

Attachment 1

Enhanced Treatment Program DRAFT Regulations

New Chapter 17. Enhanced Treatment Program

Article 1. General Provisions

§ 4800. Application of Chapter.

The regulations set forth in Chapter 17 are applicable to the Enhanced Treatment Program.

Authority:

Welfare and Institutions Code sections 4005.1, 4027, 4101 and 4144.

Reference:

Health and Safety Code section 1265.9; Welfare and Institutions Code sections 4027, 4101, 4143, 4144 and 4145.

§ 4801. Definitions.

- (a) "Enhanced Treatment Program" or "ETP," as used in this chapter, is a pilot program authorized under Health and Safety Code section 1265.9, aimed at treating patients at high risk of most dangerous behavior, who may benefit from concentrated, evidence-based clinical therapy, structured milieu and/or treatment with the goal of reducing the risk of violent behavior in a standard hospital setting.
- (b) "Forensic Needs Assessment Panel" or "FNAP," as used in this chapter, is a panel that consists of a Psychiatrist, a Psychologist, and the Medical Director of the hospital or facility, or his or her designee, none of whom are involved in the patient's treatment or diagnosis at the time of the hearing or placement meetings.
- (c) "Forensic Needs Assessment Team" or "FNAT," as used in this chapter, is 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, and are not part of the ETP treatment team.
- (d) "Individualized Behavioral Plan," shall mean a type of behavioral plan developed by the Treatment Team in conjunction with the patient, to focus on changes staff will make to create an environment that supports the patient in management of unsafe behaviors and progression towards safe conduct.
- (e) "Individualized Treatment Interventions," as used in this chapter, means all interventions provided to the patient on the ETP that are determined to address patient specific risk factors for highest risk of violence.

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- (f) “Most Dangerous Behavior,” as used in this chapter, includes aggressive acts that may cause substantial physical harm upon others in an inpatient setting.
- (g) “Psychopharmacology Resource Network Consult,” or “PRN Consult,” as used in this chapter, means a thorough review of current and past psychopharmacological treatment by a Psychopharmacology Resource Network Psychiatrist followed by evidence based recommendations.
- (h) “Standard Treatment Setting,” as used in this chapter, means any DSH state hospital setting outside of the ETP.
- (i) “Standard Violence Risk Assessment Methodologies,” as used in this chapter, may include, but are not limited to, an analysis of past violence, delineation of static and dynamic violence risk factors, and utilization of valid and reliable violence risk assessment testing.
- (j) “Treatment Team,” generally includes the primary Psychiatrist, Psychologist, Social Worker, Rehabilitation Therapist, Registered Nurse, and Psychiatric Technician assigned to the patient on the ETP unit.
- (k) “Patient at high risk of most dangerous behavior” means the individual has a history of physical violence and currently poses a demonstrated danger of inflicting substantial physical harm upon others in an inpatient setting, as determined by an evidence-based, in-depth violence risk assessment conducted by the State Department of State Hospitals.

Authority:

Welfare and Institutions Code sections 4005.1, 4027, 4101 and 4144.

Reference:

Health and Safety Code section 1265.9; Welfare and Institutions Code sections 4027, 4101, 4143, 4144 and 4145.

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Article 2. Admissions

§ 4900. Referral Process.

A patient may be referred to the Enhanced Treatment Program (ETP) by a Psychiatrist or Psychologist from the Standard Treatment Environment when all the following conditions are met:

- (a) The patient's treatment team has determined, utilizing standard violence risk assessment methodologies for clinically assessing violence risk, that the patient is at high risk for most dangerous behavior in a standard treatment setting. A determination of a patient's high risk for most dangerous behavior should include a consideration of the severity, frequency, and intensity of a patient's past violent behavior.
- (b) Reasonable attempts at providing individualized treatment interventions aimed at reducing the patient's risk for aggression have been attempted without success or it is determined by the patient's treatment team that the patient's aggressive behavior and high violence risk preclude staff's ability to provide interventions safely in the standard treatment setting.
- (c) There is no existing contract or memorandum of understanding that provides alternative and clinically appropriate treatment outside of the Department of State Hospitals.
- (d) The referring treatment team concludes that the patient does not have medical issues that would contraindicate treatment on the ETP.
- (e) The referring treatment team has completed the ETP Referral Form DSH-9220 including, but not limited to, a rationale for ETP placement, current violence risk formulation, summary of violence history, and summary of treatment history and progress.
- (f) The completed ETP Referral Form DSH-9220 has been forwarded by the referring treatment team or facility to the Forensic Needs Assessment Team (FNAT) and the FNAT Supervising Psychologist has reviewed the ETP Referral Form DSH-9220, determined the referral includes all requisite information, and approves the referral for initial evaluation.

Authority:

Welfare and Institutions Code sections 4005.1, 4027, 4101 and 4144.

Reference:

Health and Safety Code section 1265.9; Welfare and Institutions Code sections 4027, 4101, 4143, 4144 and 4145.

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§ 4901. Initial Evaluation.

The Forensic Needs Assessment Team (FNAT) Psychologist shall conduct an initial evaluation of the referred patient to verify the need for treatment in the Enhanced Treatment Program (ETP). This initial evaluation shall be completed prior to a patient's placement into the ETP unless an emergency placement is necessary under section 4904 of this chapter, in which case the initial evaluation shall be completed within three business days, excluding weekends and holidays, of placement in the ETP. The FNAT Psychologist's initial evaluation shall include, but not be limited to, the following elements:

- (a) An interview of the patient's treatment team.
- (b) A review of the patient's medical record.
- (c) A review of the patient's past history of violence.
- (d) Current violence risk level.
- (e) Need for treatment in the ETP.

Authority:

Welfare and Institutions Code sections 4005.1, 4027, 4101 and 4144.

Reference:

Health and Safety Code section 1265.9; Welfare and Institutions Code sections 4027, 4101, 4143, 4144 and 4145.

§ 4902. Placement Evaluation Meeting.

Upon completion of the Initial Evaluation under section 4901, the Forensic Needs Assessment Panel (FNAP) shall convene a Placement Evaluation Meeting in accordance with Welfare and Institutions Code section 4144, subdivisions (c) and (d). This meeting shall be conducted prior to a patient's placement into the ETP unless an emergency placement is necessary under section 4904.

Authority:

Welfare and Institutions Code sections 4005.1, 4027, 4101 and 4144.

Reference:

Health and Safety Code section 1265.9; Welfare and Institutions Code sections 4027, 4101, 4143, 4144 and 4145.

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§ 4903. Admission Criteria.

The patient shall be accepted for Enhanced Treatment Program (ETP) treatment if the Forensic Needs Assessment Panel (FNAP) determines the following criteria are met:

- (a) The patient is considered at high risk of the most dangerous behavior to staff or other patients.
- (b) Reasonable attempts at providing individualized treatment interventions aimed at reducing the patient's risk for aggression have been attempted without success or it is determined by FNAP the patient's aggressive behavior and high violence risk preclude staff's ability to provide interventions safely in a standard treatment environment.
- (c) The patient does not have medical issues that would preclude safe treatment on the ETP.
- (d) The referred patient has been triaged for ETP treatment, taking into consideration the number of ETP referrals across the Department of State Hospitals' facilities, and the number of available ETP beds.

Authority:

Welfare and Institutions Code sections 4005.1, 4027, 4101, and 4144.

Reference:

Health and Safety Code section 1265.9; Welfare and Institutions Code sections 4027, 4101, 4143, 4144 and 4145.

§ 4904. Emergency Placement.

The patient may be placed in the Enhanced Treatment Program (ETP) prior to completion of the initial evaluation by the Forensic Needs Assessment Team (FNAT) psychologist in the event a patient presents a high risk of dangerous behavior such that placement in the ETP is immediately necessary for the preservation of life or the prevention of serious bodily harm to others. The initial evaluation shall be completed within three business days, excluding weekends and holidays, of the emergency placement onto the ETP.

Authority:

Welfare and Institutions Code sections 4005.1, 4027, 4101 and 4144.

Reference:

Health and Safety Code section 1265.9; Welfare and Institutions Code sections 4027, 4101, 4143, 4144 and 4145.

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§ 4905. Certification Requirement.

Any patient admitted into the Enhanced Treatment Program (ETP), shall be certified in accordance with the requirements set forth in Welfare and Institutions Code section 4144, subdivisions (c) through (i).

Authority:

Welfare and Institutions Code sections 4005.1, 4027, 4101 and 4144.

Reference:

Health and Safety Code section 1265.9; Welfare and Institutions Code sections 4027, 4101, 4143, 4144, and 4145.

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Article 3. Services

§ 5000. Individualized Treatment Plan.

The Department of State Hospitals shall ensure that an individualized treatment plan is developed for each patient admitted to the Enhanced Treatment Program (ETP). The individualized treatment plan shall comply with the requirements set forth in Welfare and Institutions Code section 4144, subdivision (e), and include a determination as to whether it is clinically indicated to be the least restrictive treatment for the patient's room to be locked during certain times, goals a patient must achieve in order to move to less restrictive treatment, and what mechanisms will be utilized by the Treatment Team to assist the patient in reaching those goals.

Authority:

Welfare and Institutions Code sections 4005.1, 4027, 4101 and 4144.

Reference:

Health and Safety Code section 1265.9; Welfare and Institutions Code sections 4027, 4101, 4143, 4144 and 4145.

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Article 4. Discharge

§ 5100. Discharge and Transition.

A patient in the Enhanced Treatment Program (ETP) shall be discharged in accordance with his or her aftercare plan pursuant to Welfare and Institutions Code section 4144, subdivision (e), after he or she has been triaged by the Forensic Needs Assessment Panel (FNAP) based on clinical progress reports provided by the patient's treatment team along with any other relevant information, and a determination has been made that the patient should be transferred to a standard treatment setting, or referred to a more secure treatment environment pursuant to Welfare and Institutions Code section 7301.

Authority:

Welfare and Institutions Code sections 4005.1, 4027, 4101 and 4144.

Reference:

Health and Safety Code section 1265.9; Welfare and Institutions Code sections 4027, 4101, 4143, 4144 and 4145