

AMENDED IN SENATE JUNE 25, 2015

AMENDED IN ASSEMBLY MAY 28, 2015

AMENDED IN ASSEMBLY APRIL 6, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

**ASSEMBLY BILL**

**No. 918**

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**Introduced by Assembly Member Mark Stone**

February 26, 2015

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An act to add Sections 4436.5 and 4659.2 to the Welfare and Institutions Code, relating to ~~developmental services: seclusion and restraint~~.

LEGISLATIVE COUNSEL'S DIGEST

AB 918, as amended, Mark Stone. ~~Developmental services: reporting: seclusion and restraint. Seclusion and restraint: developmental services: health facilities.~~

Existing law requires the Secretary of California Health and Human Services to develop technical assistance and training programs to support the efforts of community care facilities, group homes, skilled nursing facilities, intermediate care facilities, and mental health rehabilitation centers, among others, to reduce or eliminate the use of seclusion and behavioral restraints in these facilities. Existing law requires specified entities within the California ~~health~~ Health and Human Services Agency to take steps to establish a system of mandatory, consistent, timely, and publicly accessible data collection regarding the use of seclusion and behavioral restraints in state hospitals operated by the State Department of State Hospitals, facilities operated by the State Department of Developmental Services, and other specified facilities that utilize seclusion or behavioral restraints.

Under existing law, the Lanterman Developmental Disabilities Services Act, the State Department of Developmental Services contracts with regional centers to provide services and supports to individuals with developmental disabilities. Existing law requires all vendors and long-term health care facilities, as defined, to report special incidents to a regional center, including, among other things, *incidents of physical or and chemical restraint, or both*. Existing law requires a regional center that receives information from a special incident report regarding the use of physical or chemical restraint, ~~or both~~, to report that information to the department, as specified.

This bill would require the department to ensure the consistent, timely, and public reporting of data it receives from regional centers *and other specified facilities* regarding the use of physical or chemical restraint and to publish that information on its Internet Web site.

This bill would also require regional center vendors that provide residential services or supported living ~~services and services~~, long-term health care ~~facilities~~ *facilities, and acute psychiatric hospitals* to report each death or serious injury of a person occurring during, or related to, the use of seclusion, physical restraint, or chemical restraint, as specified.

This bill would make related findings and declarations.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
 State-mandated local program: no.

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

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) The President’s New Freedom Commission on Mental Health
- 4 (2003) reported that the use of behavioral restraint and seclusion
- 5 poses significant risks for adults and children, including serious
- 6 injury or death, retraumatizing people with a history of trauma or
- 7 abuse, loss of dignity, and other psychological harm.
- 8 (b) Although California currently requires the tracking and
- 9 public reporting of the use of seclusion and restraint in state
- 10 developmental centers and collects data regarding the use of
- 11 restraint through the department’s special incident reporting system,
- 12 the data concerning the use of restraint in community residential
- 13 and other long-term care facilities *and acute psychiatric hospitals*
- 14 serving individuals with developmental disabilities is not publicly
- 15 reported.

1 (c) One of the best methods to achieve the goal of a reduction  
2 in the use of restraint is to ensure consistent data collection and  
3 analysis and public access to this data.

4 (d) It is the intent of the Legislature in enacting this act to ensure  
5 that data regarding the use of restraint in community residential  
6 and other long-term care facilities *and acute psychiatric hospitals*  
7 is publicly available as a means of ensuring quality services to  
8 individuals with developmental disabilities and a reduction in the  
9 use of restraint.

10 SEC. 2. Section 4436.5 is added to the Welfare and Institutions  
11 Code, to read:

12 4436.5. (a) For the purposes of this section, the following  
13 definitions apply:

14 (1) “Physical restraint” means any behavioral or mechanical  
15 restraint as defined in Section 1180.1 of the Health and Safety  
16 Code.

17 (2) “Chemical restraint” means a drug that is used to control  
18 behavior and that is used in a manner not required to treat the  
19 patient’s medical conditions.

20 (3) “Long-term health care facility” means a facility, as defined  
21 in Section 1418 of the Health and Safety Code, ~~or an acute~~  
22 ~~psychiatric hospital, as defined in subdivision (b) of Section 1250~~  
23 ~~of the Health and Safety Code, including an institution for mental~~  
24 ~~disease. Code.~~

25 (4) “Acute psychiatric hospital” means a facility as defined in  
26 subdivision (b) of Section 1250 of the Health and Safety Code,  
27 including an institution for mental disease.

28 (b) The department shall ensure the consistent, timely, and  
29 public reporting of data it receives from regional centers pursuant  
30 to Section 54327 of Title 17 of the California Code of Regulations  
31 regarding the use of physical restraint, chemical restraint, or both,  
32 by all regional center vendors who provide residential services or  
33 supported living services pursuant to Section 4689, and by  
34 long-term health care facilities *and acute psychiatric hospitals*  
35 serving individuals with developmental disabilities.

36 (c) The department shall publish quarterly on its Internet Web  
37 site of the following data, segregated by individual regional center  
38 vendor that provides residential services or supported living  
39 services and *each* individual long-term health care facility *and*

1 *acute psychiatric hospital* that serves persons with developmental  
2 disabilities:

3 (1) The number of incidents of physical restraint.

4 (2) The number of incidents of chemical restraint.

5 SEC. 3. Section 4659.2 is added to the Welfare and Institutions  
6 Code, to read:

7 4659.2. (a) For the purposes of this section, the following  
8 definitions apply:

9 (1) “Physical restraint” means any behavioral or mechanical  
10 restraint, as defined in Section 1180.1 of the Health and Safety  
11 Code.

12 (2) “Chemical restraint” means a drug that is used to control  
13 behavior and that is used in a manner not required to treat the  
14 patient’s medical conditions.

15 (3) “Seclusion” means involuntary confinement of a person  
16 alone in a room or an area as defined in subdivision (e) of Section  
17 1180.1 of the Health and Safety Code.

18 (4) “Long-term health care facility” means a facility, as defined  
19 in Section 1418 of the Health and Safety Code, ~~or an acute~~  
20 ~~psychiatric hospital, as defined in subdivision (b) of Section 1250~~  
21 ~~of the Health and Safety Code, including an institution for mental~~  
22 ~~disease. Code.~~

23 (5) “Acute psychiatric hospital” means a facility as defined in  
24 subdivision (b) of Section 1250 of the Health and Safety Code,  
25 including an institution for mental disease.

26 (b) All regional center vendors that provide residential services  
27 or supported living ~~services and services~~, long-term health care  
28 ~~facilities facilities~~, and *acute psychiatric hospitals* shall report  
29 each death or serious injury of a person occurring during, or related  
30 to, the use of seclusion, physical restraint, or chemical restraint,  
31 or any combination thereof, to the agency designated pursuant to  
32 subdivision (i) of Section 4900 no later than the close of the  
33 business day following the death or serious injury. The report shall  
34 include the encrypted identifier of the person involved, and the  
35 name, street address, and telephone number of the facility.