California Department of
State Hospitals

ENHANCED TREATMENT PROGRAM PILOT EVALUATION, FINDINGS AND RECOMMENDATIONS

An Annual Report to the Fiscal and Policy Committees of the Legislature in Accordance with Section 4145(a) of the Welfare and Institutions Code

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ENHANCED TREATMENT PROGRAM PILOT

EVALUATION, FINDINGS AND RECOMMENDATIONS

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EXECUTIVE SUMMARY

The Department of State Hospitals (DSH) has been authorized by Assembly Bill 1340 (Achadjian, Statutes of 2014) to establish pilot Enhanced Treatment Programs (ETP) for patients determined to be at the highest risk for dangerous behavior against other patients and hospital staff and who cannot be safely treated in a standard treatment environment. The ETP provides treatment with the intent to return patients to a standard treatment environment with supports that prevent future aggression, increase safety, and protect patients and staff from harm.

DSH has been authorized to establish four ETP units totaling 49 beds. Three 13-bed units will be provided at DSH-Atascadero, and one 10-bed treatment unit will be at DSH-Patton. One unit at DSH-Atascadero began admitting patients on September 14, 2021. As the remaining three units are not yet completed or activated, this report covers activity for the operation of the first activated ETP unit at DSH-Atascadero in accordance with reporting requirements established in AB 1340. An update on the status of the construction and activation of each unit is provided in DSH's annual Governor's Budget and May Revision Population and Caseload Estimates.

This report encompasses data collected between September 14, 2021, and September 30, 2022. The data shows patient characteristics including gender, ethnicity, age on admission, legal group, and years at DSH. Data also includes information on staffing requirements and staff-to-patient ratios, as well as staff turnover. Data on restraint and seclusion use and serious injuries is also provided. The report also includes information regarding patients' rights complaints received as provided by the Disability Rights California, California Office of Patients' Rights, and the resolution to these issues. Finally, the report includes information regarding training provided to ETP staff, as well the training offered to staff who are primarily assigned to other units but could be asked to provide support in the ETP.

Recommendations based on the findings are outlined at the conclusion of this report.

ENHANCED TREATMENT PROGRAM

BACKGROUND

Assembly Bill 1340 (Achadjian, Statutes of 2014) authorized DSH to establish pilot ETP for those patients determined to be at high risk for most dangerous behavior against other patients and hospital staff. The ETP was developed to accept patients who are at the highest risk of violence and cannot otherwise be safely treated in a standard treatment environment. The ETP provides treatment intended to return patients to a standard treatment environment, with supports to prevent future aggression, while increasing safety in the facility and protecting patients and staff from harm. As such, the ETP provides enhanced treatment, staffing, and security, and implements admissions and treatment planning processes to identify and address patients' violence risk factors.

This report covers activity since activation of the first activated ETP unit at DSH-Atascadero, in accordance with reporting criteria established in AB 1340. Specifically, *Section 4145 of the Welfare and Institutions Code reads:*

> *4145. (a) The State Department of State Hospitals shall monitor the pilot enhanced treatment programs (ETP), evaluate outcomes, and report on its findings and recommendations. This report shall be provided to the fiscal and policy committees of the Legislature annually, beginning on January 10 of the first year after which the first ETP is opened and services have commenced, and shall be in compliance with Section 9795 of the Government Code. The evaluation shall include, but is not limited to, all of the following:*
> *(1) Comparative summary information regarding the characteristics of the patients served.*
> *(2) Compliance with staffing requirements.*
> *(3) Staff classification to patient ratio.*
> *(4) Average monthly occupancy.*
> *(5) Average length of stay.*
> *(6) The number of residents whose length of stay exceeds 90 days.*
> *(7) The number of patients with multiple stays.*
> *(8) The number of patients whose discharge was delayed due to lack of available beds in a standard treatment environment.*
> *(9) Restraint and seclusion use, including the number of incidents and duration, consistent with paragraph (3) of subdivision (d) of Section 1180.2 of the Health and Safety Code.*
> *(10) Serious injuries to staff and residents.*
> *(11) Serious injuries to staff and residents related to the use of seclusion and restraints as defined under Section 1180 of the Health and Safety Code.*
> *(12) Staff turnover.*
> *(13) The number of patients' rights complaints, including the subject of the complaint and its resolution.*
> *(14) Type and number of training provided for ETP staff.*
> *(15) Staffing levels for ETPs.*

In response to the reporting requirements as identified in Section 4145, DSH has established data tracking and collection methodologies to capture the information required. This report details the methodology used and describes the data captured for the collection period ending on September 30, 2022. The data contained in this report is limited to what is permitted under the Health Insurance Portability and Accountability Act (HIPAA), and state privacy laws, when disclosure of health information is required by law. (45 CFR 164.512(a); Civ. Code, § 56.10, subd. (b)(9).)

I. Methodology

This reporting period encompasses data collected between September 14, 2021 and September 30, 2022. Existing DSH enterprise data collection practices were relied upon for reporting of items identified in Section 4145(a) (1-12) and (14-15). The requested information was operationalized considering current DSH policy and procedures. Data were collected using existing software and were independently verified using tracking sheets developed specifically for this reporting requirement.

Data related to Section 4145(a)(13) was provided by the Disability Rights California, California Office of Patients' Rights. DSH contracts with the California Office of Patients' Rights, a Disability Rights California unit, to provide patients' rights advocacy services at the state hospitals.

II. Summary of Data

Patient Characteristics

Gender	N (%)
Male	16 (100%)
Female[a]	0 (0%)

[a] The DSH-P ETP unit designed to serve female patients is under construction.

Ethnicity[a]	N (%)
American Indian or Alaska Native	0 (0%)
Asian	<11 (**%)
Black or African American	<11 (**%)
Hispanic or Latino	<11 (**%)
Native Hawaiian or Other Pacific Islander	<11 (**%)
White	<11 (**%)

[a] According to U.S. Census Bureau classifications.

[1] Data has been de-identified in accordance with the California Health and Human Services Agency Data De-Identification Guidelines. Counts between 1-10 are masked with "<11" within tables or “less than 11” within the narrative. Complimentary masking is applied using "***" where further de-identification is needed to prevent the ability of calculating the de-identified number.

Age on Admission	N (%)
18-29	<11 (**%)
30-41	<11 (**%)
42-53	<11 (**%)
54-65	0 (0%)
66-77	0 (0%)
78-90	0 (0%)
Mean Age:	41.25 years

Legal Group	N (%)[a]
Incompetent to Stand Trial	<11 (**%)
Not Guilty by Reason of Insanity	<11 (**%)
Offender with a Mental Disorder	<11 (**%)
Lanterman-Petris Short Act	<11 (**%)
Sexually Violent Predator	<11 (**%)
Coleman[b]	0 (0%)

[a] This data captures years at DSH *prior* to ETP Admission.

[b] Per Enhanced Treatment Program Emergency Regulations (California Code of Regulations, Title 9, Division 1, Chapter 17, Article 2, Section 4900), a patient may be referred to the Enhanced Treatment Program if there is no existing contract or memorandum of understanding that provides alternative and clinically appropriate treatment outside of DSH. Coleman patients are eligible for treatment in the CDCR Psychiatric Inpatient Programs.

Years at DSH[a] – Current Admission[b]	N (%)
0-5	11 (68.8%)
6-10	<11 (**%)
11-15	0 (0%)
15 -20	<11 (**%)
20-25	0 (0%)
25+	0 (0%)
Mean:	5.75 years

[a] This data captures years at DSH *prior* to ETP Admission.
[b] "Current admission" includes hospital years during most recent commitment that did not result in a discharge from DSH.

Years at DSH[a] – Overall[b]	N (%)
0-5	<11 (**%)
6-10	<11 (**%)
11-15	<11 (**%)
15 -20	<11 (**%)
20-25	<11 (**%)
25+	0 (0%)
Mean:	9.38 years

[a] This data captures years at DSH *prior* to ETP Admission.
[b] "Overall" includes hospital years during all DSH commitments. Individuals committed to DSH may have had multiple commitment periods during their lifetime.

All patients (residents) currently or formerly admitted to the ETP are male. Their mean age is 41.25 years. Patients (residents) come from African American, Asian, Hispanic, Pacific Islander, and White ethnic backgrounds. Patients (residents) in the ETP belong to one of the following legal groups: Not Guilty by Reason of Insanity (NGI), Offenders with Mental Disorders (OMD), Incompetent to Stand Trial (IST), Sexually Violent Predators (SVP), and Lanterman-Petris-Short (LPS) Act Conservatees. Since their most recent DSH admission, they have spent an average of 5.75 years at DSH. However, as some patients (residents) have been admitted to DSH on multiple occasions, the combined average time spent in DSH is 9.38 years.

Compliance with Staffing Requirements

According to Health and Safety Code 1265.9(d)(1), the ETP shall maintain a staff-to-patient ratio of one to five. Health and Safety Code 1265.9(g) defines staff as licensed nurses and psychiatric technicians providing direct patient care.

During the reporting period from September 14, 2021 through September 30, 2022, the ETP maintained a staff-to-patient ratio of one to five or lower.

Staff Classification to Patient Ratio

Section 4144(e)(3) of the Welfare and Institutions Code defines a multidisciplinary treatment team as *"consisting of a psychologist, a psychiatrist, a nurse, a psychiatric technician, a clinical social worker, a rehabilitation therapist and any other necessary staff…".* The ETP staff also includes Hospital Police Officers to assist with movement of patients to and from treatment within and outside the ETP Unit.

Section 4144(l)(3) of the Welfare and Institutions Code defines an FNAT Psychologist as "*Forensic Needs Assessment Team" or "FNAT" means a panel of psychologists with expertise in forensic assessment or violence risk assessment, each of whom are assigned an ETP case or group of cases*."

Staff Classification	**Staff-to-Patient Ratio During Reporting Period**
Level-of-Care Staff[a]	
AM Shift	1 : 1.5
PM Shift	1 : 1.5
NOC Shift	1 : 3.0
Hospital Police Officer	1 : 6.5
Rehabilitation Therapist	1 : 6.5
Psychologist	1 : 6.5
Psychiatrist	1 : 13.0
Social Worker	1 : 13.0
FNAT Psychologist	1 : 4.3

[a] Level of Care staff include Psychiatric Technicians and Registered Nurses

Occupancy

Average Monthly Occupancy	**N**
September 2021	<11
October 2021	<11
November 2021	<11
December 2021	12.52
January 2022	11.97
February 2022	11.50
March 2022	<11
April 2022	<11
May 2022	<11
June 2022	11.80
July 2022	12.39
August 2022	13.00
September 2022	13.00
Mean	10.74

Average Length of Stay	Days[a]
DSH- Atascadero Unit 29 Current Patients	292.85 (±111.54)
DSH-Atascadero Unit 29 Discharged Patients	132 (±73.02)
Total	262.69 (±121.93)

[a] Days are full days and (Standard Deviation)

Other Occupancy	N
The number of patients (residents) whose length of stay exceeds 90 days.	14
The number of patients (residents) with multiple stays.	0
The number of patients (residents) whose discharge was delayed due to lack of available beds in a standard treatment environment.	0

The ETP began accepting patients on September 14, 2021. Since then, there have been a total of *** admissions and <11 discharges. At the end of this reporting period on September 30, 2022, there were 13 patients (residents) on the unit. 14 patients' (residents') length of stay exceeded 90 days during the reporting period. Of those patients (residents), <11 have been discharged. No patient (resident) had multiple stays. <11 patients (residents) were discharged during the reporting period. None of these discharges were delayed due to lack of available beds in a standard treatment environment.

Restraint and Seclusion Use

Over the reporting period from September 14, 2021, to September 30, 2022, there were five incidents of seclusion and 92 incidents of restraints.

Patients (residents) may be placed in seclusion or restraint for being an imminent danger to themselves or to others. Forty-four incidents of seclusion or restraint during the reporting period were related to patients (residents) being deemed an imminent danger to others, while 53 incidents of seclusion or restraint were related to imminent danger to self.

A total of <11 incidents of seclusion occurred on the ETP Unit and involved <11 patients for a total of 9.13 hours. Eighty-four incidents of 5-point bed restraint occurred on the ETP unit. Restraint usage lasted for a combined 914.15 hours. These 84 restraint incidents involved <11 of the 16 patients, however twenty two percent of those patients accounted for 47 (55%) of the incidents and 689.84 (75%) of the total restraint hours. There were also <11 incidents of ambulatory restraint use which lasted for a combined total of 6.56 hours.

Restraint and Seclusion Use of ETP Patients	N[a]	Duration[b]
Incidents and Duration of Seclusion Use	<11	9.13
Incidents and Duration of Ambulatory Restraint Use	<11	6.56
Incidents and Duration of Non-Ambulatory Restraint Use	84	914.15
Total	97	929.84

[a] Number of distinct incidents that required seclusion or restraint of a patient.
[b] Total time in hours.

Reason for Restraint and Seclusion on ETP[a]	N[b]	Duration[c]
Danger to Other	44	273.17
Danger to Self	53	656.67

[a] Restraint and Seclusion while patient located on the ETP Unit.
[b] Number of distinct incidents requiring seclusion or restraint of a patient.
[c] Time in hours.

Rates of ETP patient (resident) non-ambulatory restraint use per month were obtained for the six months prior to ETP admission and were compared to non-ambulatory restraint use occurring between September 14, 2021, and September 30, 2022. Placement on the ETP resulted in a decrease in the rates of frequency and duration of non-ambulatory restraint use. Specifically, frequency of non-ambulatory restraint use decreased by 65.53%, while the duration of non-ambulatory restraint use decreased by 73.44%.

Serious Injuries to Staff and Patients (Residents)

Serious injuries to staff and patients (residents) were defined based on DSH Policy Directive #9500, Incident Management System. Injuries that met the following criteria are reported in the data below:

> *"Medical Treatment Required: The injury received is severe enough to require medical treatment (medical treatment beyond first aid and other than diagnostic of assessment; i.e. sutures, broken bones, may include new prescriptions specific to the treatment related to the injury sustained in the incident, beyond over-the-counter medication) by a licensed medical physician, osteopath, podiatrist, dentist, physician's assistant, or nurse practitioner, but the treatment required is not serious enough to warrant or require hospitalization; further, the treatment received may be provided within the facility or provided outside the facility where it may range from treatment at a doctor's private office through treatment at the emergency room of a general acute care hospital."*
>
> *"Hospitalization Required: The injury received is so severe that it requires medical intervention and treatment as well as care of the injured patient at a general acute care hospital outside the facility; this severity level requires that the injured patient be formally admitted to the hospital and assigned to a bed on a unit outside of the emergency room."*

Based on this definition, there were 12 aggressive incidents resulting in serious injury to staff during the review period. None of these injuries required hospitalization. There were <11 incidents of patient aggression to self that resulted in injuries to patients (residents). <11 of these incidents required hospitalization. There were no aggressive acts to other patients resulting in injury during the review period.

Serious injury to staff and patients (residents) related to the use of seclusion and restraint was defined per Health and Safety Code 1180.1 (g), "*Serious injury" means significant impairment of the physical condition as determined by qualified medical personnel, and includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, or injuries to internal organs*." Based on this definition there were no serious injuries to staff or patients (residents) related to the use of seclusion or restraints.

Serious Injuries	**N**
Serious Injuries to Staff[a]	***
Serious Injuries to Patients (Residents)[a]	<11
Serious injuries to Staff related to the use of seclusion and restraints[b]	0
Serious injuries to Patients (Residents) related to the use of seclusion and restraints[b]	0
Total	18

[a] Serious injury is defined as requiring medical care beyond first aid or overnight stay in a hospital as defined by Policy Directive #9500.
[b] Serious injury as defined by Health and Safety Code 1180.1(g).

Rates of patient aggression toward peers and staff per month were obtained for aggressive acts and injuries which occurred six months prior to ETP admission and were compared to aggressive acts and injuries that occurred on the ETP between September 21, 2021, and September 30, 2022.

Rates of Aggression and Injury Prior to ETP vs. During ETP Admission[a]			
	Prior to ETP Admission	During ETP Admission	Rate of Change
Physical Aggression towards Staff	0.0553	0.0295	-46.6%
Physical Aggression towards Peers	0.0256	0.0031	-87.91%
Serious Injuries[b] of Staff	0.0078	.0029	-53.49%
Serious Injuries[b] of Peers	0.0017	0.000	-100%

[a] Rates of aggression are calculated per 30 patient days.

[b] Serious injury is defined as requiring medical care beyond first aid or overnight stay in a hospital as defined by Policy Directive #9500.

Overall results show an 87.91% reduction in frequency of aggressive acts towards peers, and a 46.6% reduction in frequency of aggressive acts towards staff. Furthermore, the severity of injuries resulting from these aggressive acts decreased by 100% for patient to patient (resident) aggression. The severity of injuries to staff decreased by 53.49%.

Staff Turnover

During the reporting period from September 14, 2021, through September 30, 2022, 4.0 registered nurses (RNs) left the ETP. These staff departures were unrelated to working on the ETP. 1.0 nurse retired, and the other 3.0 nurses left state service. During this same time period, 13.0 psychiatric technicians, including 2.0 senior psychiatric technicians, left the ETP. 2.0 psychiatric technicians retired, 7.0 transferred to other units inside the facility, and 4.0 left the facility for other employment.

During the reporting period of September 14, 2021, to September 30, 2022, the ETP hired 4.0 new registered nurses and 4.0 new psychiatric technicians. 6.0 psychiatric technicians, including 1.0 senior psychiatric technician, transferred into the ETP from other units in the facility.

Patients' Rights Complaints

The Disability Rights California, California Office of Patients' Rights provided information pertaining to patients' rights complaints received during the reporting period of September 14, 2021, through September 30, 2022. A total of 61 complaints were made by 11 patients (residents).

Complaint Category	Patients	Complaints
Access / Use of Personal Possessions	<11	<11
Advocacy Services	<11	<11
Conservatorship	<11	<11
Daily Living	<11	<11
Dignity / Privacy / Respect / Human Care	<11	<11
Keep / Spend Reasonable Sum of Money / Personal Funds	<11	<11
Legal	<11	<11
Medical Care and Treatment	<11	<11
Medication Side Effects	<11	<11
Mental Health Treatment	<11	<11
Patient Withdrew the Complaint	<11	<11
Physical Abuse	<11	<11

Physical Exercise/Recreation / Out of Doors	<11	<11
Religious Freedom and Practice	<11	<11
Social Interaction / Participation	<11	<11
Telephones / Confidential Use	<11	<11
Treatment Services Promoting Independence	<11	<11
Unable to read, to understand or unrelated	<11	<11
Visitors / Visiting Space	<11	<11

Access / Use of Personal Possessions

- <11 complaints were regarding wanting a laptop, wanting a radio returned, access to money and personal property from transfer, missing personal items after transfer, and wanting personal papers/legal paperwork returned.
    - Resolution: The Patients' Rights Advocate (PRA) resolved most complaints by informing patients about items deemed to be contraband on the ETP, working with staff to gain access to personal property, and confirmation from patient or staff that the item(s) were back in the patient's possession.

Advocacy Services

- <11 complaint was regarding patient not satisfied with ETP placement hearing and personal property.
    - Resolution: The PRA discussed and provided information on the purpose of the ETP referral, admission criteria, and the ETP screening process, along with the acceptable personal property items list. The PRA also raised concerns the patient had with DSH regarding the patient feeling they were not adequately heard in the hearing. Patient was informed of the current laws and regulations outlining the ETP Forensic Needs Assessment Panel (FNAP) placement evaluation meetings and certification process.

Conservatorship

- <11 complaint was regarding a conservatorship hearing and not receiving information about how to participate in the hearing.
    - Resolution: The PRA provided information on a mental health conservatorship (WIC 5361-5364) and confirmed that the patient had the Handbook for Challenging Mental Health Conservatorships that the Patients' Rights office provided earlier in the year. The PRA spoke with the Social Worker who stated they would be working with the conservator and the appointed attorney to facilitate communication with the patient.

Daily Living

- <11 complaints were regarding cold water not working, wanting more activities on the unit, and wanting a haircut.
    - Resolution: The PRA resolved most concerns during phone and/or in-person conversations with the patient. Patient informed the PRA that advocacy efforts resulted in approval for his future haircuts to have the option to be done off unit where he can get a styled cut if he chooses. The

PRA informed patient that as soon as current quarantine is lifted, the Barbershop can be scheduled to visit the unit.

Dignity / Privacy / Respect / Humane Care

- <11 complaints were regarding being disrespected by staff.
    - Resolution: The PRA resolved these complaints by communicating with the unit supervisor to help find resolutions for these issues.

Keep / Spend Reasonable Sum of Money / Personal Funds

- <11 complaints were regarding tax forms, Canteen Bucks, access to personal funds, vocational assignment pay, not being taken to The Grill by staff, and a Canteen order refund.
    - Resolution: The PRA spoke with the patient who informed them that the issue(s) were resolved. The PRA provided the requested tax forms, information on how to earn Canteen Bucks as a treatment incentive, informed the patient of what staff to contact regarding their vocational pay, and the PRA provided claim forms and process for Canteen refunds.
    - Resolution: The PRA contacted the patient's psychologist regarding the patient's desire to go to The Grill. The patient was informed to work with his treatment team on the requirements to access The Grill, which is considered a high-risk area, as there are safety requirements that need to be met before The Grill could be included in their behavior plan. The PRA confirmed that the patient is still able to spend money through the Canteen once per week.

Legal

- <11 complaints were regarding wanting to be transferred, not being satisfied with their legal representation, and their LPS conservatorship.
    - Resolution: The PRA spoke with the patient and provided them with information and materials in the areas of concern.

Medical Care and Treatment

- <11 complaints were regarding pro re nata (PRN) "as needed" medications, dental needs not being met, pain medication, experiencing physical pain, and needing corrective lenses.
    - Resolution: The PRA confirmed that patient was able to visit dentist and resolve their dental issues, provided self-advocacy tools for patient to use in future situations in regard to PRNs, process to request alternative pain medication, process for medical referrals, and confirmed pending eye appointment when unit comes off of quarantine.

Medication Side Effects

- <11 complaints were regarding medication side effects.
    - Resolution: The PRA advised patient(s) to speak with their nurse or psychiatrist directly to work on resolutions to medication side effects. The PRA communicated with unit staff and continued to monitor patient during

the following weeks. The patient stated medication dosage was lowered and no longer had concerns about medication side effects.

Mental Health Treatment

- <11 complaints were regarding treatment team meetings and treatment for sex offenders on the ETP.
    - Resolution: The PRA confirmed patient is receiving mental health treatment while on ETP that would help meet discharge goals. The PRA met with patient to confirm the staff are giving him reminders of treatment team meetings.

Patient Withdrew the Complaint

- <11 complaints were regarding groups, phones not working, informed of medical treatment, not being seen by the Podiatrist, not being able to go in the day room, and not being able to shower.
    - Resolution: The PRA spoke with the patient, the patient confirmed that the issues had resolved and withdrew the complaint.

Physical Abuse

- <11 complaint was regarding wanting to sue a state prison for abuse.
    - Resolution: The PRA, with patient approval, filed an abuse report (SOC341) and provided a copy to the patient. The PRA provided legal contact information as well as educated patient on what next steps will be taken and suggested for him to talk with hospital police (DPS) with any follow up.

Physical Exercise / Recreation / Out of Doors

- <11 complaint was regarding safety from another patient in the courtyard.
    - Resolution: The PRA communicated with staff and was informed that a safety plan has been created for this patient and that he will remain separate from the other patient while in the courtyard.

Religious Freedom and Practice

- <11 complaint was regarding wanting to see the Chaplain.
    - Resolution: The PRA informed the patient of the unit's process for patients to request religious services and that group religious services were temporarily suspended due to the facility wide COVID prevention measures.

Social Interaction (3) and Participation and Telephones / Confidential Use (4)

- <11 complaints were regarding having a movie night on Sunday, telephones not working, and getting in touch with family.
    - Resolution: The PRA determined that the patient has access to movie night on Saturdays and that patient request for Sunday afternoon interferes with Unit Schedule (medication pass and physical assessments). The PRA confirmed that the telephones were repaired, and

patient was able to contact family. The PRA will monitor telephone system during regular unit visits and ensure that information is posted of how to use the new telephone system.

Treatment Services Promoting Independence

- <11 complaints were regarding not wanting to be on the ETP unit and would like to get magazines and acquire a General Educational Diploma (GED).
    - Resolution: The PRA spoke with patient and resolved these issues. The PRA discussed that DSH, including ETP, does not offer GED services because it is an internet-based program, but instead provides the High School Equivalency Test (HiSET). The patient was referred to their treatment team to request a referral to educational services.

Unable to read, to understand, or unrelated

- <11 complaint was regarding a request that the PRA give their letter to the nurse.
    - Resolution: The nurse received the letter per patient request.

Visitors / Visiting Space

- <11 complaint was regarding not being allowed to have a video call with girlfriend.
    - Resolution: The PRA informed patient that it is his visitor's responsibility to contact the DSH-Atascadero Executive Director to ask for an exception to the administrative directive as they are a former employee of DSH.

ETP Staff Training

In addition to mandated training provided to all hospital staff, those providing care on the ETP receive specialized training. Employees whose primary work assignment is elsewhere in the hospital, but who may be asked to provide treatment coverage on the ETP also receive an orientation to working on the ETP.

In anticipation of ETP activation, 57 ETP staff participated in a six-week in-person training academy in April and May 2019 aimed at providing specialized skills to address the needs of the patient populations served through the ETP. Training was offered with a focus on evidence-based treatments to address common risk factors for violence. Due to delays in activation and the COVID-19 pandemic, another abbreviated two-week training academy was held virtually in April 2021 for 57 staff. The data below details the training topics presented during the most recent training academy, held April 13, 2021, through April 30, 2021.

- ETP Background, Philosophy & Culture
- ETP Positive Psychology
- ETP Trauma Informed Care
- ETP Motivational Interviewing
- ETP Sensory Modulation
- ETP Admission and Discharge Process
- ETP New Admission Orientation Process

- ETP Cognitive Remediation
- ETP Milieu Management Skills (DBT)
- ETP Treatment of Criminogenic Risk
- ETP Transdisciplinary Approach
- ETP Discipline Specific Duties
- ETP Writing a Behavior Plan
- ETP Coping Skills and Unit Privileges
- ETP Specific Charting Requirements
- ETP Incident Management Overview
- ETP Risk Assessment Process & Application
- ETP Patient's Rights
- ETP Therapeutic Options
- ETP Therapeutic Strategies and Interventions Theory
- ETP Social Skills Training for Schizophrenia
- ETP Operational Processes

In addition, an abbreviated videotaped training was created for staff whose primary work assignment is the ETP, but who did not have the opportunity to attend the full ETP academy. Twenty-two staff completed this video training during the reporting period of September 14, 2021, through September 30, 2022. Courses recorded and provided to staff included:

- ETP Positive Psychology
- ETP Trauma Informed Care
- ETP Motivational Interviewing
- ETP Therapeutic Options
- ETP Transdisciplinary Approach
- ETP Social Skills Training for Schizophrenia
- ETP Risk Assessment Process & Application
- ETP Specific Charting Requirements
- ETP Operational Processes

Lastly, a one-hour orientation to working on the ETP was developed for those whose primary work assignment is elsewhere, but who may be asked to provide treatment coverage on the ETP. 565 staff completed this training prior to the activation of the ETP. 892 level-of-care (e.g., licensed nurses and psychiatric technicians) and clinical (e.g., psychiatrists, psychologists, social workers, rehabilitation therapists) staff completed this training during the reporting period of September 14, 2021, through September 30, 2022. Courses provided included:

- ETP Positive Philosophy
- ETP Trauma Informed Care
- ETP Sensory Modulation
- ETP Milieu Management Plan
- ETP Structure and Processes

In addition to the formalized training outlined above, ETP team members received informal consultation from subject matter experts under contract with DSH. These consultants assisted ETP team members with honing their skills in the treatment of complex psychopathology and behavioral issues. Consultations provided included advanced psychopharmacology, Dialectical Behavior Therapy, Cognitive Behavioral Therapy for Psychosis, and Cognitive Remediation.

Staffing Levels for ETPs

The table below summarizes the number of staff permanently assigned to provide direct patient care on the ETP and their classifications. Included are positions currently filled, as well as those being actively recruited for as of September 30, 2022.

ETP Permanent[a] Staff	Filled	Vacant
Registered Nurse	14	3
Psychiatric Technician (includes Senior Psychiatric Technician)	20	5
Licensed Vocational Nurse	1	0
Psychiatrist	1	0
Psychologist	2	0
Social Worker	1	0
Rehabilitation Therapist	2	0
FNAT Psychologist	3	0
Hospital Police Officers	9	0
Unit Supervisor	1	0

[a] Staff permanently assigned to the ETP, not including coverage to meet required staff-to-patient ratios.

FINDINGS AND RECOMMENDATIONS

Review of the data suggests areas of improvement for ETP operations.

The ETP was conceived of as an environment to manage aggression, with units designed and constructed with environmental controls, such as single rooms, to allow for management of aggression outside of restraint use. A foremost goal of the ETP is to reduce the use of restraints. Forty-six percent of restraint use is related to aggressive acts towards staff. Of note is that 50 (60%) of the 84 non-ambulatory restraint incidents occurred within the first three months of activation. Twenty-seven of these episodes of restraint use (54%) were related to aggressive acts towards self. As a result, during this reporting period the ETP referral process was adjusted to increase screening for self-injurious behavior. Additionally, during the first three months of activation, staff were still getting accustomed to utilizing the unique features and treatment enhancements of the ETP. Consequently, staff were educated about ETP specific procedures of locking the patient room door as a less restrictive alternative to manage aggressive behavior.

An additional aim is to address ongoing staff recruitment and retention. This objective is addressed within the DSH statewide strategic plan goal towards organizational and operational excellence. Examples of specific efforts to address workforce challenges consist of the following:

- Continuing and seeking additional opportunities to expand DSH's partnerships with educational institutions across the state in nursing, psychology, and psychiatry.
    - DSH partners with Cuesta College, Napa Valley College, and West Hills College to provide psychiatric technician training programs and clinical training sites in our hospital system. This relationship creates and grows the pipeline of psychiatric technicians into our system by cultivating relationships with the students in their pre-licensed status and then ultimately as licensed psychiatric technicians. DSH-Atascadero in partnership with Cuesta College recently expanded the size of its psychiatric technician training program.
    - For psychiatry, DSH provides post-residency training in forensic psychiatry through the University of California Davis and also partners with the University of California School of Medicine, Department of Psychiatry, Los Angles/Harbor to provide clinical and didactic training to psychiatric fellows on rotation at DSH-Metropolitan. DSH-Patton also provides University of California, Riverside with psychiatry rotations, and DSH-Napa recently established a psychiatry residency program.
- Expanding marketing and outreach initiatives to attract a diverse and talented workforce through DSH's established Recruitment Unit.