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

Stephanie Clendenin
Director

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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 will provide 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 first month of 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 October 15, 2021. 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 the training that ETP staff received, as well the training provided to staff who may primarily work elsewhere but could be asked to provide treatment in the ETP.

This first annual report does not include any findings or recommendations, as this report is for the first month of a single ETP unit and there is not sufficient data to draw conclusions currently. More detailed findings and recommendations are anticipated in future reports.

ENHANCED TREATMENT PROGRAM

BACKGROUND

Assembly Bill 1340 (Achadjian, Statutes of 2014) authorized DSH to establish pilot enhanced treatment programs (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 will provide treatment intended to return patients to a standard treatment environment, with supports that prevent future aggression while increasing safety in the facility and protecting patients and staff from harm. As such, the ETP will provide enhanced treatment, staffing, security and implement admissions and treatment planning processes that identify and address patients' violence risk factors.

DSH has been authorized to establish four ETP treatment units totalling 49 beds. Three 13-bed treatment units are to be located at DSH-Atascadero; and one 10-bed treatment unit will be located at DSH-Patton. Construction of the first ETP treatment unit at DSH-Atascadero has completed and the unit began admitting patients on September 14, 2021. The remaining three units are not yet completed or activated. 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 covers activity for the first month of operation 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, the Department of State Hospitals (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 October 15, 2021. 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 October 15, 2021. Data may be limited due to the first patient being served on an ETP unit on September 14, 2021. 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. The Department of State Hospitals 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	8 (100%)
Female	0 (0%)

Ethnicity	N (%)
American Indian or Alaska Native	0 (0%)
Asian	0 (0%
Black or African American	1 (12.5%)
Hispanic or Latino	3 (37.5%)
Native Hawaiian or Other Pacific Islander	1 (12.5%)
White	3 (37.5%)

Age on Admission	N (%)
18-29	1 (12.5%)
30-41	2 (25%)
42-53	5 (62.5%)
54-65	0 (0%)
66-77	0 (0%)
78-90	0 (0%)
Mean Age:	43.1

Legal Group	N (%)
Incompetent to Stand Trial	1 (12.5%)
Not Guilty by Reason of Insanity	2 (25%)
Offender with a Mental Disorder	2 (25%)
Lanterman-Petris Short Act	3 (37.5%)
Sexually Violent Predator	0 (0%)
Coleman[a]	0 (0%)

[a] 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 – Current Admission[a]	N (%)
0-5	4 (50%)
6-10	2 (25%)
11-15	0
15 -20	2 (25%)
20-25	0
25+	0
Mean:	7.17

[a] "Current admission" includes hospital years during most recent commitment that did not result in a discharge from DSH.

Years at DSH – Overall[a]	N (%)
0-5	3 (37.5%)
6-10	2 (25%)
11-15	0
15 -20	3 (37.5%)
20-25	0
25+	0
Mean:	9.11

[a] "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 admitted to the ETP are male. Their mean age is 43.1 years. Patients (residents) come from African American, 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, Offenders with Mental Disorders, Incompetent to Stand Trial, and Lanterman-Petris Short Act Conservatees. Since their most recent DSH admission, they have spent an average of 7.17 years at DSH. However, as some patients (residents) have been admitted to DSH on multiple occasions, the combined average time spent in DSH is 9.11 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 October 15, 2021, 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
Hospital Police Officer	1 : 4
Rehabilitation Therapist	1 : 4
Psychologist	1 : 4
Psychiatrist	1 : 8
Social Worker	1 : 8
FNAT Psychologist	1 : 2.7

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

Occupancy

Average Monthly Occupancy	N
September 2021	3.29
October 2021	6.67
Mean	4.98

Average Length of Stay	Days[a]
DSH-Atascadero Unit 29	19.5 (± 10.6)

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

Other Occupancy	N
The number of patients (residents) whose length of stay exceeds 90 days.	0
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. Admissions were staggered over several weeks. Thus, there were 8 patients (residents) residing on the unit at the end of this reporting period. No patients' (residents') length of stay exceeded 90 days since there were only 32 days in the reporting period. No patient (resident) had multiple stays. No patients (residents) were discharged during the reporting period.

Restraint and Seclusion Use

Over the reporting period from September 14, 2021 to October 15, 2021, there were four incidents of seclusion and five incidents of restraints.

Patients (residents) may be placed in seclusion or restraint for being an imminent danger to themselves or to others. All incidents of seclusion or restraint during the reporting period were related to patients (residents) being deemed an imminent danger to others.

For the purpose of this report, incidents have been separated into two categories, those that occurred while the patient (resident) was physically located on the ETP Unit, where they have the benefit of specially trained staff and environmental controls; and those that occurred while the patient (resident) was receiving care outside the ETP Unit in other areas of the hospital.
A total of four incidents of seclusion occurred on the ETP Unit and involved one patient for a total of 5.88 hours. The four episodes of seclusion occurred within the first two weeks of unit activation, when ETP staff were still becoming familiar with using clinical locked door status as a tool for least restrictive containment.

Four incidents of 5-point bed restraint occurred on the ETP unit and were related to three patients. Restraint usage lasted for a combined 6.75 hours.

There was one incident of wrist-to-waist restraint use due to danger to others that occurred while the patient was receiving care outside the ETP Unit. This incident occurred while the patient was examined in the DSH-A Admissions Suite, upon arrival to the hospital. The admission process is lengthy and includes multiple assessments by a psychiatrist, registered nurse and general medical practitioner.

Restraint and Seclusion Use on ETP[a]	**n[b]**	**Duration[c]**
Incidents and Duration of Seclusion Use	4	5.88
Incidents and Duration of Restraint Use	4	6.75

[a] Restraint and Seclusion while the patient was physically located on the ETP Unit
[b] Number of distinct incidents that required seclusion or restraint of a patient
[c] Total Time in hours

Reason for Restraint and Seclusion Use on ETP[a]	n[b]	Duration[b]
Danger to Other	8	12.63
Danger to Self	0	0

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

Restraint and Seclusion Use outside ETP[a]	n[b]	Duration[c]
Incidents and Duration of Seclusion Use	0	NA
Incidents and Duration of Restraint Use	1	2.75

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

Reason for Restraint and Seclusion Use outside the ETP	n[a]	Duration[b]
Danger to Other	1	2.75
Danger to Self	0	0

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

Serious Injuries to Staff and Patients (Residents)

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*." There were no incidents that resulted in serious injuries to staff or patients (residents) during the review period, and there were no serious injuries to staff or patients (residents) related to the use of seclusion or restraints.

Serious Injuries[a]	n
Serious Injuries to Staff	0
Serious Injuries to Patients (Residents)	0
Serious injuries to Staff related to the use of seclusion and restraints	0
Serious injuries to Patients (Residents) related to the use of seclusion and restraints	0

[a] Serious injury is defined as requiring medical care beyond first aid, or overnight stay in a hospital.

Staff Turnover

During the reporting period from September 14, 2021 through October 15, 2021, two registered nurses left the ETP. Both staff departures were unrelated to working on the

ETP. One retired and the other nurse left state service to accept a job in an area closer to where their family lives. These vacancies were filled after the reporting period.

Patients' Rights Complaints

The Disability Rights California, California Office of Patients' Rights provided information pertaining to patients' rights complaints they received during the reporting period of September 14, 2021 through October 15, 2021. A total of 5 complaints were made by 3 patients (residents).

Problem Code	Complaints
Access / Use of Personal Possessions	1
Keep / Spend Reasonable Sum of Money / Personal Funds	1
Social Interaction / Participation	2
Telephones / Confidential Use	1
Total	5

Access to Telephones / Social Interaction

3 complaints were submitted regarding the unit phones not working and patients (residents) not being able to get in touch with their family after arriving to the ETP. These were classified as Social Interaction/Participation and Telephones/Confidential Use.

- Resolution: The complaints were received the second week of October. Incoming phone lines were still functioning but the ability to place an outside call was affected. The phone was repaired the following week. 1 of the 3 patients (residents) was able to establish regular family phone calls within the reporting period. The other 2 patients (residents) worked with the Patients' Rights Advocate (PRA) and Social Worker to re-establish contact with their family following the reporting period. Social Work, as the designated family and community support systems liaison, can facilitate calls through the employee phone system when considered a viable treatment approach.

Access / Use to Personal Funds and Personal Possessions

2 complaints were submitted regarding patients (residents) not being able to access their money or property that was transferred with them to the ETP from another State Hospital.

- Resolution: The PRA was able to help both patients gain access to their money within approximately 1 week of being transferred. At the end of the reporting period, the PRA was working with DSH-A to address facility-wide delays in processing patient property due to a staff vacancy in the property room. This vacancy is temporary, and hiring is in process. 1 of the 2 patients who filed a complaint was able to access their property during the reporting period. Access was pending for the second patient.

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 that most recent training academy from April 13, 2021 to April 30, 2021.

Training Name
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. Seven staff completed this video training.

ETP Academy Video Training
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. 957 level-of-care (e.g., licensed nurses and psychiatric technicians) and clinical (e.g., psychiatrists, psychologists, social workers, rehabilitation therapists) staff completed this training. This includes 392 staff who completed this training during the reporting period of September 14, 2021 through October 15, 2021.

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

Staffing Levels for ETPs

The table below summarizes staff classification and number of staff who are permanently assigned to the ETP. Only staff providing direct patient care are included.

ETP Permanent[a] Staff	Number
Registered Nurse	14
Psychiatric Technician (includes Senior Psychiatric Technician)	24
Licensed Vocational Nurse	1
Psychiatrist	1
Psychologist	2
Social Worker	1
Rehabilitation Therapist	2

FNAT Psychologist	3
Hospital Police Officers	9
Unit Supervisor	1

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

FINDINGS AND RECOMMENDATIONS

The data in this report reflects the first month of ETP operations, consequently there is not sufficient data to draw conclusions and formulate recommendations at this time. DSH is closely monitoring ETP operations and data during this transition period from program planning to full implementation to identify any adjustments that may be needed to process, protocols, and training. More detailed findings and recommendations are anticipated in future reports.