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California's protection and advocacy system

**Principles for Secure Treatment Units
At State Psychiatric Hospitals
Adopted August 18, 2011**

The state Department of Mental Health proposes to develop secure treatment units at one or more state psychiatric hospitals. The Department's purpose in creating the units is to provide a secure 24-hour living area for the treatment of physically aggressive individuals who are at risk of harming others as a result of their behavior. The Department indicates that treatment and services will be provided to individuals in a secure area of the facility where sufficient controls will exist to manage residents' behavior until they are stabilized and can be returned to their home unit.

Because the development of these units will occur either through legislation or regulation, Disability Rights California proposes the following mental health principles for use in its policy advocacy regarding state psychiatric hospital secure treatment units.

I. Access to Treatment

1. Consistent with state and federal law, individuals with psychiatric disabilities who reside in locked state-run facilities have the right to treatment and to receive that treatment in the manner that is least restrictive of their personal liberty.
2. Any placement in a secure treatment unit must not be done absent a safety concern and must not be for the purpose of punishment; rather placement must be for purpose of increasing access to appropriate treatment and services.

3. There should be standardized criteria for placement into a secure treatment unit. Standardized placement criteria must be related to safety concerns. The resident's written treatment plan must justify the reason for placement in a secure treatment unit and the plan must specify the enhanced treatment that will address the specific behavior(s) that caused placement on the high security unit.
4. Secured treatment units must provide enhanced therapeutic staffing, allow for consistent access to, and adequate visitation by, hospital staff. Secured treatment units must have access to an enhanced array of treatment and service options including access to at least the same array of treatment and service options provided to residents who live in non-secure treatment units. Secured treatment units must not be used to seclude patients. Rather they should be a place where individuals reside for only as long as necessary to receive treatment. The goal should be to move individuals out of secure treatment units as quickly as possible.
5. Treatment should not use aversive techniques and should not allow for the use of seclusion or restraint except as permitted by Health and Safety Code Section 1180 *et seq.*
6. The treatment provided in the secure treatment unit must be evidence-based and reflect clinical best practices.
7. The secure treatment unit must meet necessary licensing requirements, including ensuring that staff are appropriately licensed. The licensing category must specify staffing levels, physical environment requirements, treatment requirements and patient rights. Staff that work in secured treatment units should be screened, go through the required background check, fingerprinting, and alcohol/drug testing.

II. Admission To and Review of Placement in Secure Treatment Unit

8. Prior to admission to the secure treatment unit, the residents should receive an independent assessment by a qualified mental health professional with expertise in behavior management. The assessment should include a review of the individual's records, the resident's behavioral needs, interviews with treatment team members and the resident, and a recommended approach to providing appropriate treatment and services.
9. Prior to admission, the individual's treatment team, including the resident, should review the independent assessment and other relevant information and determine if placement in the secure treatment unit is appropriate. Members of the individual's treatment team must have the requisite knowledge and expertise to determine if placement in the secure treatment unit is appropriate.
10. The treatment team, including the resident, should review the need for placement in the secure treatment unit and the need for additional or different treatment every 3 days. No more than 7 days should lapse without such a review. In no event, should treatment in the secure treatment unit continue for more than 90 days, and less, if appropriate. The resident should have the right to appeal the placement in a secure treatment unit and the appeal process must meet the due process criteria discussed below.

III. Due Process and Patients' Rights

11. Residents in a secure treatment unit should have the same patients' rights as other residents, as specified in 9 CCR section 880 *et al.* These include: the right to file a patients' rights complaint, contact Disability Rights California, speak with their criminal defense attorney and have access to visitors, access to personal property, access to out of doors, and the right to consent to and refuse treatment. Any denial of rights

must meet the good cause criteria and rights may not be denied solely because of being in a secure treatment unit.

12. A hearing held within 48 hours to consider the resident's appeal of placement in the secure treatment unit and contesting the administration of involuntary medication should afford basic due process rights, including the right to assistance of the patients' rights advocate or other counsel and an independent decision maker.
13. Residents in the secure treatment unit retain their right to consent to or refuse medical treatment, including the use of psychotropic medications. The use of psychotropic medications should be governed by the laws generally applicable to all patients and should not be based on placement in the secure treatment unit.