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CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 1340

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

February 22, 2013

An act to ~~amend Section 1250 of, and to add and repeal Section 1265.9 to, of, the Health and Safety Code, and to amend Sections 4100 and 7200 of, and to add Sections 4142.5 and 4143~~ *4143, 4144, and 4145* 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 *pilot* enhanced treatment ~~pilot~~ programs (ETPs), as defined, for the treatment of patients who are at high risk of most dangerous behavior, as defined, and when *safe* 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.~~ *authorize the State Department of Public Health to approve, on or after July 1, 2015, an ETP, which meets specified requirements and regulations, as a supplemental service for an acute psychiatric hospital that submits a completed application and is operated by the State Department of State Hospitals.*

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 *at least* 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. *The bill would also require, if the FNAP determines that the patient requires continued ETP placement, that the patient's case be referred to a forensic psychiatrist or psychologist outside of the State Department of State Hospitals for independent review, that a hearing be conducted, and notice given, as specified.*

The bill would require the State Department of State Hospitals to monitor the ETPs, evaluate outcomes, and report its findings and recommendations to the Legislature.

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 *pilot* enhanced treatment ~~pilot~~ programs (*ETP*) for those patients
13 determined to be at high risk of most dangerous behavior against
14 other patients or hospital staff. The goal of these ~~enhanced~~
15 ~~treatment pilot programs~~ *pilot ETPs* is to evaluate the effectiveness
16 of concentrated, evidence-based clinical therapy and treatment in
17 an environment designed to improve these patients' conditions
18 and return them to the general patient population.

1 (c) The Legislature finds and declares that the purpose of the
2 establishment of a pilot program creating Enhanced Treatment
3 Units *the pilot ETPs* within the State Department of State Hospitals
4 is to test the effectiveness of providing improved treatment with
5 a heightened secure setting to patients with a demonstrated and
6 sustained risk of aggressive, violent behavior toward other patients
7 and staff.

8 (d) It is the intent of the Legislature that the criteria established
9 for placement in an ~~Enhanced Treatment Unit ETP~~ within the State
10 Department of State Hospitals cannot be used to circumvent the
11 statutory and regulatory criteria for use of seclusion and ~~restrains,~~
12 *restraints, as defined by Section 1180.1 of the Health and Safety*
13 *Code*, but is instead another level of continuum of care for the
14 patient receiving treatment in an ~~Enhanced Treatment Unit. ETP.~~

15 ~~SEC. 2. Section 1250 of the Health and Safety Code is amended~~
16 ~~to read:~~

17 ~~1250. As used in this chapter, “health facility” means any~~
18 ~~facility, place, or building that is organized, maintained, and~~
19 ~~operated for the diagnosis, care, prevention, and treatment of~~
20 ~~human illness, physical or mental, including convalescence and~~
21 ~~rehabilitation and including care during and after pregnancy, or~~
22 ~~for any one or more of these purposes, for one or more persons,~~
23 ~~to which the persons are admitted for a 24-hour stay or longer, and~~
24 ~~includes the following types:~~

25 (a) ~~“General acute care hospital” means a health facility having~~
26 ~~a duly constituted governing body with overall administrative and~~
27 ~~professional responsibility and an organized medical staff that~~
28 ~~provides 24-hour inpatient care, including the following basic~~
29 ~~services: medical, nursing, surgical, anesthesia, laboratory,~~
30 ~~radiology, pharmacy, and dietary services. A general acute care~~
31 ~~hospital may include more than one physical plant maintained and~~
32 ~~operated on separate premises as provided in Section 1250.8. A~~
33 ~~general acute care hospital that exclusively provides acute medical~~
34 ~~rehabilitation center services, including at least physical therapy,~~
35 ~~occupational therapy, and speech therapy, may provide for the~~
36 ~~required surgical and anesthesia services through a contract with~~
37 ~~another acute care hospital. In addition, a general acute care~~
38 ~~hospital that, on July 1, 1983, provided required surgical and~~
39 ~~anesthesia services through a contract or agreement with another~~
40 ~~acute care hospital may continue to provide these surgical and~~

1 anesthesia services through a contract or agreement with an acute
2 care hospital. The general acute care hospital operated by the State
3 Department of Developmental Services at Agnews Developmental
4 Center may, until June 30, 2007, provide surgery and anesthesia
5 services through a contract or agreement with another acute care
6 hospital. Notwithstanding the requirements of this subdivision, a
7 general acute care hospital operated by the Department of
8 Corrections and Rehabilitation or the Department of Veterans
9 Affairs may provide surgery and anesthesia services during normal
10 weekday working hours, and not provide these services during
11 other hours of the weekday or on weekends or holidays, if the
12 general acute care hospital otherwise meets the requirements of
13 this section.

14 A "general acute care hospital" includes a "rural general acute
15 care hospital." However, a "rural general acute care hospital" shall
16 not be required by the department to provide surgery and anesthesia
17 services. A "rural general acute care hospital" shall meet either of
18 the following conditions:

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

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

28 (b) "Acute psychiatric hospital" means a health facility having
29 a duly constituted governing body with overall administrative and
30 professional responsibility and an organized medical staff that
31 provides 24-hour inpatient care for mentally disordered,
32 incompetent, or other patients referred to in Division 5
33 (commencing with Section 5000) or Division 6 (commencing with
34 Section 6000) of the Welfare and Institutions Code, including the
35 following basic services: medical, nursing, rehabilitative,
36 pharmacy, and dietary services.

37 (e) (1) "Skilled nursing facility" means a health facility that
38 provides skilled nursing care and supportive care to patients whose
39 primary need is for availability of skilled nursing care on an
40 extended basis.

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

3 ~~(d) “Intermediate care facility” means a health facility that~~
4 ~~provides inpatient care to ambulatory or nonambulatory patients~~
5 ~~who have recurring need for skilled nursing supervision and need~~
6 ~~supportive care, but who do not require availability of continuous~~
7 ~~skilled nursing care.~~

8 ~~(e) “Intermediate care facility/developmentally disabled~~
9 ~~habilitative” means a facility with a capacity of 4 to 15 beds that~~
10 ~~provides 24-hour personal care, habilitation, developmental, and~~
11 ~~supportive health services to 15 or fewer persons with~~
12 ~~developmental disabilities who have intermittent recurring needs~~
13 ~~for nursing services, but have been certified by a physician and~~
14 ~~surgeon as not requiring availability of continuous skilled nursing~~
15 ~~care.~~

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

20 ~~(g) “Intermediate care facility/developmentally disabled” means~~
21 ~~a facility that provides 24-hour personal care, habilitation,~~
22 ~~developmental, and supportive health services to persons with~~
23 ~~developmental disabilities whose primary need is for~~
24 ~~developmental services and who have a recurring but intermittent~~
25 ~~need for skilled nursing services.~~

26 ~~(h) “Intermediate care facility/developmentally~~
27 ~~disabled nursing” means a facility with a capacity of 4 to 15 beds~~
28 ~~that provides 24-hour personal care, developmental services, and~~
29 ~~nursing supervision for persons with developmental disabilities~~
30 ~~who have intermittent recurring needs for skilled nursing care but~~
31 ~~have been certified by a physician and surgeon as not requiring~~
32 ~~continuous skilled nursing care. The facility shall serve medically~~
33 ~~fragile persons with developmental disabilities or who demonstrate~~
34 ~~significant developmental delay that may lead to a developmental~~
35 ~~disability if not treated.~~

36 ~~(i) (1) “Congregate living health facility” means a residential~~
37 ~~home with a capacity, except as provided in paragraph (4), of no~~
38 ~~more than 12 beds, that provides inpatient care, including the~~
39 ~~following basic services: medical supervision, 24-hour skilled~~
40 ~~nursing and supportive care, pharmacy, dietary, social, recreational,~~

1 and at least one type of service specified in paragraph (2). The
2 primary need of congregate living health facility residents shall
3 be for availability of skilled nursing care on a recurring,
4 intermittent, extended, or continuous basis. This care is generally
5 less intense than that provided in general acute care hospitals but
6 more intense than that provided in skilled nursing facilities.

7 (2) Congregate living health facilities shall provide one of the
8 following services:

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

11 (B) Services for persons who have a diagnosis of terminal
12 illness, a diagnosis of a life-threatening illness, or both. Terminal
13 illness means the individual has a life expectancy of six months
14 or less as stated in writing by his or her attending physician and
15 surgeon. A "life-threatening illness" means the individual has an
16 illness that can lead to a possibility of a termination of life within
17 five years or less as stated in writing by his or her attending
18 physician and surgeon.

19 (C) Services for persons who are catastrophically and severely
20 disabled. A person who is catastrophically and severely disabled
21 means a person whose origin of disability was acquired through
22 trauma or nondegenerative neurologic illness, for whom it has
23 been determined that active rehabilitation would be beneficial and
24 to whom these services are being provided. Services offered by a
25 congregate living health facility to a person who is catastrophically
26 disabled shall include, but not be limited to, speech, physical, and
27 occupational therapy.

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

31 (4) (A) A facility operated by a city and county for the purposes
32 of delivering services under this section may have a capacity of
33 59 beds.

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

1 ~~(C) A congregate living health facility not operated by a city~~
2 ~~and county serving persons who are catastrophically and severely~~
3 ~~disabled, as defined in subparagraph (C) of paragraph (2) that is~~
4 ~~located in a county of 500,000 or more persons may have not more~~
5 ~~than 12 beds for the purpose of serving persons who are~~
6 ~~catastrophically and severely disabled.~~

7 ~~(5) A congregate living health facility shall have a~~
8 ~~noninstitutional, homelike environment.~~

9 ~~(j) (1) “Correctional treatment center” means a health facility~~
10 ~~operated by the Department of Corrections and Rehabilitation, the~~
11 ~~Department of Corrections and Rehabilitation, Division of Juvenile~~
12 ~~Facilities, or a county, city, or city and county law enforcement~~
13 ~~agency that, as determined by the department, provides inpatient~~
14 ~~health services to that portion of the inmate population who do not~~
15 ~~require a general acute care level of basic services. This definition~~
16 ~~shall not apply to those areas of a law enforcement facility that~~
17 ~~houses inmates or wards who may be receiving outpatient services~~
18 ~~and are housed separately for reasons of improved access to health~~
19 ~~care, security, and protection. The health services provided by a~~
20 ~~correctional treatment center shall include, but are not limited to,~~
21 ~~all of the following basic services: physician and surgeon,~~
22 ~~psychiatrist, psychologist, nursing, pharmacy, and dietary. A~~
23 ~~correctional treatment center may provide the following services:~~
24 ~~laboratory, radiology, perinatal, and any other services approved~~
25 ~~by the department.~~

26 ~~(2) Outpatient surgical care with anesthesia may be provided,~~
27 ~~if the correctional treatment center meets the same requirements~~
28 ~~as a surgical clinic licensed pursuant to Section 1204, with the~~
29 ~~exception of the requirement that patients remain less than 24~~
30 ~~hours.~~

31 ~~(3) Correctional treatment centers shall maintain written service~~
32 ~~agreements with general acute care hospitals to provide for those~~
33 ~~inmate physical health needs that cannot be met by the correctional~~
34 ~~treatment center.~~

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

37 ~~(5) It is not the intent of the Legislature to have a correctional~~
38 ~~treatment center supplant the general acute care hospitals at the~~
39 ~~California Medical Facility, the California Men’s Colony, and the~~
40 ~~California Institution for Men. This subdivision shall not be~~

1 ~~construed to prohibit the Department of Corrections and~~
2 ~~Rehabilitation from obtaining a correctional treatment center~~
3 ~~license at these sites.~~

4 (k) ~~“Nursing facility” means a health facility licensed pursuant~~
5 ~~to this chapter that is certified to participate as a provider of care~~
6 ~~either as a skilled nursing facility in the federal Medicare Program~~
7 ~~under Title XVIII of the federal Social Security Act (42 U.S.C.~~
8 ~~Sec. 1395 et seq.) or as a nursing facility in the federal Medicaid~~
9 ~~Program under Title XIX of the federal Social Security Act (42~~
10 ~~U.S.C. Sec. 1396 et seq.), or as both.~~

11 (l) ~~Regulations defining a correctional treatment center described~~
12 ~~in subdivision (j) that is operated by a county, city, or city and~~
13 ~~county, the Department of Corrections and Rehabilitation, or the~~
14 ~~Department of Corrections and Rehabilitation, Division of Juvenile~~
15 ~~Facilities, shall not become effective prior to, or if effective, shall~~
16 ~~be inoperative until January 1, 1996, and until that time these~~
17 ~~correctional facilities are exempt from any licensing requirements.~~

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

37 (n) ~~“Hospice facility” means a health facility licensed pursuant~~
38 ~~to this chapter with a capacity of no more than 24 beds that~~
39 ~~provides hospice services. Hospice services include, but are not~~
40 ~~limited to, routine care, continuous care, inpatient respite care, and~~

1 inpatient hospice care as defined in subdivision (d) of Section
2 1339.40, and is operated by a provider of hospice services that is
3 licensed pursuant to Section 1751 and certified as a hospice
4 pursuant to Part 418 of Title 42 of the Code of Federal Regulations.

5 (o) (1) “Enhanced treatment program” or “ETP” means a health
6 facility under the jurisdiction of the State Department of State
7 Hospitals that provides 24-hour inpatient care for mentally
8 disordered, incompetent, or other patients who have been
9 committed to the State Department of State Hospitals and have
10 been assessed to be at high risk of most dangerous behavior, as
11 defined in subdivision (k) of Section 4143 of the Welfare and
12 Institutions Code, and cannot be effectively treated within an acute
13 psychiatric hospital, a skilled nursing facility, or an intermediate
14 care facility, including the following basic services: medical,
15 nursing, rehabilitative, pharmacy, and dietary service.

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

20 (3) Commencing July 1, 2015, and until January 1, 2018, an
21 enhanced treatment pilot program shall meet the licensing
22 requirements applicable to acute psychiatric hospitals under
23 Chapter 2 (commencing with Section 71001) of Division 5 of the
24 California Code of Regulations, unless otherwise specified in
25 Section 1265.9 and any related emergency regulations adopted
26 pursuant to that section.

27 **SEC. 3.**

28 *SEC. 2.* Section 1265.9 is added to the Health and Safety Code,
29 to read:

30 1265.9. (a) (1) Commencing July 1, 2015, and until January
31 1, 2018, the State Department of State Hospitals may establish and
32 maintain a pilot Enhanced Treatment Program (ETP) to test the
33 effectiveness of providing treatment for patients who are at high
34 risk of most dangerous behavior.

35 (2) Prior to January 1, 2018, the State Department of State
36 Hospitals may adopt emergency regulations in accordance with
37 the Administrative Procedure Act (Chapter 3.5 (commencing with
38 Section 11340) of Part 1 of Division 3 of Title 2 of the Government
39 Code) to implement this section. The adoption of an emergency
40 regulation under this paragraph is deemed to address an emergency,

1 for purposes of Sections 11346.1 and 11349.6 of the Government
2 Code, and the State Department of State Hospitals is hereby
3 exempted for this purpose from the requirements of subdivision
4 (b) of Section 11346.1 of the Government Code.

5 1265.9. (a) *On and after July 1, 2015, any acute psychiatric*
6 *hospital that submits a completed application and is operated by*
7 *the State Department of State Hospitals may be approved by the*
8 *State Department of Public Health to offer, as a supplemental*
9 *service, an Enhanced Treatment Program (ETP) that meets the*
10 *requirements of this section, Section 4144 of the Welfare and*
11 *Institutions Code, and applicable regulations.*

12 (b) *This section shall remain in effect for each pilot ETP until*
13 *January 1 of the fifth calendar year after each pilot ETP site has*
14 *admitted its first patient, and is repealed as of January 1 of the*
15 *fifth calendar year after each pilot ETP site has admitted its first*
16 *patient, unless a later enacted statute extending the program is*
17 *enacted prior to those dates. The State Department of State*
18 *Hospitals shall post a declaration on its Internet Web site when*
19 *the condition for repealing this section is met stating that this*
20 *section is repealed.*

21 (c) (1) *Prior to the admission of the first patient into the last*
22 *pilot ETP, the State Department of Public Health may adopt*
23 *emergency regulations in accordance with the Administrative*
24 *Procedure Act (Chapter 3.5 (commencing with Section 11340) of*
25 *Part 1 of Division 3 of Title 2 of the Government Code) to*
26 *implement this section. The adoption of an emergency regulation*
27 *under this paragraph is deemed to address an emergency, for*
28 *purposes of Sections 11346.1 and 11349.6 of the Government*
29 *Code, and the State Department of Public Health is hereby*
30 *exempted for this purpose from the requirements of subdivision*
31 *(b) of Section 11346.1 of the Government Code.*

32 (2) *As an alternative to paragraph (1) and notwithstanding the*
33 *rulemaking provisions of Administrative Procedures Act (Chapter*
34 *3.5 (commencing with Section 11340) of Part 1 of Division 3 of*
35 *Title 2 of the Government Code), the director of the State*
36 *Department of Public Health may implement this section, in whole*
37 *or in part, by means of an all facility letter or other similar*
38 *instruction.*

39 (b)

40 (d) An ETP shall meet all of the following requirements:

- 1 (1) Maintain a staff-to-patient ratio of one to five.
 2 (2) Limit each room to one patient.
 3 (3) Each patient room shall allow visual access by staff 24 hours
 4 per day.
 5 (4) Each patient room shall have a ~~bathroom~~ *toilet and sink* in
 6 the room.
 7 (5) Each patient room door shall have the capacity to be locked
 8 externally. The door may be locked when clinically indicated and
 9 determined to be the least restrictive *treatment* environment for
 10 ~~provision of the patient's care and treatment pursuant to Section~~
 11 ~~4143 4144~~ of the Welfare and Institutions Code, but shall not be
 12 considered seclusion, *as defined by subdivision (e) of Section*
 13 *1180.1*, for purposes of Division 1.5 (commencing with Section
 14 1180).
 15 (6) Provide emergency egress for ETP patients.
 16 (7) ~~All~~ *In the event seclusion or restraints, as defined by Section*
 17 *1180.1, are used in an ETP, all state licensing and regulations*
 18 *shall be followed when a patient is experiencing behavior criteria*
 19 *consistent with the need for seclusion and restraints. followed.*
 20 (8) ~~Have a~~ *A full-time independent patient patients' rights*
 21 *advocate who provides patients' rights advocacy services shall be*
 22 *assigned to each ETP.*
 23 (e)
 24 (e) ~~The ETP ETPs shall adopt and implement policies and~~
 25 ~~procedures consistent with regulations adopted by the State~~
 26 ~~Department of State Hospitals that provide all of following:~~
 27 *necessary to encourage patient improvement, recovery, and a*
 28 *return to a standard treatment environment, and to create*
 29 *identifiable facility requirements and bench marks. The policies*
 30 *and procedures shall also provide all of the following:*
 31 (1) ~~Criteria and process for admission into the ETP. A person~~
 32 ~~shall not be placed into the ETP as a means of punishment,~~
 33 ~~coercion, convenience, or retaliation. an ETP pursuant to Section~~
 34 *4144 of the Welfare and Institutions Code.*
 35 (2) Clinical assessment and review focused on behavior, history,
 36 high risk of most dangerous behavior, and clinical need for patients
 37 to receive treatment in ~~the~~ *an ETP as the least restrictive treatment*
 38 *environment.*

1 (3) A process for identifying ~~the~~ *an* ETP along a continuum of
2 care that will best meet the patient's needs, including least
3 restrictive *treatment* environment.

4 (4) A process for ~~development of~~ *creating and implementing* a
5 treatment plan with regular clinical review and reevaluation of
6 placement back into a standard treatment environment and
7 discharge and reintegration planning *as specified in subdivision*
8 *(e) of Section 4144 of the Welfare and Institutions Code.*

9 ~~(d)~~

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

13 ~~(e) (1) The department shall monitor the pilot ETPs, evaluate~~
14 ~~outcomes, and report on its findings and recommendations. The~~
15 ~~information shall be provided to the fiscal and policy committees~~
16 ~~of the Legislature annually, beginning on January 10 of the year~~
17 ~~in which the first ETP is opened and services have commenced.~~
18 ~~The evaluation shall include, but is not limited to, the following:~~

19 ~~(A) Comparative summary information regarding the~~
20 ~~characteristics of the patients served.~~

21 ~~(B) Compliance with staffing requirements.~~

22 ~~(C) Staffing ratios and staff mix.~~

23 ~~(D) Average monthly occupancy.~~

24 ~~(E) Average length of stay.~~

25 ~~(F) The number of residents whose length of stay exceeds 90~~
26 ~~days.~~

27 ~~(G) The number of patients with multiple stays.~~

28 ~~(H) The number of patients whose discharge was delayed due~~
29 ~~to lack of availability of less restrictive treatment environment.~~

30 ~~(I) Restraint and seclusion use, including the number of incidents~~
31 ~~and duration, consistent with paragraph (3) of subdivision (d) of~~
32 ~~Section 1180.2.~~

33 ~~(J) Serious injuries to staff and residents.~~

34 ~~(K) Serious injuries to staff and residents related to use of~~
35 ~~restraint or seclusion.~~

36 ~~(L) Staff turnover.~~

37 ~~(M) The number of patients' rights complaints, including the~~
38 ~~subject of the complaint and its resolution.~~

39 ~~(N) Type and number of training provided for ETP staff.~~

40 ~~(O) Staffing levels for ETPs.~~

1 ~~(2) The requirement for submitting findings and~~
2 ~~recommendations to the Legislature annually under paragraph (1)~~
3 ~~is inoperative on January 1, 2026.~~

4 ~~(f) Notwithstanding paragraph (2) of subdivision (a), the State~~
5 ~~Department of Public Health and the State Department of State~~
6 ~~Hospitals shall jointly develop the regulations governing ETPs.~~

7 ~~(g) For purposes of paragraph (1) of subdivision (d), “staff”~~
8 ~~means licensed nurses and psychiatric technicians providing direct~~
9 ~~patient care.~~

10 ~~SEC. 4.~~

11 ~~SEC. 3.~~ Section 4100 of the Welfare and Institutions Code is
12 amended to read:

13 4100. The department has jurisdiction over the following
14 hospitals:

- 15 (a) Atascadero State Hospital.
- 16 (b) Coalinga State Hospital.
- 17 (c) Metropolitan State Hospital.
- 18 (d) Napa State Hospital.
- 19 (e) Patton State Hospital.
- 20 (f) Any other State Department of State Hospitals facility subject
- 21 to available funding by the Legislature.

22 ~~SEC. 5.~~

23 ~~SEC. 4.~~ Section ~~4142.5~~ 4143 is added to the Welfare and
24 Institutions Code, to read:

25 ~~4142.5.~~

26 4143. Commencing July 1, 2015, and subject to available
27 funding, the State Department of State Hospitals may establish
28 and maintain *pilot* enhanced treatment ~~pilot~~ programs (ETPs), as
29 defined in ~~subdivision (e) of Section 1250 1265.9~~ of the Health
30 and Safety Code, and evaluate the effectiveness of intensive,
31 evidence-based clinical therapy and treatment of patients described
32 in Section ~~4143~~. 4144.

33 ~~SEC. 6.~~

34 ~~SEC. 5.~~ Section ~~4143~~ 4144 is added to the Welfare and
35 Institutions Code, to read:

36 ~~4143.~~

37 4144. (a) A state hospital psychiatrist or psychologist may
38 refer a patient to ~~an a~~ *pilot* enhanced treatment ~~pilot~~ program
39 (ETP), as defined in ~~subdivision (e) of Section 1250 1265.9~~ of the
40 Health and Safety Code, for temporary placement and risk

1 assessment upon determining that the patient may be at high risk
2 of most dangerous behavior and when *safe* treatment is not possible
3 in a standard treatment environment. The referral may occur ~~at~~
4 ~~any time after the patient has been admitted to a hospital or~~
5 ~~program under the jurisdiction of the department, with notice to~~
6 ~~the patient's advocate at the time of the referral.~~ *after admission*
7 *to the State Department of State Hospitals, and after sufficient and*
8 *documented evaluation of violence risk of the patient, with notice*
9 *to the patients' rights advocate at the time of the referral. A patient*
10 *shall not be placed into an ETP as a means of punishment,*
11 *coercion, convenience, or retaliation.*

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

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

26 (2) (A) The threshold standard for treatment in an ETP is met
27 if a psychiatrist or psychologist, utilizing standard forensic
28 methodologies for clinically assessing violence risk, determines
29 that a patient meets the definition of a patient at high risk of most
30 dangerous behavior and ETP treatment ~~can meet~~ *meets* the
31 identified needs of the patient and ~~there is no less restrictive safe~~
32 ~~treatment options.~~ *is not possible in a standard treatment*
33 *environment.*

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

39 (3) If a patient has shown improvement during his or her
40 placement in ~~the~~ *an* ETP, the FNAP may delay its *certification*

1 decision for another seven business days. The FNAP's
2 determination of whether the patient will benefit from continued
3 or longer term ETP placement and treatment shall be based on the
4 threshold standard for treatment in an ETP specified in
5 subparagraph (A) of paragraph (2).

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

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

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

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

29 (A) *Be in writing and developed in collaboration with the*
30 *patient, when possible. The initial treatment plan shall be*
31 *developed as soon as possible, but no later than 72 hours following*
32 *the patient's admission. The comprehensive treatment plan shall*
33 *be developed following a complete violence risk assessment.*

34 (B) *Be based on a comprehensive assessment of the patient's*
35 *physical, mental, emotional, and social needs, and focused on*
36 *mitigation of violence risk factors.*

37 (C) *Be reviewed and updated no less than every 10 days.*

38 (2) *The individual treatment plan shall include, but is not limited*
39 *to, all of the following:*

- 1 (A) *A statement of the patient's physical and mental condition,*
- 2 *including all mental health and medical diagnoses.*
- 3 (B) *Prescribed medication, dosage, and frequency of*
- 4 *administration.*
- 5 (C) *Specific goals of treatment with intervention and actions*
- 6 *that identify steps toward reduction of violence risk and observable,*
- 7 *measurable objectives.*
- 8 (D) *Identification of methods to be utilized, the frequency for*
- 9 *conducting each treatment method, and the person, or persons, or*
- 10 *discipline, or disciplines, responsible for each treatment method.*
- 11 (E) *Documentation of the success or failure in achieving stated*
- 12 *objectives.*
- 13 (F) *Evaluation of the factors contributing to the patient's*
- 14 *progress or lack of progress toward reduction of violence risk and*
- 15 *a statement of the multidisciplinary treatment decision for followup*
- 16 *action.*
- 17 (G) *An activity plan.*
- 18 (H) *A plan for other services needed by the patient, such as care*
- 19 *for medical and physical ailments, which are not provided by the*
- 20 *multidisciplinary treatment team.*
- 21 (I) *Discharge criteria and goals for an aftercare plan in a*
- 22 *standard treatment environment and a plan for post-ETP discharge*
- 23 *follow up.*
- 24 ~~(2)~~
- 25 (3) *An ETP patient shall receive treatment from a*
- 26 *multidisciplinary team consisting of a psychologist, a psychiatrist,*
- 27 *a nurse, a psychiatric technician, a clinical social worker, a*
- 28 *rehabilitation therapist, and any other staff as necessary. necessary*
- 29 *staff who shall meet as often as necessary, but no less than once*
- 30 *a week, to assess the patient's response to treatment.*
- 31 ~~(3) The treatment team shall meet as often as necessary, but no~~
- 32 ~~less than once a week, to assess the patient's response to treatment~~
- 33 ~~in the ETP.~~
- 34 (4) *The staff shall observe and note any changes in the patient's*
- 35 *condition and the treatment plan shall be modified in response to*
- 36 *the observed changes.*
- 37 (5) *Social work services shall be organized, directed, and*
- 38 *supervised by a licensed clinical social worker.*
- 39 (6) (A) *Mental health treatment programs shall provide and*
- 40 *conduct organized therapeutic social, recreational, and vocational*

1 activities in accordance with the interests, abilities, and needs of
2 the patients, including the opportunity for exercise.

3 (B) Mental health rehabilitation therapy services shall be
4 designed by and provided under the direction of a licensed mental
5 health professional, a recreational therapist, or an occupational
6 therapist.

7 (7) An aftercare plan for a standard treatment environment
8 shall be developed.

9 (A) A written aftercare plan shall describe those services that
10 should be provided to a patient following discharge, transfer, or
11 release from an ETP for the purpose of enabling the patient to
12 maintain stabilization or achieve an optimum level of functioning.

13 (B) Prior to or at the time of discharge, transfer, or release
14 from an ETP, each patient shall be evaluated concerning the
15 patient's need for aftercare services. This evaluation shall consider
16 the patient's potential housing, probable need for continued
17 treatment and social services, and need for continued medical and
18 mental health care.

19 (C) Aftercare plans shall include, but shall not be limited to,
20 arrangements for medication administration and follow-up care.

21 (D) A member of the multidisciplinary treatment team designated
22 by the clinical director shall be responsible for ensuring that the
23 aftercare plan has been completed and documented in the patient's
24 health record.

25 (E) The patient shall receive a copy of the aftercare plan when
26 referred to a standard treatment environment.

27 (f) Prior to the expiration of 90 days from the date of placement
28 in ~~the~~ an ETP and with 72-hour notice provided to the patient and
29 ~~the patient's~~ patients' rights advocate, the FNAP shall convene a
30 treatment placement meeting with a psychologist from the
31 treatment team, a ~~patient~~ patients' rights advocate, the patient, and
32 the FNAT psychologist who performed the in-depth violence risk
33 assessment. The FNAP shall determine whether the patient may
34 return to a standard treatment environment or *whether* the patient
35 clinically requires continued treatment in ~~the~~ an ETP. If the FNAP
36 determines that the patient clinically requires continued ETP
37 placement, the patient shall be certified for further ETP placement
38 for one year. The FNAP determination shall be in writing and
39 provided to the patient and ~~the patient's~~ patients' rights advocate
40 within 24 hours of the meeting. If the FNAP determines that the

1 patient is ready to be transferred to a standard treatment
2 environment, the FNAP shall identify appropriate placement within
3 a standard treatment environment in a state hospital, and transfer
4 the patient within 30 days of the determination.

5 (g) If a patient has been certified for ETP treatment for one year
6 pursuant to subdivision (f), the FNAP shall review the patient's
7 treatment summary *at least* every 90 days to determine if the
8 patient no longer clinically requires treatment in the ETP. This
9 FNAP determination shall be in writing and provided to the patient
10 and the ~~patient's~~ *patients' rights* advocate within three business
11 days of the meeting. If the FNAP determines that the patient no
12 longer clinically requires treatment in the ETP, the FNAP shall
13 identify appropriate placement, and transfer the patient within 30
14 days of the determination.

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

30 (i) *If after the treatment placement meeting described in*
31 *subdivision (h), and after discussion with the patient, the patients'*
32 *rights advocate, patient's ETP team members, and review of*
33 *documents and records, the FNAP determines that the patient*
34 *clinically requires continued ETP placement, the patient's case*
35 *shall be referred outside of the State Department of State Hospitals*
36 *to a forensic psychiatrist or psychologist for an independent*
37 *medical review for the purpose of assessing the patient's overall*
38 *treatment plan and the need for ongoing ETP treatment. Notice*
39 *of the referral shall be provided to the patient and the patients'*
40 *rights advocate within 24 hours of the FNAP meeting as part of*

1 *the FNAP determination. The notice shall include instructions for*
2 *the patient to submit information to the forensic psychiatrist or*
3 *psychologist conducting the independent medical review.*

4 *(1) The forensic psychiatrist or psychologist conducting the*
5 *independent medical review shall be provided with the patient's*
6 *medical and psychiatric documents and records, along with any*
7 *additional information submitted by the patient, within five business*
8 *days from the date of the FNAP's determination that the patient*
9 *requires continued ETP placement.*

10 *(2) After reviewing the patient's medical and psychiatric*
11 *documents and records, along with any additional information*
12 *submitted by the patient, but no later than 14 days after the receipt*
13 *of the patient's medical and psychiatric documents and records,*
14 *the forensic psychiatrist or psychologist conducting the*
15 *independent medical review shall provide the State Department*
16 *of State Hospitals, the patient, and the patients' rights advocate*
17 *with a written notice of the date and time for a hearing. At least*
18 *one FNAP member is required to attend the hearing. The notice*
19 *shall be provided at least 72 hours in advance of the hearing, shall*
20 *include a statement that at least one FNAP member is required to*
21 *attend the hearing, and advise the patient of his or her right to a*
22 *hearing or to waive his or her right to a hearing. The notice shall*
23 *also include a statement that the patient may have assistance of a*
24 *patients' rights advocate or staff member at the hearing.*
25 *Seventy-two-hour notice shall also be provided to any individuals*
26 *whose presence is requested by the forensic psychiatrist or*
27 *psychologist conducting the independent medical review in order*
28 *to help assess the patient's overall treatment plan and the need*
29 *for ongoing ETP treatment.*

30 *(3) If the patient waives his or her right to a hearing, the forensic*
31 *psychiatrist or psychologist conducting the independent medical*
32 *review shall make recommendations to the FNAP on whether or*
33 *not the patient should be certified for ongoing ETP treatment.*

34 *(4) If the patient does not waive the right to a hearing, both of*
35 *the following shall be provided:*

36 *(A) If the patient elects to have the assistance of a patients'*
37 *rights advocate or a staff person, including the patients' rights*
38 *advocate, the requested person shall provide assistance relating*
39 *to the hearing, whether or not the patient is present at the hearing,*
40 *unless the forensic psychiatrist or psychologist conducting the*

1 *hearing finds good cause why the requested person should not*
2 *participate. Good cause includes a reasonable concern for the*
3 *safety of a staff member requested to be present at the hearing.*

4 *(B) An opportunity for the patient to present information,*
5 *statements, or arguments, either orally or in writing, to show either*
6 *that the information relied on for the FNAP's determination for*
7 *ongoing treatment is erroneous, or any other relevant information.*

8 *(5) The conclusion reached by the forensic psychiatrist or*
9 *psychologist who conducts the independent medical review shall*
10 *be in writing and provided to the State Department of State*
11 *Hospitals, the patient, and the patients' rights advocate within*
12 *three business days of the conclusion of the hearing.*

13 *(6) If the forensic psychiatrist or psychologist who conducts the*
14 *independent medical review concludes that the patient requires*
15 *ongoing ETP treatment, the patient shall be certified for further*
16 *treatment for an additional year.*

17 *(7) If the forensic psychiatrist or psychologist who conducts the*
18 *independent medical review determines that the patient no longer*
19 *requires ongoing ETP treatment, the FNAP shall identify*
20 *appropriate placement and transfer the patient within 30 days of*
21 *determination.*

22 ~~(i)~~

23 *(j) At any point during the ETP placement, if a patient's*
24 *treatment team determines that the patient no longer clinically*
25 *requires ETP treatment, a recommendation to transfer the patient*
26 *out of the ETP shall be made to the FNAT or FNAP.*

27 ~~(j)~~

28 *(k) The process described in this section may continue until the*
29 *patient no longer clinically requires ETP treatment or until the*
30 *patient is discharged from the ~~state hospital~~. State Department of*
31 *State Hospitals.*

32 ~~(k)~~

33 *(l) As used in this section, the following terms have the*
34 *following meanings:*

35 *(1) "Enhanced treatment program" or "ETP" means a ~~health~~*
36 *facility as defined in subdivision (c) of Section 1250 supplemental*
37 *treatment unit as defined in Section 1265.9 of the Health and Safety*
38 *Code.*

39 *(2) "Forensic needs assessment panel" or "FNAP" means a*
40 *panel that consists of a psychiatrist, a psychologist, and the medical*

1 director of the hospital or facility, none of whom are involved in
 2 the patient’s treatment or diagnosis at the time of the hearing or
 3 placement meetings.

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

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

11 (5) ~~“Patient~~ “Patients’ rights advocate” means the advocate
 12 contracted under Sections 5370.2 and 5510.

13 (6) “Patient at high risk of most dangerous behavior” means the
 14 individual has a history of physical violence and currently poses
 15 a demonstrated danger of inflicting substantial physical harm upon
 16 others in an inpatient setting, as determined by an evidence-based,
 17 in-depth violence risk assessment conducted by the State
 18 Department of State Hospitals.

19 (m) *The State Department of State Hospitals may adopt*
 20 *emergency regulations in accordance with the Administrative*
 21 *Procedures Act (Chapter 3.5 (commencing with Section 11340)*
 22 *of Part 1 of Division 3 of Title 2 of the Government Code) to*
 23 *implement the treatment components of this section. The adoption*
 24 *of an emergency regulation under this paragraph is deemed to*
 25 *address an emergency, for purposes of Sections 11346.1 and*
 26 *11349.6 of the Government Code, and the State Department of*
 27 *State Hospitals is hereby exempted for this purpose from the*
 28 *requirements of subdivision (b) of Section 11346.1 of the*
 29 *Government Code.*

30 SEC. 6. *Section 4145 is added to the Welfare and Institutions*
 31 *Code, to read:*

32 4145. (a) *The State Department of State Hospitals shall*
 33 *monitor the pilot enhanced treatment programs (ETP), evaluate*
 34 *outcomes, and report on its findings and recommendations. This*
 35 *report shall be provided to the fiscal and policy committees of the*
 36 *Legislature annually, beginning on January 10 of the first year*
 37 *after which the first ETP is opened and services have commenced,*
 38 *and shall be in compliance with Section 9795 of the Government*
 39 *Code. The evaluation shall include, but is not limited to, all of the*
 40 *following:*

- 1 (1) *Comparative summary information regarding the*
- 2 *characteristics of the patients served.*
- 3 (2) *Compliance with staffing requirements.*
- 4 (3) *Staff classification to patient ratio.*
- 5 (4) *Average monthly occupancy.*
- 6 (5) *Average length of stay.*
- 7 (6) *The number of residents whose length of stay exceeds 90*
- 8 *days.*
- 9 (7) *The number of patients with multiple stays.*
- 10 (8) *The number of patients whose discharge was delayed due*
- 11 *to lack of available beds in a standard treatment environment.*
- 12 (9) *Restraint and seclusion use, including the number of*
- 13 *incidents and duration, consistent with paragraph (3) of*
- 14 *subdivision (d) of Section 1180.2 of the Health and Safety Code.*
- 15 (10) *Serious injuries to staff and residents.*
- 16 (11) *Serious injuries to staff and residents related to the use of*
- 17 *seclusion and restraints as defined under Section 1180 of the*
- 18 *Health and Safety Code.*
- 19 (12) *Staff turnover.*
- 20 (13) *The number of patients' rights complaints, including the*
- 21 *subject of the complaint and its resolution.*
- 22 (14) *Type and number of training provided for ETP staff.*
- 23 (15) *Staffing levels for ETPs.*
- 24 (b) *The State Department of State Hospitals' reporting*
- 25 *requirements under Section 4023 of the Welfare and Institutions*
- 26 *Code, shall apply to the ETPs.*
- 27 SEC. 7. Section 7200 of the Welfare and Institutions Code is
- 28 amended to read:
- 29 7200. There are in the state the following state hospitals for
- 30 the care, treatment, and education of the mentally disordered:
- 31 (a) Metropolitan State Hospital near the City of Norwalk, Los
- 32 Angeles County.
- 33 (b) Atascadero State Hospital near the City of Atascadero, San
- 34 Luis Obispo County.
- 35 (c) Napa State Hospital near the City of Napa, Napa County.
- 36 (d) Patton State Hospital near the City of San Bernardino, San
- 37 Bernardino County.
- 38 (e) Coalinga State Hospital near the City of Coalinga, Fresno
- 39 County.

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

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

O