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19 UNITED STATES DISTRICT COURT  
20 FOR THE CENTRAL DISTRICT OF CALIFORNIA  
21 WESTERN DIVISION

22 UNITED STATES OF AMERICA, ) CASE NO. \_\_\_\_\_  
Plaintiff, )  
23 )  
vs. )  
24 ) CONSENT JUDGMENT  
STATE OF CALIFORNIA; THE )  
25 HONORABLE ARNOLD SCHWARZENEGGER, )  
Governor of the State of )  
26 California, in his official )  
capacity only; STEPHEN W. MAYBERG, )  
27 Director of the California )  
Department of Mental Health, in )  
28 his official capacity only; )



















1 psychiatric, medical, and psychosocial history and  
2 previous response to such services.

3 d. Therapeutic and rehabilitation service planning is  
4 based on a comprehensive case formulation for each  
5 individual that emanates from interdisciplinary  
6 assessments of the individual consistent with  
7 generally accepted professional standards of care.  
8 Specifically, the case formulation shall:

9 i. be derived from analyses of the information  
10 gathered from interdisciplinary assessments,  
11 including diagnosis and differential  
12 diagnosis;

13 ii. include a review of: pertinent history;  
14 predisposing, precipitating and perpetuating  
15 factors; previous treatment history; and  
16 present status;

17 iii. consider biomedical, psychosocial, and  
18 psychoeducational factors, as clinically  
19 appropriate, for each category in § C.2.d.ii  
20 above;

21 iv. consider such factors as age, gender,  
22 culture, treatment adherence, and medication  
23 issues that may affect the outcomes of  
24 treatment and rehabilitation interventions;

25 v. support the diagnosis by diagnostic  
26 formulation, differential diagnosis, and  
27 Diagnostic and Statistical Manual-IV-TR (or  
28 the most current edition) checklists; and



1 and, if any identified need is not addressed,  
2 provide a rationale for not addressing the  
3 need;

4 ii. ensure that the objectives/interventions  
5 address treatment (e.g., for a disease or  
6 disorder), rehabilitation (e.g.,  
7 skills/supports, motivation and readiness),  
8 and enrichment (e.g., quality of life  
9 activities);

10 iii. write the objectives in behavioral,  
11 observable, and/or measurable terms;

12 iv. include all objectives from the individual's  
13 current stage of change, or readiness for  
14 rehabilitation, to the maintenance stage for  
15 each focus of hospitalization, as clinically  
16 appropriate;

17 v. ensure that there are interventions that  
18 relate to each objective, specifying who will  
19 do what, within what time frame, to assist  
20 the individual to meet his/her needs as  
21 specified in the objective;

22 vi. implement interventions appropriately  
23 throughout the individual's day, with a  
24 minimum of 20 hours of active treatment per  
25 week. Individual or group therapy included  
26 in the individual's WRP shall be provided as  
27 part of the 20 hours of active treatment per  
28 week;

- 1           vii. maximize, consistent with the individual's  
2           treatment needs and legal status,  
3           opportunities for treatment, programming,  
4           schooling, and other activities in the most  
5           appropriate integrated, non-institutional  
6           settings, as clinically appropriate; and  
7           viii. ensure that each therapeutic and  
8           rehabilitation service plan integrates and  
9           coordinates all services, supports, and  
10          treatments provided by or through the State  
11          Hospital for the individual in a manner  
12          specifically responsive to the plan's  
13          therapeutic and rehabilitation goals. This  
14          requirement includes, but is not limited to,  
15          ensuring that individuals are assigned to  
16          small groups that link directly to the  
17          objectives of the individual's treatment plan  
18          and needs;
- 19          g. Therapeutic and rehabilitation service plans are  
20          revised as appropriate to ensure that planning is  
21          based on the individual's progress, or lack  
22          thereof, as determined by the scheduled monitoring  
23          of identified criteria or target variables,  
24          consistent with generally accepted professional  
25          standards of care. Specifically, the  
26          interdisciplinary team shall:
- 27                  i.       revise the focus of hospitalization  
28                  objectives, as needed, to reflect the



1 professional standards of care, that:

- 2 i. is based on the individual's assessed needs  
3 and is directed toward increasing the  
4 individual's ability to engage in more  
5 independent life functions;
- 6 ii. has documented objectives, measurable  
7 outcomes, and standardized methodology;
- 8 iii. is aligned with the individual's objectives  
9 that are identified in the individual's WRP;
- 10 iv. utilizes the individual's strengths,  
11 preferences, and interests;
- 12 v. focuses on the individual's vulnerabilities  
13 to mental illness, substance abuse, and  
14 readmission due to relapse, where  
15 appropriate;
- 16 vi. is provided in a manner consistent with each  
17 individual's cognitive strengths and  
18 limitations;
- 19 vii. provides progress reports for review by the  
20 Interdisciplinary Team as part of the WRP  
21 review process;
- 22 viii. is provided 5 days a week, for a minimum of 4  
23 hours a day (i.e., 2 hours in the morning and  
24 2 hours in the afternoon each weekday), for  
25 each individual or 2 hours a day when the  
26 individual is in school, except days falling  
27 on state holidays;





1 monitor such symptoms, consistent with generally  
2 accepted professional standards of care.

3 m. Children and adolescents receive, consistent with  
4 generally accepted professional standards of care:

5 i. therapy relating to traumatic family and  
6 other traumatic experiences, as clinically  
7 indicated; and

8 ii. reasonable, clinically appropriate  
9 opportunities to involve their families in  
10 treatment and treatment decisions.

11 n. Policies and procedures are developed and  
12 implemented consistent with generally accepted  
13 professional standards of care to ensure  
14 appropriate screening for substance abuse, as  
15 clinically indicated.

16 o. Individuals who require treatment for substance  
17 abuse are provided appropriate therapeutic and  
18 rehabilitation services consistent with generally  
19 accepted professional standards of care.

20 p. Group facilitators and therapists providing  
21 therapeutic and rehabilitation services (in groups  
22 or individual therapy) are verifiably competent  
23 regarding selection and implementation of  
24 appropriate approaches and interventions to address  
25 therapeutic and rehabilitation service objectives,  
26 are verifiably competent in monitoring individuals'  
27 responses to therapy and rehabilitation, and  
28 receive regular, competent supervision.





1        1.    Psychiatric Assessments and Diagnoses

2                Each State Hospital shall provide all of the  
3 individuals it serves with routine and emergency psychiatric  
4 assessments and reassessments consistent with generally  
5 accepted professional standards of care; and:

6                a.    Each State Hospital shall use the diagnostic  
7 criteria in the most current Diagnostic and  
8 Statistical Manual of Mental Disorders ("DSM") for  
9 reaching the most accurate psychiatric diagnoses.

10              b.    Each State Hospital shall ensure that all  
11 psychiatrists responsible for performing or  
12 reviewing psychiatric assessments:

13              i.     are certified by the American Board of  
14 Psychiatry and Neurology ("ABPN") or have  
15 successfully completed at least three years  
16 of psychiatric residency training in a  
17 Accreditation Counsel for Graduate Medical  
18 Education accredited program; and

19              ii.    are verifiably competent (as defined by  
20 privileging at initial appointment and  
21 thereafter by reprivileging for continued  
22 appointment) in performing psychiatric  
23 assessments consistent with the State  
24 Hospital's standard diagnostic protocols.

25              c.    Each State Hospital shall ensure that:

26              i.     within 24 hours of an individual's admission  
27 to the State Hospital, the individual  
28

1 receives an Admission Medical Assessment that  
2 includes:

- 3 1) a review of systems;
- 4 2) medical history;
- 5 3) physical examination;
- 6 4) diagnostic impressions; and
- 7 5) management of acute medical conditions.

8 ii. within 24 hours of an individual's admission  
9 to the State Hospital, the individual  
10 receives an Admission Psychiatric Evaluation  
11 that includes:

- 12 1) psychiatric history, including a review  
13 of presenting symptoms;
- 14 2) complete mental status examination;
- 15 3) admission diagnoses;
- 16 4) completed AIMS;
- 17 5) laboratory tests ordered; and
- 18 6) consultations ordered.

19 iii. Within 7 days of an individual's admission to  
20 the State Hospital, the individual receives  
21 an Integrated Psychiatric Assessment that  
22 includes:

- 23 1) psychiatric history, including a review  
24 of present and past history;
- 25 2) psychosocial history;
- 26 3) mental status examination;
- 27 4) strengths;
- 28 5) psychiatric risk factors;











- i. expressly state the clinical question(s) for the assessment;
- ii. include findings specifically addressing the clinical question(s), but not limited to diagnoses and treatment recommendations;
- iii. specify whether the individual would benefit from individual therapy or group therapy in addition to attendance at mall groups;
- iv. be based on current, accurate, and complete data;
- v. determine whether behavioral supports or interventions (e.g., behavior guidelines or mini-behavior plans) are warranted or whether a full positive behavior support plan is required;
- vi. include the implications of the findings for interventions;
- vii. identify any unresolved issues encompassed by the assessment and, where appropriate, specify further observations, records review, interviews, or re-evaluations that should be performed or considered to resolve such issues; and
- viii. Use assessment tools and techniques appropriate for the individuals assessed and in accordance with the American Psychological Association Ethical Standards and Guidelines for testing.

1 e. Each State Hospital shall ensure that all  
2 psychological assessments of all individuals  
3 residing at the State Hospital who were admitted  
4 there before the Effective Date hereof shall be  
5 reviewed by qualified clinicians with demonstrated  
6 current competency in psychological testing and, as  
7 indicated, revised to meet the criteria in  
8 § D.2.a & d, above.

9 f. Each State Hospital shall ensure that all  
10 appropriate psychological assessments shall be  
11 provided in a timely manner whenever clinically  
12 indicated, consistent with generally accepted  
13 professional standards of care, including whenever  
14 there has been a significant change in condition, a  
15 lack of expected improvement resulting from  
16 treatment, or an individual's behavior poses a  
17 significant barrier to treatment, therapeutic  
18 programming, safety to self or others, or school  
19 programming, and, in particular:

20 i. before an individual's therapeutic and  
21 rehabilitation service plan is developed, a  
22 psychological assessment of the individual  
23 shall be performed that will:

- 24 1) address the nature of the individual's  
25 impairments to inform the psychiatric  
26 diagnosis; and
- 27 2) provide an accurate evaluation of the  
28 individual's psychological functioning

1 to inform the therapeutic and  
2 rehabilitation service planning process;

3 ii. if behavioral interventions are indicated, a  
4 structural and functional assessment shall be  
5 performed, consistent with generally accepted  
6 professional standards of care, by a  
7 professional having demonstrated competency  
8 in positive behavior supports; and

9 iii. additional psychological assessments shall be  
10 performed, as appropriate, where clinical  
11 information is otherwise insufficient, and to  
12 address unresolved clinical or diagnostic  
13 questions, including differential diagnosis,  
14 "rule-out," "deferred," "no-diagnosis" and  
15 "NOS" diagnoses.

16 g. For individuals whose primary language is not  
17 English, each State Hospital shall endeavor to  
18 assess them in their own language; if this is not  
19 possible, each State Hospital will develop and  
20 implement a plan to meet the individual's  
21 assessment needs, including, but not limited to the  
22 use of interpreters in the individual's primary  
23 language and dialect, if feasible.

24 3. Nursing Assessments

25 a. Each State Hospital shall develop standard nursing  
26 assessment protocols, consistent with generally  
27 accepted professional standards of care. These  
28 protocols shall address, at a minimum:



1 d. Each State Hospital shall ensure that nursing  
2 assessments are undertaken on a timely basis, and  
3 in particular, that:

4 i. initial nursing assessments are completed  
5 within 24 hours of the individual's  
6 admission;

7 ii. Further nursing assessments are completed and  
8 integrated into the individual's therapeutic  
9 and rehabilitation service plan within 7 days  
10 of admission; and

11 iii. nursing assessments are reviewed every 14  
12 days during the first 60 days of admission  
13 and every 30 days thereafter and updated as  
14 appropriate. The 3rd monthly review shall be  
15 a quarterly review and the 12th monthly  
16 review shall be the annual review.

17 4. Rehabilitation Therapy Assessments

18 a. Each State Hospital shall develop standard  
19 rehabilitation therapy assessment protocols,  
20 consistent with generally accepted professional  
21 standards of care, for satisfying the necessary  
22 components of a comprehensive rehabilitation  
23 therapy assessment.

24 b. Each State Hospital shall ensure that each  
25 individual served shall have a rehabilitation  
26 assessment that, consistent with generally accepted  
27 professional standards of care:









- 1 a. Is, to the extent reasonably possible, accurate,  
2 current and comprehensive;
- 3 b. Expressly identifies factual inconsistencies among  
4 sources, resolves or attempts to resolve  
5 inconsistencies, and explains the rationale for the  
6 resolution offered;
- 7 c. Is included in the 7-day integrated assessment and  
8 fully documented by the 30th day of an individual's  
9 admission; and
- 10 d. Reliably informs the individual's interdisciplinary  
11 team about the individual's relevant social factors  
12 and educational status.

13 7. Court Assessments

- 14 a. Each State Hospital shall develop and implement  
15 policies and procedures to ensure an  
16 interdisciplinary approach to the development of  
17 court submissions for individuals adjudicated "not  
18 guilty by reason of insanity" ("NGI") pursuant to  
19 Penal Code Section 1026, based on accurate  
20 information and individualized risk assessments.  
21 The forensic reports should include the following,  
22 as clinically indicated:
- 23 i. clinical progress and achievement of  
24 stabilization of signs and symptoms of mental  
25 illness that were the cause, or contributing  
26 factor in the commission of the crime (i.e.,  
27 instant offense);
- 28









1           2.    Each State Hospital shall ensure that, beginning at the  
2                   time of admission and continuously throughout the  
3                   individual's stay, the individual is an active  
4                   participant in the discharge planning process, to the  
5                   fullest extent possible, given the individual's level  
6                   of functioning and legal status.

7           3.    Each State Hospital shall ensure that, consistent with  
8                   generally accepted professional standards of care, each  
9                   individual has a professionally developed discharge  
10                  plan that is integrated within the individual's  
11                  therapeutic and rehabilitation service plan, that  
12                  addresses his or her particular discharge  
13                  considerations, and that includes:

14                a.    Measurable interventions regarding these discharge  
15                        considerations;

16                b.    The staff responsible for implementing the  
17                        interventions; and

18                c.    The time frames for completion of the  
19                        interventions.

20           4.    Each State Hospital shall provide transition supports  
21                   and services consistent with generally accepted  
22                   professional standards of care. In particular, each  
23                   State Hospital shall ensure that:

24                a.    Individuals who have met discharge criteria are  
25                        discharged expeditiously, subject to the  
26                        availability of suitable placements; and

27                b.    Individuals receive adequate assistance in  
28                        transitioning to the new setting.







- 1 e. Each State Hospital shall ensure regular  
2 monitoring, using a validated rating instrument  
3 (such as AIMS or DISCUS), of tardive dyskinesia  
4 ("TD"); a baseline assessment shall be performed  
5 for each individual at admission with subsequent  
6 monitoring of the individual every 12 months while  
7 he/she is receiving antipsychotic medication, and  
8 every 3 months if the test is positive, TD is  
9 present, or the individual has a history of TD.
- 10 f. Each State Hospital shall ensure timely  
11 identification, reporting, data analyses, and  
12 follow up remedial action regarding all adverse  
13 drug reactions ("ADR").
- 14 g. Each State Hospital shall ensure drug utilization  
15 evaluation ("DUE") occurs in accord with  
16 established, up-to-date medication guidelines that  
17 shall specify indications, contraindications, and  
18 screening and monitoring requirements for all  
19 psychotropic medications; the guidelines shall be  
20 in accord with current professional literature. A  
21 verifiably competent psychopharmacology consultant  
22 shall approve the guidelines and ensure adherence  
23 to the guidelines.
- 24 h. Each State Hospital shall ensure documentation,  
25 reporting, data analyses, and follow up remedial  
26 action regarding actual and potential medication  
27 variances ("MVR") consistent with generally  
28 accepted professional standards of care.



- 1 i. all individuals prescribed continuous  
2 anticholinergic treatment for more than two  
3 months;
- 4 ii. all elderly individuals and individuals with  
5 cognitive disorders who are prescribed  
6 continuous anticholinergic treatment  
7 regardless of duration of treatment;
- 8 iii. all individuals prescribed benzodiazepines as  
9 a scheduled modality for more than two  
10 months;
- 11 iv. all individuals prescribed benzodiazepines  
12 with diagnoses of substance abuse or  
13 cognitive impairments, regardless of duration  
14 of treatment;
- 15 v. all individuals with a diagnosis or  
16 evidencing symptoms of tardive dyskinesia;  
17 and
- 18 vi. all individuals diagnosed with dyslipidemia,  
19 and/or obesity, and/or diabetes mellitus who  
20 are prescribed new generation antipsychotic  
21 medications.
- 22 n. Each State Hospital shall ensure that the  
23 medication management of individuals with substance  
24 abuse disorders is provided consistent with  
25 generally accepted professional standards of care.
- 26 o. Metropolitan State Hospital shall provide a minimum  
27 of 16 hours per year of psychopharmacology  
28 instruction, through conferences, seminars,



1           ii.    the development and implementation of a  
2                    facility-wide behavioral incentive system,  
3                    referred to as "BY CHOICE," that encompasses  
4                    self-determination and choice by the  
5                    individuals served.

6           b.    Each State Hospital shall ensure that the Chief of  
7                    Psychology has the clinical and administrative  
8                    responsibility for the Positive Behavior Support  
9                    Team and the BY CHOICE incentive program.

10          c.    Each State Hospital shall ensure that:

11           i.    behavioral assessments include structural and  
12                    functional assessments, and, as necessary,  
13                    functional analysis;

14           ii.   hypotheses on the maladaptive behavior are  
15                    based on structural and functional  
16                    assessments;

17           iii.  there is documentation of previous behavioral  
18                    interventions and their effects;

19           iv.   behavioral interventions, which shall include  
20                    positive behavior support plans, are based on  
21                    a positive behavior supports model and do not  
22                    include the use of aversive or punishment  
23                    contingencies;

24           v.    behavioral interventions are consistently  
25                    implemented across all settings, including  
26                    school settings;

27           vi.   triggers for instituting individualized  
28                    behavioral interventions are specified and

1 utilized, and that these triggers include  
2 excessive use of seclusion, restraint, or  
3 psychiatric PRN and Stat medication for  
4 behavior control;

5 vii. positive behavior support teams and team  
6 psychologists integrate their therapies with  
7 other treatment modalities, including drug  
8 therapy;

9 viii. all positive behavior support plans are  
10 specified in the objectives and interventions  
11 sections of the individual's WRP;

12 ix. all positive behavior support plans are  
13 updated as indicated by outcome data and  
14 reported at least quarterly in the present  
15 status section of the case formulation in the  
16 individual's WRP;

17 x. all staff has received competency-based  
18 training on implementing the specific  
19 behavioral interventions for which they are  
20 responsible, and performance improvement  
21 measures are in place for monitoring the  
22 implementation of such interventions;

23 xi. all positive behavior support team members  
24 shall have as their primary responsibility  
25 the provision of behavioral interventions;  
26 and

27 xii. the BY CHOICE point allocation is updated  
28 monthly in the individual's WRP.





1 of the positive behavior support team (in functions  
2 of the committee that relate to individuals under  
3 the care of those team members). The committee  
4 membership shall include all clinical discipline  
5 heads, including the medical director, as well as  
6 the clinical administrator of the facility.

7 f. Each State Hospital shall ensure that it has  
8 sufficient neuropsychological services for the  
9 provision of adequate neuropsychological assessment  
10 of individuals with persistent mental illness.

11 g. All clinical psychologists with privileges at any  
12 State Hospital shall have the authority to write  
13 orders for the implementation of positive behavior  
14 support plans, consultation for educational or  
15 other testing, and behavior plan updates.

16 3. Nursing Services

17 Each State Hospital shall provide adequate and  
18 appropriate nursing care and services consistent with  
19 generally accepted professional standards of care to  
20 individuals who require such services.

21 a. Each State Hospital shall develop and implement  
22 policies and protocols regarding the administration  
23 of medication, including pro re nata ("PRN") and  
24 "Stat" medication (i.e., emergency use of  
25 psychoactive medication), consistent with generally  
26 accepted professional standards of care, to ensure:  
27 i. safe administration of PRN medications and  
28 Stat medications;





1 psychiatric technicians have successfully completed  
2 competency-based training regarding:

3 i. mental health diagnoses, related symptoms,  
4 psychotropic medications and their side  
5 effects, monitoring of symptoms and target  
6 variables, and documenting and reporting of  
7 the individual's status;

8 ii. the provision of a therapeutic milieu on the  
9 units and proactive, positive interventions  
10 to prevent and de-escalate crises; and

11 iii. positive behavior support principles.

12 i. Each State Hospital shall ensure that, prior to  
13 assuming their duties and on a regular basis  
14 thereafter, all staff responsible for the  
15 administration of medication have successfully  
16 completed competency-based training on the  
17 completion of the MTR and the controlled medication  
18 log.

#### 19 4. Rehabilitation Therapy Services

20 Each State Hospital shall provide adequate,  
21 appropriate, and timely rehabilitation therapy services to  
22 each individual in need of such services, consistent with  
23 generally accepted professional standards of care.

24 a. Each State Hospital shall develop and implement  
25 policies and procedures, consistent with generally  
26 accepted professional standards of care, related to  
27 the provision of rehabilitation therapy services  
28 that address, at a minimum:







1 specialized, and emergency medical care to all  
2 individuals in need of such services, consistent  
3 with generally accepted professional standards of  
4 care. Each State Hospital shall ensure that  
5 individuals with medical problems are promptly  
6 identified, assessed, diagnosed, treated, monitored  
7 and, as monitoring indicates is necessary,  
8 reassessed, diagnosed, and treated, consistent with  
9 generally accepted professional standards of care.

10 b. Each State Hospital shall develop and implement  
11 protocols and procedures, consistent with generally  
12 accepted professional standards of care, that:

13 i. require the timely provision of initial and  
14 ongoing assessments relating to medical care,  
15 including but not limited to, vision care,  
16 dental care, and laboratory and consultation  
17 services;

18 ii. require the timely provision of medical care,  
19 including but not limited to, vision care,  
20 dental care, and laboratory and consultation  
21 services; timely and appropriate  
22 communication between nursing staff and  
23 physicians regarding changes in an  
24 individual's physical status; and the  
25 integration of each individual's mental  
26 health and medical care;

27 iii. define the duties and responsibilities of  
28 primary care (non-psychiatric) physicians;



1           iv.     ensure a system of after-hours coverage by  
2                     primary care physicians with formal  
3                     psychiatric training (i.e., privileging and  
4                     proctorship) and psychiatric backup support  
5                     after hours; and

6           v.     endeavor to obtain, on a consistent and  
7                     timely basis, an individual's medical records  
8                     after the individual is treated in another  
9                     medical facility.

10          c.     Each State Hospital shall ensure that physicians  
11                     monitor each individual's health status indicators  
12                     in accordance with generally accepted professional  
13                     standards of care, and, whenever appropriate,  
14                     modify their therapeutic and rehabilitation service  
15                     plans to address any problematic changes in health  
16                     status indicators.

17          d.     Each State Hospital shall monitor, on a continuous  
18                     basis, outcome indicators to identify trends and  
19                     patterns in individuals' health status, assess the  
20                     performance of medical systems, and provide  
21                     corrective follow-up measures to improve outcomes.

22          8.     Infection Control

23                     Each State Hospital shall develop and implement  
24                     infection control policies and procedures to prevent the  
25                     spread of infections or communicable diseases, consistent  
26                     with generally accepted professional standards of care.

27           a.     Each State Hospital shall establish an effective  
28                     infection control program that:

- i. actively collects data regarding infections and communicable diseases;
- ii. assesses these data for trends;
- iii. initiates inquiries regarding problematic trends;
- iv. identifies necessary corrective action;
- v. monitors to ensure that appropriate remedies are achieved; and
- vi. integrates this information into the State Hospital's quality assurance review.

9. Dental Services

Each State Hospital shall provide individuals with adequate, appropriate and timely routine and emergency dental care and treatment, consistent with generally accepted professional standards of care.

- a. Each State Hospital shall retain or contract with an adequate number of qualified dentists to provide timely and appropriate dental care and treatment to all individuals it serves;
- b. Each State Hospital shall develop and implement policies and procedures that require:
  - i. comprehensive and timely provision of dental services;
  - ii. documentation of dental services, including but not limited to, findings, descriptions of any treatment provided, and the plans of care;



1 educational needs and monitoring their individual  
2 progress.

3 b. Each State Hospital shall ensure that all  
4 Individual Education Plans ("IEPs") are developed  
5 and implemented consistent with the Individuals  
6 with Disabilities Education Act, 20 U.S.C. § 1400  
7 et seq. (2002) ("IDEA").

8 c. Each State Hospital shall ensure that teachers  
9 providing instruction to students at the State  
10 Hospital have completed competency-based training  
11 regarding teaching and academic instruction,  
12 behavioral interventions, monitoring of academic  
13 and behavioral progress, and incident management  
14 and reporting.

15 d. Each State Hospital shall ensure that students  
16 receive instruction and behavioral supports  
17 appropriate to their learning abilities and needs,  
18 consistent with generally accepted professional  
19 standards of care.

20 e. Each State Hospital shall provide appropriate  
21 literacy instruction, consistent with generally  
22 accepted professional standards of care, for  
23 students who show deficits in one or more common  
24 areas of reading (e.g., decoding or comprehending).

25 f. Each State Hospital shall, on admission and as  
26 statutorily required thereafter, assess each  
27 student's capacity to participate, with appropriate  
28 supports and services, in an integrated, non-







1 d. Nursing staff assess the individual within 1 hour  
2 of the administration of the psychiatric PRN  
3 medication and Stat medication and documents the  
4 individual's response; and A psychiatrist conducts  
5 a face-to-face assessment of the individual within  
6 24 hours of the administration of a Stat  
7 medication. The assessment shall address the  
8 reason for the Stat administration, the  
9 individual's response, and, as appropriate,  
10 appropriateness of adjustment to current treatment  
11 and/or diagnosis.

12 7. Each State Hospital shall ensure that all staff whose  
13 responsibilities include the implementation or  
14 assessment of seclusion, restraints, psychiatric PRN  
15 medications, or Stat medications successfully complete  
16 competency-based training regarding implementation of  
17 all such policies and the use of less restrictive  
18 interventions.

19 8. Each State Hospital shall:

20 a. Develop and implement a plan to reduce the use of  
21 side rails as restraints in a systematic and  
22 gradual way to ensure individuals' safety; and

23 b. Ensure that, as to individuals who need side rails,  
24 their therapeutic and rehabilitation service plans  
25 expressly address the use of side rails, including  
26 identification of the medical symptoms that warrant  
27 the use of side rails, methods to address the  
28 underlying causes of such medical symptoms, and











- 1) investigations commence within 24 hours or sooner, if necessary, of the incident being reported;
- 2) investigations be completed within 30 business days of the incident being reported, except that investigations where material evidence is unavailable to the investigator, despite best efforts, may be completed within 5 business days of its availability;
- 3) each investigation result in a written report, including a summary of the investigation, findings and, as appropriate, recommendations for corrective action. The report's contents shall be sufficient to provide a clear basis for its conclusion. The report shall set forth explicitly and separately:
  - (i) each allegation of wrongdoing investigated;
  - (ii) the names of all witnesses;
  - (iii) the names of all alleged victims and perpetrators;
  - (iv) the names of all persons interviewed during the investigation;
  - (v) a summary of each interview;



















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Escape/AWOL	6.1 Any escape attempt/unauthorized absence within facility
	6.2 Any escape attempt/unauthorized absence outside of facility

Falls	7.1 Any fall resulting in major injury
	7.2 Three or more falls in 30 consecutive days

Illicit Substances	8.1 Any incident of an individual testing positive for illicit substance (street drug) use
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Medication Variance (Error)	9.1 Any medication error that results in major injury or exacerbation of a disease or disorder (i.e., prescribing, transcribing, ordering/procurement, dispensing/storage, administration, and documentation)
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