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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;
- 28

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

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)

