
		314.01	Attention-Deficit/Hyperactivity Disorder, combined type
		r/o	Reactive Attachment Disorder
		r/o	Generalized Anxiety Disorder
		r/o	Mood Disorder NOS
	Axis II	318.0	Moderate Mental Retardation
	Axis III		Fetal Alcohol Syndrome
	Axis IV		recent incarceration, history of physical, emotional, and medical abuse/neglect, multiple failed placements
	Axis V		Current GAF: 10
2.	**Axis I**	299.00	Autism
		311.35	Intermittent Explosive Disorder
		311	Depressive Disorder, Not Otherwise Specified
		r/o	Psychotic Disorder
	Axis II	318.0	Moderate Mental Retardation
	Axis III		Seizure Disorder
	Axis IV		separation from parents
	Axis V		GAF: 45 (current)
3.	**Axis I**	300.00	Anxiety Disorder, NOS
		293.0	Mental Disorder NOS, Due to a Medical Condition
	Axis II	318.1	Moderate Mental Retardation
	Axis III		Seizure Disorder (L side focus, R parietal/temporal, focal motor, complex partial)
4.	**Axis I**	302.2	Pedophilia, Sexually attracted to males
	Axis II	317.	Mild Mental Retardation
	Axis III		asthma, orthostasis,
	Axis IV		death of his grandmother, reintroduction of his mother into his life, placement in Woodland Unit of USDC
	Axis V		GAF = 50
5.	**Axis I**	314.01	Attention-Deficit/Hyperactivity Disorder
	Axis II	317.00	Mild Mental Retardation
	Axis III		Fetal Alcohol Effects
	Axis IV		Early history of exposure to domestic violence and sexual abuse, major physical injury resulting in the partial severing of three fingers on his right hand, multiple foster care placements, termination of his mother's parental rights
	Axis V		GAF: 65 (current)
6.	**Axis I**	298.9	Psychotic Disorder, NOS
		r/o 299.00	Autistic Disorder
		302.91	Fetishism
	Axis II	317.	Mild Mental Retardation
	Axis III		medication induced thickening of the heart walls
	Axis IV		lack of family and social support
	Axis V		GAF: 20 (current)
7.	**Axis I**	v71.09	No Diagnosis on Axis I
	Axis II	317.	Mild Mental Retardation
		301.8	Antisocial Personality Disorder

	Axis III		none
	Axis IV		conflict with peers and staff, court commitment, possible victim of child sexual abuse
	Axis V		GAF = 55 (current)
8.	**Axis I**	302.2	Pedophilia, Sexually attracted to Males
		302.81	Fetishism
	Axis II	317.	Mild Mental Retardation
	Axis III		Neurofibromatosis, seizure disorder

Quailrun Apartment #4 Diagnoses 2007

1.	**Axis I**	r/o	Bipolar I Disorder
	Axis II	317	Mild Mental Retardation
		r/o	Borderline Personality Disorder
2.	**Axis I**	299.00	Autistic Disorder
	Axis II	318.1	Severe Mental Retardation
3.	**Axis I**	400.00	Bipolar Disorder NOS (Dr. Yau)
			ADHD by history
	Axis II	317.00	Mild Mental Retardation
	Axis III		Obesity
	Axis IV		Residential Placement, victim of multiple rapes
	Axis V		GAF = 35 (on admission)
			GAF = 60 (at discharge)
4.	**Axis I**	310.1	Personality Change Secondary to CNS abnormality
	Axis II	318.1	Severe Mental Retardation

Quailrun Apartment #4 Diagnoses 2008

1.	**Axis I**	r/o	Bipolar I Disorder
	Axis II	317	Mild Mental Retardation
		r/o	Borderline Personality Disorder
2.	**Axis I**	296.80	Bipolar Disorder NOS
	Axis II	301.9	Personality Disorder NOS
			Mental Retardation - Mild
3.	**Axis I**	299.00	Autistic Disorder
	Axis II	318.1	Severe Mental Retardation
4.	**Axis I**	312.34	Intermittent Explosive Disorder
		295.70	Schizoaffective Disorder, Bipolar Type
		297.1	Delusional Disorder, Erotomanic Type (by history)
		309.81	Posttraumatic Stress Disorder (by history)
	Axis II	317.00	Mild Mental Retardation
		r/o	Borderline Personality Disorder
	Axis III		Deferred to Physician
	Axis IV		history of sexual abuse
	Axis V		GAF = 35 (Current)

Quailrun Apartment #4 2009

1.	**Axis I**	296.90	Mood Disorder NOS
		299.00	Autistic Disorder
	Axis II	318.10	Severe Mental Retardation
	Axis III		Seizure Disorder
2.	**Axis I**	296.80	Bipolar Disorder NOS
	Axis II	301.9	Personality Disorder NOS
			Mental Retardation - Mild
3.	**Axis I**	299.00	Autistic Disorder
	Axis II	318.1	Severe Mental Retardation