

AMENDED IN SENATE JULY 2, 2014  
AMENDED IN SENATE JUNE 16, 2014  
AMENDED IN SENATE APRIL 3, 2014  
AMENDED IN SENATE JUNE 18, 2013  
AMENDED IN ASSEMBLY MAY 24, 2013  
AMENDED IN ASSEMBLY APRIL 10, 2013  
AMENDED IN ASSEMBLY APRIL 1, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1340**

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**Introduced by Assembly Member Achadjian**  
**(Coauthor: Assembly Member Yamada)**  
(Coauthors: Senators *Anderson*, Beall and Wolk)

February 22, 2013

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An act to amend Section 1250 of, and to add Section 1265.9 to, the Health and Safety Code, and to amend Sections 4100 and 7200 of, and to add Sections ~~4142~~ 4142.5 and 4143 to, the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

AB 1340, as amended, Achadjian. Enhanced treatment programs.

Existing law establishes state hospitals for the care, treatment, and education of mentally disordered persons. These hospitals are under the jurisdiction of the State Department of State Hospitals, which is authorized by existing law to adopt regulations regarding the conduct and management of these facilities. Existing law requires each state

hospital to develop an incident reporting procedure that can be used to, at a minimum, develop reports of patient assaults on employees and assist the hospital in identifying risks of patient assaults on employees. Existing law provides for the licensure and regulation of health facilities, including acute psychiatric hospitals, by the State Department of Public Health. A violation of these provisions is a crime.

This bill would, commencing July 1, 2015, and subject to available funding, authorize the State Department of State Hospitals to establish and maintain enhanced treatment *pilot* programs (ETPs), as defined, for the treatment of patients who are at high risk ~~for~~ of most dangerous behavior, as defined, and when treatment is not possible in a standard treatment environment. The bill would require, until January 1, 2018, that an ETP meet the licensing requirements of an acute psychiatric hospital, except as specified. ~~Commencing January 1, 2018, an ETP that is operated by the State Department of State Hospitals would be required to be licensed by the State Department of Public Health.~~

The bill would authorize a state hospital psychiatrist or psychologist to refer a patient to an ETP for temporary placement and risk assessment upon a determination that the patient may be at high risk for most dangerous behavior. The bill would require the forensic needs assessment panel (FNAP) to conduct a placement evaluation to determine whether the patient clinically requires ETP placement and ETP treatment can meet the identified needs of the patient. The bill would also require a forensic needs assessment team (FNAT) psychologist to perform an in-depth violence risk assessment and make a treatment plan upon the patient's admission to an ETP.

The bill would require the FNAP to conduct a treatment placement meeting with specified individuals prior to the expiration of 90 days from the date of placement in the ETP to determine whether the patient may return to a standard treatment environment or the patient clinically requires continued ETP treatment. If the FNAP determines that the patient clinically requires continued ETP treatment, the bill would require the FNAP to certify the patient for further ETP treatment for one year, subject to FNAP reviews every 90 days, as specified. The bill would require the FNAP to conduct another treatment placement meeting prior to the expiration of the one-year certification of ETP placement to determine whether the patient may return to a standard treatment environment or be certified for further ETP treatment for another year.

Because this bill would create a new crime, it imposes a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. (a) The Legislature finds and declares that the  
2 State Department of State Hospitals delivers inpatient mental health  
3 treatment to over 6,000 patients through more than 10,000  
4 department employees. Their goal is to improve the lives of patients  
5 diagnosed with severe mental health conditions who have been  
6 assigned to their hospitals and units. In the experience of the  
7 department, there can be no effective clinical treatment without  
8 safety for its patients and employees, and no safety without  
9 effective clinical treatment.

10 (b) It is the intent of the Legislature in enacting this bill to  
11 expand the range of available clinical treatment by establishing  
12 enhanced treatment *pilot* programs for those patients determined  
13 to be at the highest risk for aggression ~~high risk of most dangerous~~  
14 *behavior* against other patients or hospital staff. The goal of these  
15 enhanced treatment *pilot* programs is to ~~deliver~~ *evaluate the*  
16 *effectiveness of* concentrated, evidence-based clinical ~~therapy,~~  
17 *therapy* and treatment in an environment designed to improve these  
18 patients' conditions and return them to the general patient  
19 population.

20 (c) *The Legislature finds and declares that the purpose of the*  
21 *establishment of a pilot program creating Enhanced Treatment*  
22 *Units within the State Department of State Hospitals is to test the*  
23 *effectiveness of providing improved treatment with a heightened*  
24 *secure setting to patients with a demonstrated and sustained risk*  
25 *of aggressive, violent behavior toward other patients and staff.*

26 (d) *It is the intent of the Legislature that the criteria established*  
27 *for placement in an Enhanced Treatment Unit within the State*  
28 *Department of State Hospitals cannot be used to circumvent the*

1 *statutory and regulatory criteria for use of seclusion and restrains,*  
2 *but is instead another level of continuum of care for the patient*  
3 *receiving treatment in an Enhanced Treatment Unit.*

4 SEC. 2. Section 1250 of the Health and Safety Code is amended  
5 to read:

6 1250. As used in this chapter, “health facility” means any  
7 facility, place, or building that is organized, maintained, and  
8 operated for the diagnosis, care, prevention, and treatment of  
9 human illness, physical or mental, including convalescence and  
10 rehabilitation and including care during and after pregnancy, or  
11 for any one or more of these purposes, for one or more persons,  
12 to which the persons are admitted for a 24-hour stay or longer, and  
13 includes the following types:

14 (a) “General acute care hospital” means a health facility having  
15 a duly constituted governing body with overall administrative and  
16 professional responsibility and an organized medical staff that  
17 provides 24-hour inpatient care, including the following basic  
18 services: medical, nursing, surgical, anesthesia, laboratory,  
19 radiology, pharmacy, and dietary services. A general acute care  
20 hospital may include more than one physical plant maintained and  
21 operated on separate premises as provided in Section 1250.8. A  
22 general acute care hospital that exclusively provides acute medical  
23 rehabilitation center services, including at least physical therapy,  
24 occupational therapy, and speech therapy, may provide for the  
25 required surgical and anesthesia services through a contract with  
26 another acute care hospital. In addition, a general acute care  
27 hospital that, on July 1, 1983, provided required surgical and  
28 anesthesia services through a contract or agreement with another  
29 acute care hospital may continue to provide these surgical and  
30 anesthesia services through a contract or agreement with an acute  
31 care hospital. The general acute care hospital operated by the State  
32 Department of Developmental Services at Agnews Developmental  
33 Center may, until June 30, 2007, provide surgery and anesthesia  
34 services through a contract or agreement with another acute care  
35 hospital. Notwithstanding the requirements of this subdivision, a  
36 general acute care hospital operated by the Department of  
37 Corrections and Rehabilitation or the Department of Veterans  
38 Affairs may provide surgery and anesthesia services during normal  
39 weekday working hours, and not provide these services during  
40 other hours of the weekday or on weekends or holidays, if the

1 general acute care hospital otherwise meets the requirements of  
2 this section.

3 A “general acute care hospital” includes a “rural general acute  
4 care hospital.” However, a “rural general acute care hospital” shall  
5 not be required by the department to provide surgery and anesthesia  
6 services. A “rural general acute care hospital” shall meet either of  
7 the following conditions:

8 (1) The hospital meets criteria for designation within peer group  
9 six or eight, as defined in the report entitled Hospital Peer Grouping  
10 for Efficiency Comparison, dated December 20, 1982.

11 (2) The hospital meets the criteria for designation within peer  
12 group five or seven, as defined in the report entitled Hospital Peer  
13 Grouping for Efficiency Comparison, dated December 20, 1982,  
14 and has no more than 76 acute care beds and is located in a census  
15 dwelling place of 15,000 or less population according to the 1980  
16 federal census.

17 (b) “Acute psychiatric hospital” means a health facility having  
18 a duly constituted governing body with overall administrative and  
19 professional responsibility and an organized medical staff that  
20 provides 24-hour inpatient care for mentally disordered,  
21 incompetent, or other patients referred to in Division 5  
22 (commencing with Section 5000) or Division 6 (commencing with  
23 Section 6000) of the Welfare and Institutions Code, including the  
24 following basic services: medical, nursing, rehabilitative,  
25 pharmacy, and dietary services.

26 (c) (1) “Skilled nursing facility” means a health facility that  
27 provides skilled nursing care and supportive care to patients whose  
28 primary need is for availability of skilled nursing care on an  
29 extended basis.

30 (2) “Skilled nursing facility” includes a “small house skilled  
31 nursing facility (SHSNF),” as defined in Section 1323.5.

32 (d) “Intermediate care facility” means a health facility that  
33 provides inpatient care to ambulatory or nonambulatory patients  
34 who have recurring need for skilled nursing supervision and need  
35 supportive care, but who do not require availability of continuous  
36 skilled nursing care.

37 (e) “Intermediate care facility/developmentally disabled  
38 habilitative” means a facility with a capacity of 4 to 15 beds that  
39 provides 24-hour personal care, habilitation, developmental, and  
40 supportive health services to 15 or fewer persons with

1 developmental disabilities who have intermittent recurring needs  
2 for nursing services, but have been certified by a physician and  
3 surgeon as not requiring availability of continuous skilled nursing  
4 care.

5 (f) “Special hospital” means a health facility having a duly  
6 constituted governing body with overall administrative and  
7 professional responsibility and an organized medical or dental staff  
8 that provides inpatient or outpatient care in dentistry or maternity.

9 (g) “Intermediate care facility/developmentally disabled” means  
10 a facility that provides 24-hour personal care, habilitation,  
11 developmental, and supportive health services to persons with  
12 developmental disabilities whose primary need is for  
13 developmental services and who have a recurring but intermittent  
14 need for skilled nursing services.

15 (h) “Intermediate care facility/developmentally  
16 disabled-nursing” means a facility with a capacity of 4 to 15 beds  
17 that provides 24-hour personal care, developmental services, and  
18 nursing supervision for persons with developmental disabilities  
19 who have intermittent recurring needs for skilled nursing care but  
20 have been certified by a physician and surgeon as not requiring  
21 continuous skilled nursing care. The facility shall serve medically  
22 fragile persons with developmental disabilities or who demonstrate  
23 significant developmental delay that may lead to a developmental  
24 disability if not treated.

25 (i) (1) “Congregate living health facility” means a residential  
26 home with a capacity, except as provided in paragraph (4), of no  
27 more than 12 beds, that provides inpatient care, including the  
28 following basic services: medical supervision, 24-hour skilled  
29 nursing and supportive care, pharmacy, dietary, social, recreational,  
30 and at least one type of service specified in paragraph (2). The  
31 primary need of congregate living health facility residents shall  
32 be for availability of skilled nursing care on a recurring,  
33 intermittent, extended, or continuous basis. This care is generally  
34 less intense than that provided in general acute care hospitals but  
35 more intense than that provided in skilled nursing facilities.

36 (2) Congregate living health facilities shall provide one of the  
37 following services:

38 (A) Services for persons who are mentally alert, persons with  
39 physical disabilities, who may be ventilator dependent.

1 (B) Services for persons who have a diagnosis of terminal  
2 illness, a diagnosis of a life-threatening illness, or both. Terminal  
3 illness means the individual has a life expectancy of six months  
4 or less as stated in writing by his or her attending physician and  
5 surgeon. A “life-threatening illness” means the individual has an  
6 illness that can lead to a possibility of a termination of life within  
7 five years or less as stated in writing by his or her attending  
8 physician and surgeon.

9 (C) Services for persons who are catastrophically and severely  
10 disabled. A person who is catastrophically and severely disabled  
11 means a person whose origin of disability was acquired through  
12 trauma or nondegenerative neurologic illness, for whom it has  
13 been determined that active rehabilitation would be beneficial and  
14 to whom these services are being provided. Services offered by a  
15 congregate living health facility to a person who is catastrophically  
16 disabled shall include, but not be limited to, speech, physical, and  
17 occupational therapy.

18 (3) A congregate living health facility license shall specify which  
19 of the types of persons described in paragraph (2) to whom a  
20 facility is licensed to provide services.

21 (4) (A) A facility operated by a city and county for the purposes  
22 of delivering services under this section may have a capacity of  
23 59 beds.

24 (B) A congregate living health facility not operated by a city  
25 and county servicing persons who are terminally ill, persons who  
26 have been diagnosed with a life-threatening illness, or both, that  
27 is located in a county with a population of 500,000 or more persons,  
28 or located in a county of the 16th class pursuant to Section 28020  
29 of the Government Code, may have not more than 25 beds for the  
30 purpose of serving persons who are terminally ill.

31 (C) A congregate living health facility not operated by a city  
32 and county serving persons who are catastrophically and severely  
33 disabled, as defined in subparagraph (C) of paragraph (2) that is  
34 located in a county of 500,000 or more persons may have not more  
35 than 12 beds for the purpose of serving persons who are  
36 catastrophically and severely disabled.

37 (5) A congregate living health facility shall have a  
38 noninstitutional, homelike environment.

39 (j) (1) “Correctional treatment center” means a health facility  
40 operated by the Department of Corrections and Rehabilitation, the

1 Department of Corrections and Rehabilitation, Division of Juvenile  
2 Facilities, or a county, city, or city and county law enforcement  
3 agency that, as determined by the department, provides inpatient  
4 health services to that portion of the inmate population who do not  
5 require a general acute care level of basic services. This definition  
6 shall not apply to those areas of a law enforcement facility that  
7 houses inmates or wards who may be receiving outpatient services  
8 and are housed separately for reasons of improved access to health  
9 care, security, and protection. The health services provided by a  
10 correctional treatment center shall include, but are not limited to,  
11 all of the following basic services: physician and surgeon,  
12 psychiatrist, psychologist, nursing, pharmacy, and dietary. A  
13 correctional treatment center may provide the following services:  
14 laboratory, radiology, perinatal, and any other services approved  
15 by the department.

16 (2) Outpatient surgical care with anesthesia may be provided,  
17 if the correctional treatment center meets the same requirements  
18 as a surgical clinic licensed pursuant to Section 1204, with the  
19 exception of the requirement that patients remain less than 24  
20 hours.

21 (3) Correctional treatment centers shall maintain written service  
22 agreements with general acute care hospitals to provide for those  
23 inmate physical health needs that cannot be met by the correctional  
24 treatment center.

25 (4) Physician and surgeon services shall be readily available in  
26 a correctional treatment center on a 24-hour basis.

27 (5) It is not the intent of the Legislature to have a correctional  
28 treatment center supplant the general acute care hospitals at the  
29 California Medical Facility, the California Men's Colony, and the  
30 California Institution for Men. This subdivision shall not be  
31 construed to prohibit the Department of Corrections and  
32 Rehabilitation from obtaining a correctional treatment center  
33 license at these sites.

34 (k) "Nursing facility" means a health facility licensed pursuant  
35 to this chapter that is certified to participate as a provider of care  
36 either as a skilled nursing facility in the federal Medicare Program  
37 under Title XVIII of the federal Social Security Act (42 U.S.C.  
38 Sec. 1395 et seq.) or as a nursing facility in the federal Medicaid  
39 Program under Title XIX of the federal Social Security Act (42  
40 U.S.C. Sec. 1396 et seq.), or as both.

1 (l) Regulations defining a correctional treatment center described  
2 in subdivision (j) that is operated by a county, city, or city and  
3 county, the Department of Corrections and Rehabilitation, or the  
4 Department of Corrections and Rehabilitation, Division of Juvenile  
5 Facilities, shall not become effective prior to, or if effective, shall  
6 be inoperative until January 1, 1996, and until that time these  
7 correctional facilities are exempt from any licensing requirements.

8 (m) “Intermediate care facility/developmentally  
9 disabled-continuous nursing (ICF/DD-CN)” means a homelike  
10 facility with a capacity of four to eight, inclusive, beds that  
11 provides 24-hour personal care, developmental services, and  
12 nursing supervision for persons with developmental disabilities  
13 who have continuous needs for skilled nursing care and have been  
14 certified by a physician and surgeon as warranting continuous  
15 skilled nursing care. The facility shall serve medically fragile  
16 persons who have developmental disabilities or demonstrate  
17 significant developmental delay that may lead to a developmental  
18 disability if not treated. ICF/DD-CN facilities shall be subject to  
19 licensure under this chapter upon adoption of licensing regulations  
20 in accordance with Section 1275.3. A facility providing continuous  
21 skilled nursing services to persons with developmental disabilities  
22 pursuant to Section 14132.20 or 14495.10 of the Welfare and  
23 Institutions Code shall apply for licensure under this subdivision  
24 within 90 days after the regulations become effective, and may  
25 continue to operate pursuant to those sections until its licensure  
26 application is either approved or denied.

27 (n) “Hospice facility” means a health facility licensed pursuant  
28 to this chapter with a capacity of no more than 24 beds that  
29 provides hospice services. Hospice services include, but are not  
30 limited to, routine care, continuous care, inpatient respite care, and  
31 inpatient hospice care as defined in subdivision (d) of Section  
32 1339.40, and is operated by a provider of hospice services that is  
33 licensed pursuant to Section 1751 and certified as a hospice  
34 pursuant to Part 418 of Title 42 of the Code of Federal Regulations.

35 (o) (1) “Enhanced treatment program” or “ETP” means a health  
36 facility under the jurisdiction of the State Department of State  
37 Hospitals that provides 24-hour inpatient care for mentally  
38 disordered, incompetent, or other patients who have been  
39 committed to the State Department of State Hospitals and have  
40 been assessed to be at high risk ~~for~~ of most dangerous behavior,

1 as defined in subdivision (k) of Section 4143 of the Welfare and  
 2 Institutions Code, and cannot be effectively treated within an acute  
 3 psychiatric hospital, a skilled nursing facility, or an intermediate  
 4 care facility, including the following basic services: medical,  
 5 nursing, rehabilitative, pharmacy, and dietary service.

6 (2) It is not the intent of the Legislature to have an enhanced  
 7 treatment *pilot* program supplant health facilities licensed as an  
 8 acute psychiatric hospital, a skilled nursing facility, or an  
 9 intermediate care facility under this chapter.

10 (3) Commencing July 1, 2015, and until January 1, 2018, an  
 11 enhanced treatment *pilot* program shall meet the licensing  
 12 requirements applicable to acute psychiatric hospitals under  
 13 Chapter 2 (commencing with Section 71001) of Division 5 of the  
 14 California Code of Regulations, unless otherwise specified in  
 15 Section 1265.9 and any related emergency regulations adopted  
 16 pursuant to that section.

17 ~~(4) Commencing January 1, 2018, an ETP shall be subject to~~  
 18 ~~licensure under this chapter as specified in subdivision (a) of~~  
 19 ~~Section 1265.9.~~

20 SEC. 3. Section 1265.9 is added to the Health and Safety Code,  
 21 to read:

22 ~~1265.9. (a) On and after January 1, 2018, an enhanced~~  
 23 ~~treatment program (ETP) that is operated by the State Department~~  
 24 ~~of State Hospitals shall be licensed by the State Department of~~  
 25 ~~Public Health to provide treatment for patients who are at high~~  
 26 ~~risk for most dangerous behavior, as defined by subdivision (k) of~~  
 27 ~~Section 4143 of the Welfare and Institutions Code. Each ETP shall~~  
 28 ~~be part of a continuum of care based on the individual patient's~~  
 29 ~~treatment needs.~~

30 ~~(b)~~  
 31 ~~1265.9. (a) (1) Notwithstanding subdivision (a), commencing~~  
 32 ~~Commencing July 1, 2015, and until January 1, 2018, the State~~  
 33 ~~Department of State Hospitals may establish and maintain an ETP~~  
 34 ~~for the treatment of a pilot Enhanced Treatment Program (ETP)~~  
 35 ~~to test the effectiveness of providing treatment for patients who~~  
 36 ~~are at high risk for of most dangerous behavior, as described in~~  
 37 ~~Section 4142 of the Welfare and Institutions Code, if the ETP~~  
 38 ~~meets the licensing requirements applicable to acute psychiatric~~  
 39 ~~hospitals under Chapter 2 (commencing with Section 71001) of~~  
 40 ~~Division 5 of the California Code of Regulations, unless otherwise~~

1 ~~specified in this section or emergency regulations adopted pursuant~~  
2 ~~to paragraph (2):~~ *behavior.*

3 (2) Prior to January 1, 2018, the State Department of State  
4 Hospitals may adopt emergency regulations in accordance with  
5 the Administrative Procedure Act (Chapter 3.5 (commencing with  
6 Section 11340) of Part 1 of Division 3 of Title 2 of the Government  
7 Code) to implement this section. The adoption of an emergency  
8 regulation under this paragraph is deemed to address an emergency,  
9 for purposes of Sections 11346.1 and 11349.6 of the Government  
10 Code, and the State Department of State Hospitals is hereby  
11 exempted for this purpose from the requirements of subdivision  
12 (b) of Section 11346.1 of the Government Code.

13 ~~(e)~~

14 (b) An ETP shall meet all of the following requirements:

15 (1) Maintain a staff-to-patient ratio of one to five.

16 (2) Limit each room to one patient.

17 (3) Each patient room shall allow visual access by staff 24 hours  
18 per day.

19 (4) Each patient room shall have a bathroom in the room.

20 (5) Each patient room door shall have the capacity to be locked  
21 externally. The door may be locked when clinically indicated and  
22 determined to be the least restrictive environment for provision of  
23 the patient's care and treatment pursuant to Section 4143 of the  
24 Welfare and Institutions Code, but shall not be considered seclusion  
25 for purposes of Division 1.5 (commencing with Section 1180).

26 (6) Provide emergency egress for ETP patients.

27 (7) *All state licensing and regulations shall be followed when*  
28 *a patient is experiencing behavior criteria consistent with the need*  
29 *for seclusion and restraints.*

30 (8) *Have a full-time independent patient advocate who provides*  
31 *patients' rights advocacy services assigned to each ETP.*

32 ~~(d)~~

33 (c) The ETP shall adopt and implement policies and procedures  
34 consistent with regulations adopted by the State Department of  
35 State Hospitals that provide all of following:

36 (1) ~~Policies and procedures~~ *Criteria and process* for admission  
37 into the ETP. *A person shall not be placed into the ETP as a means*  
38 *of punishment, coercion, convenience, or retaliation.*

39 (2) Clinical assessment and review focused on behavior, history,  
40 ~~dangerousness,~~ *high risk of most dangerous behavior,* and clinical

1 need for patients to receive treatment in the ETP *as the least*  
 2 *restrictive environment.*

3 (3) A process for identifying ~~which~~ *the ETP* along a continuum  
 4 of care *that* will best meet the patient’s needs, *including least*  
 5 *restrictive environment.*

6 (4) A process for *development of* a treatment plan with regular  
 7 clinical review and reevaluation of placement back into a standard  
 8 treatment environment ~~that includes~~ *and* discharge and  
 9 reintegration planning.

10 (e)

11 (d) Patients who have been admitted to an ETP shall have the  
 12 *same* rights guaranteed to patients not in an ETP with the exception  
 13 set forth in paragraph (5) of subdivision (c).

14 (f)

15 (e) (1) ~~Commencing January 1, 2018, the department shall~~  
 16 ~~monitor the ETPs, evaluate outcomes, and report on its findings~~  
 17 ~~and recommendations to the Legislature, in compliance with~~  
 18 ~~Section 9795 of the Government Code, every two years. The~~  
 19 *department shall monitor the pilot ETPs, evaluate outcomes, and*  
 20 *report on its findings and recommendations. The information shall*  
 21 *be provided to the fiscal and policy committees of the Legislature*  
 22 *annually, beginning on January 10 of the year in which the first*  
 23 *ETP is opened and services have commenced. The evaluation shall*  
 24 *include, but is not limited to, the following:*

25 (A) *Comparative summary information regarding the*  
 26 *characteristics of the patients served.*

27 (B) *Compliance with staffing requirements.*

28 (C) *Staffing ratios and staff mix.*

29 (D) *Average monthly occupancy.*

30 (E) *Average length of stay.*

31 (F) *The number of residents whose length of stay exceeds 90*  
 32 *days.*

33 (G) *The number of patients with multiple stays.*

34 (H) *The number of patients whose discharge was delayed due*  
 35 *to lack of availability of less restrictive treatment environment.*

36 (I) *Restraint and seclusion use, including the number of incidents*  
 37 *and duration, consistent with paragraph (3) of subdivision (d) of*  
 38 *Section 1180.2.*

39 (J) *Serious injuries to staff and residents.*

1 (K) *Serious injuries to staff and residents related to use of*  
2 *restraint or seclusion.*

3 (L) *Staff turnover.*

4 (M) *The number of patients' rights complaints, including the*  
5 *subject of the complaint and its resolution.*

6 (N) *Type and number of training provided for ETP staff.*

7 (O) *Staffing levels for ETPs.*

8 (2) The requirement for submitting findings and  
9 recommendations to the Legislature ~~every two years~~ *annually*  
10 under paragraph (1) is inoperative on January 1, 2026.

11 ~~(g)~~

12 (f) Notwithstanding paragraph (2) of subdivision ~~(b)~~, (a), the  
13 State Department of Public Health and the State Department of  
14 State Hospitals shall jointly develop the regulations governing  
15 ETPs.

16 SEC. 4. Section 4100 of the Welfare and Institutions Code is  
17 amended to read:

18 4100. The department has jurisdiction over the following  
19 ~~institutions:~~ *hospitals:*

20 (a) Atascadero State Hospital.

21 (b) Coalinga State Hospital.

22 (c) Metropolitan State Hospital.

23 (d) Napa State Hospital.

24 (e) Patton State Hospital.

25 (f) Any other State Department of State Hospitals facility subject  
26 to available funding by the Legislature.

27 ~~SEC. 5. Section 4142 is added to the Welfare and Institutions~~  
28 ~~Code, to read:~~

29 ~~4142. Commencing July 1, 2015, and subject to available~~  
30 ~~funding, the State Department of State Hospitals may establish~~  
31 ~~and maintain enhanced treatment programs (ETPs), as defined in~~  
32 ~~subdivision (o) of Section 1250 of the Health and Safety Code,~~  
33 ~~for the treatment of patients described in Section 4143.~~

34 ~~SEC. 5. Section 4142.5 is added to the Welfare and Institutions~~  
35 ~~Code, to read:~~

36 ~~4142.5. Commencing July 1, 2015, and subject to available~~  
37 ~~funding, the State Department of State Hospitals may establish~~  
38 ~~and maintain enhanced treatment pilot programs (ETPs), as~~  
39 ~~defined in subdivision (o) of Section 1250 of the Health and Safety~~  
40 ~~Code, and evaluate the effectiveness of intensive, evidence-based~~

1 *clinical therapy and treatment of patients described in Section*  
2 *4143.*

3 SEC. 6. Section 4143 is added to the Welfare and Institutions  
4 Code, to read:

5 4143. (a) A state hospital psychiatrist or psychologist may  
6 refer a patient to an enhanced treatment *pilot* program (ETP), as  
7 defined in subdivision (o) of Section 1250 of the Health and Safety  
8 Code, for temporary placement and risk assessment upon  
9 determining that the patient may be at high risk ~~for~~ *of* most  
10 dangerous behavior and when treatment is not possible in a  
11 standard treatment environment. The referral may occur at any  
12 time after the patient has been admitted to a hospital or program  
13 under the jurisdiction of the department, with notice to the patient's  
14 advocate at the time of the referral.

15 (b) Within three business days of placement in the ETP, a  
16 dedicated forensic evaluator, who is not on the patient's treatment  
17 team, shall complete an initial evaluation of the patient that shall  
18 include an interview of the patient's treatment team, an analysis  
19 of diagnosis, past violence, current level of risk, and the need for  
20 enhanced treatment.

21 (c) (1) Within seven business days of placement in an ETP and  
22 with 72-hour notice to the patient and patient's advocate, the  
23 forensic needs assessment panel (FNAP) shall conduct a placement  
24 evaluation meeting with the referring psychiatrist or psychologist,  
25 the patient and patient's advocate, and the dedicated forensic  
26 evaluator who performed the initial evaluation. A determination  
27 shall be made as to whether the patient clinically requires ETP  
28 treatment.

29 (2) (A) The threshold standard for treatment in an ETP is met  
30 if a psychiatrist or psychologist, utilizing standard forensic  
31 methodologies for clinically assessing violence risk, determines  
32 that a patient meets the definition of a patient at high risk ~~for~~ *of*  
33 most dangerous behavior and ETP treatment can meet the identified  
34 needs of the patient *and there is no less restrictive treatment*  
35 *options.*

36 (B) Factors used to determine a patient's high risk for most  
37 dangerous behavior may include, but are not limited to, an analysis  
38 of past violence, delineation of static and dynamic violence risk  
39 factors, and utilization of valid and reliable violence risk  
40 assessment testing.

1 (3) If a patient has shown improvement during his or her  
2 placement in the ETP, the FNAP may delay its decision for another  
3 seven business days. The FNAP's determination of whether the  
4 patient will benefit from continued or longer term ETP placement  
5 and treatment shall be based on the threshold standard for treatment  
6 in an ETP specified in subparagraph (A) of paragraph (2).

7 (d) (1) The FNAP shall review all material presented at the  
8 FNAP placement evaluation meeting conducted under subdivision  
9 (c), and the FNAP shall either certify the patient for 90 days of  
10 treatment in an ETP or direct that the patient be returned to a  
11 standard treatment environment in the hospital.

12 (2) After the FNAP makes a decision to provide ETP treatment  
13 and if the ETP treatment will be provided at a facility other than  
14 the current hospital, the transfer may take place as soon as  
15 transportation may reasonably be arranged, but no later than 30  
16 days after the decision is made.

17 (3) The FNAP determination shall be in writing and provided  
18 to the patient and patient's advocate as soon as possible, but no  
19 later than three business days after the decision is made.

20 (e) (1) Upon admission to the ETP, a forensic needs assessment  
21 team (FNAT) psychologist who is not on the patient's treatment  
22 team shall perform an in-depth violence risk assessment and make  
23 a treatment plan for the patient based on the assessment within 14  
24 business days of placement in the ETP. Formal treatment plan  
25 reviews shall occur on a monthly basis, which shall include a full  
26 report on the patient's behavior *and response to treatment* while  
27 in the ETP.

28 (2) An ETP patient shall receive treatment from a team  
29 consisting of a psychologist, a psychiatrist, a nurse, a psychiatric  
30 technician, a clinical social worker, a rehabilitation therapist, and  
31 any other staff as ~~necessary~~, *who necessary*.

32 (3) *The treatment team* shall meet as often as necessary, but no  
33 less than once a week, to assess the patient's response to treatment  
34 in the ETP.

35 (f) Prior to the expiration of 90 days from the date of placement  
36 in the ETP and with 72-hour notice provided to the patient and the  
37 patient's advocate, the FNAP shall convene a treatment placement  
38 meeting with a psychologist from the treatment team, a patient  
39 advocate, the patient, and the FNAT psychologist who performed  
40 the in-depth violence risk assessment. The FNAP shall determine

1 whether the patient may return to a standard treatment environment  
2 or the patient clinically requires continued treatment in the ETP.  
3 If the FNAP determines that the patient clinically requires  
4 continued ETP placement, the patient shall be certified for further  
5 ETP placement for one year. The FNAP determination shall be in  
6 writing and provided to the patient and the patient's advocate  
7 within 24 hours of the meeting. If the FNAP determines that the  
8 patient is ready to be transferred to a standard treatment  
9 environment, the FNAP shall identify appropriate placement within  
10 a standard treatment environment in a state hospital, and transfer  
11 the patient within 30 days of the determination.

12 (g) If a patient has been certified for ETP treatment for one year  
13 pursuant to subdivision (f), the FNAP shall review the patient's  
14 treatment summary every 90 days to determine if the patient no  
15 longer clinically requires treatment in the ETP. This FNAP  
16 determination shall be in writing and provided to the patient and  
17 the patient's advocate within three business days of the meeting.  
18 If the FNAP determines that the patient no longer clinically requires  
19 treatment in the ETP, the FNAP shall identify appropriate  
20 placement, and transfer the patient within 30 days of the  
21 determination.

22 (h) Prior to the expiration of the one-year certification of ETP  
23 placement under subdivision (f), and with 72-hour notice provided  
24 to the patient and the patient's advocate, the FNAP shall convene  
25 a treatment placement meeting with the treatment team, the patient  
26 advocate, the patient, and the FNAT psychologist who performed  
27 the in-depth violence risk assessment. The FNAP shall determine  
28 whether the patient clinically requires continued ETP treatment.  
29 If after consideration, including discussion with the patient's ETP  
30 team members and review of documents and records, the FNAP  
31 determines that the patient clinically requires continued ETP  
32 placement, the patient shall be certified for further treatment for  
33 an additional year. The FNAP determination shall be in writing  
34 and provided to the patient and the patient's advocate within three  
35 business days of the meeting.

36 (i) At any point during the ETP placement, if a patient's  
37 treatment team determines that the patient no longer clinically  
38 requires ETP treatment, a recommendation to transfer the patient  
39 out of the ETP shall be made to the FNAT or FNAP.

1 (j) The process described in this section may continue until the  
2 patient no longer clinically requires ETP treatment or until the  
3 patient is discharged from the state hospital.

4 (k) As used in this section, the following terms have the  
5 following meanings:

6 (1) “Enhanced treatment program” or “ETP” means a health  
7 facility as defined in subdivision (o) of Section 1250 of the Health  
8 and Safety Code.

9 (2) “Forensic needs assessment panel” or “FNAP” means a  
10 panel that consists of a psychiatrist, a psychologist, and the medical  
11 director of the hospital or facility, none of whom are involved in  
12 the patient’s treatment or diagnosis at the time of the hearing or  
13 placement meetings.

14 (3) “Forensic needs assessment team” or “FNAT” means a panel  
15 of psychologists with expertise in forensic assessment or violence  
16 risk assessment, each of whom are assigned an ETP case or group  
17 of cases.

18 (4) “In-depth violence risk assessment” means the utilization  
19 of standard forensic methodologies for clinically assessing the risk  
20 of a patient posing a substantial risk of inpatient aggression.

21 (5) “Patient advocate” means the advocate contracted under  
22 Sections 5370.2 and 5510.

23 (6) “Patient at high risk ~~for~~ of most dangerous behavior” means  
24 the individual has a history of physical violence and currently  
25 poses a demonstrated danger of inflicting substantial physical harm  
26 upon others in an inpatient setting, as determined by an  
27 *evidence-based*, in-depth violence risk assessment conducted by  
28 the State Department of State Hospitals.

29 SEC. 7. Section 7200 of the Welfare and Institutions Code is  
30 amended to read:

31 7200. There are in the state the following state hospitals for  
32 the care, treatment, and education of the mentally disordered:

33 (a) Metropolitan State Hospital near the City of Norwalk, Los  
34 Angeles County.

35 (b) Atascadero State Hospital near the City of Atascadero, San  
36 Luis Obispo County.

37 (c) Napa State Hospital near the City of Napa, Napa County.

38 (d) Patton State Hospital near the City of San Bernardino, San  
39 Bernardino County.

1 (e) Coalinga State Hospital near the City of Coalinga, Fresno  
2 County.

3 (f) Any other State Department of State Hospitals facility subject  
4 to available funding by the Legislature.

5 SEC. 8. No reimbursement is required by this act pursuant to  
6 Section 6 of Article XIII B of the California Constitution because  
7 the only costs that may be incurred by a local agency or school  
8 district will be incurred because this act creates a new crime or  
9 infraction, eliminates a crime or infraction, or changes the penalty  
10 for a crime or infraction, within the meaning of Section 17556 of  
11 the Government Code, or changes the definition of a crime within  
12 the meaning of Section 6 of Article XIII B of the California  
13 Constitution.

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