VIOLENCE REPORT

DSH Hospital Violence 2010 - 2013

April, 2014

Portions of this report were also released separately, in an abridged summary titled: "Violence Report: Executive Director's Summary"

Violence Report

Section I : Executive Summary

This report is an analysis of the incident data provided by the DSH hospitals encompassing patient-on-patient violence, patient-on-staff assaults, and patient victim and patient aggressor injuries. In order to protect the privacy issues of DSH staff, no specific information about staff injuries were included in this report. Additionally, as the psychiatric programs did not utilize WaRMSS during the period covered by this report, violence in these programs will not be addressed in this report.

Acts of physical aggression or violence by patients in the DSH hospitals have decreased overall, as shown by:

1. a decrease in overall assaults by patients in DSH hospitals; this decrease is seen across virtually all legal commitments, and especially in the more numerous patient groups that comprise the bulk of our patient census (such as IST's, MDO's, and NGI's); *see Section II.1* ;
2. a decrease in the number/percentage of individual (unique) patients committing aggressive acts (*see Section II.2*);
3. a decrease in the number/percentage of individual (unique) patient victims of aggressive acts *(see Section II.3)*;
4. a decrease in the most severe injuries suffered by both a) patient victims of the patient assaults and b) patient aggressor's in patient assaults (*see Section II.4*)

These findings document substantial improvement in several areas of violence, especially in the last 2 years across all DSH hospitals. These outcomes derive in large part from Executive Director leadership focusing on implementing violence reduction programs in their hospitals. Moving forward, DSH has identified areas for future action:

5. while patient on patient assaults have shown a substantial decline, patient assaults on staff do not appear to have declined as much as other areas measured; and
6. while other metrics of patient violence have shown decreases, the number of individual patients with 10 or more aggressive acts in a calendar year have remained constant, despite noted gains in other areas (*see section II 5*).
    a. In fact, the data shows that a small group (numbering 116, or about 2% of Average Daily Census, or ADC) of repetitively violent patients (those who have 10 or more violent incidents for two years or more) account for about 35% of violent acts annually (*see section II 6*).

b. The data also show that different patient groups have different rates of violence, with patient groups such as LPS, DJJ, IST's, and MDO's having higher rates of violence than other patient groups.

In summary, it is believed that the decrease in violence has occurred because of the implementation of planned, systematic new initiatives aimed specifically at violence by the DSH hospitals. These outcomes can also be viewed as showing that current programs to reduce violence have been successful and have resulted in reduced numbers of both patient-aggressors and patient-victims. Moving forward, there remains a group of patients with a much higher than expected number of aggressive acts, for whom standard treatment and current programs have not succeeded in reducing or managing violent acts. Further initiatives aimed at reducing violence in this group, such as enhanced treatment and enhanced security programs are being developed and implemented in various pilot programs, to investigate their potential effectiveness at making further reductions in aggression and violence. Recommendations to DSH leadership, based on this report, are as follows:

Recommendations:

1. DSH should adopt a slightly modified and updated method for reporting violence data that would better enable tracking and analysis of assaults and aggression/violence trends.[1]

Specifically, the use of "assaults per 1000 patient days" would provide an accurate measure that could be used over time to track aggression/violence. This use of a rate (i.e., per 1000 patient days) would enable DSH to take into account changing population and census. Currently, the most commonly used method to report violence is aggregate monthly totals. This is not as precise a measure as a rate measure, as it a) is subject to variation simply due to the number of days in month, and b) does not take into account increases or decreases in patient census.

Along with a measure of rate, the use of an additional measure, "number of unique violent patients" would also provide additional capabilities to track violence, and better identify patients in need of further analysis, assessment, and treatment.

2. DSH should routinely use these reporting methods to regularly track, analyze and report aggression/violence data as well as evaluate program implementations designed to reduce violence.

Key leaders and stakeholders should identify regular intervals to receive and review reports on aggression/violence statistics. Examining these data at regular intervals would allow for a systematic review of data on an ongoing basis. This in turn would allow for the data to be more

[1]These recommendations are consistent with Bowers, et. al., (2011), Inpatient violence and aggression: a literature review, Institute of Psychiatry, King's College, London.

meaningfully analyzed and for progress to be tracked. Intervals such as semi-annual or quarterly are commonly used analysis and reporting intervals. This would ensure that progress of initiatives to mitigate violence are regularly evaluated, and could allow for additional program resources to be allocated based on the progress of the intervention.

3. DSH should continue to strengthen current data collection and analysis efforts consistent with worldwide standards and the scientific literature.

The clinical and scientific literature offer valuable guidance that will help DSH to better leverage our clinical expertise and available database data (e.g., the scientific literature review by Bowers, et. al., (2011) referenced previously). The value of already having a reporting system and incident database to track aggression/violence cannot be overstated. Having a database currently containing over four years of data will enable even more advanced analyses to be undertaken in the future. In that vein, some of the most advanced analyses to potentially be undertaken will require the use of highly specialized skills and knowledge (i.e., time series analysis, forecasting). It is further recommended that DSH evaluate obtaining this highly specialized expertise through the most cost-effective means (i.e., such as contracting).

4. Consistent with Recommendation 2 and Recommendation 3, DSH should consider allocating more data management resources to enable widespread clinical use of its databases.

At present, although a large amount of data regarding aggression, violence, self-injury, and suicide attempts (to name just a fraction of the incident data stored in the WaRMSS database) is being collected, there is insufficient systematic use of this data to inform clinical practice or interventions. As data collection increases, the amount of clinical patient data that could be used to inform clinical practice will increase immensely. This will require the additional steps of aggregating and presenting the information back to hospital leadership as well as to clinicians, to better inform clinical practice and refine program development, program evaluation, quality assurance and performance improvement efforts. Along with this increase in information and communication between data analysts and end-users, extra steps will be required to maintain the highest level of quality and accuracy in reporting and communication. Additional resources will be required to analyze these data and to maximize their value to hospital and DSH leadership.

Important DSH Milestones 2010 – 2013

Jan 2010 – DSH (then officially known as DMH LTCS) enters 2010 in the midst of the third year of a Court Monitor review process of a Consent Judgment, in response to a complaint filed in federal court by the USDOJ under the Civil Rights of Institutionalized Person's Act (CRIPA). Among the issues addressed in the Consent Judgment are violence, psychiatric and medical care, psychosocial treatment, and discharge planning.

Oct 23, 2010 – Donna Gross, a psychiatric technician at DSH-Napa, is murdered on hospital grounds by a patient when returning from her dinner break.

Mar 2011 – DSH Violence Reduction Summit held on the grounds of DSH-Napa.

Dec 2011 – DSH goes through 11th round of DOJ CRIPA Consent Judgment Reviews. This is the last systematic review of all hospitals, as DSH-Atascadero and DSH-Patton are released from the Consent Judgment, with the other hospitals released soon afterwards.

Dec 2011 – DSH announces immediate staff reductions (i.e., "layoffs") to be carried out starting in 30 days, and extending over the next 6 months. These layoffs will impact all clinical positions, and in particular, reduce clinical staffing on most units from the previous 1:25 ratio to a 1:35 ratio.

July 2012 – DSH fields the first Clinical Operations Advisory Council (COAC) Team. The team was created to, as a system, help support and reinforce necessary clinical operations that would be difficult to reinforce individually by each hospital, due to scarcity of resources.

Acknowledgments

A work such as this is rarely the work of just a few people. The authors of this report wish to express their thanks to two large groups of people:

- The literally thousands of psychiatric technicians and nurses in DSH, whose hard work and diligence in a) taking care of an imminently or actively violent patient(s), and then b) immediately filling out an incident report to fully document the violent incident provides the essential foundation of this report. These actions, taken many times on a daily basis, for over four years, has provided DSH the ability to gather and analyze these incidents for this report. Without this vital, valuable, and largely "unsung" daily toil, the data for this report would not have been available, and the analyses would not have been possible. Any guidance or direction obtained from the data is due in large part to the work of our psych techs and nurses.

- The work and efforts of DSH Technology Services, especially the Data Management Office (DMO). Over the last half dozen years, the infrastructure to collect, maintain, and make available large sets of data has developed and taken shape, largely behind the scenes. Without the hard work of the staff of the DMO group, the data gathered from the incident reports would not be obtainable, in an aggregate form, for the analyses contained in this report. Again, any guidance or direction realized through the analyses in this report would not have been possible without the work of DSH Technology Services, and their Data Management Office.

Table of Contents

Contents

Section I : Executive Summary 3
Recommendations: 4
Important DSH Milestones 2010 – 2013 6
Acknowledgments 7
Table of Contents 8
Section II Analysis of Patient Violence Data 12
1. Overall Patient Assaults Have Decreased in DSH 13
Number of patient assaults per year, have decreased 13
Rate of patient assaults have decreased 14
a. Monthly totals of assaults have decreased 16
b. Monthly totals of assaults have decreased: trend analysis 17
c. Monthly rates of assaults have decreased 18
d. Monthly rates of assaults have decreased: trend 19
e. Monthly rates have decreased across virtually all patient groups 22
2. Number of individual (unique) patient-aggressors has decreased 36
3. Number of individual (unique) patient-victims has decreased 38
4. Patient Injury Severity Data 40
i. Patient victim injuries suffered during assaults 40
ii. Aggressor injuries suffered during assaults 45
5. Comparison of Monthly Totals vs. Monthly Rates 50
6. The number of patients with more than 10 assaults per year has remained constant 54
A. Patients with 10 or more aggressive acts in a single year 54
B. Patients with 10 or more aggressive acts two years in a row 56
C. Patients with 10 or more violent acts, for any two, three year period, or for all four years 57
D. Further comparisons of patients: all patients (non-violent or violent) and patients with 10 or more violent acts in a calendar year, 2010-13 60
Appendices 68

Appendix A: Analysis of DSH aggression/violence 70
Appendix B: Brief Discussion of Methodology and Data Analysis 74
Appendix C: Supporting Data Tables 76
1. DSH Census Tables 78
a. DSH census 78
b. DSH Average Daily Census (ADC) by Legal Class 79
c. DSH Census by Legal Class and Total Patient Days by Month 80
2. DSH Violence Graphs and Tables: 82
i. Graph of Monthly Totals of Violent Incidents 2010-2013 82
ii. Graph of Trend of Monthly Totals of Violent Incidents 83
iii. Table of Monthly Totals of Violent Incidents 84
e. DSH Violence: Overall Rates per 1000 patient days 86
i. Graph of Monthly Rates of Violent Incidents 2010-2013 86
ii. Graph of Trend of Monthly Rates of Violent Incidents 87
iii. Table of Monthly Rates of Violent Incidents 2010-2013 88
f. DSH Violence Rates by Legal Commitment 89
i. Comparison Graph – Total Violence (A2+A4), All Legal Commitments 89
ii. Comparison Graph – Patient Violence (A2), All Legal Commitments 90
iii. Comparison Graph – Violence on Staff (A4), All Legal Commitments 91
iv. Violence by Legal Class: Juveniles committed to DSH from DJJ (DJJ/CYA) 92
a. Graph 92
b. DJJ Table of Assault Rates 94
c. DJJ A2 Patient Assault Violence Rates 95
d. DJJ A4 Staff Assault Violence Rates 96
ii. Jail Inmates Found Incompetent to Stand Trial (IST's, or PC1370's) 98
a. Graph 98

b. IST Table of Assault Rates 100

c. IST A2 Patient Assault Violence Rates 101

d. IST A4 Staff Assault Violence Rates 102

iii. Patients Involuntarily Held as DTO, DTS, or Gravely Disabled (LPS's) 104

a. Graph 104

b. LPS Table of Assault Rates 106

c. LPS A2 Patient Assault Violence Rates 107

d. LPS A4 Staff Assault Violence Rates 108

iv. Prison Inmates Paroled to DSH Because of Dangerousness (MDO's) – 110

a. Graph 110

b. MDO Table of Assault Rates 112

c. MDO A2 Patient Assault Violence Rates 113

d. MDO A4 Staff Assault Violence Rates 114

v. Mentally Disordered Sex Offenders (MDSO's) 116

a. Graph 116

b. MDSO Table of Assault Rates 118

c. MDSO A2 Patient Assault Violence Rates 119

d. MDSO A4 Staff Assault Violence Rates 120

vi. Patients found Not Guilty of Crimes by Reason of Insanity (NGI's) 122

a. Graph 122

b. NGI Table of Assault Rates 124

c. NGI A2 Patient Assault Violence Rates 125

d. NGI A4 Staff Assault Violence Rates 126

vii. Prison Inmates too mentally ill to be treated in CDCR (PC2684's) 128

a. Graph 128

b. PC2684 Table of Assault Rates 130

c. PC2684 A2 Patient Assault Violence Rates 131

d. PC2684 A4 Staff Assault Violence Rates 132

viii. Sexually Violent Prisoners (SVP's) 134

a. Graph 134

b. SVP Table of Assault Rates 136

c. SVP A2 Patient Assault Violence Rates 137

d. SVP A4 Staff Assault Violence Rates 138

Glossary of Legal Terms for Patient Commitments 139

Section II Analysis of Patient Violence Data

The analysis of violence in any population is a difficult endeavor. The analysis of aggression and violence in the DSH patient population is no exception. For the purpose of clarity and transparency, the following pages will discuss the findings summarized in Section I point by point, presenting the data and the rationale for findings and interpretations via “Takeaway Summary’s.”

1. Overall Patient Assaults Have Decreased in DSH

Number of patient assaults per year, have decreased

As can be seen below in Fig. 1, the total number of violent acts committed by patients against other patients have decreased. These same data indicate that the number of aggressive acts committed by patients against staff has not decreased as rapidly as patient assault.

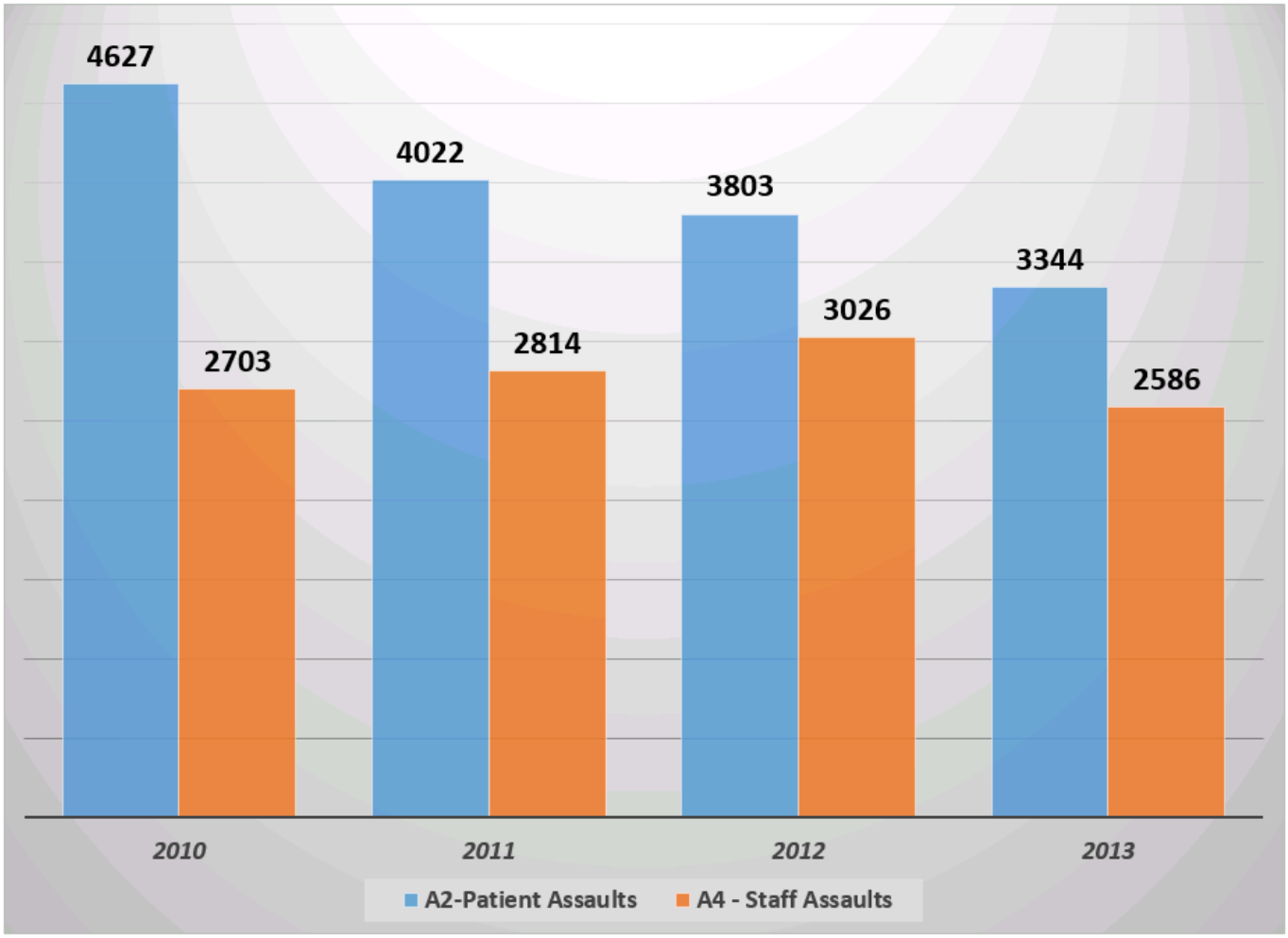


Figure 1 - Graph of aggressive incidents against both patients (A2) and against staff (A4)

Preliminary analysis shows that there was a decrease in aggression across virtually all patient groups (see further down in this section, section 1.e.).

The same conclusions can be drawn by analysis of the rate of violent incidents per 1000 patient days, below (see Fig. 2). While DSH violence rates historically have commonly been reported in terms of “Monthly Totals,” this is a measurement that fluctuates depending on the

days of the month. Additionally, it also does not take into account changes in patient census, which can also impact the amount of violent incidents in a month. Using a rate measure, such as number of assaults per 1000 patient days, offers a more precise way of tracking and measuring violence, to better inform leadership and management strategies to reduce violence.

Rate of patient assaults have decreased

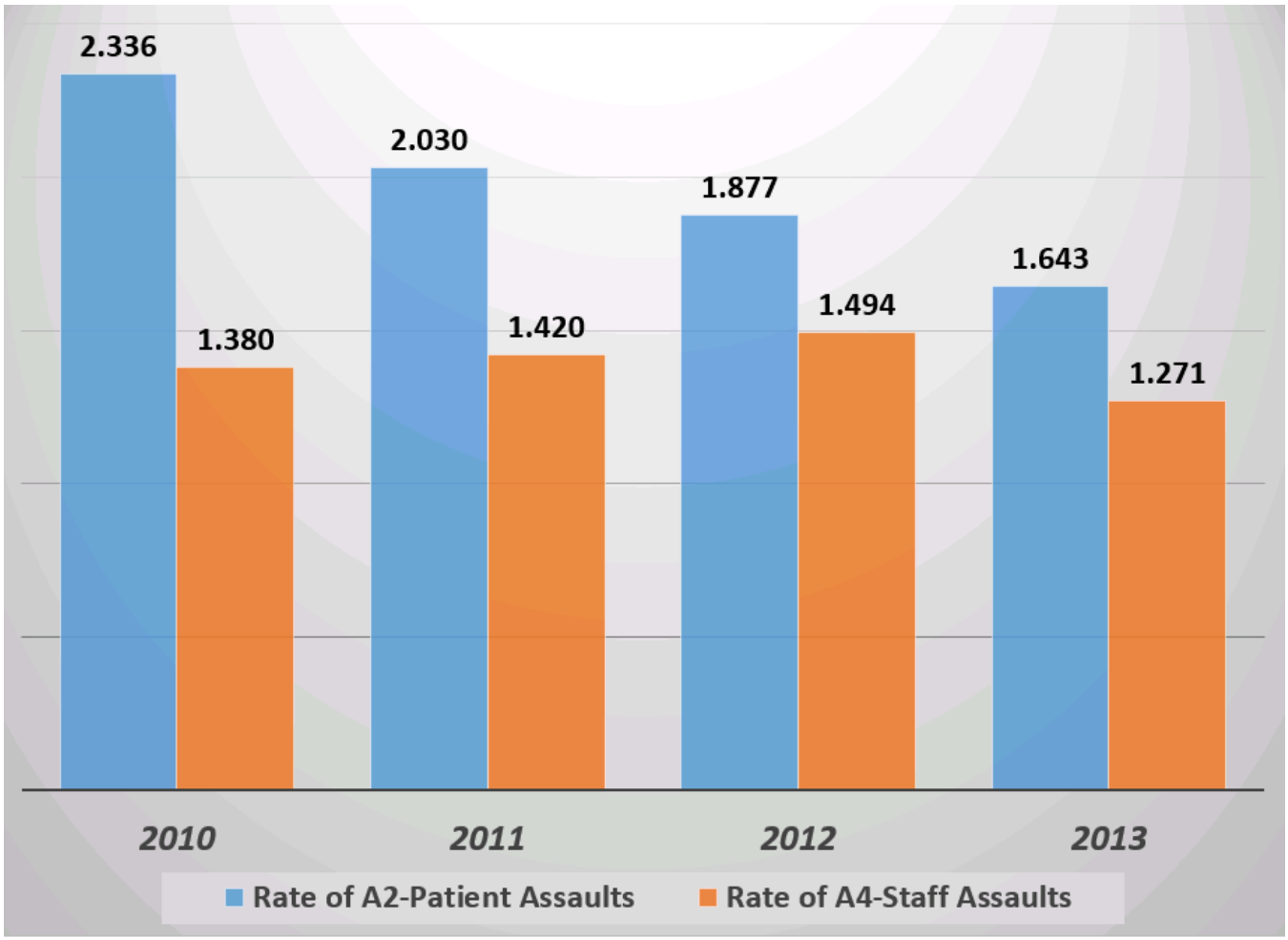


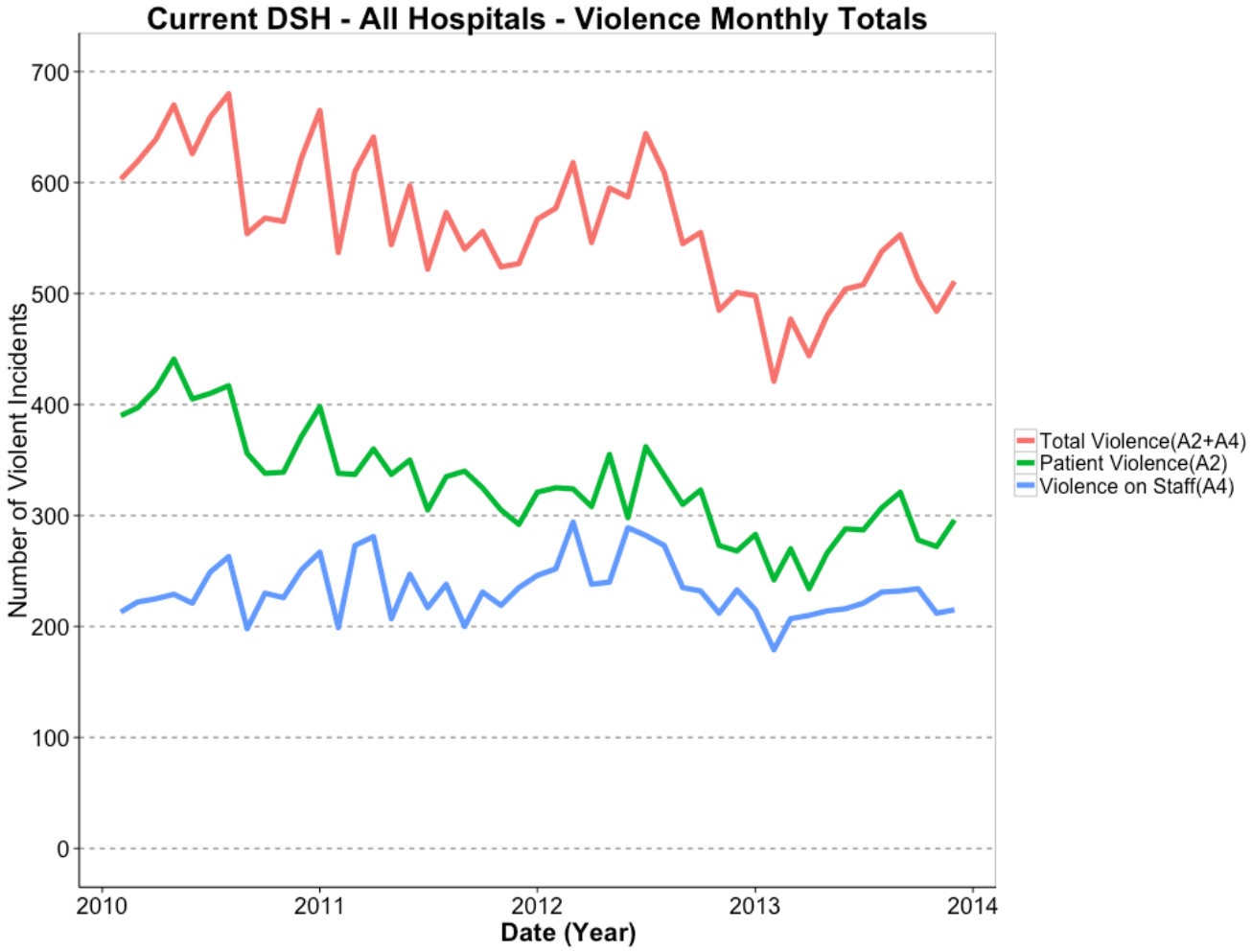
Figure 2 - Graph of the rates of aggressive incidents, per 1000 patient days

As can be seen in the above Fig. 2, the rate of patient violence has also been decreasing. There are obvious similarities between Fig. 1 and Fig. 2. As discussed previously, however, while “Monthly Totals” are a convenient measure, only the rate of patient violence takes into account both the number of patient incidents as well as the underlying changes in patient census.

For these reasons this report will focus on “Violence Rates” and give this rate as a number per 1000 patient days. This number is easily interpreted, and enables more accurate comparisons across time. However, to assist in readers understanding these data, both monthly totals and rates per 1000 patient days will be used, with relevant notes provided with each graph or table.

Additionally, it is important to note that while the bar graphs presented above in Figures 1 and 2 are informative, they do not reveal the true nature of variation of assaults on a month by month basis. For example, while patient assaults on staff were most numerous during 2012, the actual pattern of assaults was a large increase in the first half of 2012, followed by a rapid decrease in the second half of 2012, which continued well into 2013. To better understand the true pattern of assault incidents in our DSH hospitals, data on monthly rates (as well as monthly totals) will be presented below. By acknowledging the complexities inherent in aggression and violent behavior, it is believed that DSH can better guide leaders at all levels to arrive at interventions that will work in reducing overall violence and assaults in our hospitals.

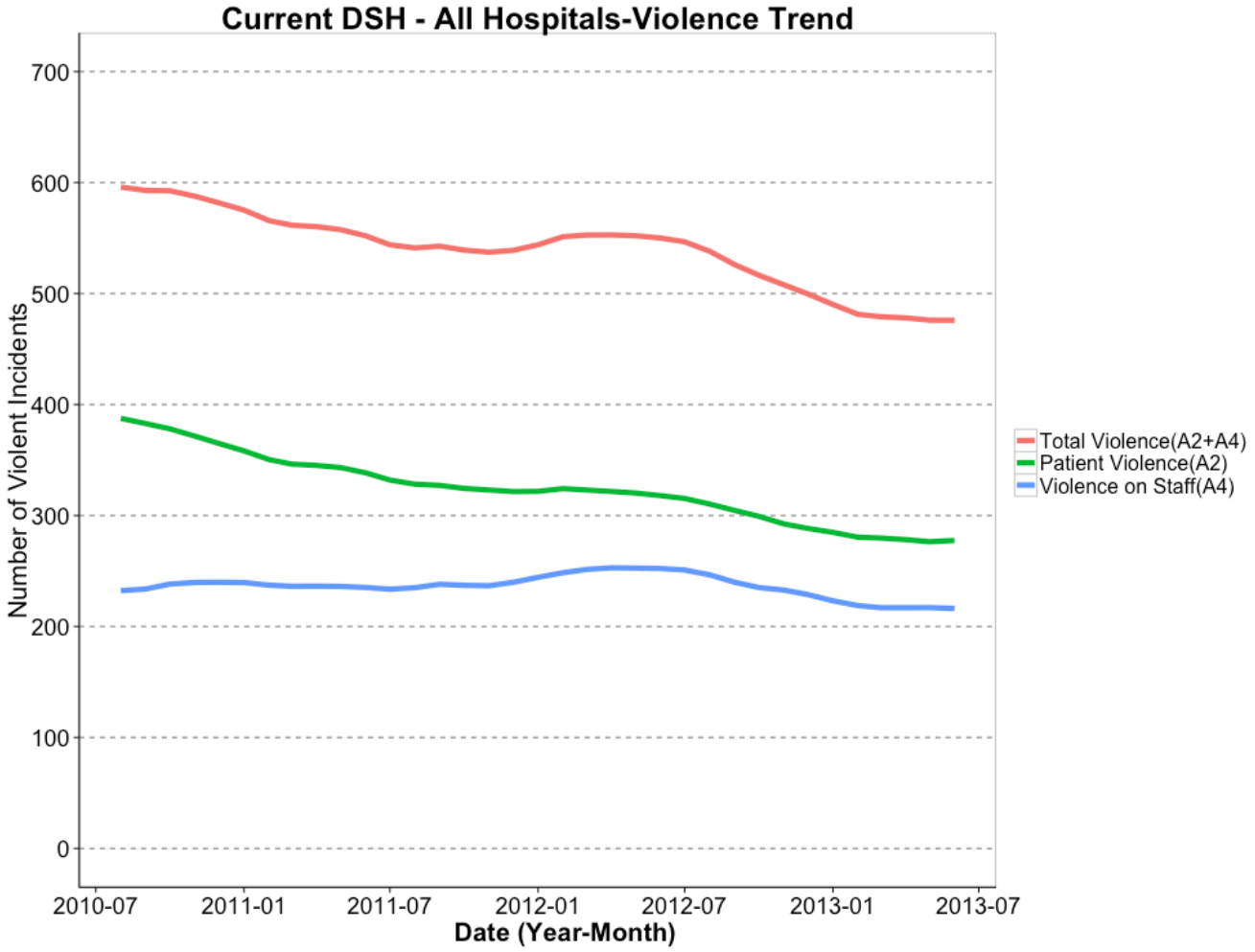
a. Monthly totals of assaults have decreased



"Takeaway" Summary: This first graph shows that the raw totals of monthly violence in the DSH hospitals have, with some monthly variation, decreased. It is important to note that these raw, monthly totals do not take into account the increase in DSH population in the hospitals (see the table in Appendix C 1. a., DSH census).

These data show a decline in overall assaults starting in 2010, with a spike in assaults occurring system-wide in early 2012, before declining again. More analysis and interpretation will be offered with the graph of monthly rates following the presentation on monthly totals.

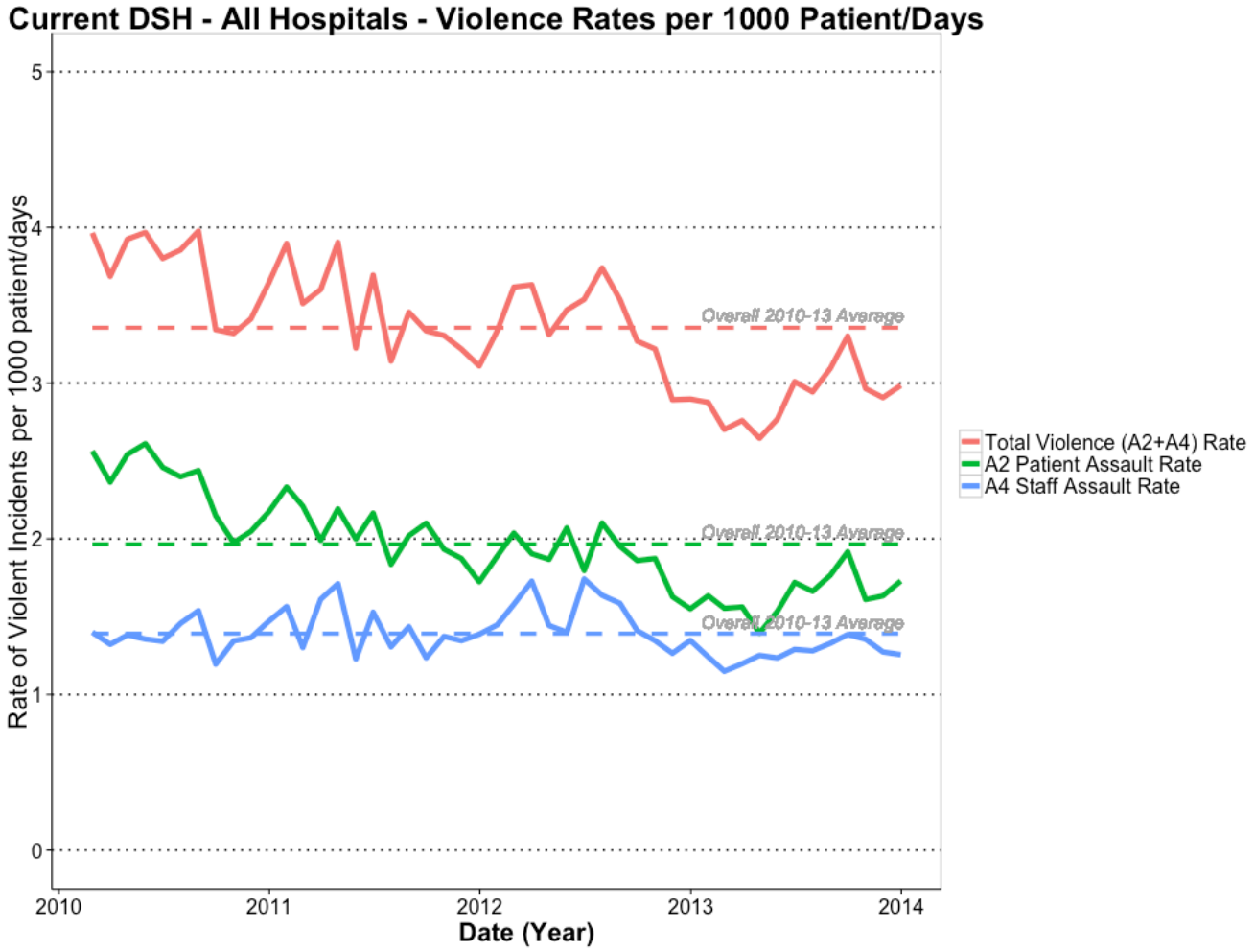
b. Monthly totals of assaults have decreased: trend analysis



"Takeaway" Summary: This graph shows the monthly raw totals, with "smoothing" applied to aid in interpretation. This "smoothing" technique averages the six months before and after each month, to better adjust the data for any seasonal effects on totals. Techniques such as this are commonly used with data tracked over time (e.g., financial market trends). Because of this six month smoothing, the trends for the most recent six months (since July 2013) are not yet available.

As seen here, the trend has been for monthly totals to be decreasing, with a slight increase in late 2011/early 2012 before starting to decrease again. As noted before, the declines in overall violence appear to be due to reductions in patient on patient violence.

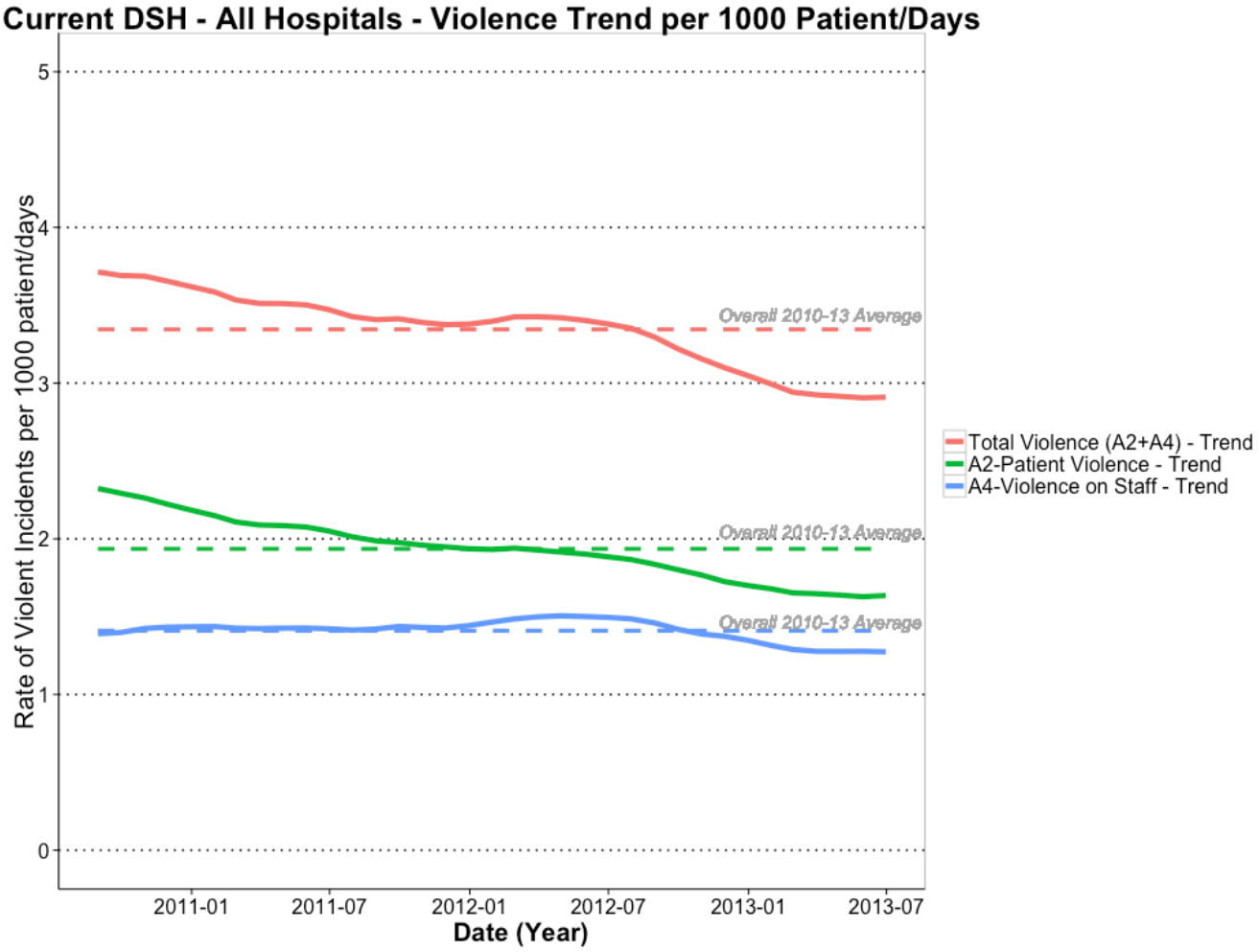
c. Monthly rates of assaults have decreased



"Takeaway" Summary: This graph shows the monthly rate of violence, per 1000 patient days (the dashed lines indicate the overall 2010 – 2013 average rate for each respective category of violence). This measure (rate per 1000 patient days) does take into account the changes in DSH population (as well as differences in the number of days in a month). As shown here, with some monthly variability, overall DSH violence rates have declined.

Similar to the previous graph showing monthly totals, this graph shows a steady decrease in violence rates starting in 2010, with a spike in early 2012, before decreasing again. These data show that, while overall violence has been decreasing, it appears to be largely due to reductions in patient on patient assaults, while patient on staff assault rates appear to have remained constant.

d. Monthly rates of assaults have decreased: trend



"Takeaway" Summary: This graph shows the monthly rates, with smoothing applied to aid to reduce monthly variability, as an aid in interpretation (the dashed lines indicate the overall 2010 – 2013 average rate for each respective category of violence). As seen here, the trend has been for assault rates to be decreasing. The most dramatic declines have been in patient on patient assault rates, while patient on staff assault rates have either remained relatively constant, or declined only slightly.

Again, these data show a trend for a decline in rates of violence over time, with a slight increase in early 2012, before decreasing again.

DSH – Monthly Totals of Assaults

Month	Year	Patient Violence(A2)	Violence on Staff(A4)	Total Violence (A2+A4)
February	2010	390	213	603
March	2010	397	222	619
April	2010	414	225	639
May	2010	441	229	670
June	2010	405	221	626
July	2010	410	249	659
August	2010	417	263	680
September	2010	356	198	554
October	2010	338	230	568
November	2010	339	226	565
December	2010	371	251	622
January	2011	398	267	665
February	2011	338	199	537
March	2011	337	273	610
April	2011	360	281	641
May	2011	337	207	544
June	2011	350	247	597
July	2011	305	217	522
August	2011	335	238	573
September	2011	340	200	540
October	2011	325	231	556
November	2011	305	219	524
December	2011	292	235	527
January	2012	321	246	567
February	2012	325	252	577
March	2012	324	294	618
April	2012	308	238	546
May	2012	355	240	595
June	2012	298	289	587
July	2012	362	282	644
August	2012	336	273	609
September	2012	310	235	545
October	2012	323	232	555
November	2012	273	212	485
December	2012	268	233	501
January	2013	283	215	498
February	2013	242	179	421
March	2013	270	207	477
April	2013	234	210	444
May	2013	266	214	480
June	2013	288	216	504
July	2013	287	221	508
August	2013	307	231	538
September	2013	321	232	553
October	2013	278	234	512
November	2013	272	212	484
December	2013	296	215	511

"Takeaway" Summary: Generally speaking, the graphs and tables show that monthly totals of assaults have decreased about 100-150 per month over the four year time period (from 2010 - 2013). During this time period, DSH census increased by about 2%, which the monthly totals do not take into account. See the next table on monthly rates.

DSH – Monthly Rates of Assaults, per 1000 patient days

Date	Year	A2 Patient Assault Rate	A4 Staff Assault Rate	Total Violence (A2+A4) Rate
2010-02-28	2010	2.564	1.400	3.965
2010-03-31	2010	2.364	1.322	3.686
2010-04-30	2010	2.543	1.382	3.924
2010-05-31	2010	2.611	1.356	3.967
2010-06-30	2010	2.459	1.342	3.800
2010-07-31	2010	2.398	1.457	3.855
2010-08-31	2010	2.438	1.538	3.976
2010-09-30	2010	2.148	1.195	3.343
2010-10-31	2010	1.975	1.344	3.319
2010-11-30	2010	2.047	1.365	3.412
2010-12-31	2010	2.173	1.470	3.643
2011-01-31	2011	2.332	1.565	3.897
2011-02-28	2011	2.210	1.301	3.511
2011-03-31	2011	1.989	1.612	3.601
2011-04-30	2011	2.192	1.711	3.904
2011-05-31	2011	1.998	1.227	3.225
2011-06-30	2011	2.165	1.528	3.693
2011-07-31	2011	1.836	1.306	3.142
2011-08-31	2011	2.020	1.435	3.455
2011-09-30	2011	2.100	1.235	3.335
2011-10-31	2011	1.932	1.373	3.306
2011-11-30	2011	1.873	1.345	3.219
2011-12-31	2011	1.723	1.387	3.110
2012-01-31	2012	1.888	1.447	3.334
2012-02-29	2012	2.037	1.579	3.616
2012-03-31	2012	1.904	1.728	3.631
2012-04-30	2012	1.867	1.443	3.310
2012-05-31	2012	2.070	1.400	3.470
2012-06-30	2012	1.796	1.742	3.538
2012-07-31	2012	2.102	1.637	3.739
2012-08-31	2012	1.951	1.585	3.536
2012-09-30	2012	1.859	1.410	3.269
2012-10-31	2012	1.873	1.346	3.219
2012-11-30	2012	1.628	1.264	2.893
2012-12-31	2012	1.550	1.347	2.897
2013-01-31	2013	1.634	1.242	2.876
2013-02-28	2013	1.553	1.149	2.702
2013-03-31	2013	1.562	1.198	2.760
2013-04-30	2013	1.394	1.251	2.646
2013-05-31	2013	1.534	1.234	2.769
2013-06-30	2013	1.720	1.290	3.009
2013-07-31	2013	1.663	1.280	2.943
2013-08-31	2013	1.766	1.329	3.095
2013-09-30	2013	1.917	1.385	3.302
2013-10-31	2013	1.610	1.355	2.964
2013-11-30	2013	1.633	1.273	2.907
2013-12-31	2013	1.729	1.256	2.985

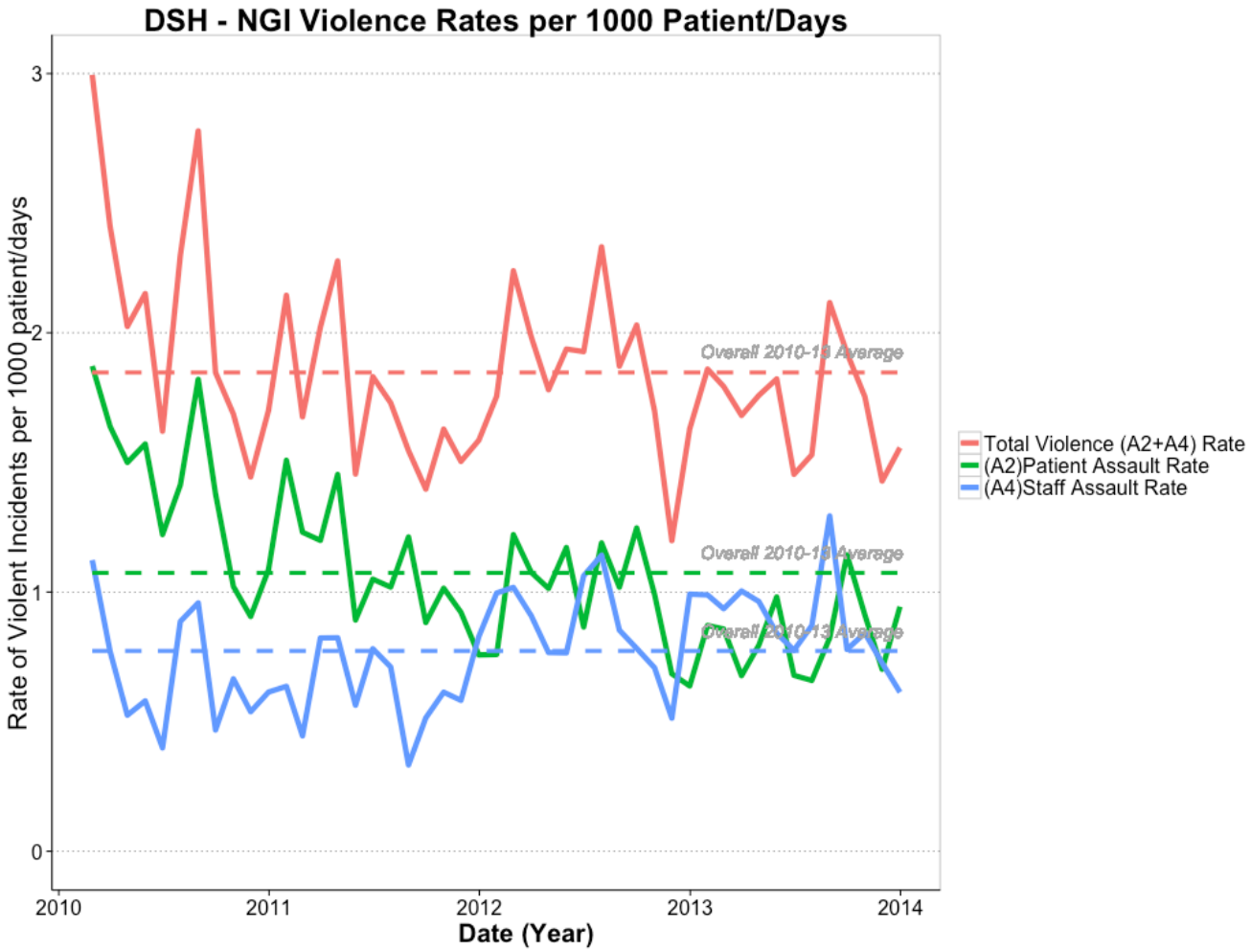
"Takeaway" Summary: Generally speaking, the graphs and tables show that monthly rates of assaults have decreased about 0.7 - 1.0 fewer assaults per month, per 1000 patient days over the four year time period (2010-13). In any given month, with over 5000 patients, this translates into about 100 – 150 fewer assaults per month.

e. Monthly rates have decreased across virtually all patient groups

see the Glossary for a full description of each patient legal group

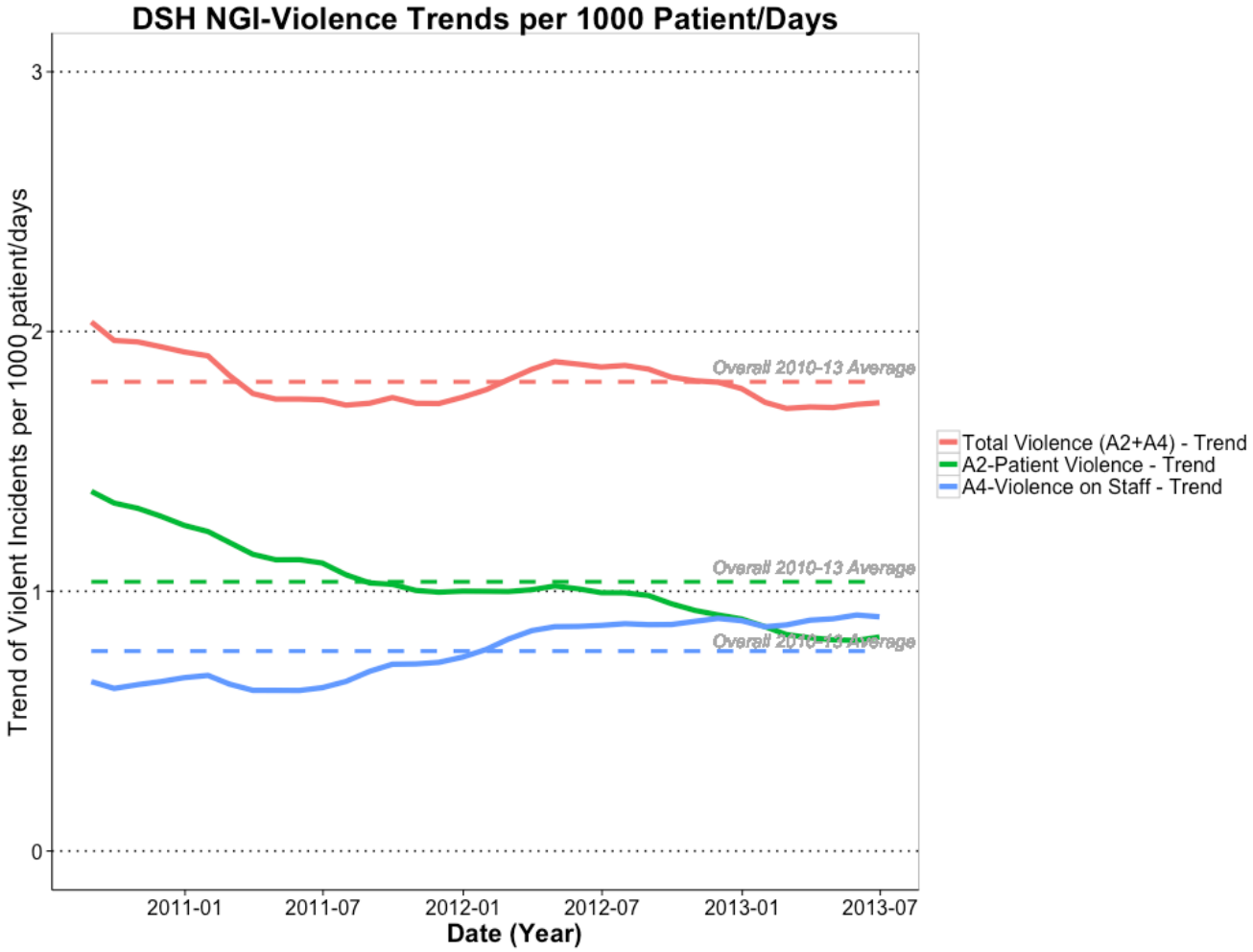
In order of ADC totals, with patient groups comprising the highest census numbers first:

NGI's---currently comprise about 24.8% of the DSH overall ADC (12/31/2013)



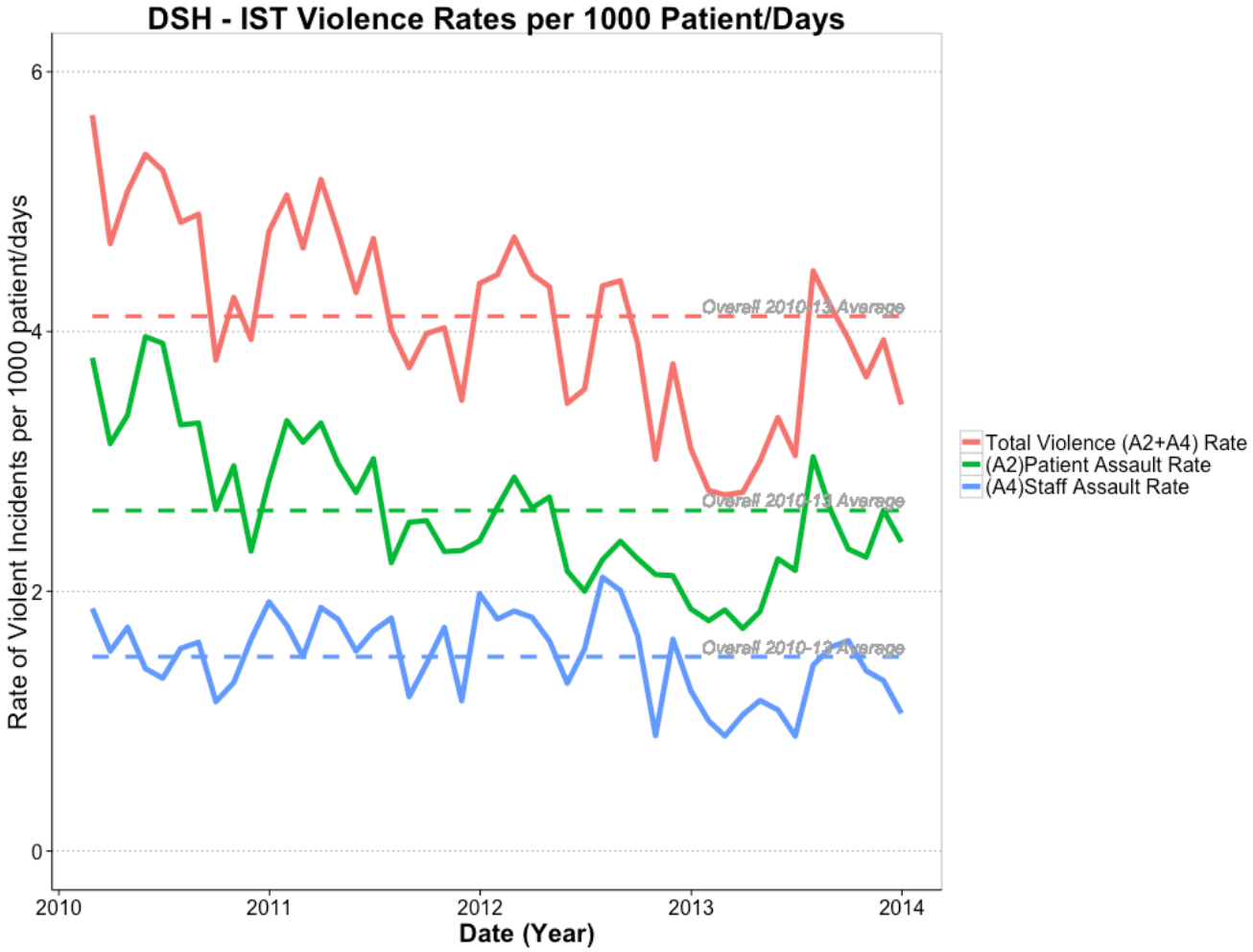
The solid lines show the actual monthly rate, per 1000 patient days (with the dashed lines indicating the overall 2010 – 2013 average rate) for each respective category of violence.

NGI's---currently comprise about 24.8% of the DSH overall ADC (12/31/2013) - Trend



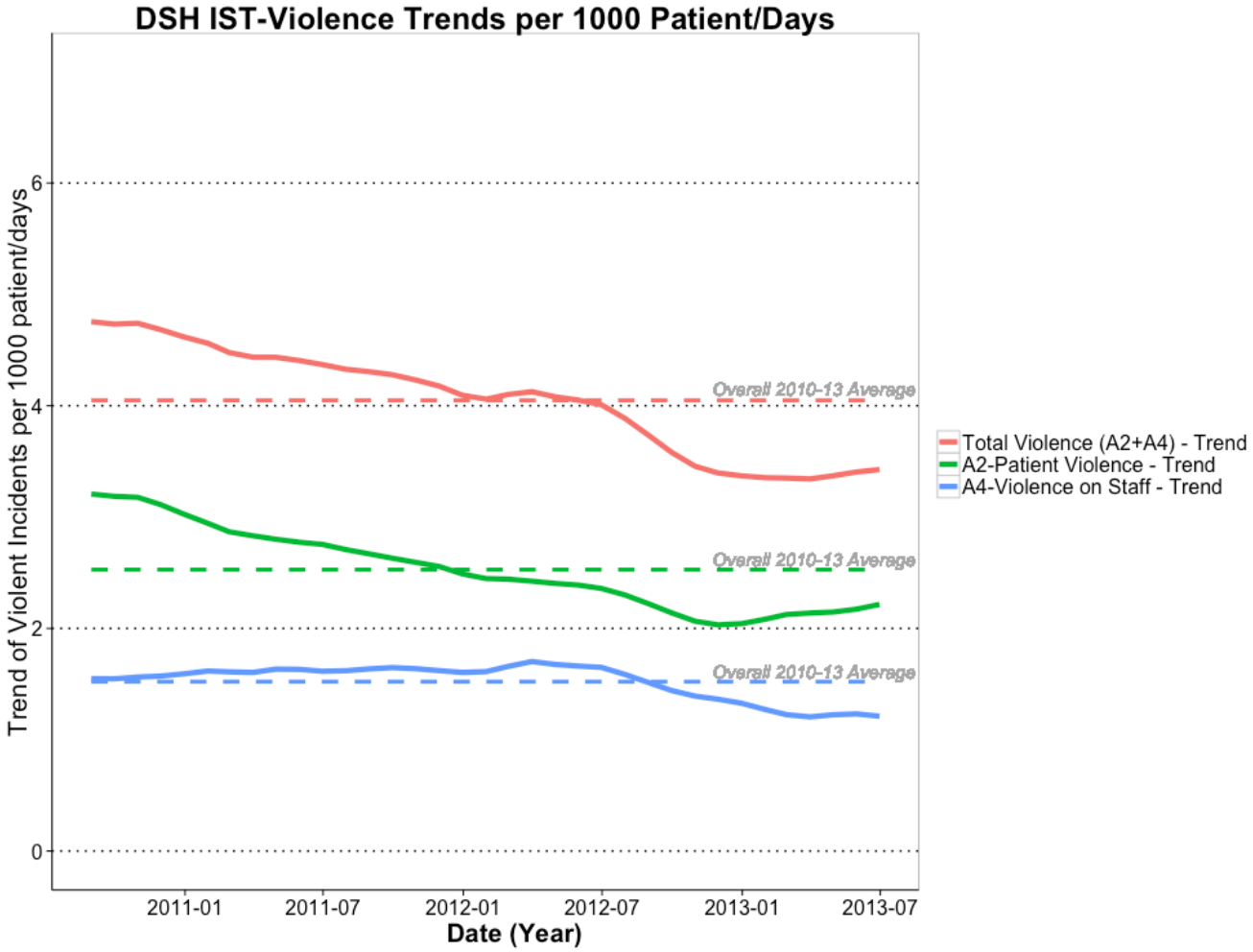
The solid lines in this graph show the monthly rate, per 1000 patient days, for each month averaged over the preceding and subsequent 6 months. This technique is used to better show the underlying trends in the data. The dashed lines indicating the overall 2010 – 2013 average rate for each respective category of violence.

IST's -- currently comprise about 22.6% of the DSH overall ADC (12/31/2013)



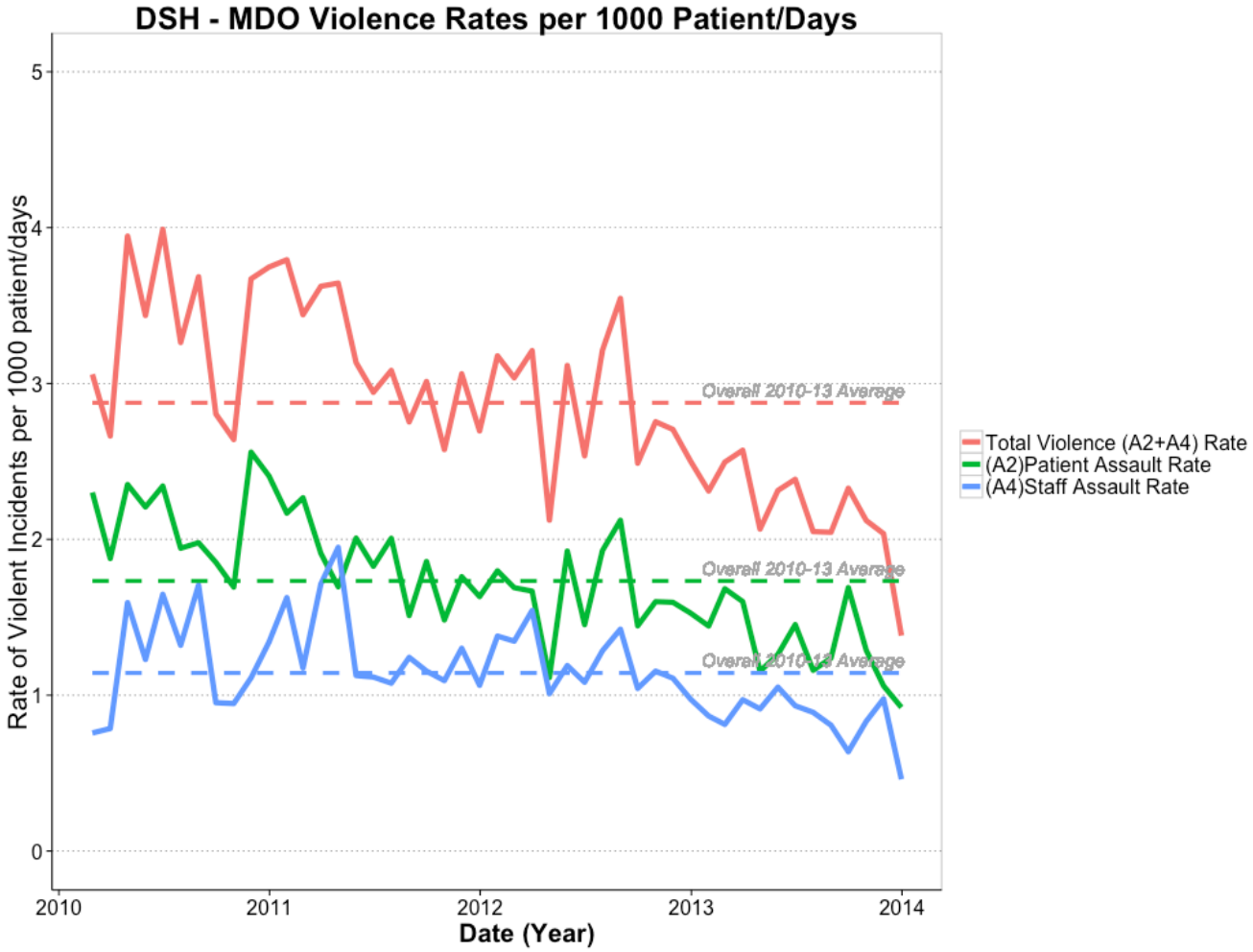
The solid lines show the actual monthly rate, per 1000 patient days (with the dashed lines indicating the overall 2010 – 2013 average rate) for each respective category of violence.

IST's -- currently comprise about 22.6% of the DSH overall ADC (12/31/2013) - Trend



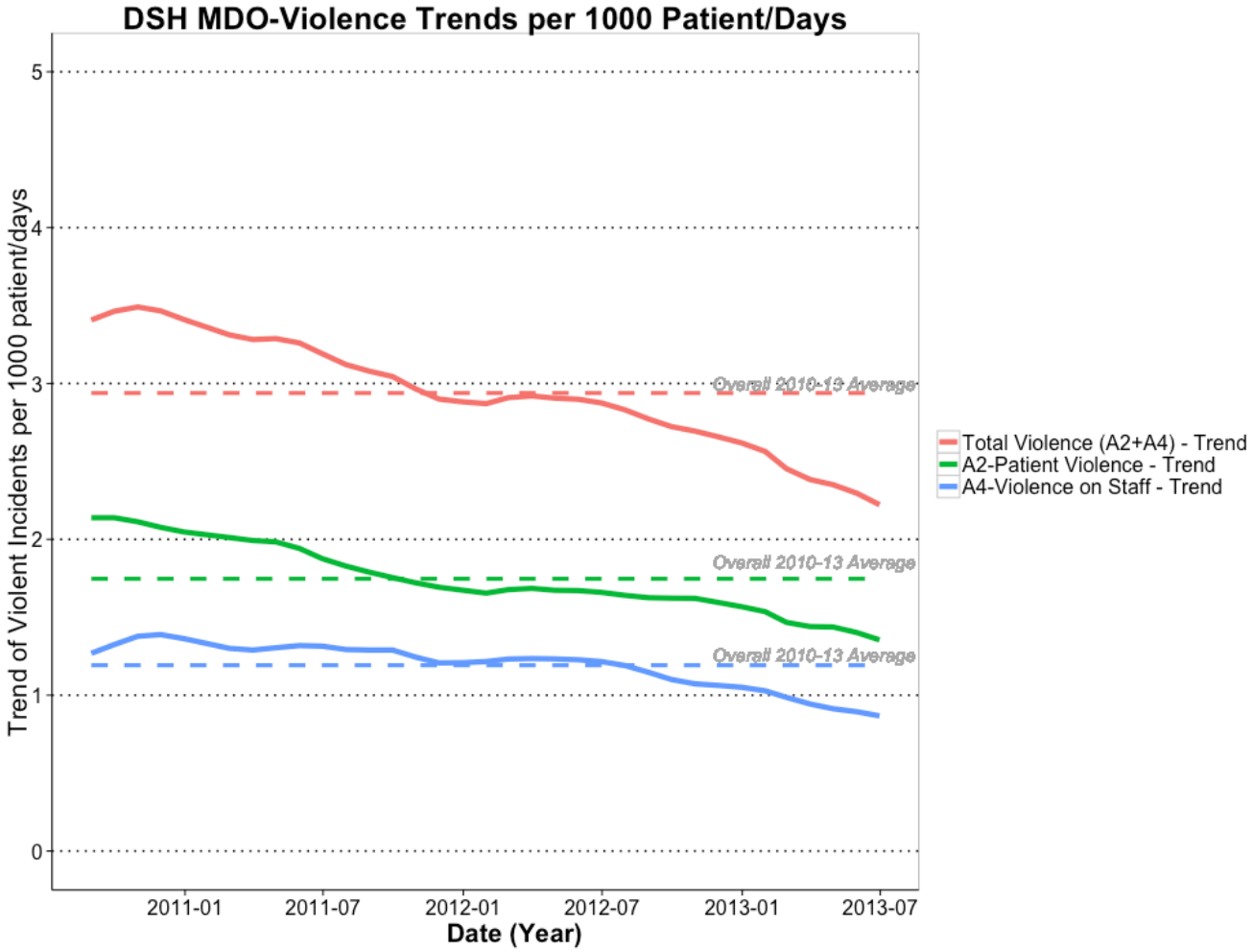
The solid lines in this graph show the monthly rate, per 1000 patient days, for each month averaged over the preceding and subsequent 6 months. This technique is used to better show the underlying trends in the data. The dashed lines indicating the overall 2010 – 2013 average rate for each respective category of violence.

MDO's -- currently comprise about 21.6% of the DSH overall ADC (12/31/2013)



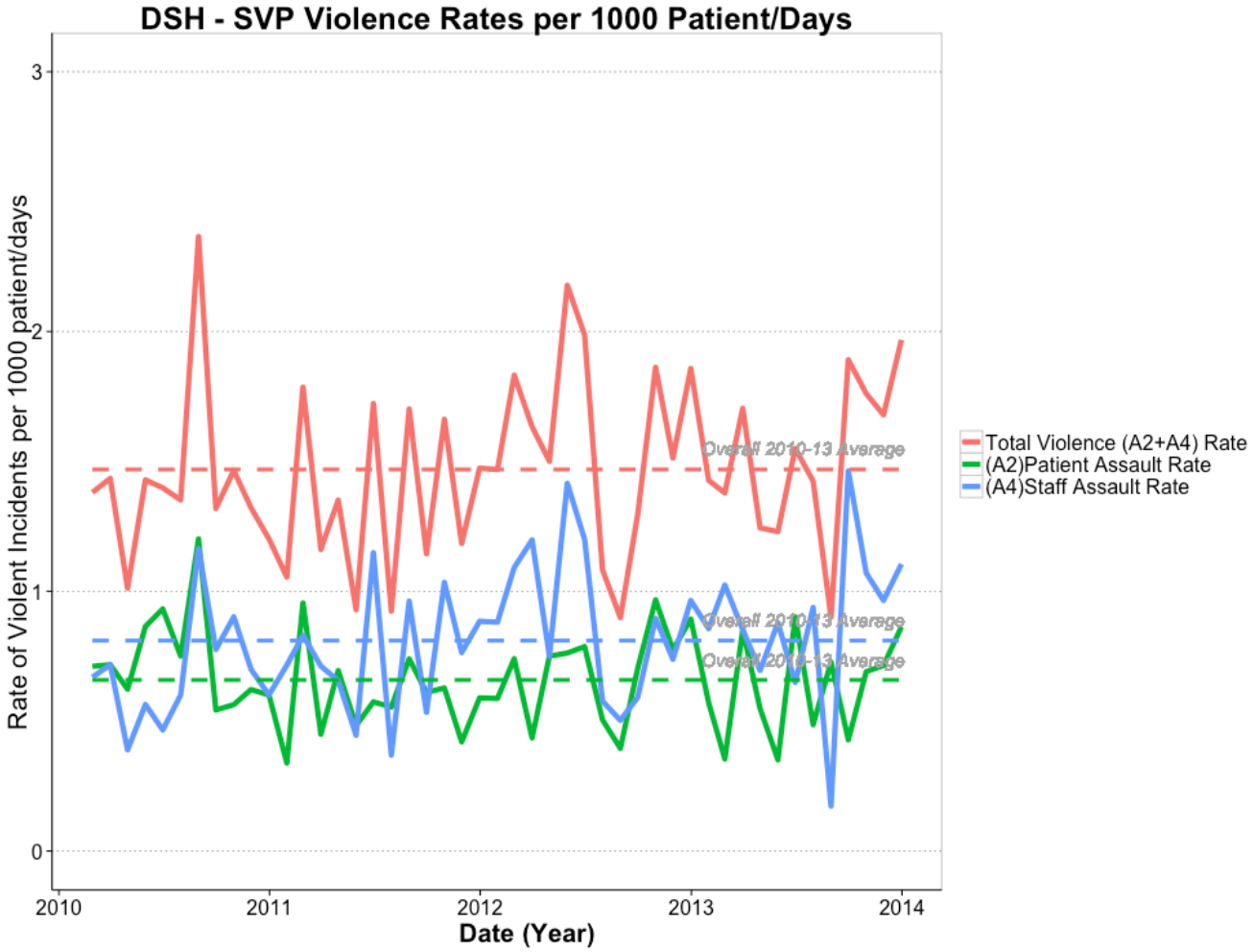
The solid lines show the actual monthly rate, per 1000 patient days (with the dashed lines indicating the overall 2010 – 2013 average rate) for each respective category of violence.

MDO's -- currently comprise about 21.6% of the DSH overall ADC (12/31/2013) - Trend



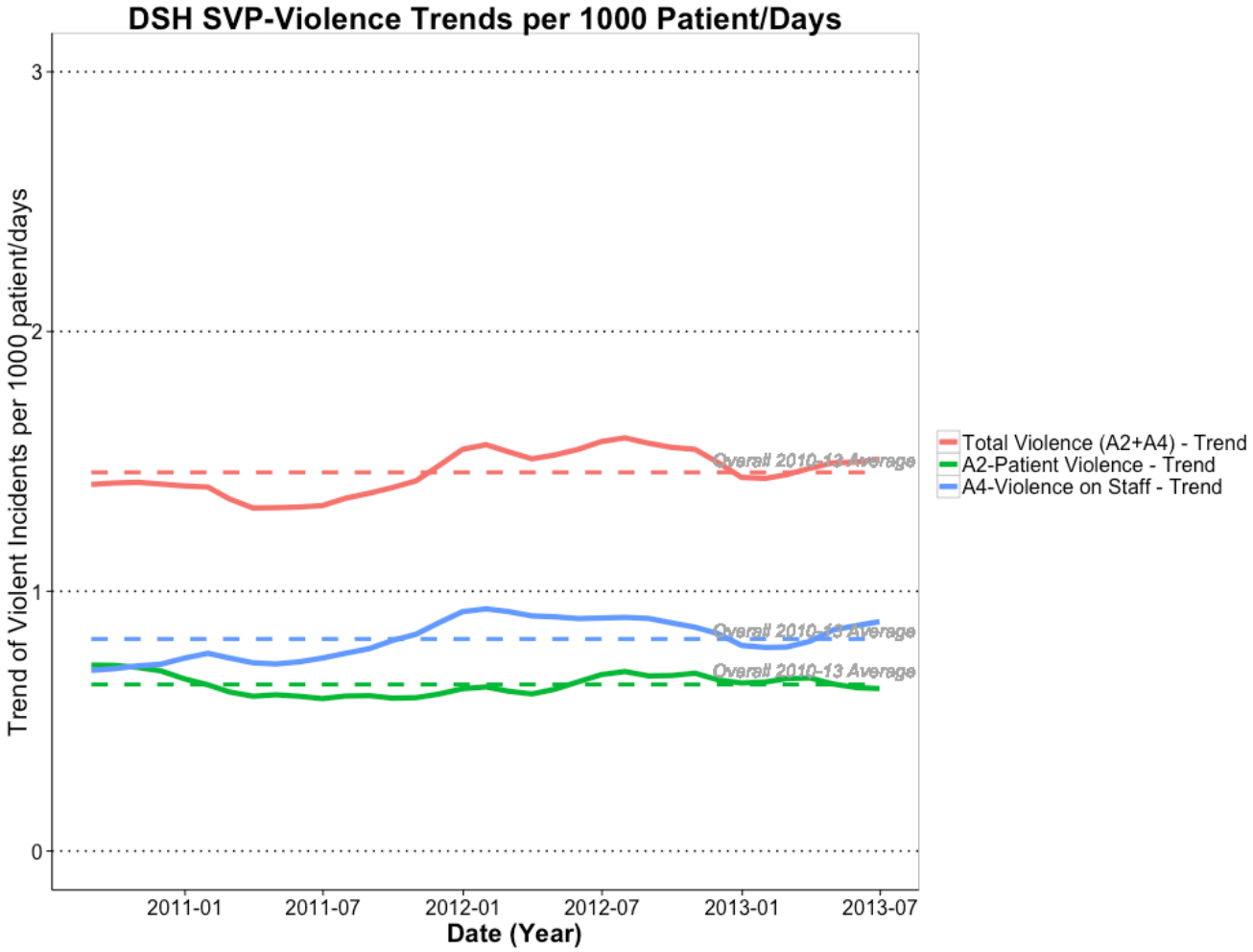
The solid lines in this graph show the monthly rate, per 1000 patient days, for each month averaged over the preceding and subsequent 6 months. This technique is used to better show the underlying trends in the data. The dashed lines indicating the overall 2010 – 2013 average rate for each respective category of violence.

SVP's -- currently comprise about 16.9% of the DSH overall ADC (12/31/2013)



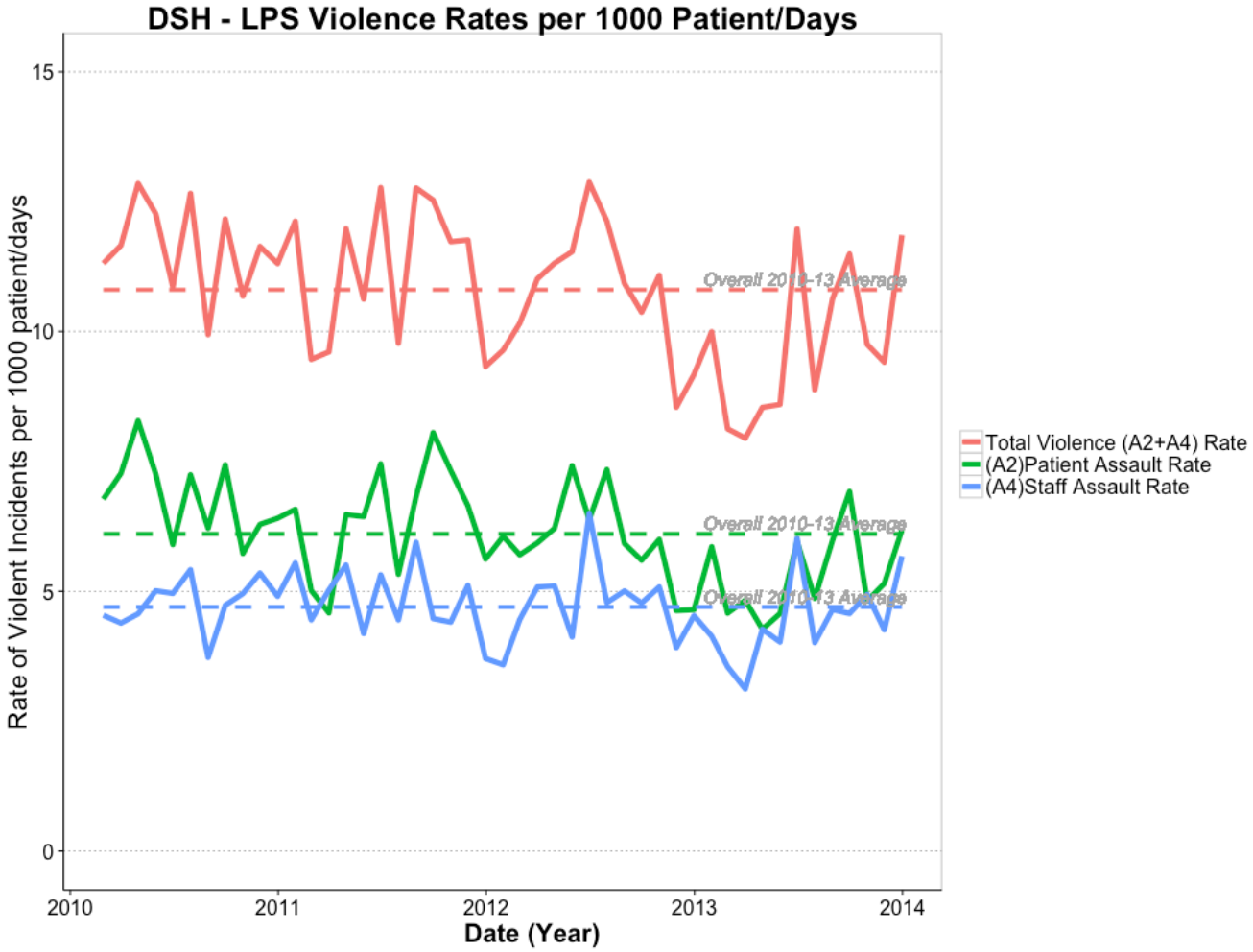
The solid lines show the actual monthly rate, per 1000 patient days (with the dashed lines indicating the overall 2010 – 2013 average rate) for each respective category of violence.

SVP's -- currently comprise about 16.9% of the DSH overall ADC (12/31/2013) - Trend



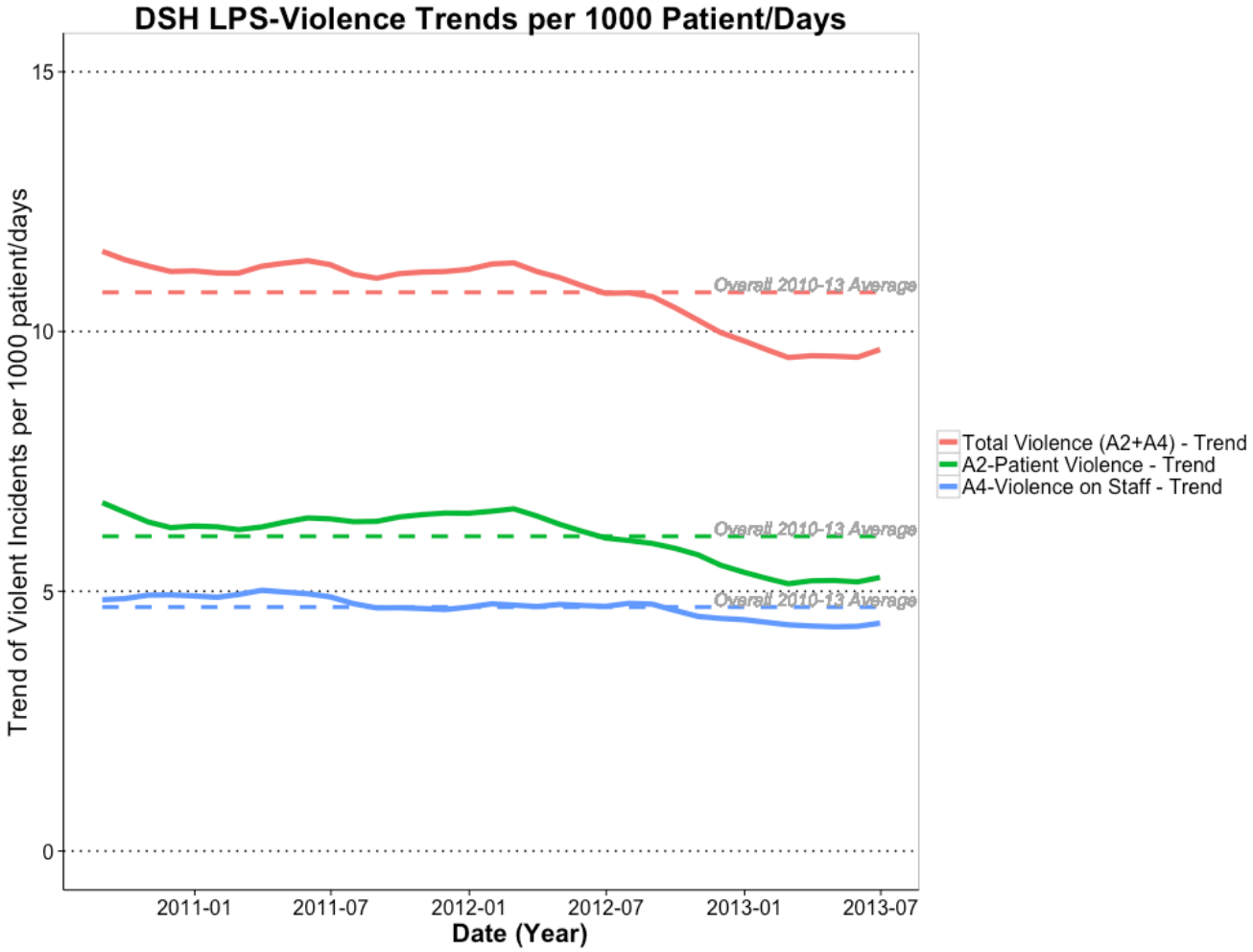
The solid lines in this graph show the monthly rate, per 1000 patient days, for each month averaged over the preceding and subsequent 6 months. This technique is used to better show the underlying trends in the data. The dashed lines indicating the overall 2010 – 2013 average rate for each respective category of violence.

LPS's -- currently comprise about 9.3% of the DSH overall ADC (12/31/2013)



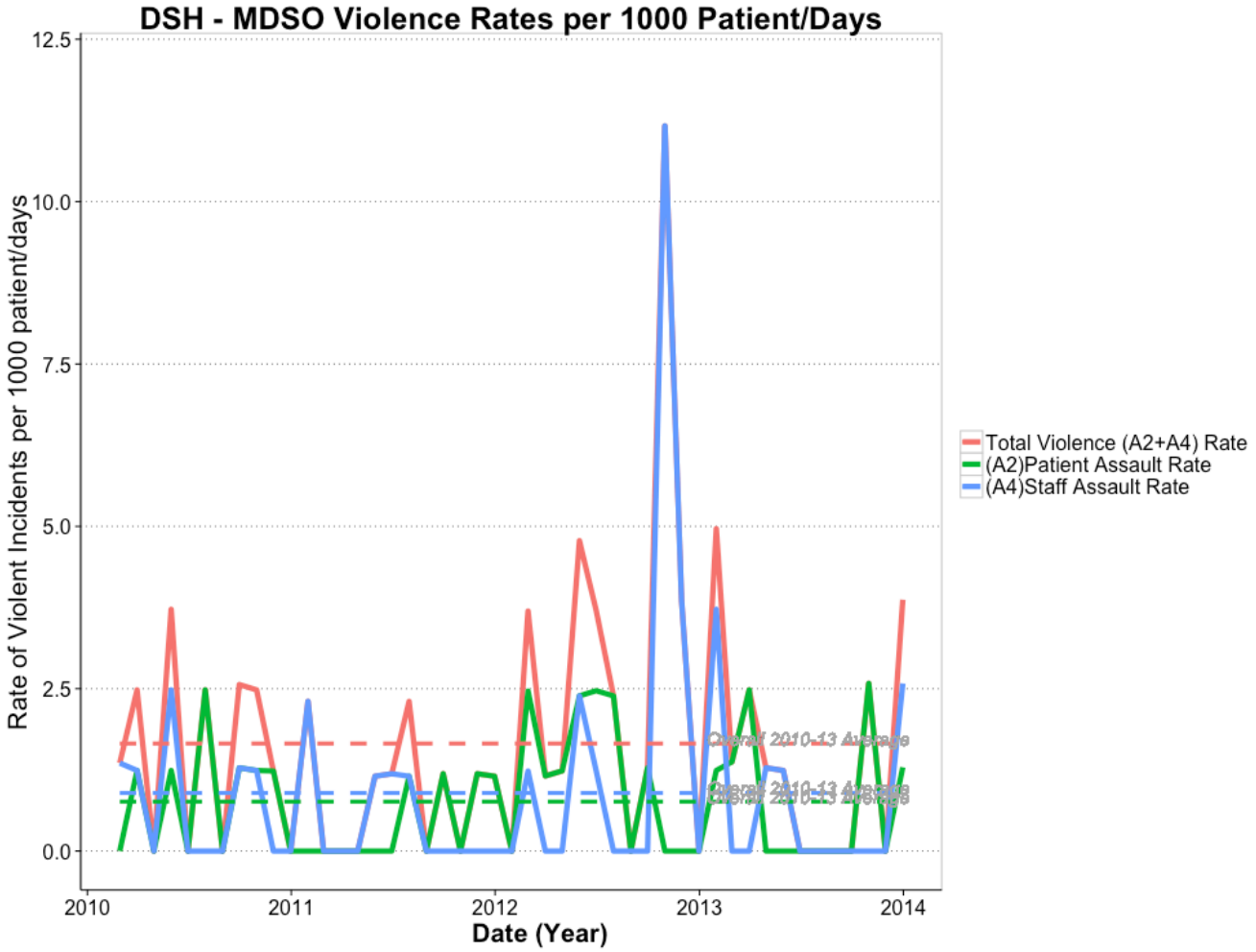
The solid lines show the actual monthly rate, per 1000 patient days (with the dashed lines indicating the overall 2010 – 2013 average rate) for each respective category of violence.

LPS's -- currently comprise about 9.3% of the DSH overall ADC (12/31/2013) - Trend



The solid lines in this graph show the monthly rate, per 1000 patient days, for each month averaged over the preceding and subsequent 6 months. This technique is used to better show the underlying trends in the data. The dashed lines indicating the overall 2010 – 2013 average rate for each respective category of violence.

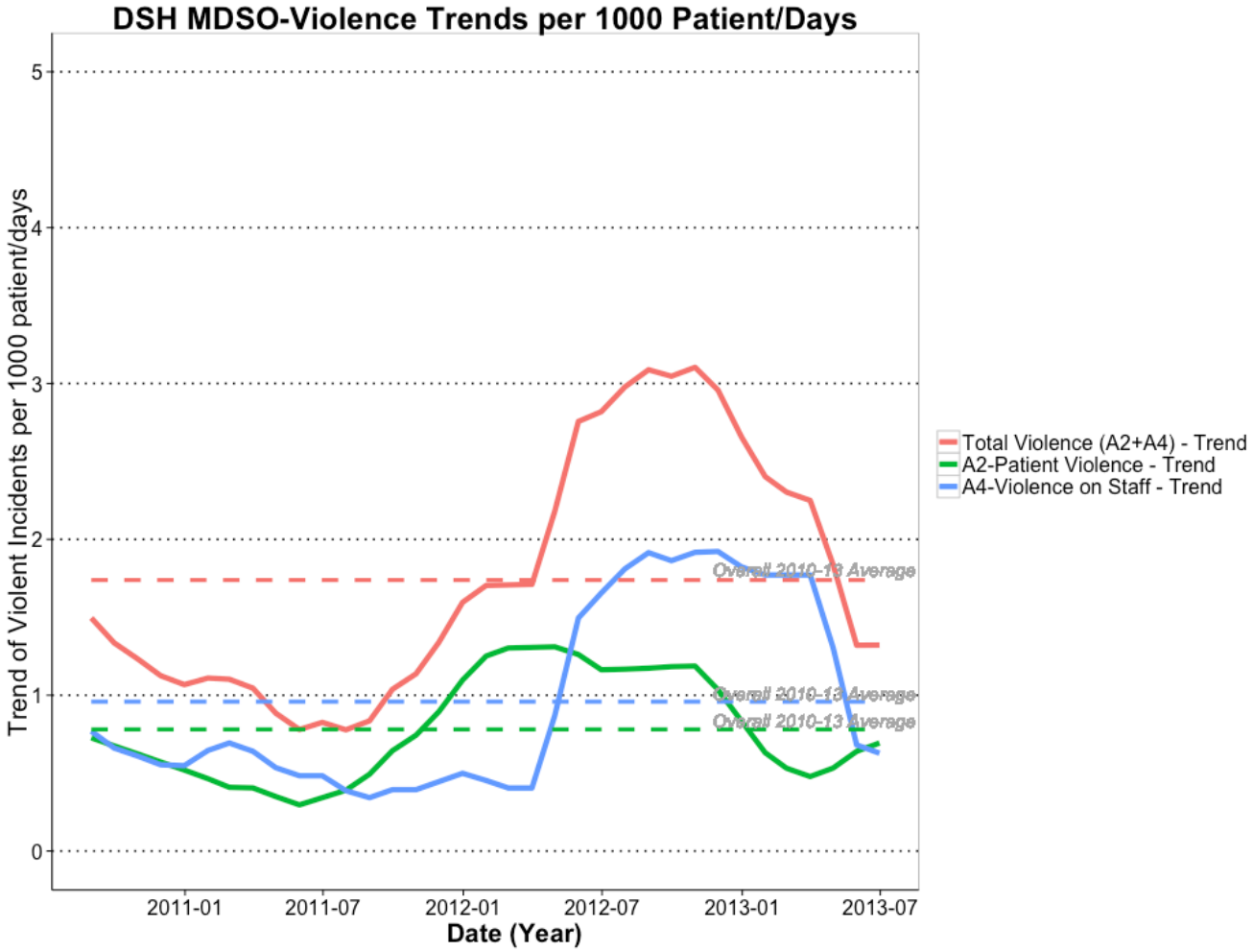
MDSO's -- currently comprise about 0.45% of the DSH overall ADC (12/31/2013)



The solid lines show the actual monthly rate, per 1000 patient days (with the dashed lines indicating the overall 2010 – 2013 average rate) for each respective category of violence.

The MDSO's are a small group of patients (25 as of 12/31/2013). The vast majority of the aggressive/violent incidents (68%) were due to two patients of this group. In a group this small, monthly fluctuations could likely be due more to individual patient factors than any large scale, system dynamics.

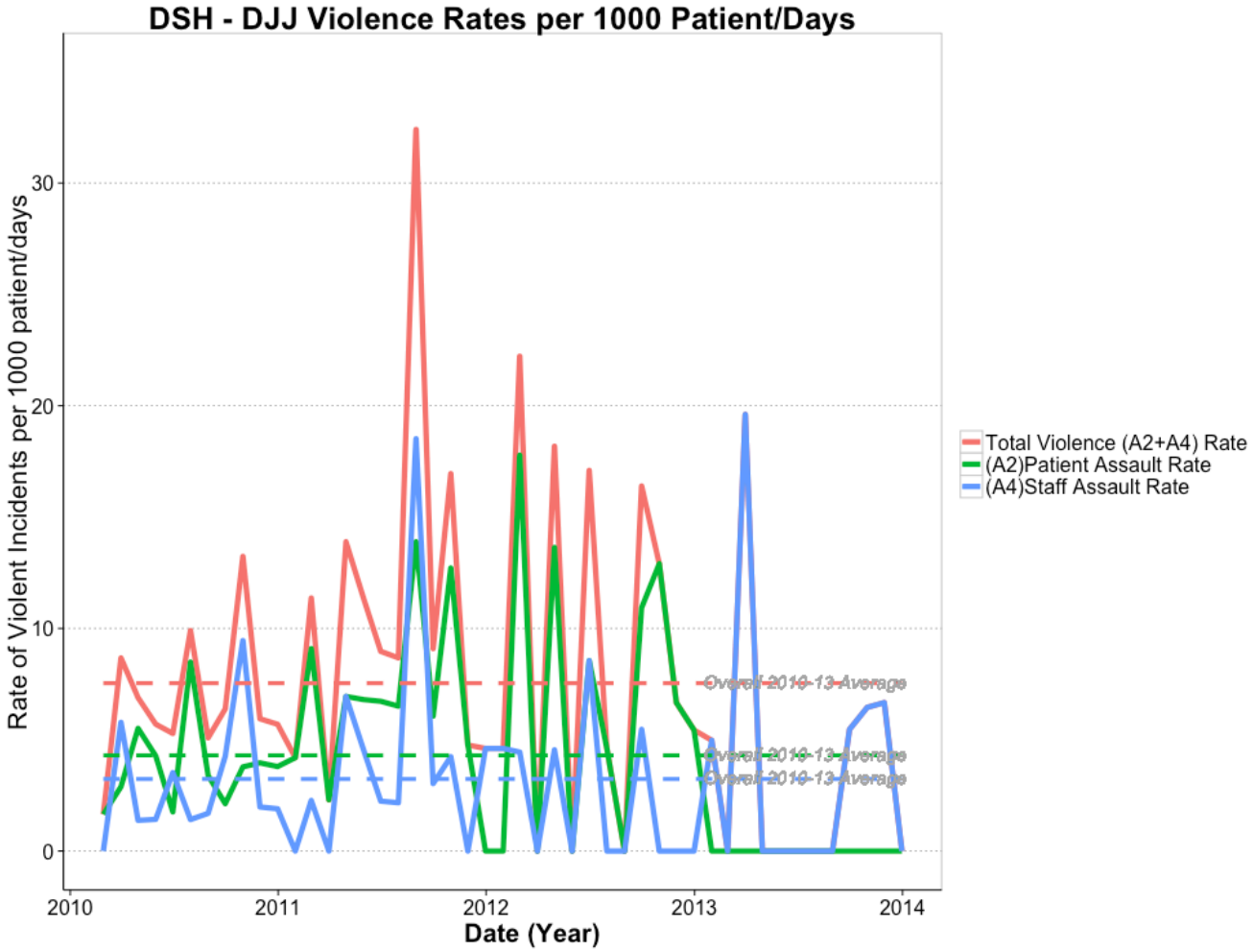
MDSO's -- currently comprise about 0.45% of the DSH overall ADC (12/31/2013) - Trend



The solid lines in this graph show the monthly rate, per 1000 patient days, for each month averaged over the preceding and subsequent 6 months. This technique is used to better show the underlying trends in the data. The dashed lines indicating the overall 2010 – 2013 average rate for each respective category of violence.

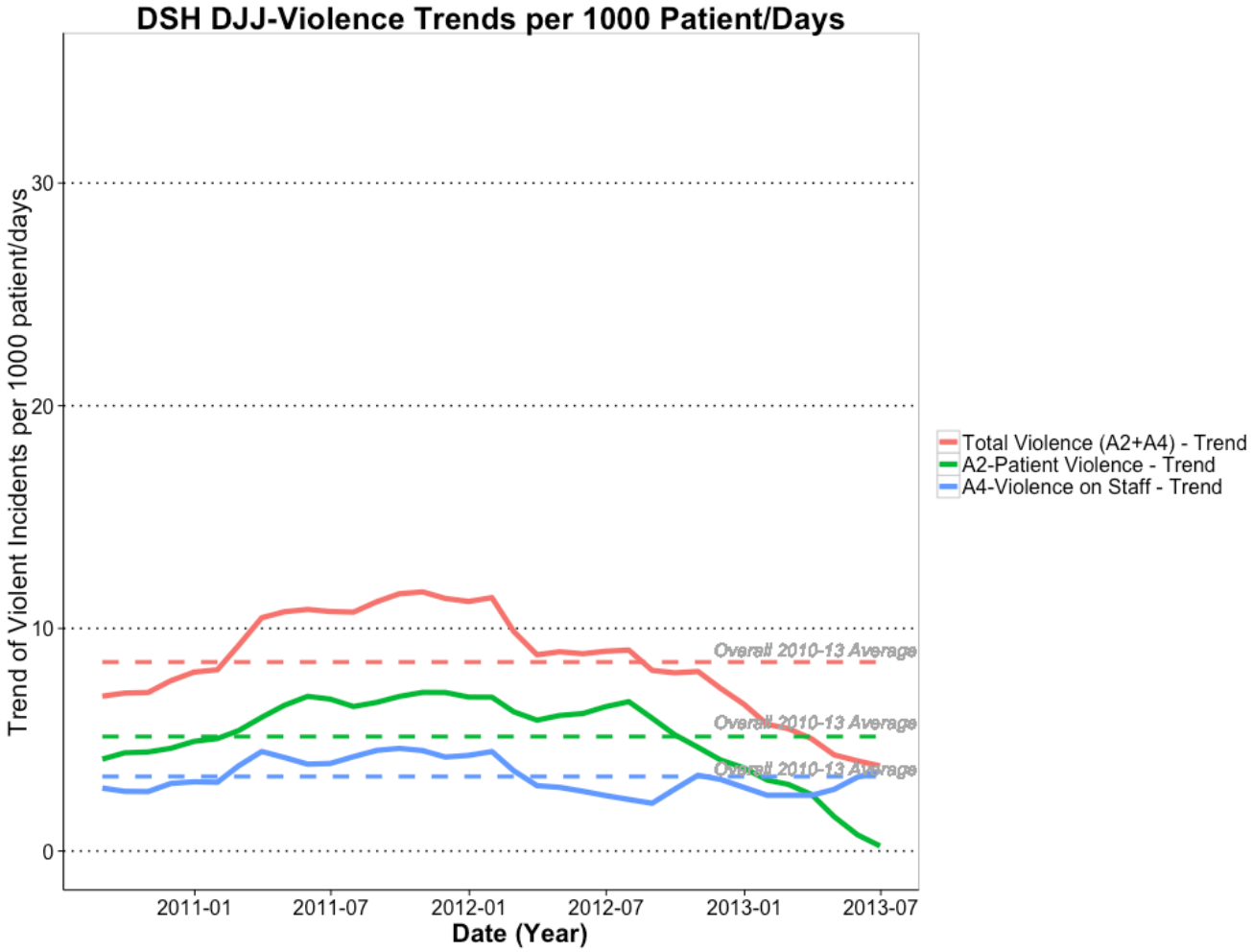
The MDSO's are a small group of patients (25 as of 12/31/2013). The vast majority of the aggressive/violent incidents (68%) were due to two patients of this group. In a group this small, monthly fluctuations could likely be due more to individual patient factors than any large scale, system dynamics

DJJ's -- currently comprise about 0.09% of the DSH overall ADC (12/31/2013)



The solid lines show the actual monthly rate, per 1000 patient days (with the dashed lines indicating the overall 2010 – 2013 average rate) for each respective category of violence.

DJJ's -- currently comprise about 0.09% of the DSH overall ADC (12/31/2013) - Trend



The solid lines in this graph show the monthly rate, per 1000 patient days, for each month averaged over the preceding and subsequent 6 months. This technique is used to better show the underlying trends in the data. The dashed lines indicating the overall 2010 – 2013 average rate for each respective category of violence.

2. Number of individual (unique) patient-aggressors has decreased

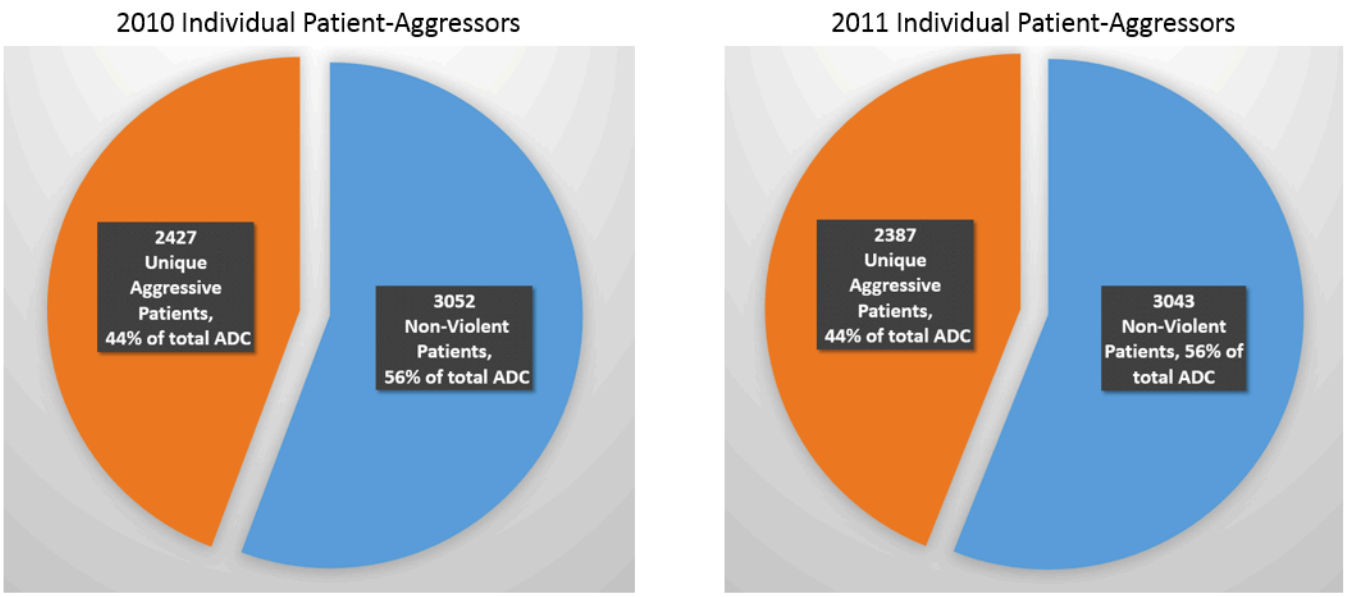


Figure 3 - Comparison of number and percent of unique, individual aggressive patients in 2010 and 2011

As can be seen in Fig. 3, in 2010 and 2011 the number of unique patient aggressors comprised approximately 44% of the DSH Average Daily Census (ADC). These numbers were relatively unchanged in both years (2010 and 2011).

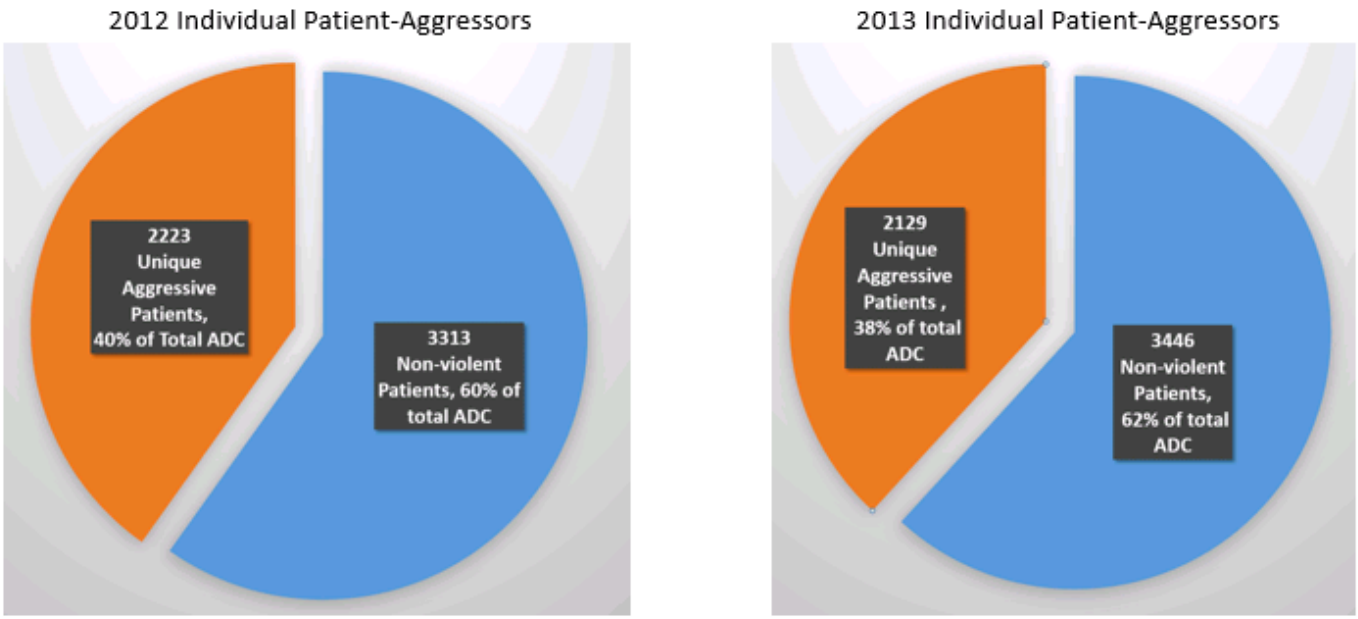


Figure 4 - Comparison of number and percent of unique, individual aggressive patients in 2012 and 2013*

As can be seen in Fig. 4, starting in 2012 and continued into 2013, the number and rates of aggressive patients decreased. During this time period, it should be noted that the DSH hospital census (ADC) increased about 2%.

3. Number of individual (unique) patient-victims has decreased

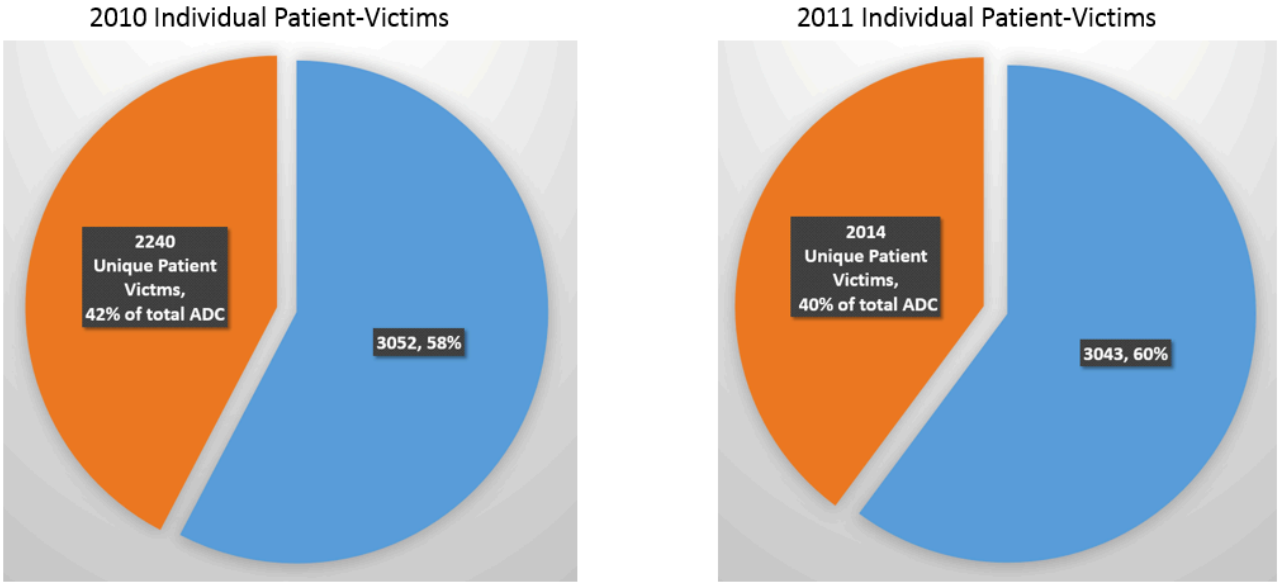


Figure 5 - Comparison of number and percent of unique patient-victims of assault in 2010 and 2011

As can be seen in Fig. 5 and Fig. 6 (next page), the decrease in the numbers of patient victims of assault over the four years 2010-2013 has also been substantial.

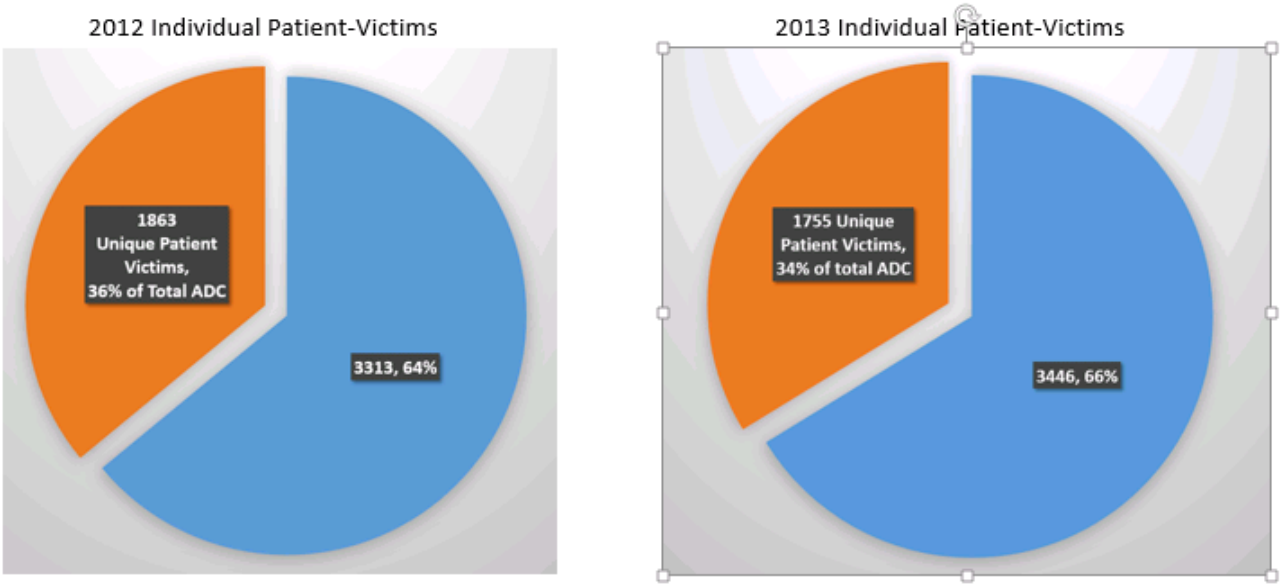


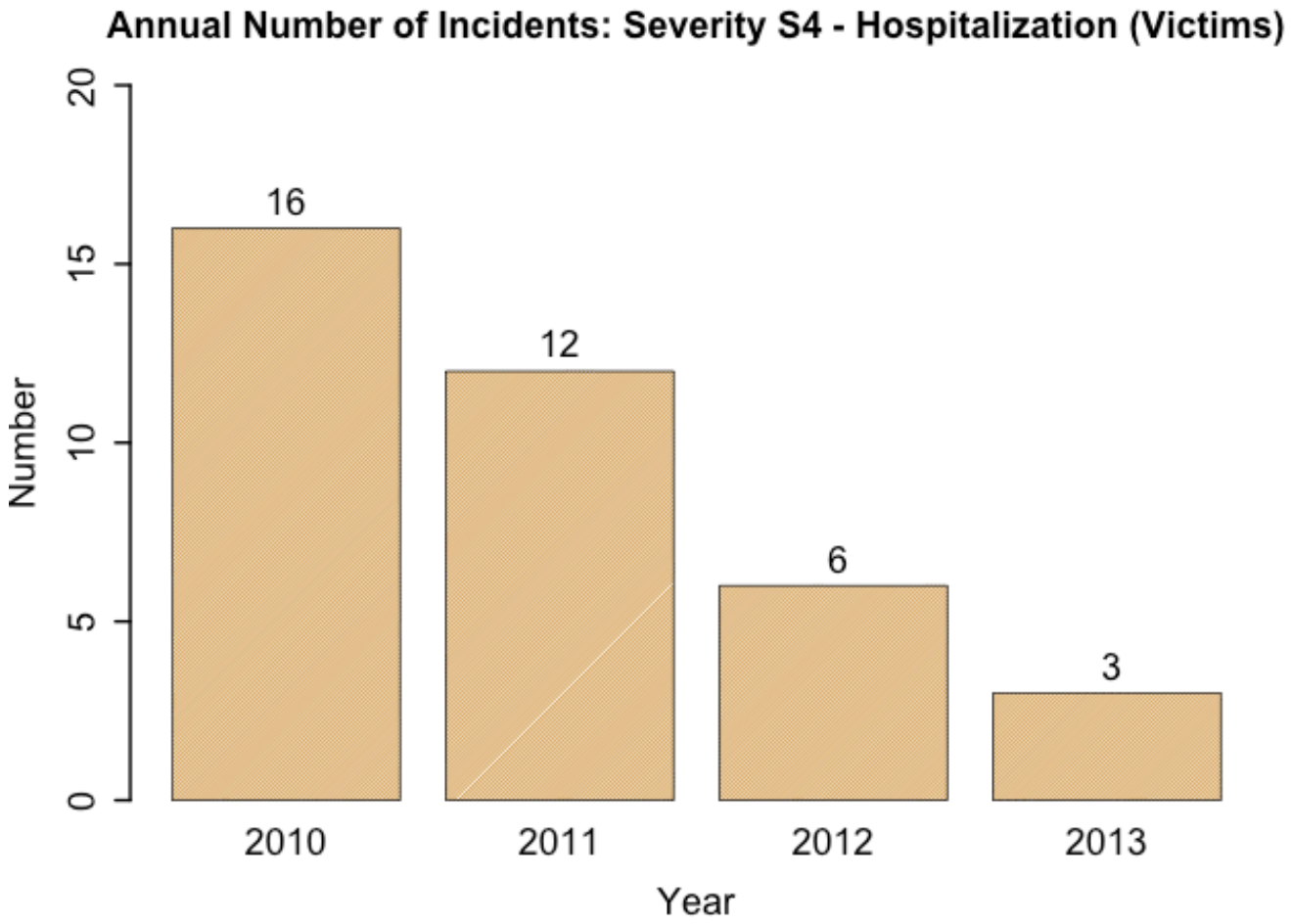
Figure 6 - Comparison of number and percentage of unique patient-victims of assault in 2012 and 2013*

Again, one can see the progress in violence reduction, as shown by the decreasing numbers of patients who were victimized by assaults carried out by their fellow patients while in our DSH hospitals.

4. Patient Injury Severity Data

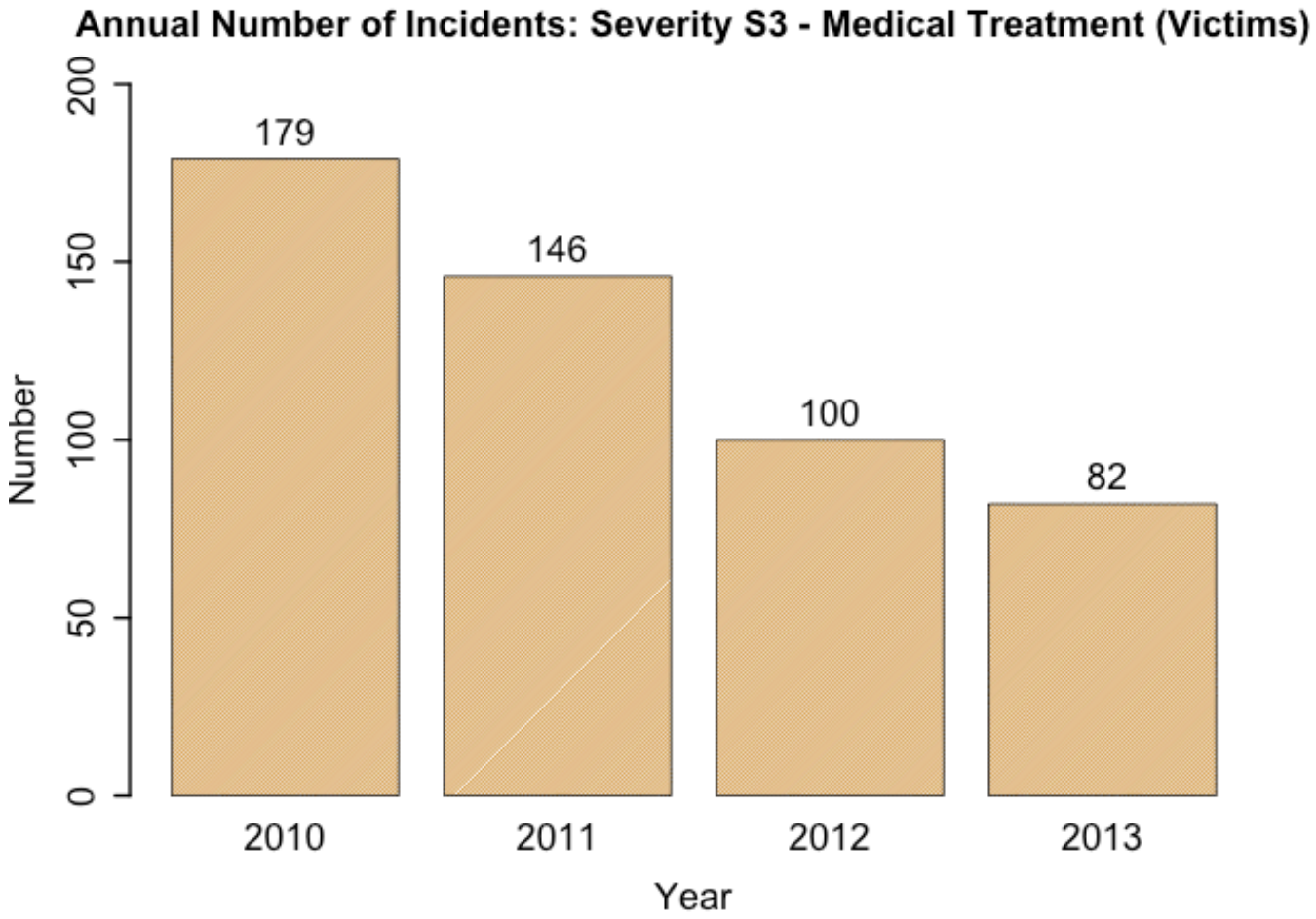
i. Patient victim injuries suffered during assaults

This report only examined patient victim and patient aggressor injuries. In order to protect the privacy issues of DSH staff, no specific information about staff injuries were included in this report.



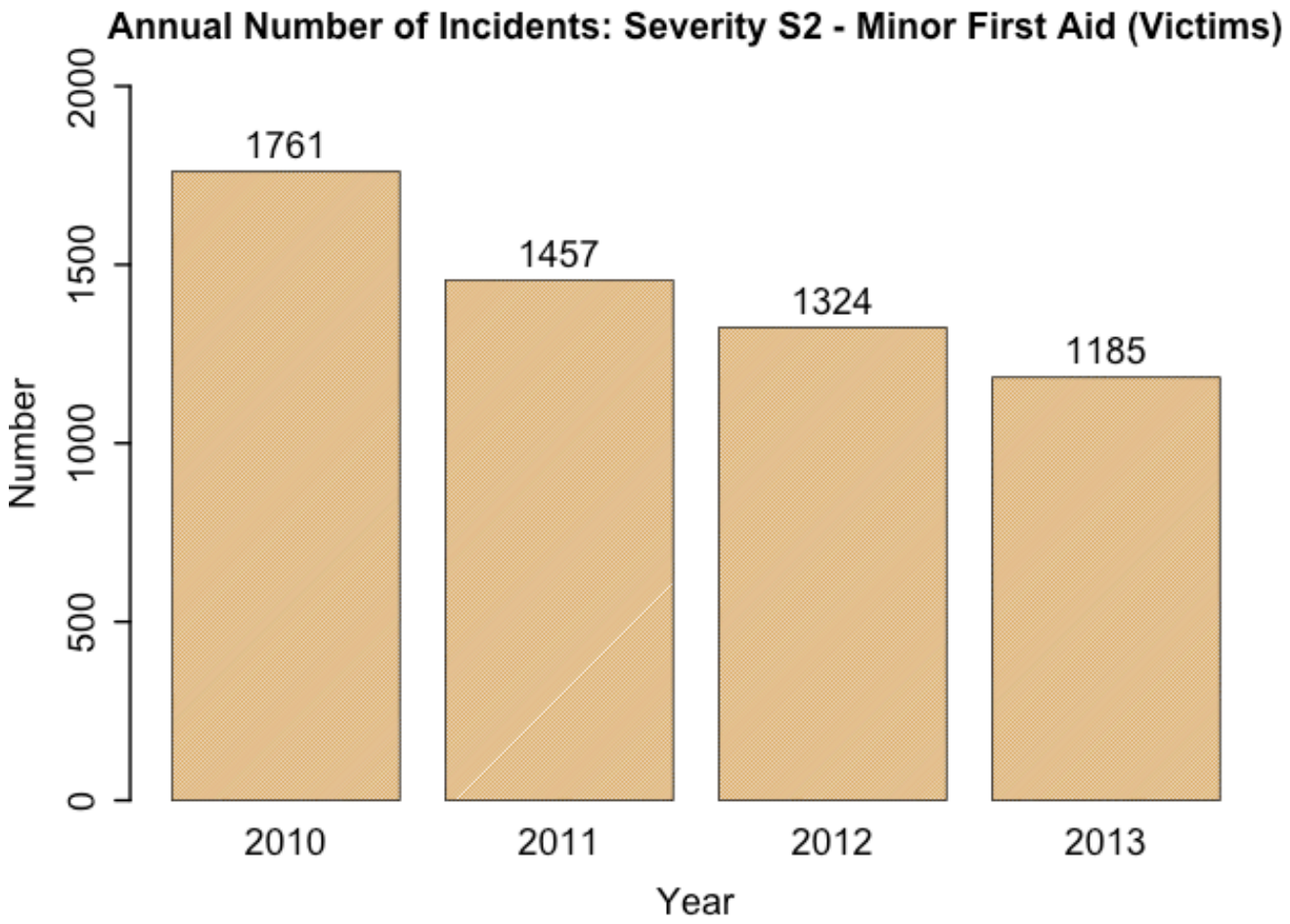
"Takeaway" Summary: Despite the chance that any assault could lead to a serious injury, the number of serious injuries is relatively low, and declining. It is likely that the supervision and early interventions by staff are largely responsible for the low numbers of serious injury from assaults requiring outside hospitalization.

This graph shows a substantial reduction in the number of patient victims sent for outside medical care as a result of another patient's violent assault.



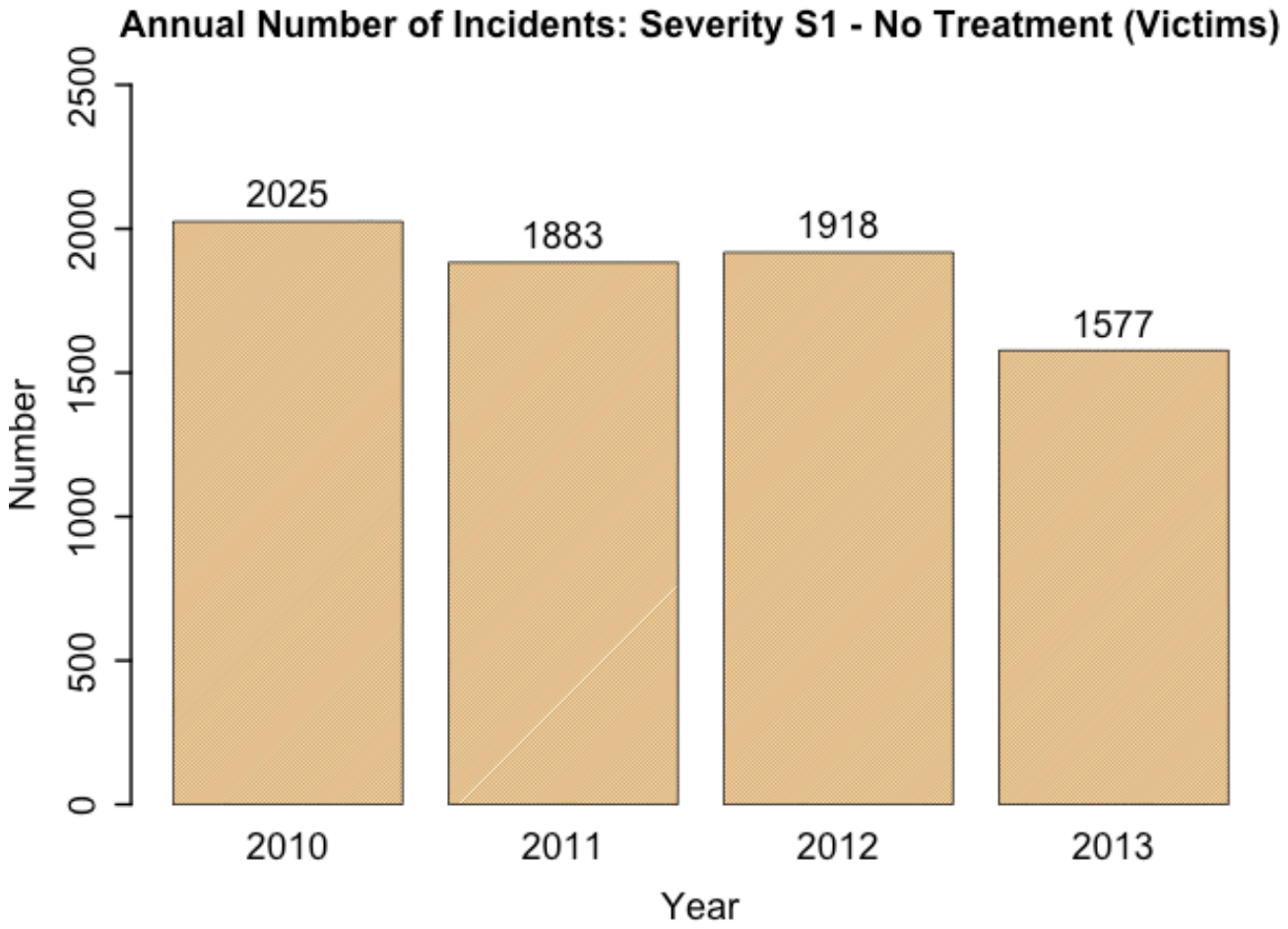
"Takeaway" Summary: Despite the chance that any assault could lead to a serious injury, the number of serious injuries is relatively low, and declining. It is likely that the supervision and early interventions by staff are largely responsible for the low numbers of serious injury from assaults requiring medical treatment provided internally at the state hospitals.

As can be seen in this graph, the number of patients requiring medical treatment after being victimized by another patient's assault has been more than halved.



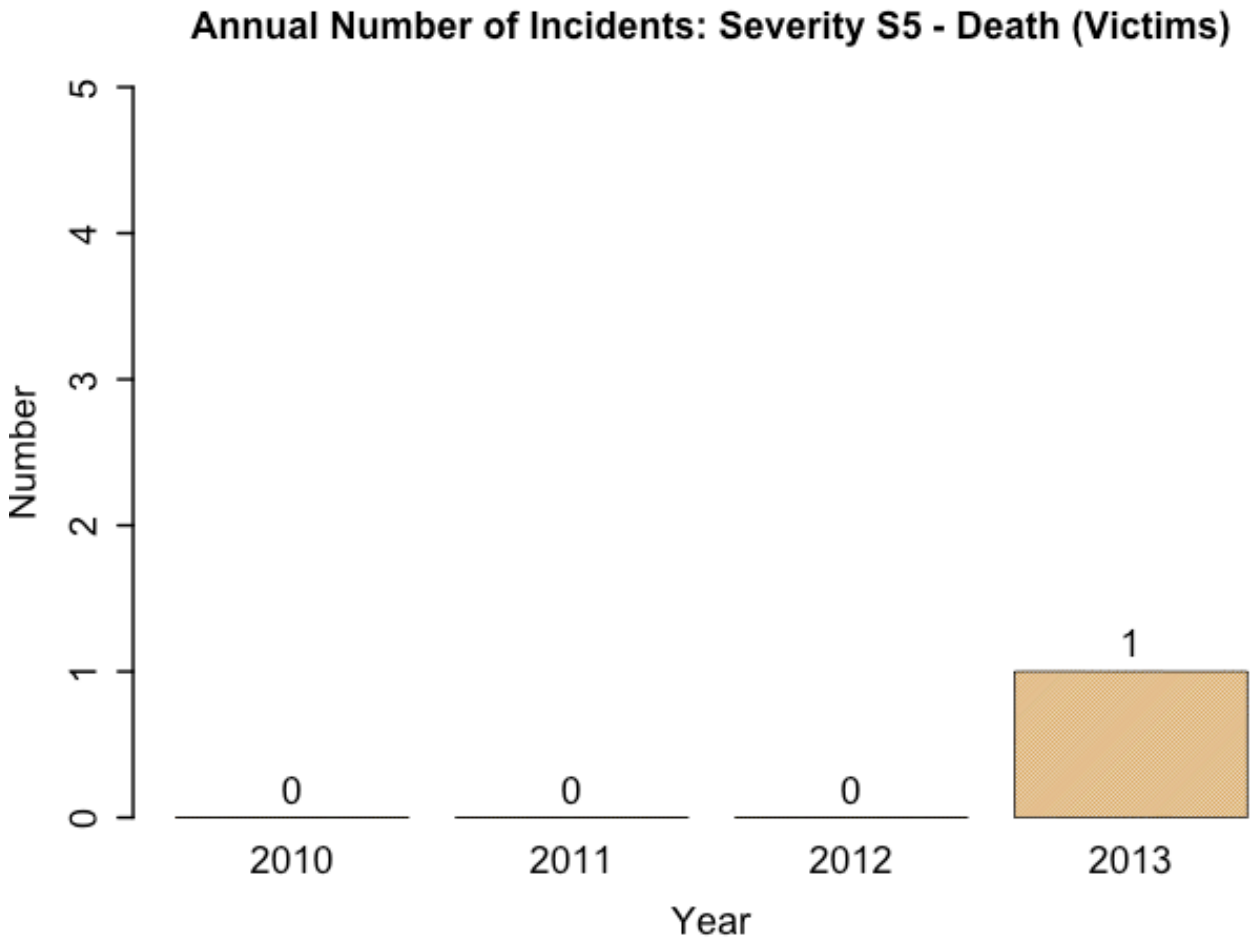
"Takeaway" Summary: Despite the chance that any assault could lead to a serious injury, the number of serious injuries is relatively low, and declining. It is likely that the supervision and early interventions by staff are largely responsible for the low numbers of assaults requiring only minor first aid.

As can be seen in this graph, the number of patients requiring minor first aid after being victimized by another patient's assault has been more than halved.



"Takeaway" Summary: Despite the chance that any assault could lead to a serious injury, the number of serious injuries is relatively low, and declining. However, the number of incidents requiring no treatment for the victim has remained relatively constant. Again, it is likely that the supervision and early intervention by staff are largely responsible for the low numbers of assaults requiring more serious treatment.

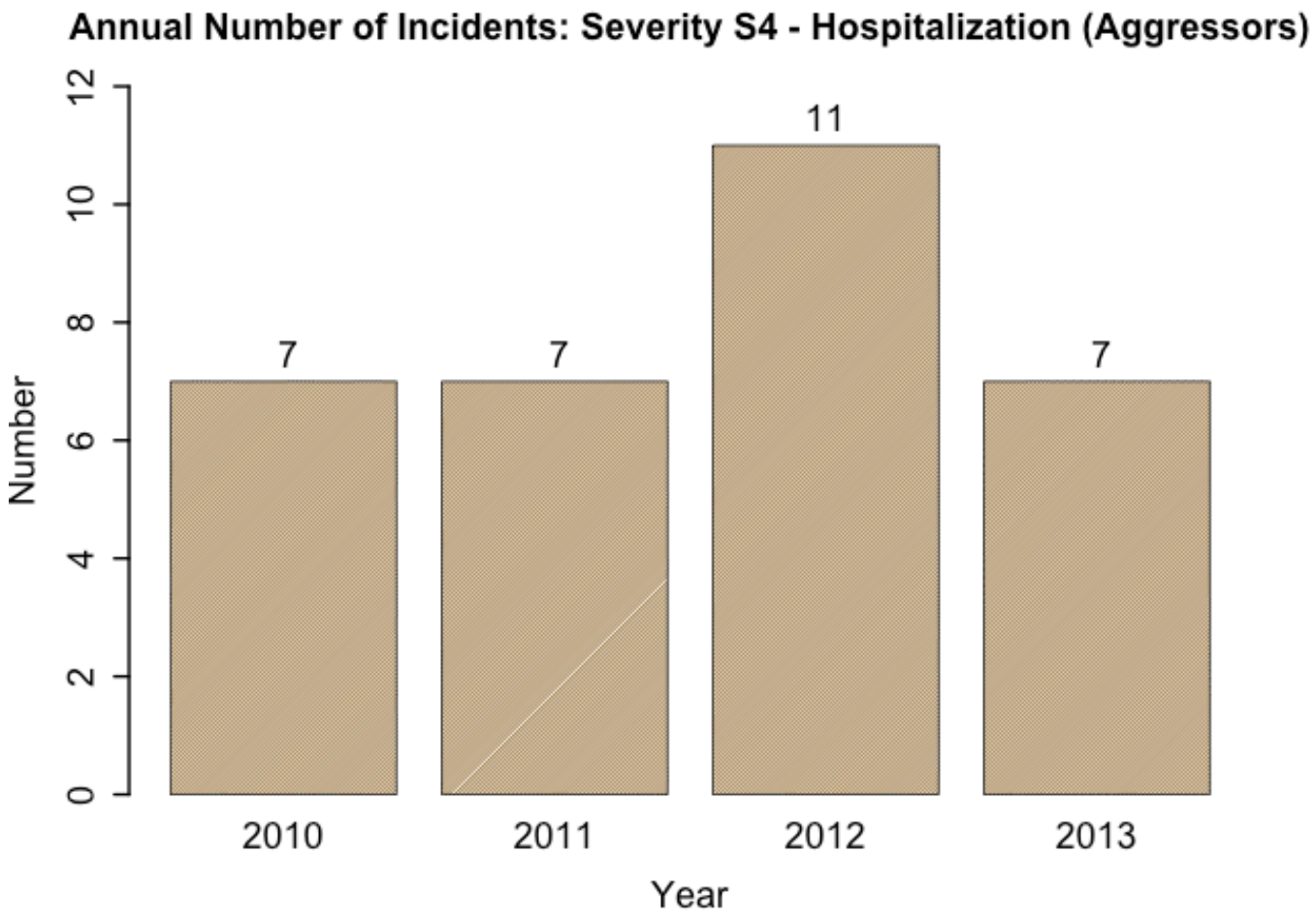
As can be seen in this graph, the number of patients requiring no treatment at all after being victimized by another patient's assault has been reduced by about 25%.



"Takeaway" Summary: Despite the chance that any assault could lead to a serious injury, and given the dangerousness of every patient hospitalized in DSH, the number of serious injuries and deaths due to injury remain low. Every death is thoroughly investigated, and is an extremely unfortunate circumstance that DSH endeavors to prevent.

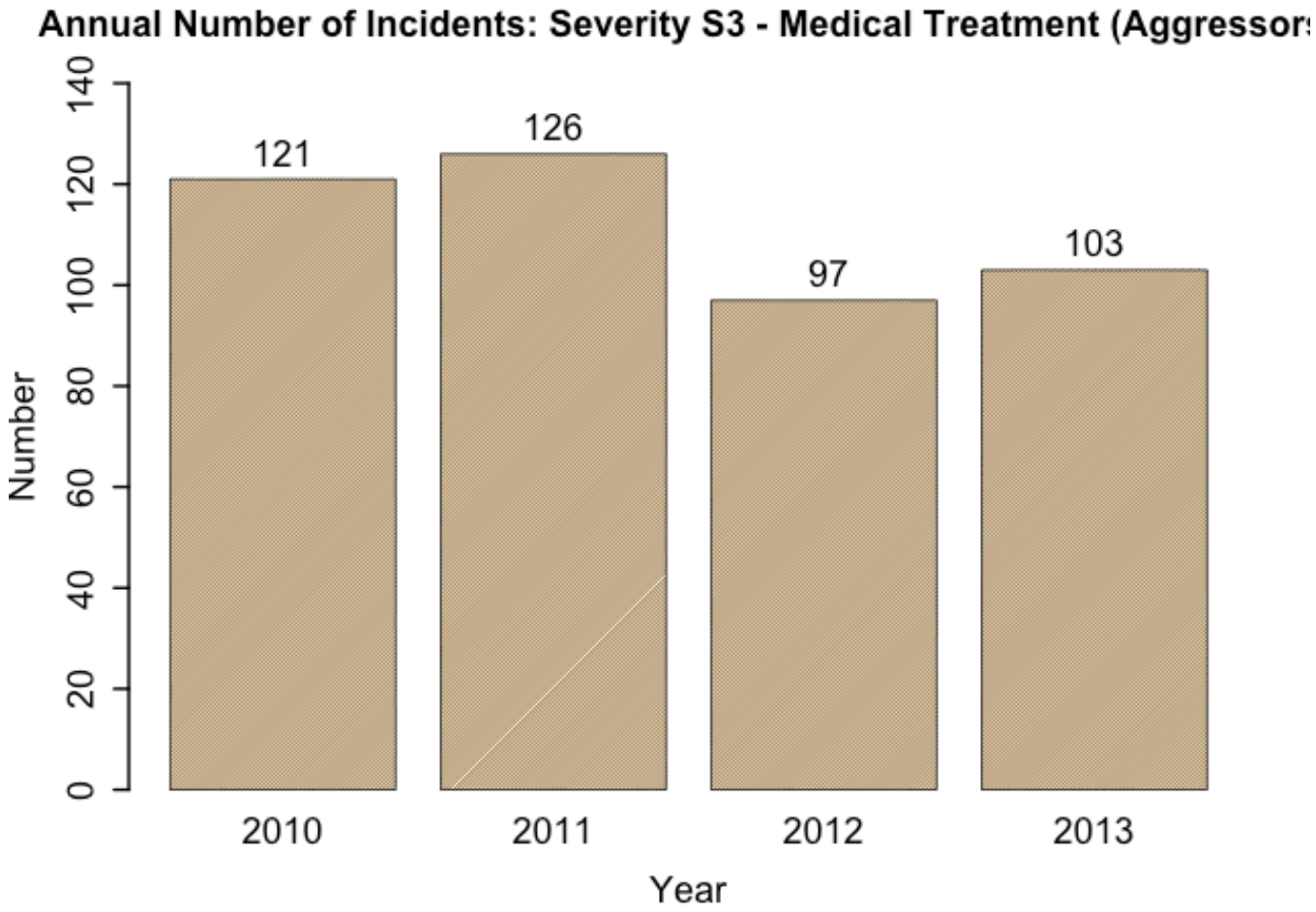
ii. Aggressor injuries suffered during assaults

This report only examined patient victim and patient aggressor injuries. In order to protect the privacy issues of DSH staff, no specific information about staff injuries were included in this report.



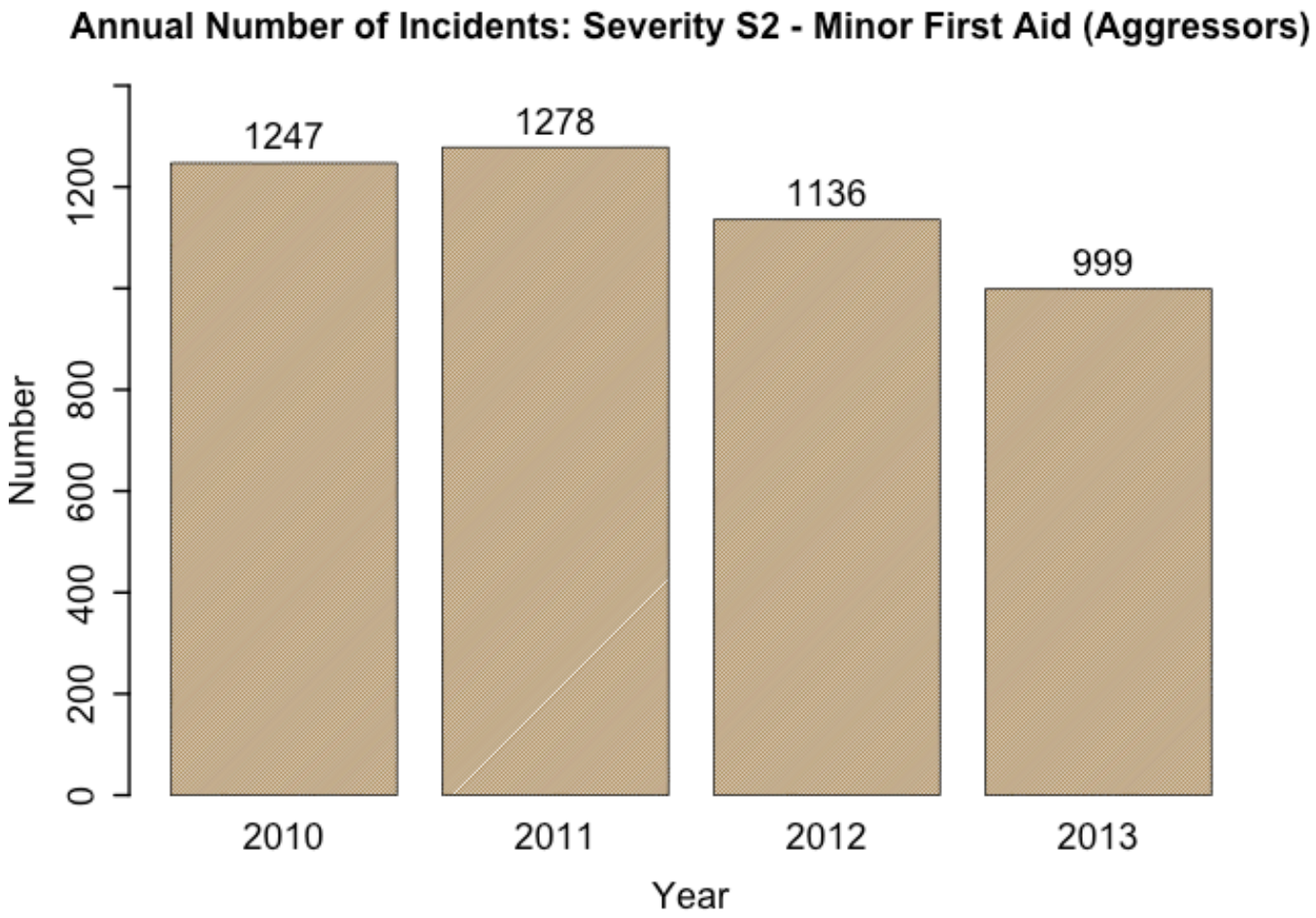
"Takeaway" Summary: Commonly overlooked is the fact that aggressors (the patients committing the violent assaultive act) can and do suffer injuries as a result of their aggressive acts. The simple fact is that any aggressive act could lead to a serious injury, to the victim, or to the aggressor, or the treating staff who regularly intervene to prevent or control violent incidents.

This graph shows that the number of patient aggressors sent for outside medical care as a result of their violent behavior has remained relatively constant.



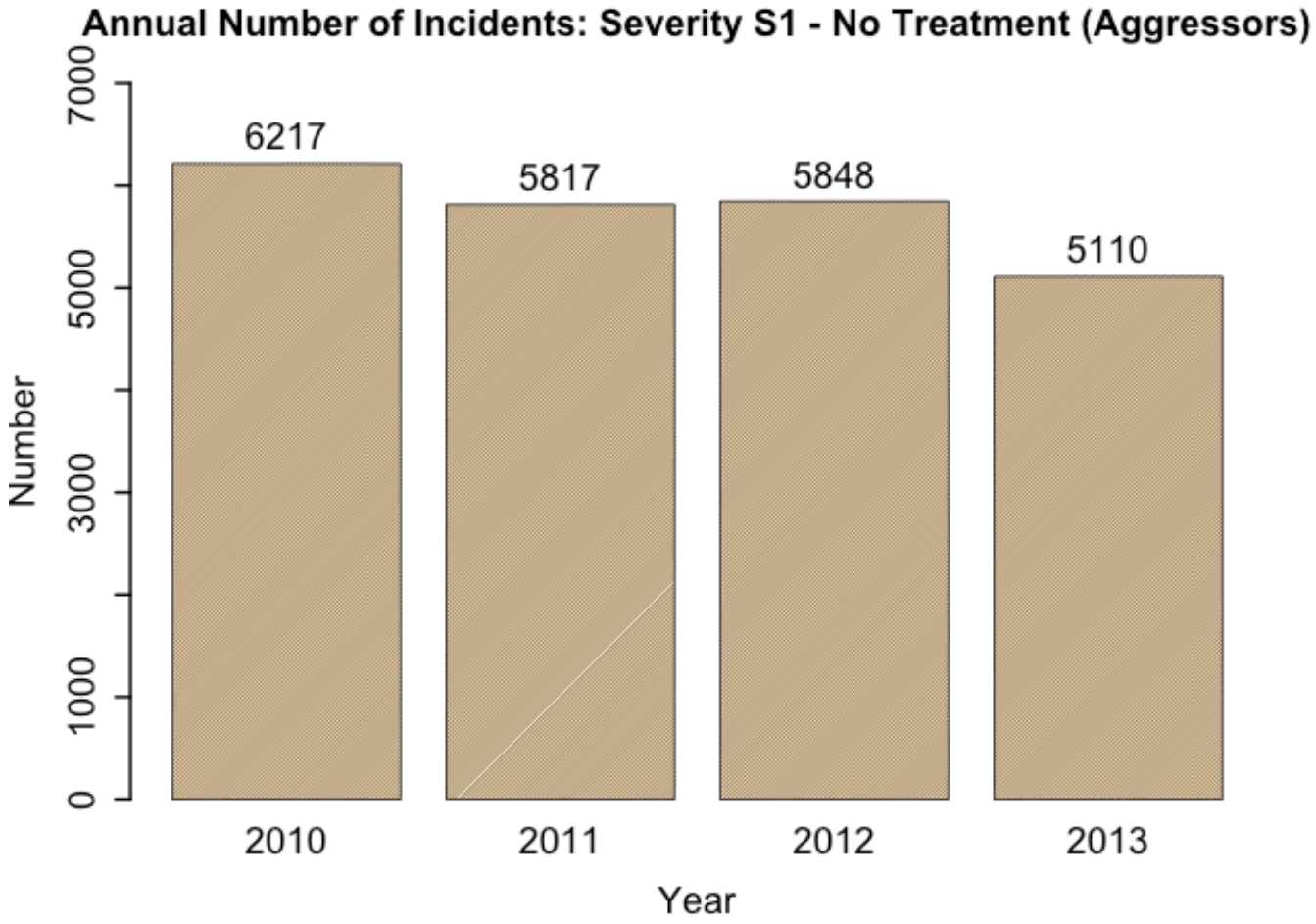
"Takeaway" Summary: The number of aggressive/violent patients requiring medical treatment for their aggressive acts has shown somewhat of a decline over the last two years. It is likely that the supervision and early intervention by staff are largely responsible for the low numbers of aggressors requiring more serious treatment.

This graph shows that the number of patient aggressors requiring medical treatment as a result of their violent behavior has been reduced by about 20%.



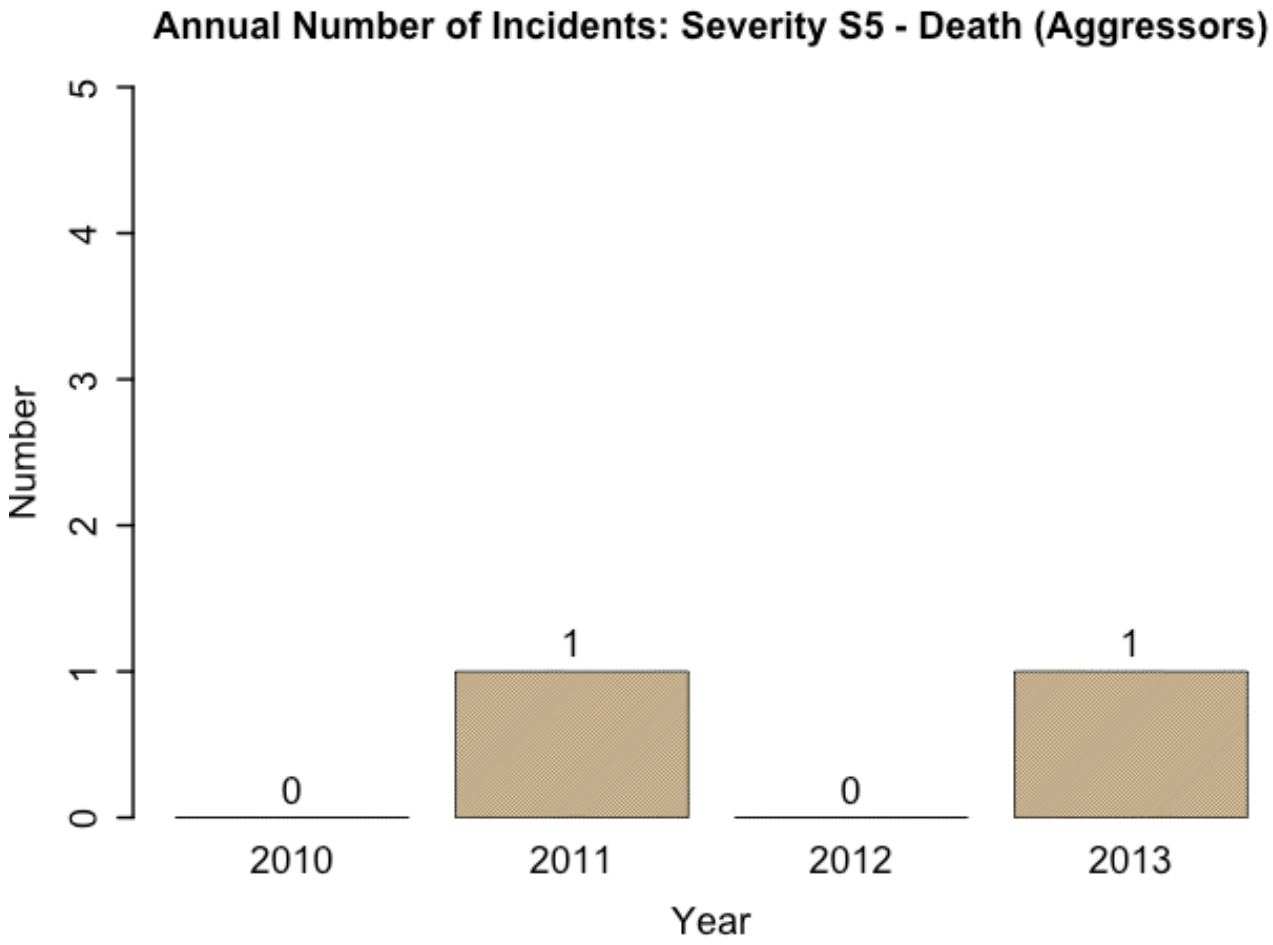
"Takeaway" Summary: The number of aggressive/violent patients requiring only minor first aid for their aggressive acts has shown somewhat of a decline over the last two years. Again, it is likely that the supervision and early intervention by staff are largely responsible for the low numbers of aggressors requiring more serious treatment.

This graph shows that the number of patient aggressors requiring minor first aid as a result of their violent behavior has been reduced by about 25%.



"Takeaway" Summary: The number of aggressive/violent patients requiring no treatment whatsoever for their aggressive acts has remained relatively constant over the years. It is likely that the supervision and early intervention by staff are largely responsible for the low numbers of aggressors suffering injuries.

This graph shows that the number of patient aggressors requiring no treatment as a result of their violent behavior has been reduced by about 20%.



"Takeaway" Summary: Despite the chance that any assault could lead to a serious injury, and given the dangerousness of every patient hospitalized in DSH, the number of serious injuries and deaths due to violent acts remains low, given the number of assaults and the high level of dangerousness of the patients committed to DSH. Every death is thoroughly investigated, and is an extremely unfortunate circumstance that DSH endeavors to prevent.

5. Comparison of Monthly Totals vs. Monthly Rates

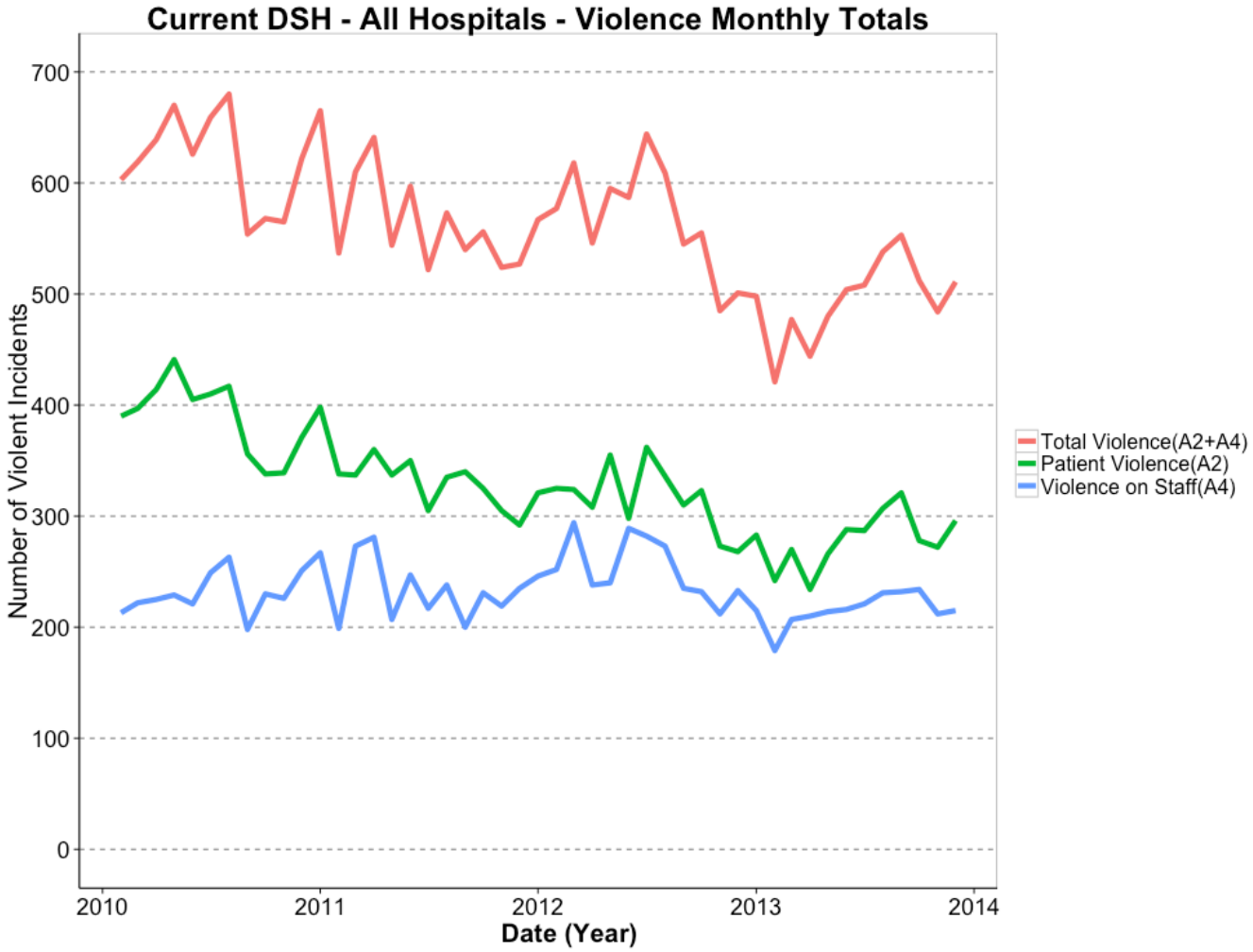


Figure 7 - Monthly totals of violent incidents.

"Takeaway" Summary: These data show a decline in overall assaults starting in 2010, with a spike in assaults occurring system-wide in early 2012, before declining again. The data and patterns in Fig. 7 are very similar to the data and pattern in Fig. 8, which presents patient aggression/violence data as a rate (per 1000 patient days). These tables are presented together, to allow visual inspection and comparison of the two ways of presenting violence data. As described previously, it is recommended DSH start routinely reporting violence data as a rate (specifically, incidents per 1000 patient days), to more precisely capture the dynamics of violence in a changing patient census.

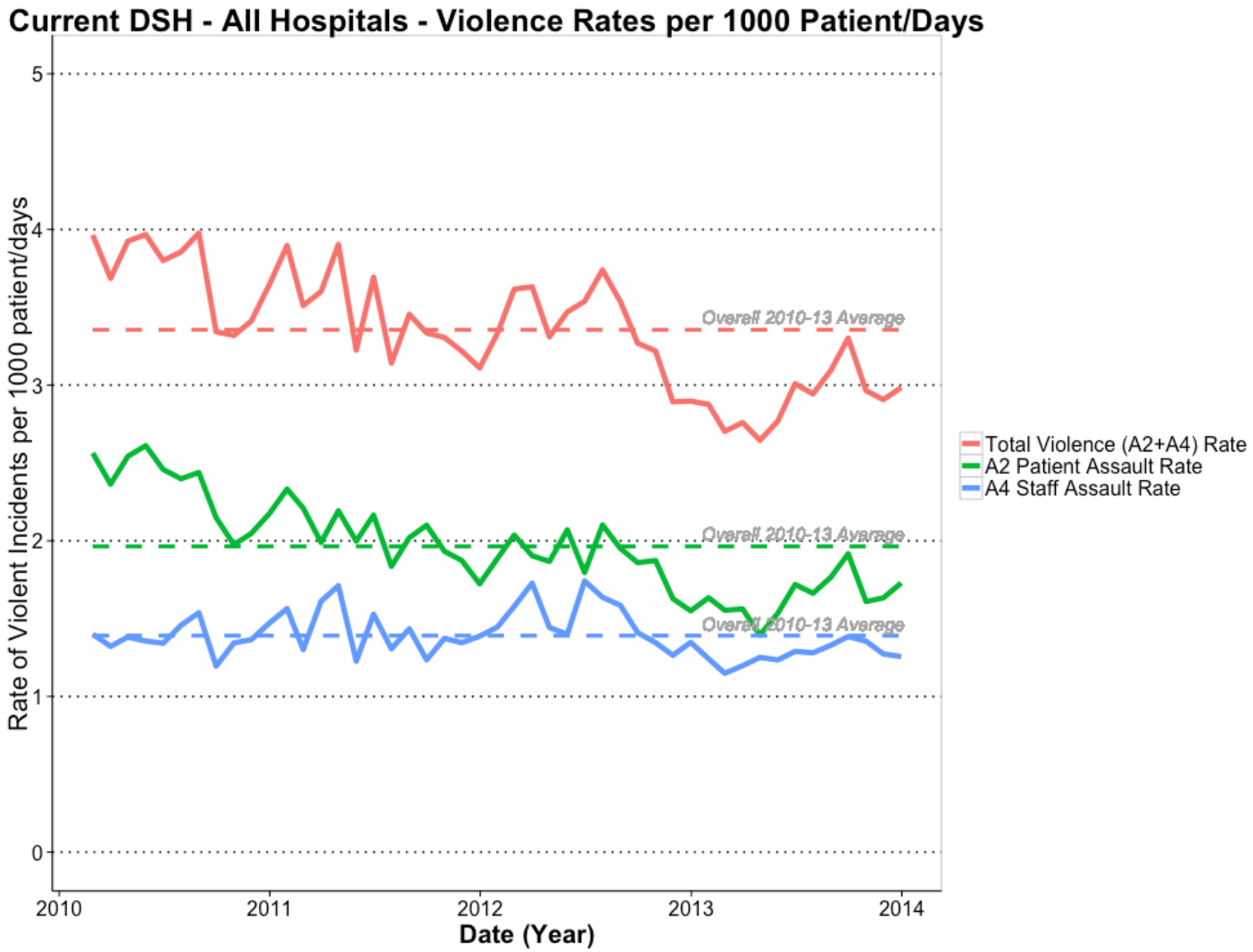


Figure 8 - Monthly rates of violent incidents

"Takeaway" Summary: This graph (Fig. 8 above) shows the monthly rate of violence, per 1000 patient days. This measure (rate per1000 patient days) takes into account the changes in DSH population, as well as differences in the number of days in a month. As shown here, with some monthly variability, overall DSH violence rates have declined.

Similar to the previous graph showing monthly totals, this graph shows a steady decrease in violence rates, with a spike in early 2012, before decreasing again. These data show that, while overall violence has been decreasing, it appears to be largely due to reductions in patient on patient assaults, while patient on staff assault rates appear to have remained relatively constant.

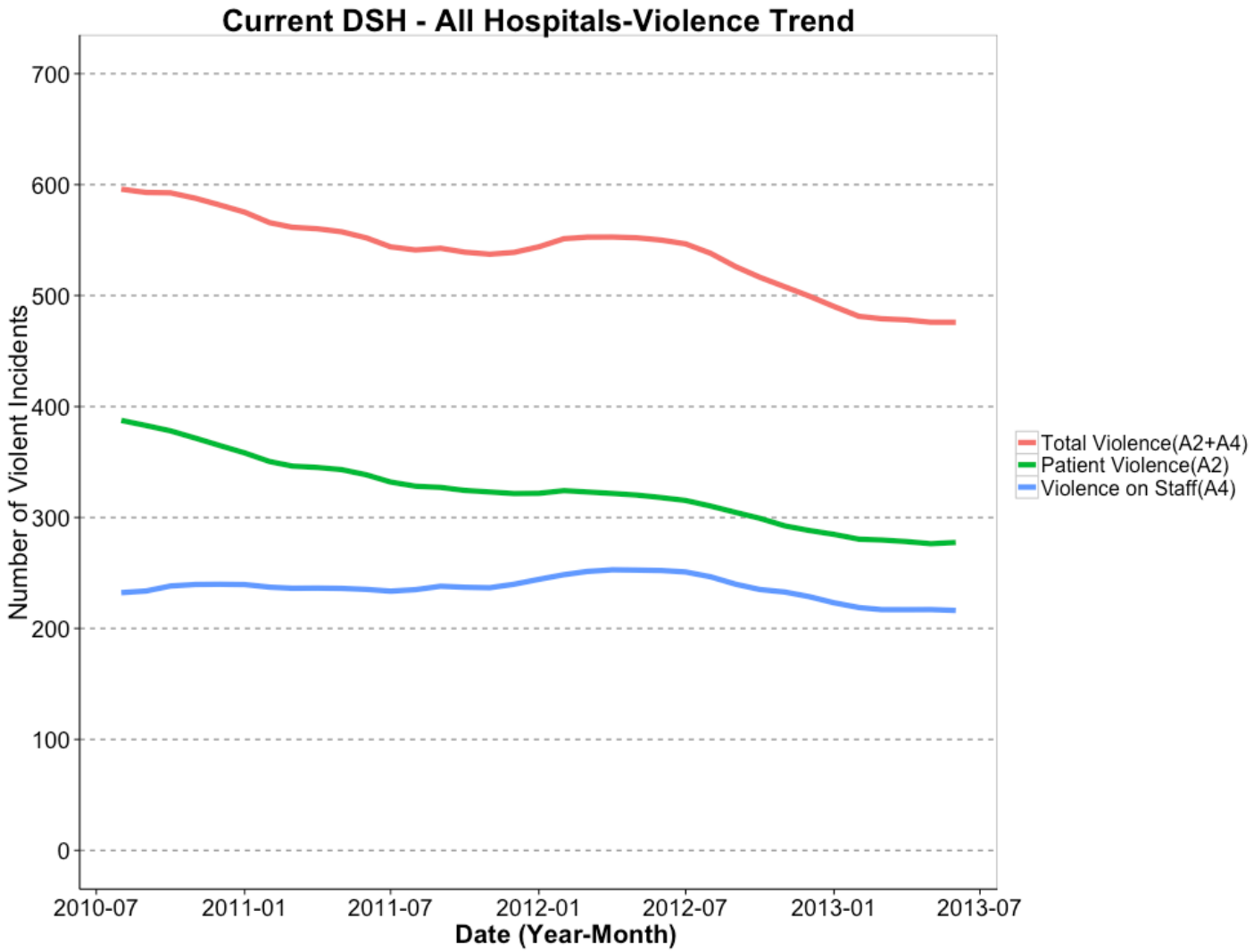


Figure 9 Monthly violence totals, trends

"Takeaway" Summary: This graph shows the monthly raw totals, with "smoothing" applied to aid in interpretation. This smoothing averages the six months before and after each month, to better adjust for any seasonal effects on totals. Because of this six month smoothing, the trends for the most recent six months (since July 2013) are not yet available.

As seen here, the trend has been for monthly totals to be decreasing, with a slight increase in late 2011/early 2012 before starting to decrease again.

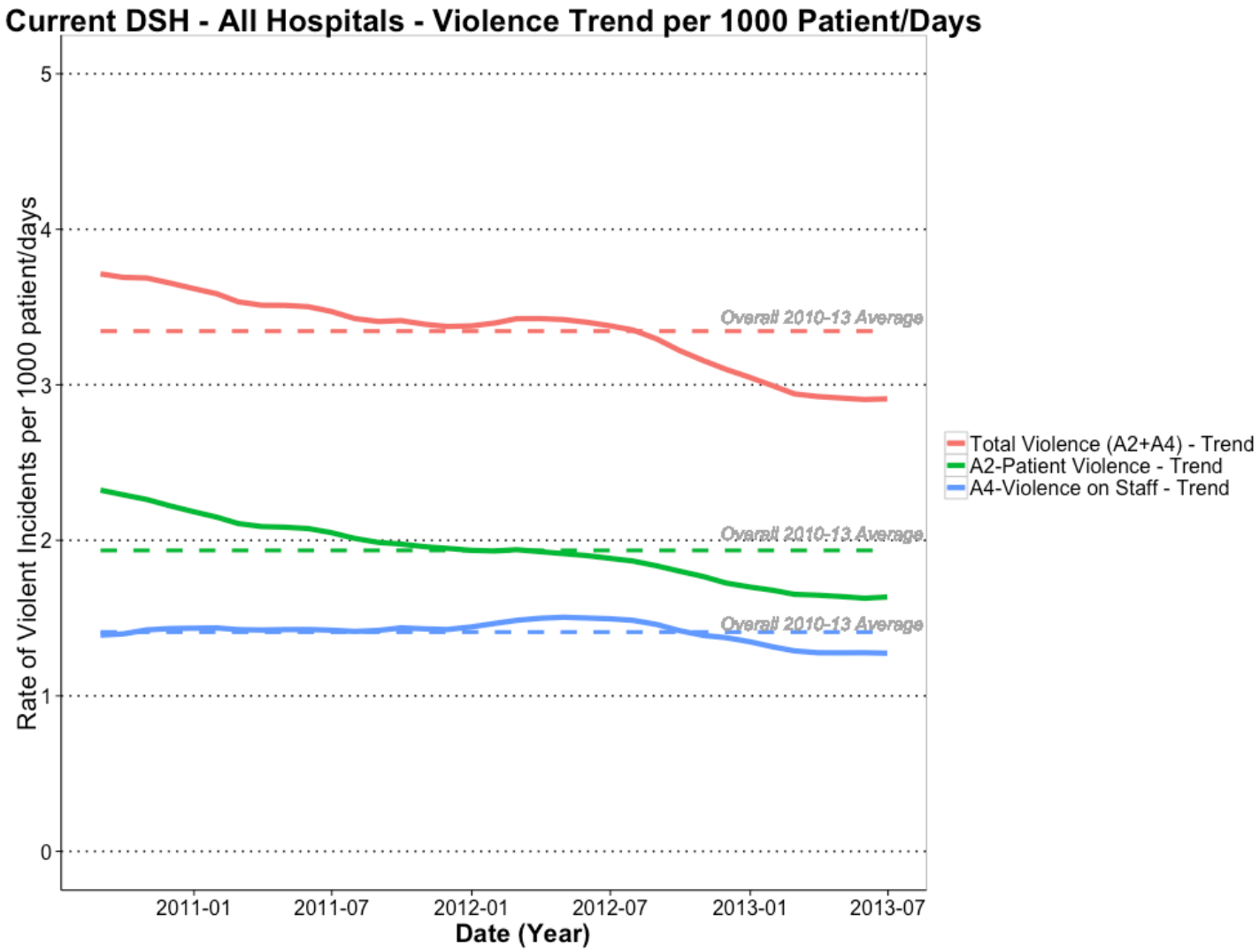


Figure 10 Monthly violence rates, trends

"Takeaway" Summary: This graph shows the monthly rates, with smoothing applied (discussed previously) as an aid in interpretation. As seen here, the trend has been for assault rates to be decreasing. Again, the dashed lines in the above graph indicate the average violence rate during the entire 2010-2013 four year period, for each respective category.

The most dramatic declines have been in patient on patient assault rates, while patient on staff assault rates have either remained relatively constant, or declined only slightly. Again, these data show a trend for a decline in rates of violence over time, with a slight increase in early 2012, before decreasing again.

6. The number of patients with more than 10 assaults per year has remained constant

A. Patients with 10 or more aggressive acts in a single year

While the overall number of individual unique patient-aggressors has decreased, and the total number of aggressive incidents have decreased, the number of individual patients with more than 10 aggressive/violent incidents per year has declined only slightly, as can be seen in Fig. 11 below.

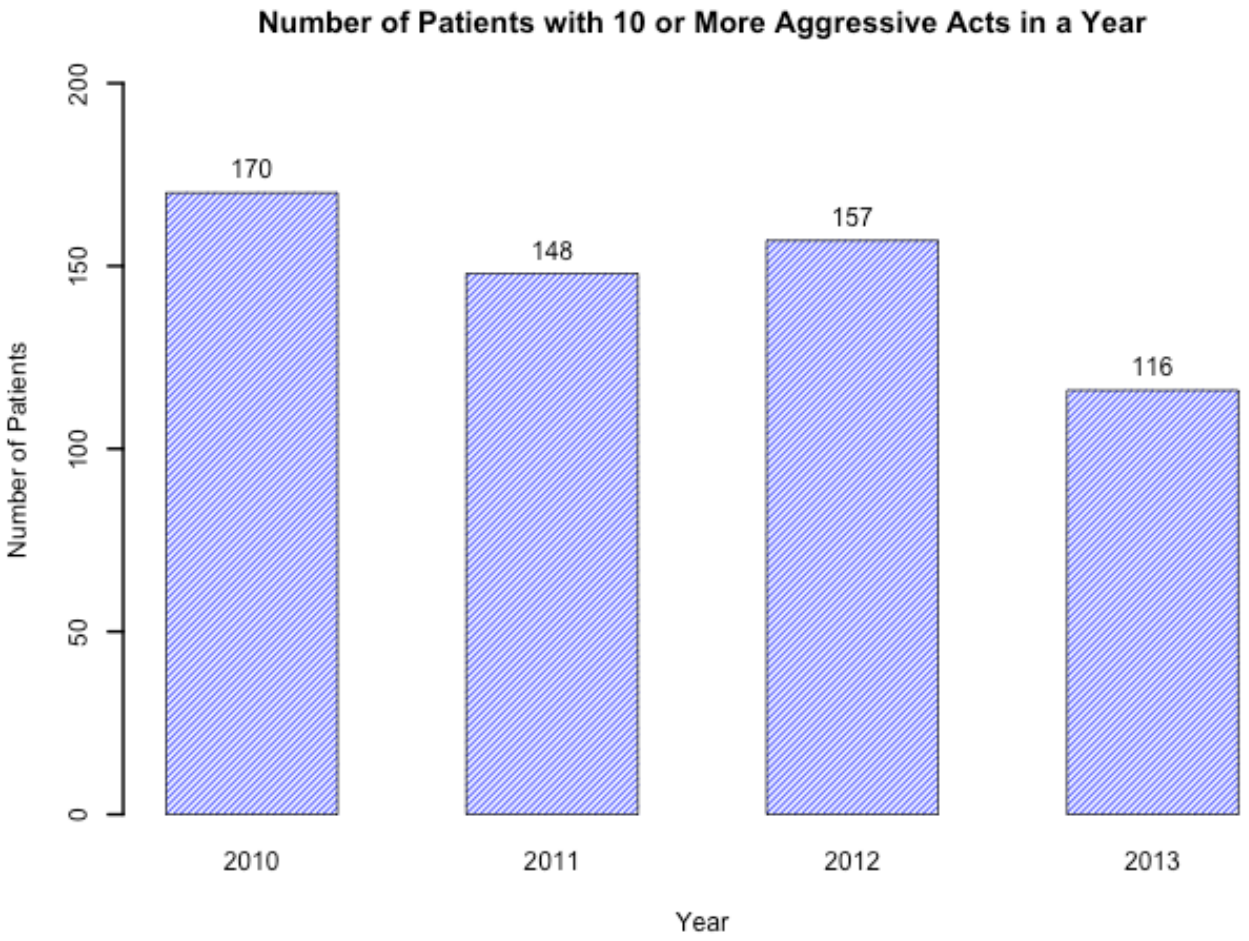


Figure 11 - Number of individual patients with more than 10 assaults in a calendar year

In 2010, the patients with 10 or more violent incidents numbered 170 (about 3% of yearly ADC) and accounted for 35% of all violent patient and staff assault incidents; see Section 6D of this report for more information on this.

In 2011, the patients with 10 or more violent incidents numbered 148 (again, about 3% of yearly ADC) and accounted for 33% of all violent patient and staff assault incidents; see Section 6D of this report for more information on this.

In 2012, the patients with 10 or more violent incidents numbered 157 (about 3% of yearly ADC) and accounted for 38% of all violent patient and staff assault incidents; see Section 6D of this report for more information on this.

So far, for 2013, the 10 or more patients number 84 (about 2% of our ADC) and have accounted for 35% of all violent patient and staff assault incidents; see Section 6D of this report for more information on this.

"Takeaway" Summary: Given that the violence reduction initiatives have been successful in many other ways, i.e., reduction in number of individual aggressors and individual victims, and a reduction in rates of violence, it appears that there may be a core group of patients whose aggressive episodes may be refractory to standard treatments, in our routine hospital environments. These patients may highlight the need for an enhanced security program or enhanced treatment units.

B. Patients with 10 or more aggressive acts two years in a row

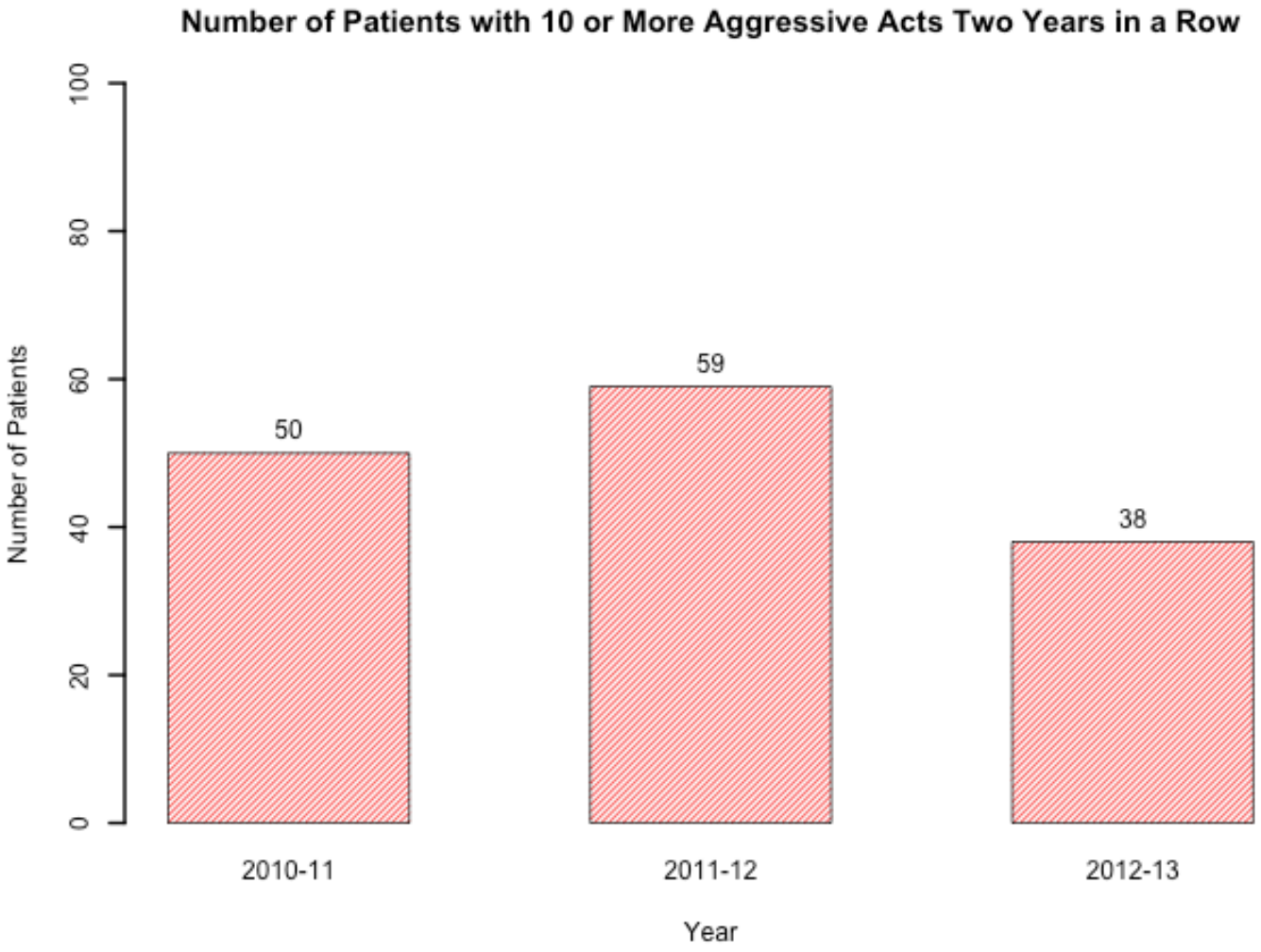


Figure 12 - Patients with 10 or more violent acts, across two consecutive years

Given that a certain number of patients had 10 or more violent incidents in a calendar year, the question next became, how many patients had 10 or more incidents two years in a row? As Fig. 12 above shows, there were a total of 147 patients with 10 or more violent incidents across two consecutive years.

C. Patients with 10 or more violent acts, for any two, three year period, or for all four years

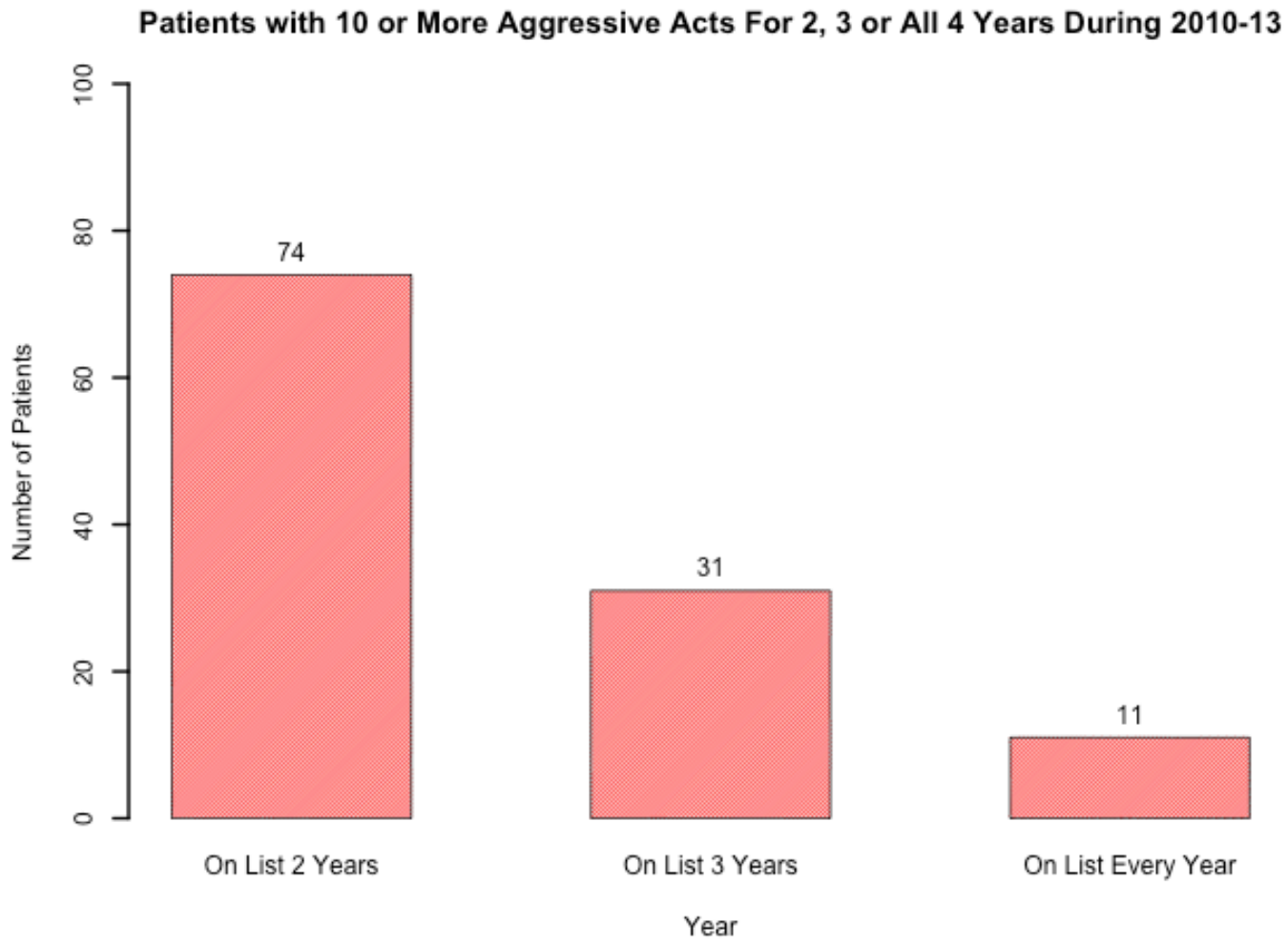


Figure 13 Patients with 10 or more violent incidents across any two or three years, or for all four years during 2010-13

Given that a large number of patients had a large number of aggressive/violent incidents for two years in row, a follow-up question became, “How many patients have 10 or more violent incidents repeatedly?” Again, further analysis showed that when any multiple year period was considered, there was a very small group of patients who had multiple, repeated incidents of violence.

Summarizing their aggression/violence activity,

- the 11 patients who were on the list of patients with 10 or more violent incidents, for all four years during 2010-13, accounted for 1438 aggressive/violent incidents.
- The 31 patients on the list for three or more years accounted for 1970 aggressive/violent incidents
- the 74 patients on the list for any two (not necessarily consecutive) years accounted for 3192 violent incidents.

By way of comparison, this small group of patients (numbering 116, or about 2% of ADC) were involved as aggressors in 6600 violent A2 or A4 incidents (approximately 24.5% of all the violent incidents recorded) during this four year period. It is clear to see that if these small group of patients with apparently highly intensive treatment needs could be segmented from the rest of patient population and provided enhanced treatment, an immediate impact on violence could be achieved.

"Takeaway" Summary: Given that the violence reduction initiatives have been successful in many other ways, i.e., reduction in number of individual aggressors and individual victims, and a reduction in rates of violence, it appears that there may be a core group of patients whose aggressive episodes may be refractory to standard treatments, in our routine hospital environments. These patients may highlight the need for an enhanced security program or enhanced treatment units.

The remainder of this page is intentionally blank.

D. Further comparisons of patients: all patients (non-violent or violent) and patients with 10 or more violent acts in a calendar year, 2010-13

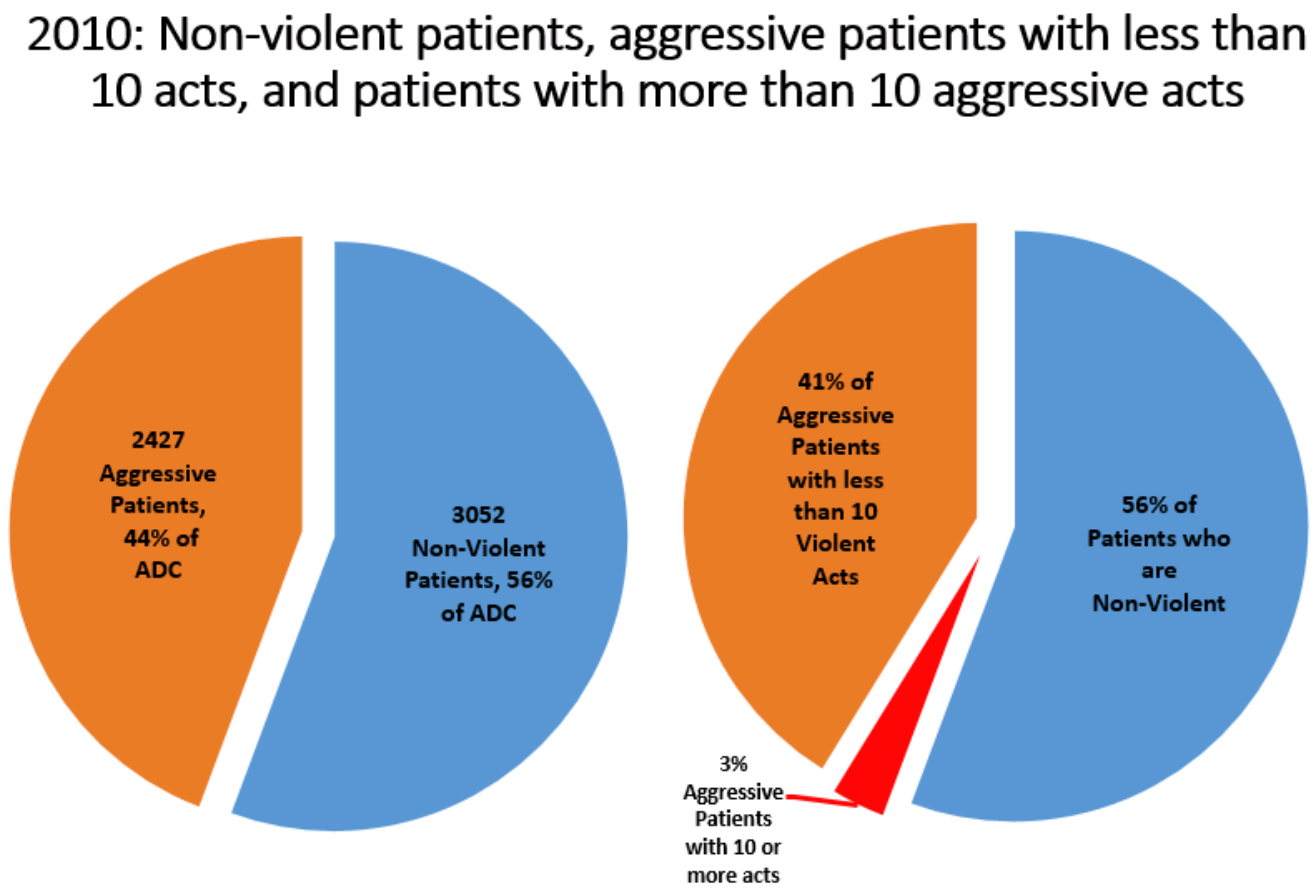


Figure 14 Analysis of 2010 individual aggressors

"Takeaway" Summary: Most patients are not violent. Of the patients who are violent, most violence issues due to mental illness are resolved successfully with treatment. The patients who commit 10 or more violent acts in a year are actually a very small percentage of the overall population.

These data, from the 2010 hospitalized patients, show that the majority of patients are not violent, and that the patients with 10 or more violent acts comprised only 3% of the average daily census.

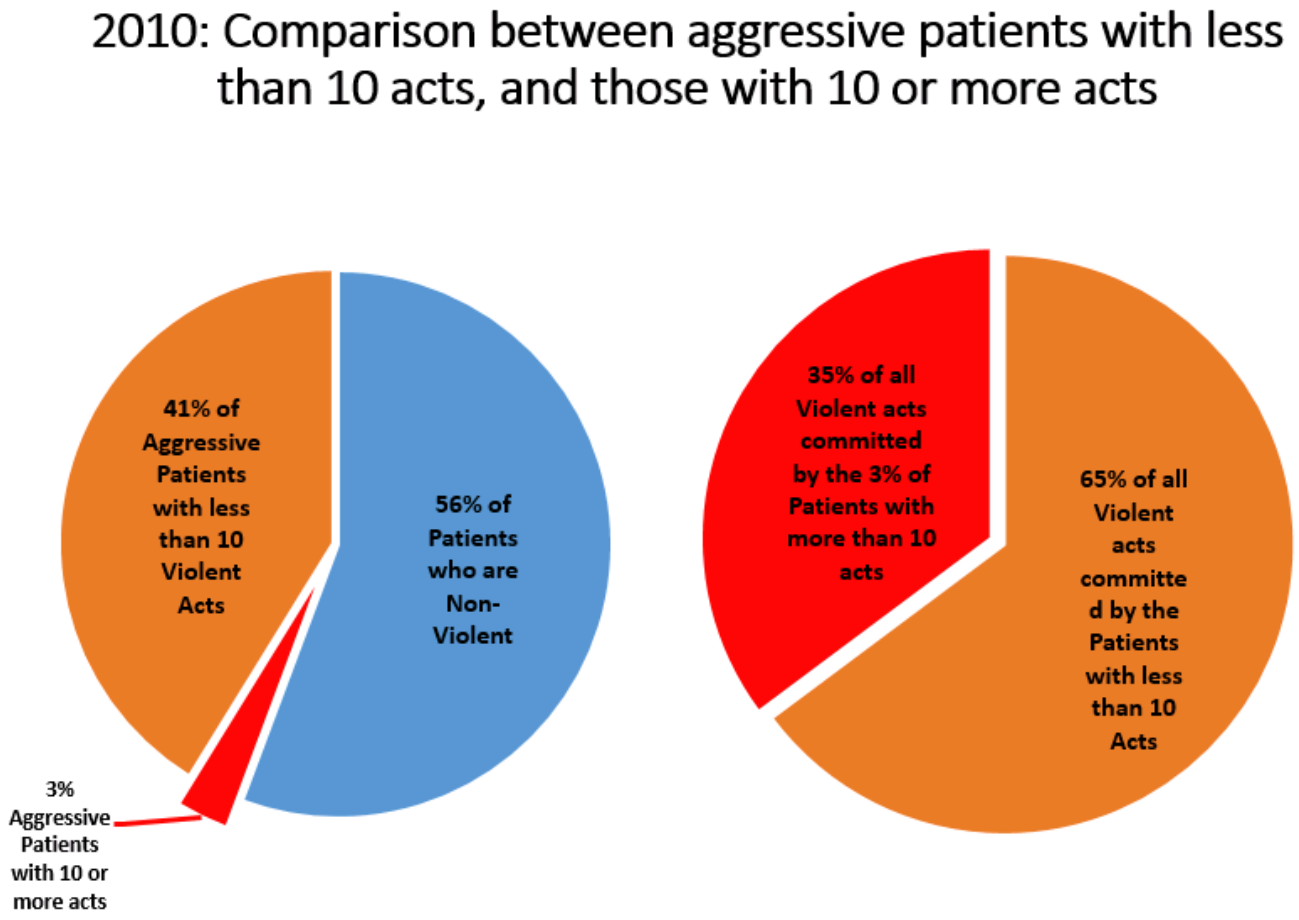


Figure 15 Analysis of 2010 individual aggressors: breakdown by aggressors with more than 10 incidents in a year

"Takeaway" Summary: Most patients are not violent. Of the patients who are violent, most violence issues due to mental illness are resolved successfully with treatment. The patients who commit 10 or more violent acts in a year are actually a very small percentage of the overall population.

As a follow-up from the previous figure, in 2010, the 3% of patients with 10 violent acts or more in a calendar year were responsible for committing 35% of all the violent acts in that year.

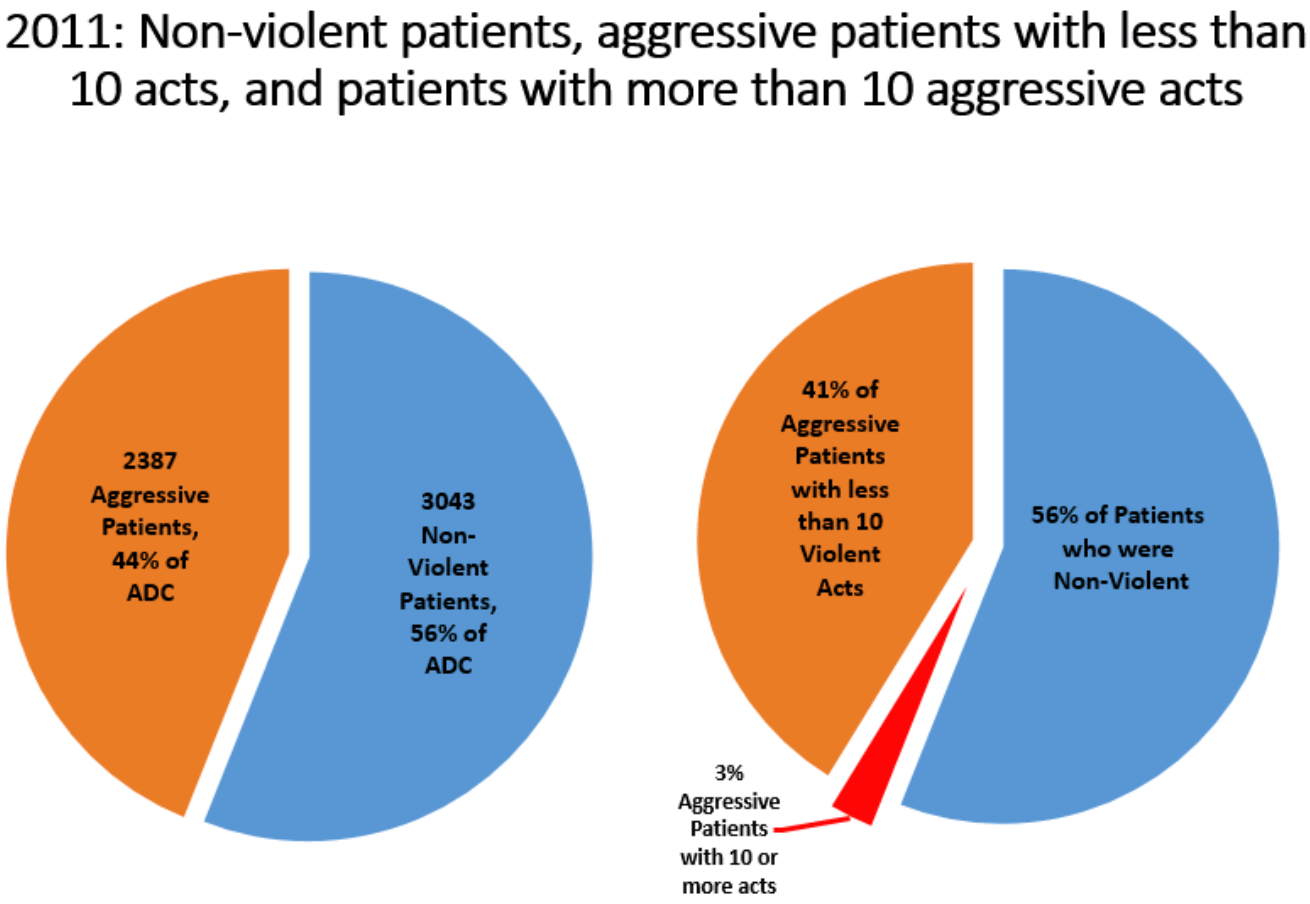


Figure 16 Analysis of 2011 individual aggressors

"Takeaway" Summary: Most patients are not violent. Of the patients who are violent, most violence issues due to mental illness are resolved successfully with treatment. The patients who commit 10 or more violent acts in a year are actually a very small percentage of the overall population.

These data, from the 2011 hospitalized patients, show that the majority of patients are not violent, and that the patients with 10 or more violent acts comprise only 3% of the average daily census.

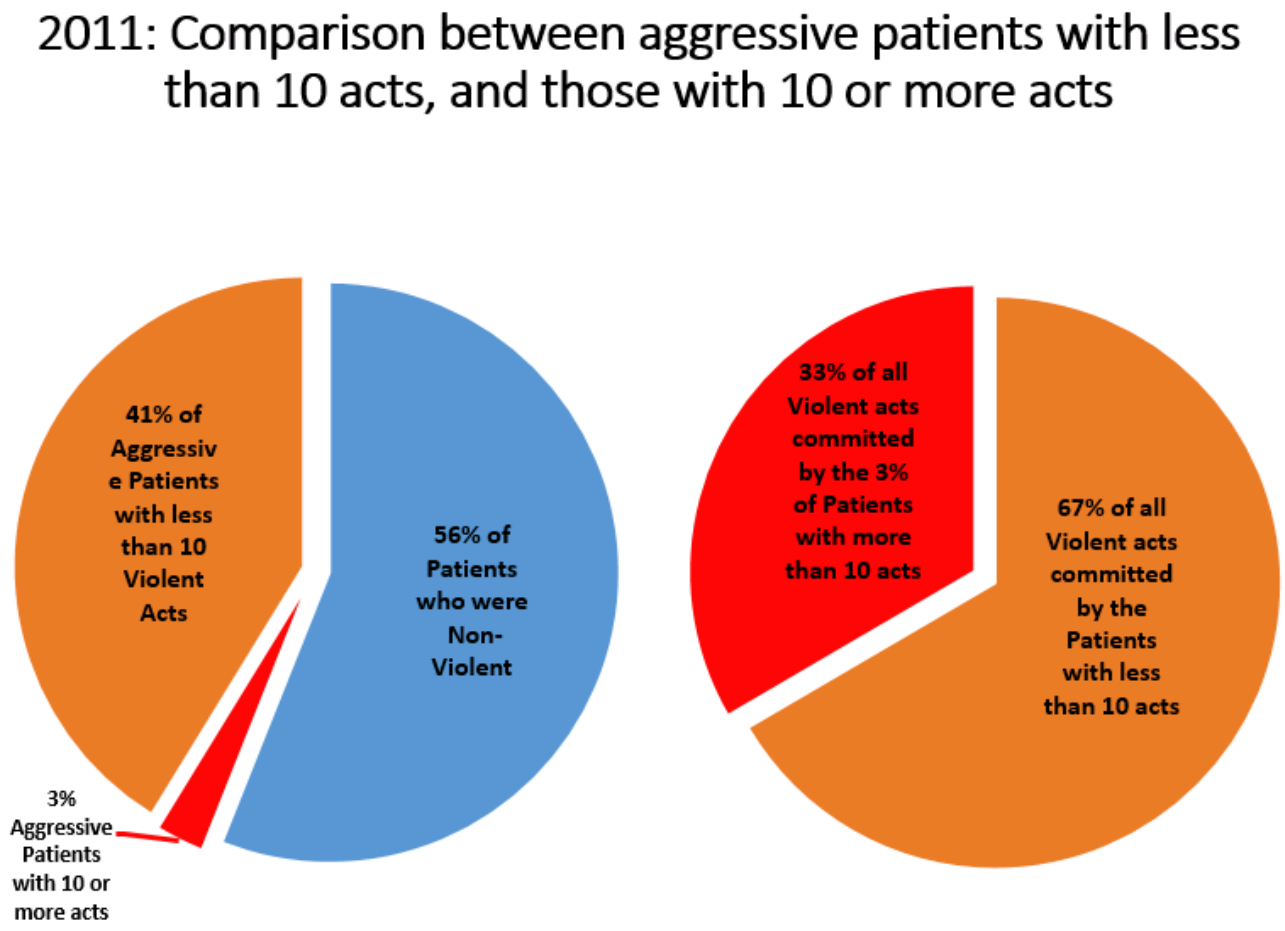


Figure 17 Analysis of 2011 individual aggressors: breakdown by aggressors with more than 10 incidents in a year

"Takeaway" Summary: Most patients are not violent. Of the patients who are violent, most violence issues due to mental illness are resolved successfully with treatment. The patients who commit 10 or more violent acts in a year are actually a very small percentage of the overall population.

As a follow-up from the previous figure, in 2011, the 3% of patients with 10 violent acts or more in a calendar year were responsible for committing 33% of all the violent acts in that year.

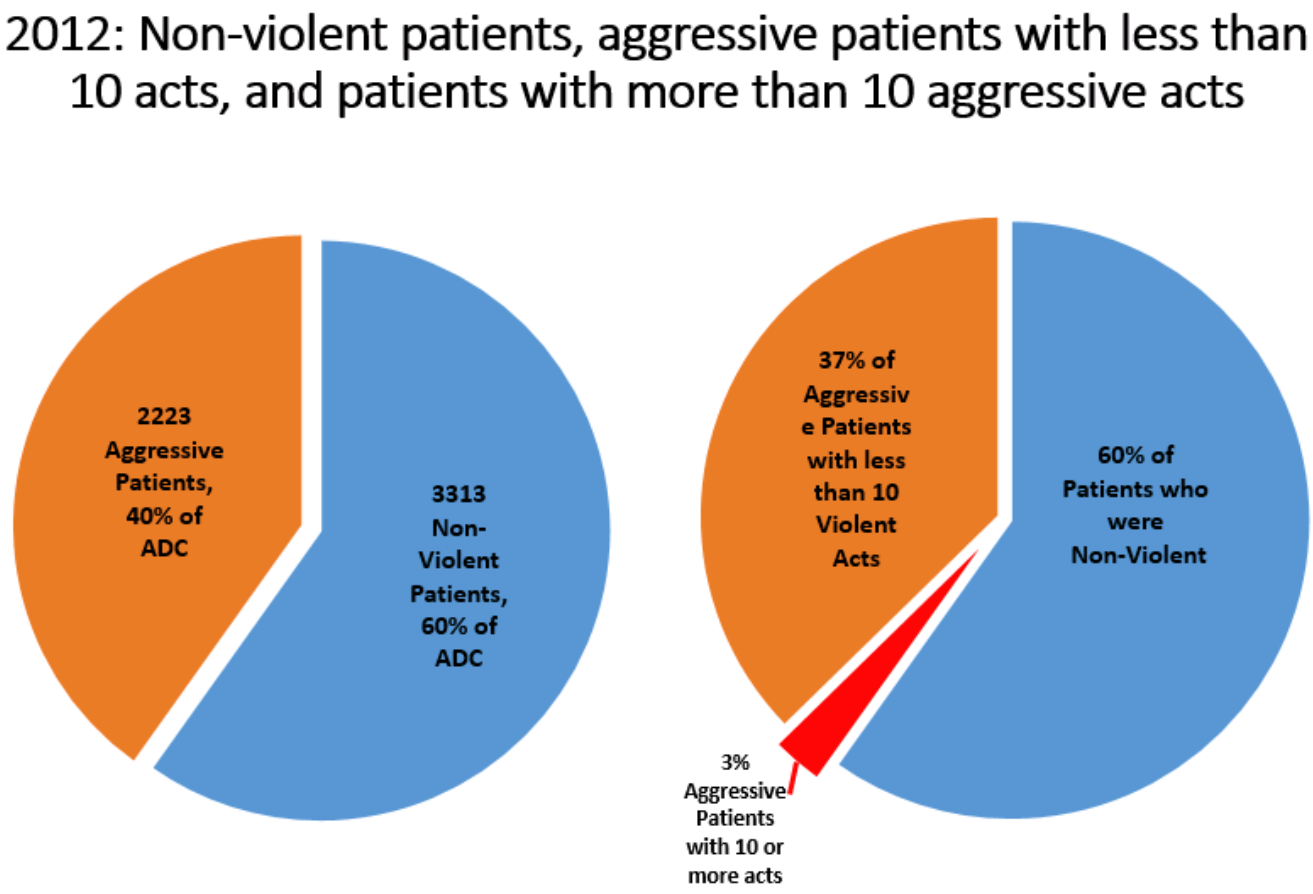


Figure 18 Analysis of 2012 individual aggressors

"Takeaway" Summary: Most patients are not violent. Of the patients who are violent, most violence issues due to mental illness are resolved successfully with treatment. The patients who commit 10 or more violent acts in a year are actually a very small percentage of the overall population.

These data, from the 2012 hospitalized patients, show that the majority of patients are not violent, and that the patients with 10 or more violent acts comprised only 3% of the average daily census.

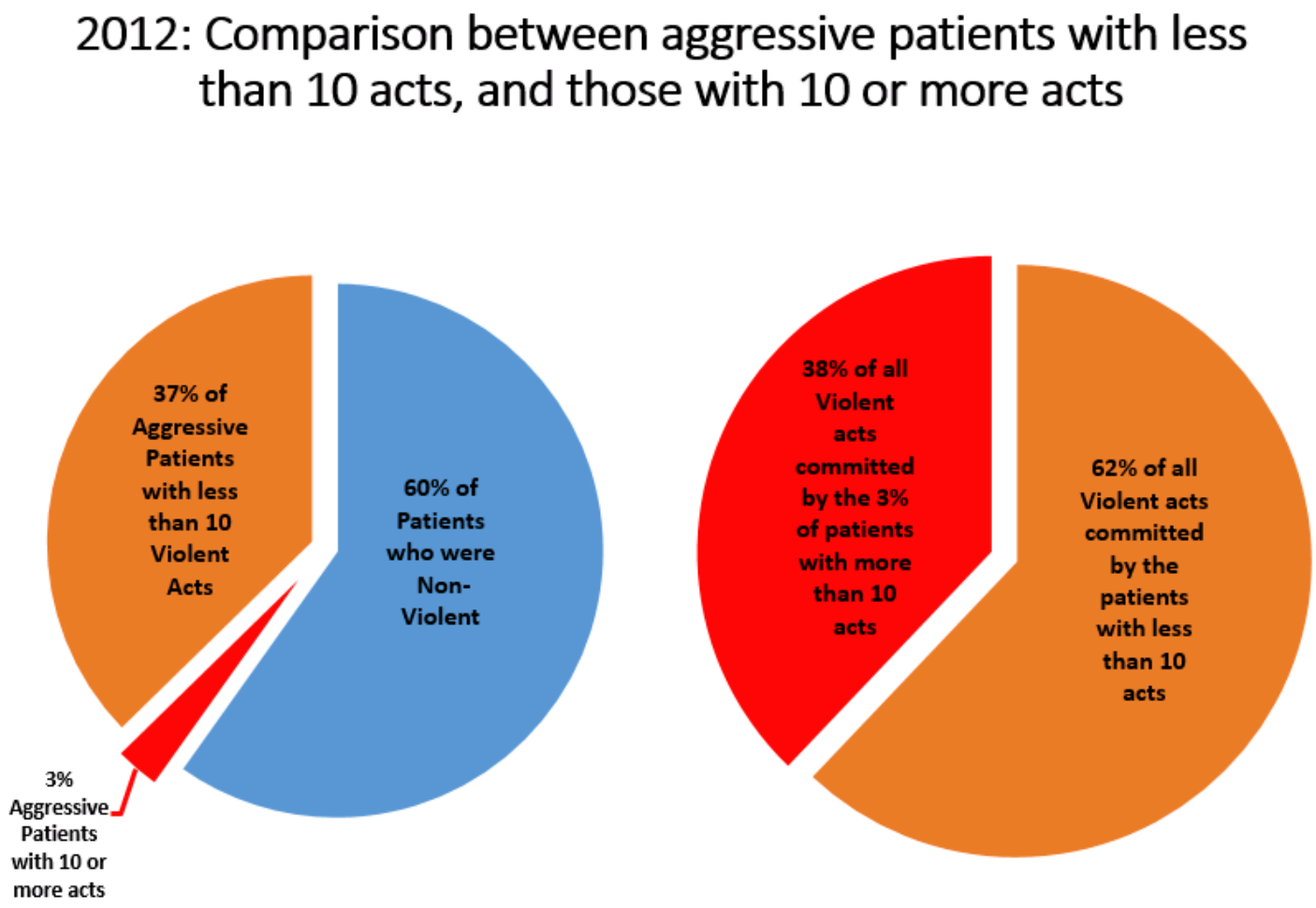


Figure 19 Analysis of 2012 individual aggressors: breakdown by aggressors with more than 10 incidents in a year

"Takeaway" Summary: Most patients are not violent. Of the patients who are violent, most violence issues due to mental illness are resolved successfully with treatment. The patients who commit 10 or more violent acts in a year are actually a very small percentage of the overall population.

As a follow-up from the previous figure, in 2012, the 3% of patients with 10 violent acts or more in a calendar year were responsible for committing 38% of all the violent acts in that year.

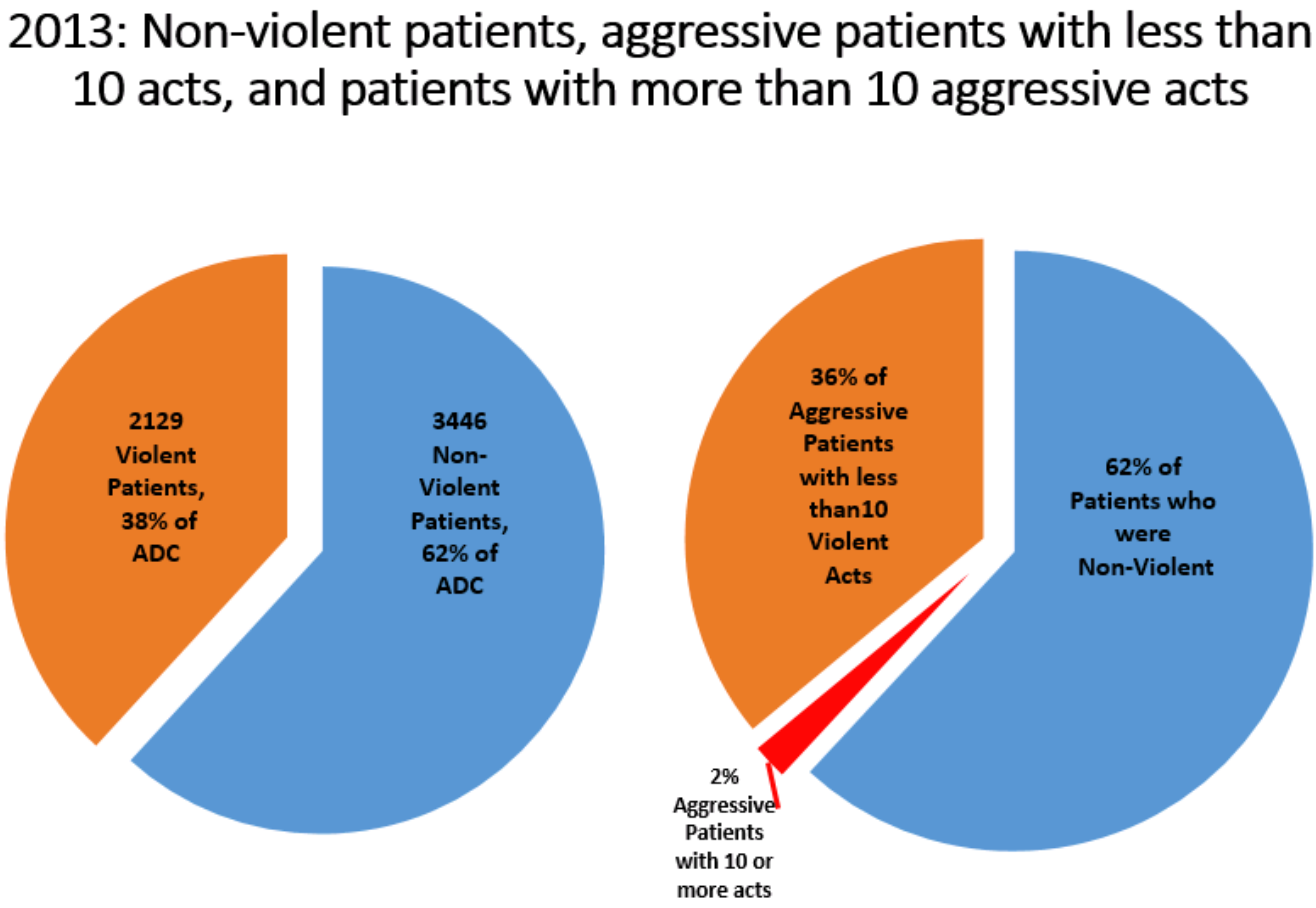


Figure 20 Analysis of 2013 individual aggressors

"Takeaway" Summary: Most patients are not violent. Of the patients who are violent, most violence issues due to mental illness are resolved successfully with treatment. The patients who commit 10 or more violent acts in a year are actually a very small percentage of the overall population.

These data, from the 2013 hospitalized patients, show that the majority of patients are not violent, and that the patients with 10 or more violent acts comprised only 2% of the average daily census.

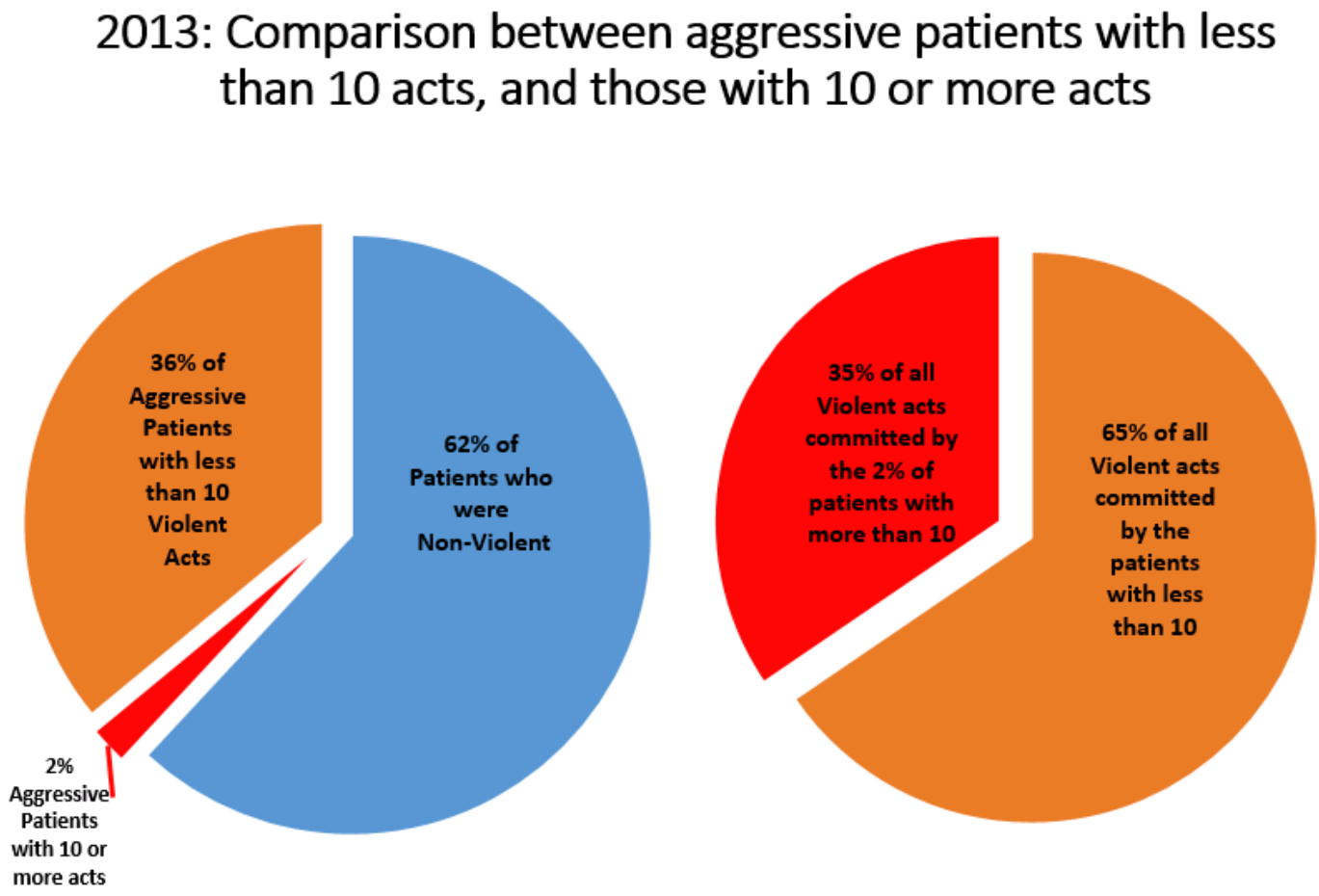


Figure 21 Analysis of 2013 individual aggressors: breakdown by aggressors with more than 10 incidents in a year

"Takeaway" Summary: Most patients are not violent. Of the patients who are violent, most violence issues due to mental illness are resolved successfully with treatment. The patients who commit 10 or more violent acts in a year are actually a very small percentage of the overall population.

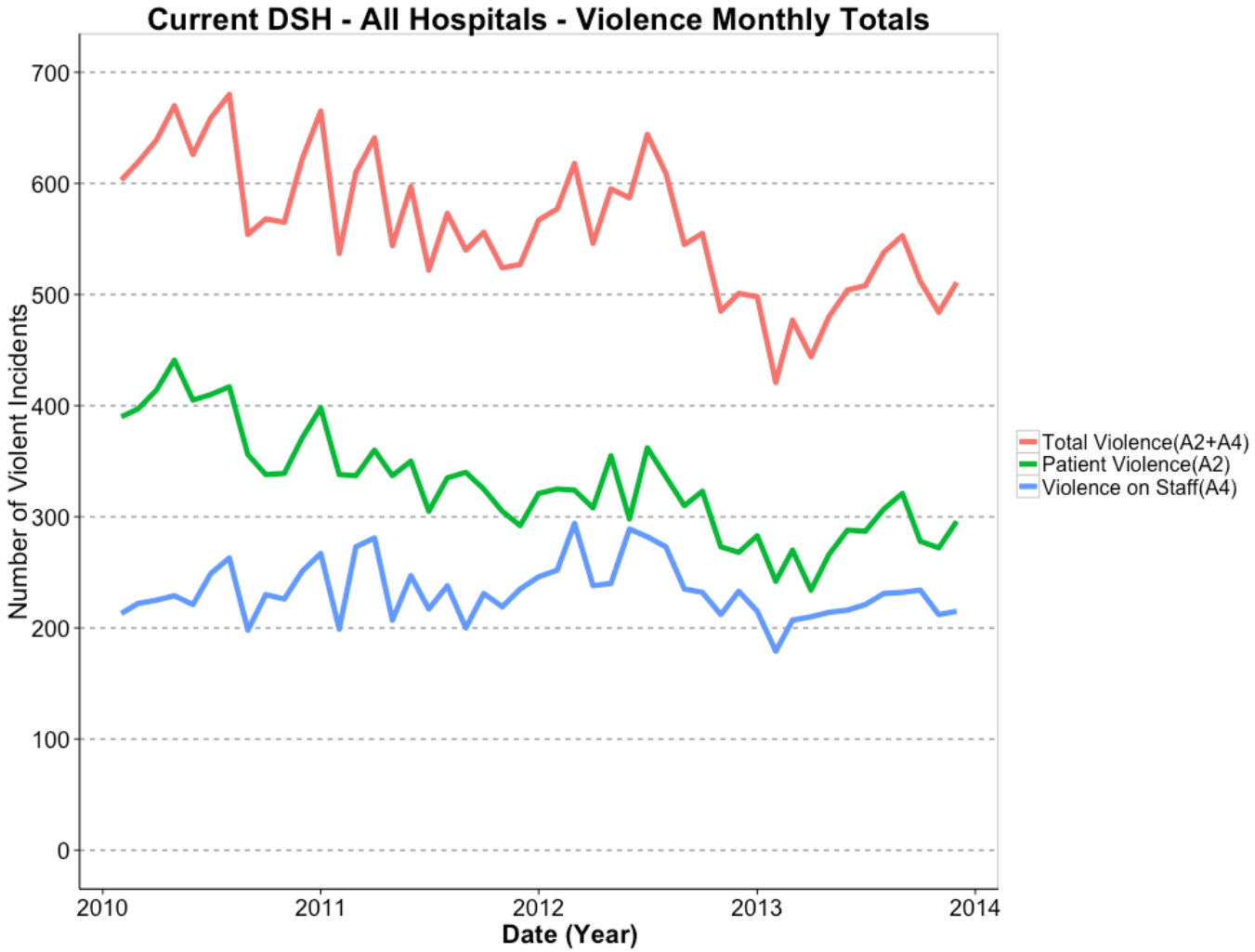
As a follow-up from the previous figure, in 2013, the 2% of patients with 10 violent acts or more in a calendar year were responsible for committing 35% of all the violent acts in that year.

Appendices

The appendices have been designed to take on a different format. In these sections, more raw data, and graphs of raw data will be presented for DSH and for individual hospitals. Accompanying each graph or each table will be a *"Takeaway" Summary*, in which a brief analysis will be presented.

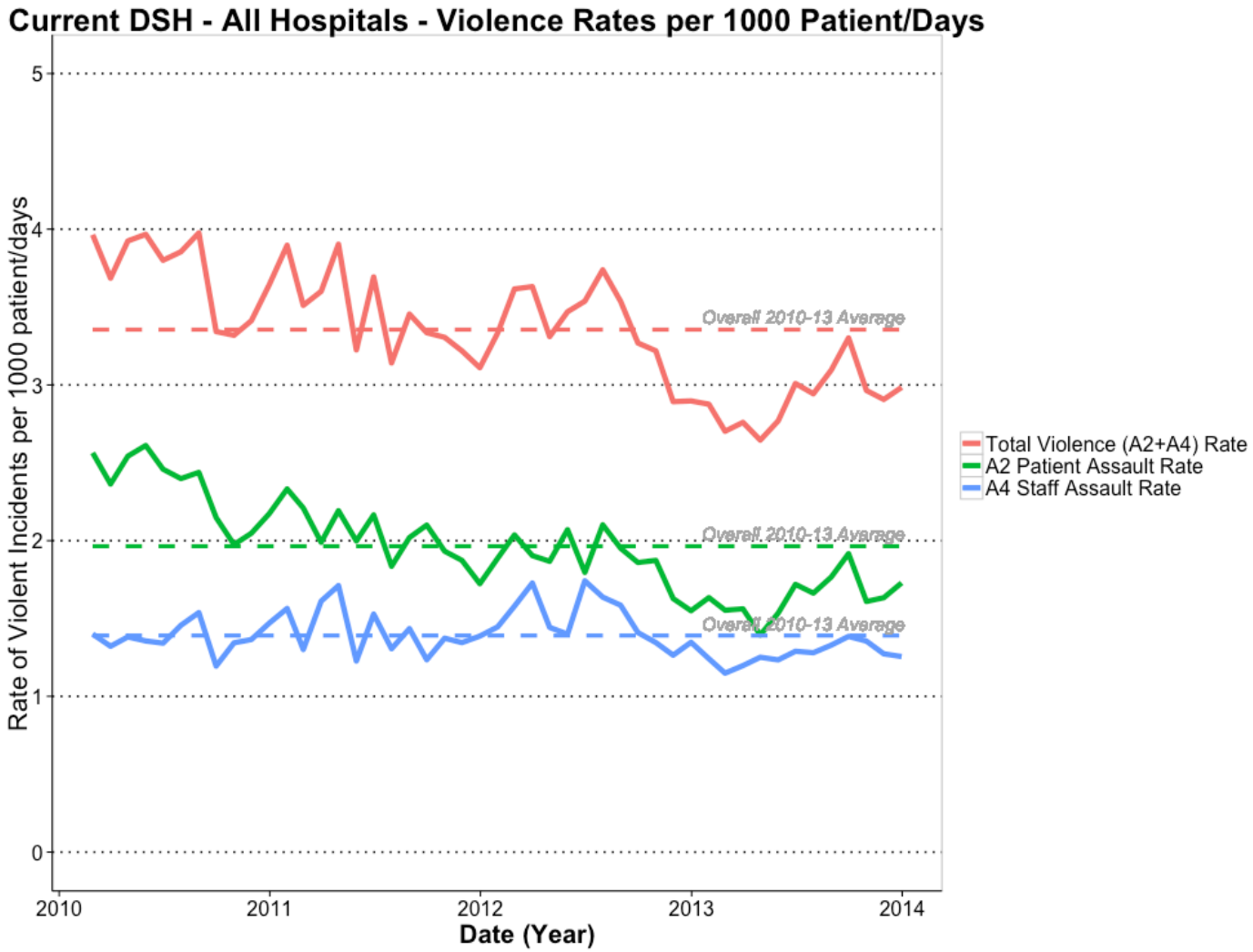
The remainder of this page is intentionally left blank.

Appendix A: Analysis of DSH aggression/violence



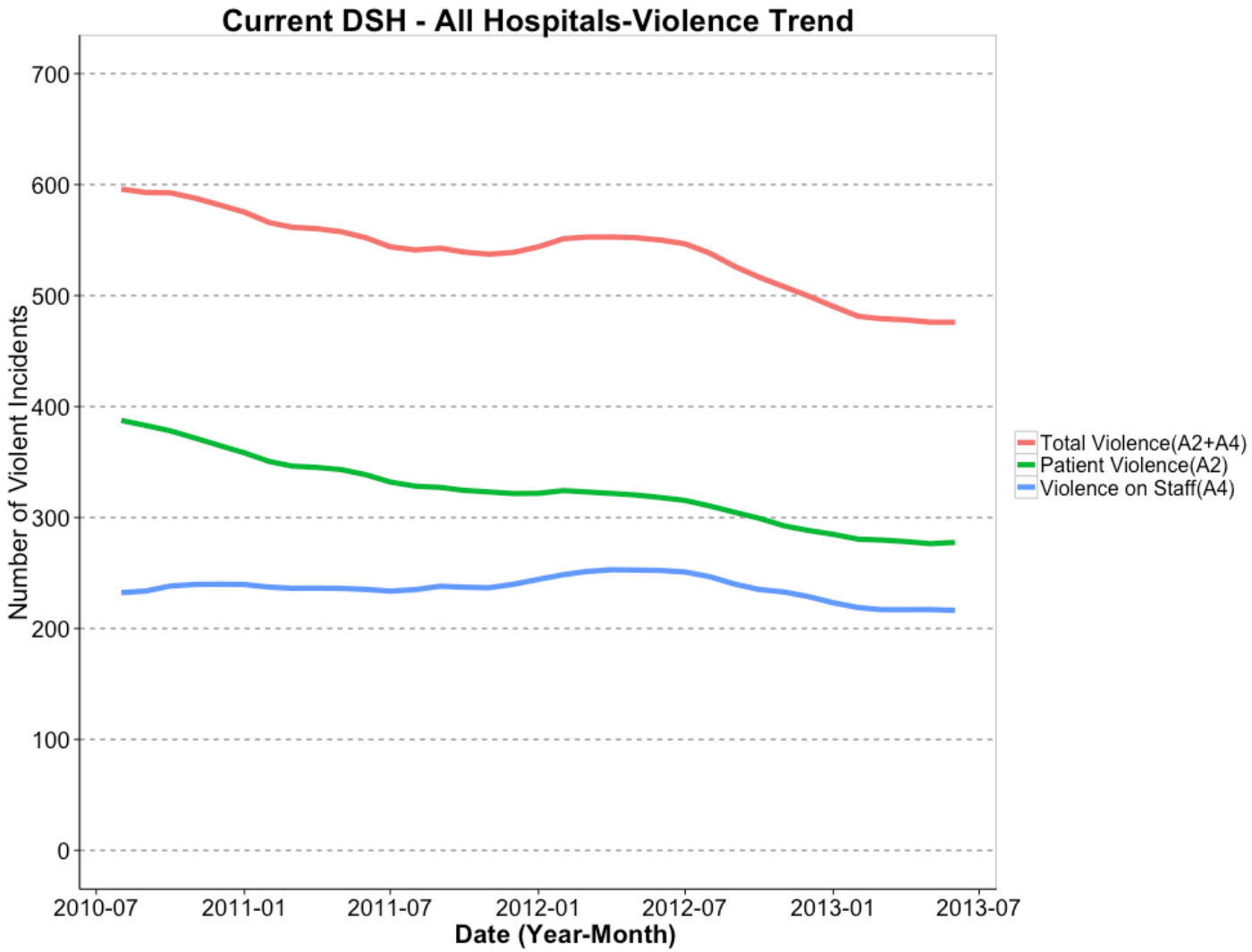
"Takeaway" Summary: This first graph shows that the raw totals of monthly violence in the DSH hospitals have, with some monthly variation, decreased. It is important to note that these raw, monthly totals do not take into account the increase in DSH population in the hospitals (see the table in Appendix D 1. a., DSH census).

These data show a decline in overall assaults starting in 2010, with a spike in assaults occurring system-wide in early 2012, before declining again.



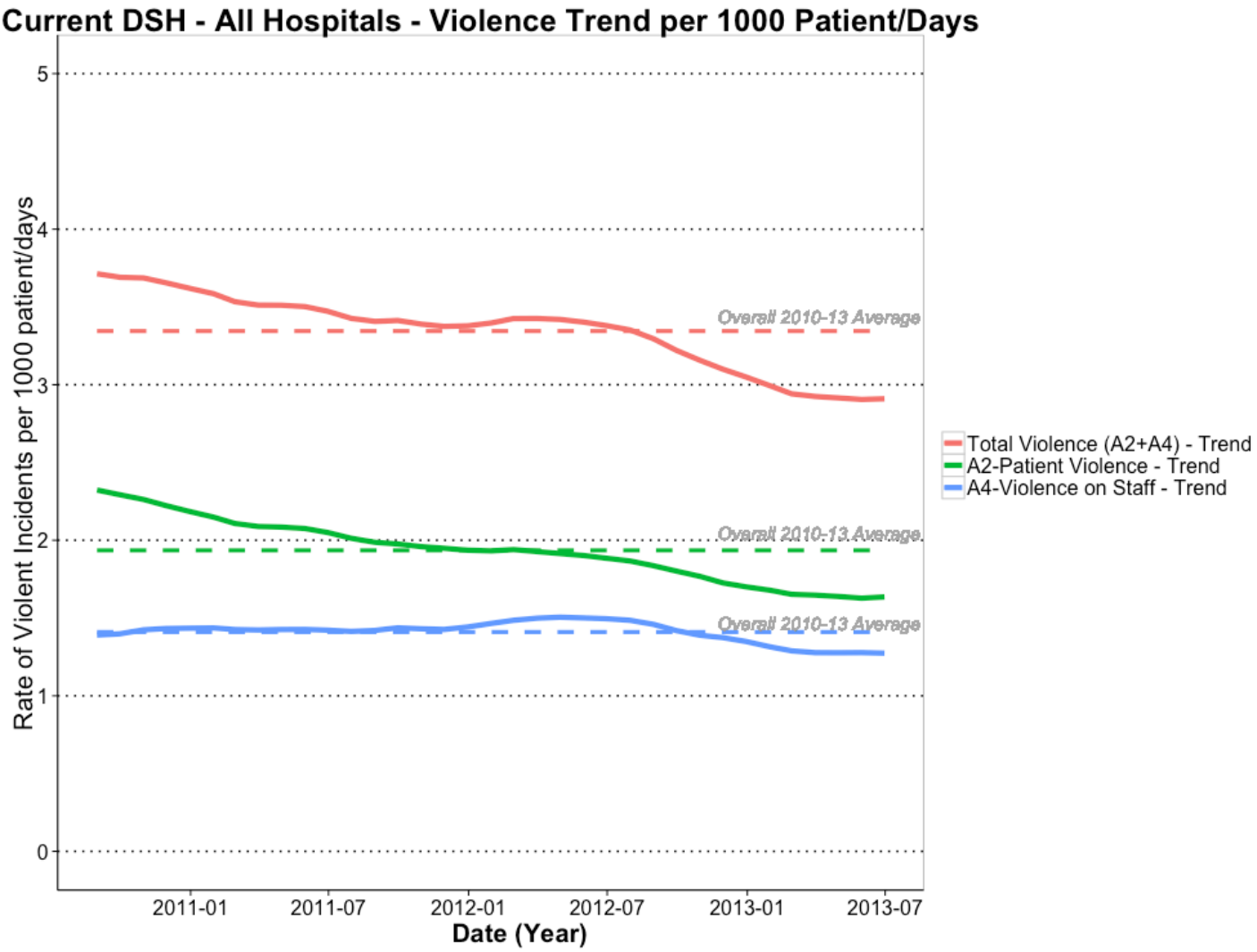
"Takeaway" Summary: This second graph shows the monthly rate of violence, per 1000 patient days. This measure (1000 patient days) does take into account the changes in DSH population. As shown here, with some monthly variability, overall DSH violence rates have declined.

Similar to the previous graph showing monthly totals, this graph shows a steady decrease in violence rates, with a spike in early 2012, before decreasing again. These data show that, while overall violence has been decreasing, it appears to be largely due to reductions in patient on patient assaults, while patient on staff assault rates appear to have remained constant.



"Takeaway" Summary: This graph shows the monthly raw totals, with "smoothing" applied to aid in interpretation. This smoothing averages the six months before and after each month, to better adjust the data for any seasonal effects on totals. Because of this six month smoothing, the trends for the most recent six months (since July 2013) are not yet available.

As seen here, the trend has been for monthly totals to be decreasing, with a slight increase in late 2011/early 2012 before starting to decrease again.



"Takeaway" Summary: This graph shows the monthly rates, with smoothing applied to aid to reduce monthly variability, as an aid in interpretation. As seen here, the trend has been for assault rates to be decreasing. The most dramatic declines have been in patient on patient assault rates, while patient on staff assault rates have either remained relatively constant, or declined only slightly.

Again, these data show a trend for a decline in rates of violence over time, with a slight increase in early 2012, before decreasing again.

Appendix B: Brief Discussion of Methodology and Data Analysis

To evaluate aggression and violence in the DSH hospitals, the DSH Data Management Office provided information for the four DSH hospitals utilizing the WaRMSS (Wellness and Recovery Model Support System) database on all violent incidents in which an aggressor and victim were identified. Matching data on aggressive incidents from the one hospital not participating in WaRMSS were also obtained. These two files were joined to create a universal, data file of all the hospitals on patient aggression. Thus, these data that were analyzed were the data that the hospitals themselves provided. It should be noted that although the WaRMSS database contains information starting from January 1, 2010, one hospital did not start fully using the WaRMSS reporting database until February 1, 2010. Therefore, DSH wide data summaries for 2010 cannot include January 2010. However, hospitals that reported January 2010 data could be included, where needed. Overall, the data file for all violent incidents reported by the hospitals totaled over 40,000 rows. It is important to note that the information in the WaRMSS database does not contain any information on staff victims of patient assaults, or staff injuries. Thus, this was not examined in this report.

This information was then processed in several ways, due to the number of different questions evaluated and analyses performed. For example, typically (but not for every analysis) it was important to obtain non-duplicative records. It is important to understand that in the violence database (the WaRMSS system), a prototypical entry for a single episode of violence in the database would actually yield two database records: a case record of the incident for the aggressor, and a case record of the incident for the victim. To prepare the data to remove and ensure duplicate entries were removed prior to analysis, the information on each incident was organized by incident number, incident category, and incident involvement type. Records were then evaluated to see if it was a duplicate record for an incident, and if so, would not included in the data file for analysis, if the analysis involved simply obtaining a count of total violent incidents.

As noted above, the procedure for determining a duplicate record and then excluding it from the analysis process differed according to the purpose of the analysis and the question being evaluated. As an example, for evaluating the number of unique aggressors, victims would have to be excluded first, then the data on just aggressors would be analyzed to ensure that duplicate aggressors were removed; only then would one be able to obtain a count of unique aggressors. In contrast, to determine the number of aggressive incidents (or, to determine the aggressors with more than 10 aggressive acts), a similar process was used to remove victims, and then the number of different incidents by each unique aggressor was tallied.

For determining the number of patient-on-patient assaults and patient-on-staff assaults, subsets of the data were created by the relevant incident code before any duplicate record cleaning began. This was to ensure aggressive episodes were not “discarded” if a single incident included both an A2 Patient Assault as well as an A4 Assault on Staff. After separating the data, it was then organized by incident number, subcategory code, and involvement type, At this point in the process, the procedure of duplicate record analysis was run separately on each data set. For these analyses, it was important to not exclude victims immediately from the data set, as there may have been patient assault incidents where an aggressor was not identified, and/or the victim was unable or unwilling to identify an aggressor.

Appendix C: Supporting Data Tables

This next section contains the data used to derive the preceding graphs and tables presented in this report. Similar to before, where helpful, a table may be accompanied by a *"Takeaway" Summary:* to aid in understanding the data.

The remainder of this page is intentionally left blank.

1. DSH Census Tables

a. DSH census

Date	DSH Hospital-only Average Daily Census (ADC)
2010-01-31	5,429.860
2010-02-28	5,432.120
2010-03-31	5,417.740
2010-04-30	5,427.500
2010-05-31	5,448.030
2010-06-30	5,490.810
2010-07-31	5,514.290
2010-08-31	5,516.630
2010-09-30	5,524.350
2010-10-31	5,520.650
2010-11-30	5,519.450
2010-12-31	5,507.490
2011-01-31	5,504.970
2011-02-28	5,462.500
2011-03-31	5,464.530
2011-04-30	5,473.640
2011-05-31	5,441.450
2011-06-30	5,388.090
2011-07-31	5,360.010
2011-08-31	5,349.890
2011-09-30	5,396.790
2011-10-31	5,425.660
2011-11-30	5,426.690
2011-12-31	5,465.500
2012-01-31	5,485.940
2012-02-29	5,501.950
2012-03-31	5,489.720
2012-04-30	5,498
2012-05-31	5,531.410
2012-06-30	5,530.680
2012-07-31	5,556.010
2012-08-31	5,555.070
2012-09-30	5,557.110
2012-10-31	5,561.550
2012-11-30	5,589.040
2012-12-31	5,578.100
2013-01-31	5,585.870
2013-02-28	5,563.680
2013-03-31	5,575.930
2013-04-30	5,594.390
2013-05-31	5,592.090
2013-06-30	5,583.010
2013-07-31	5,567.870
2013-08-31	5,606.810
2013-09-30	5,582.960
2013-10-31	5,571.340
2013-11-30	5,550.460
2013-12-31	5,522.760

"Takeaway" Summary: DSH population has been increasing

b. DSH Average Daily Census (ADC) by Legal Class

Date	DJJ	IST	LPS	MDO	MDSO	NGI	PC2684	SVP
2010-01-31	20.770	1,141.130	512.320	1,270.650	27.680	1,333.060	747.740	856.410
2010-02-28	21.680	1,128.220	511.540	1,272.750	26.360	1,335.460	772.540	853.680
2010-03-31	22.320	1,110.520	514.610	1,271.900	26	1,338.640	784.190	854.490
2010-04-30	24.200	1,122.170	511.040	1,275.690	26	1,333.700	779.270	856.340
2010-05-31	22.650	1,148.560	502.320	1,286.030	26	1,334.580	761.970	857.800
2010-06-30	18.930	1,202.360	497.400	1,295.150	26	1,337.100	757.870	858.300
2010-07-31	22.800	1,199.470	494.430	1,295.100	26	1,346.410	772.560	859.300
2010-08-31	19.030	1,203.940	493.320	1,304.460	26	1,346.780	764.490	859
2010-09-30	15.670	1,216.860	493.240	1,295.660	26	1,353.760	757.990	859.300
2010-10-31	17.060	1,218.340	501.260	1,295.160	26	1,358.020	775.450	858.580
2010-11-30	16.830	1,227	498.400	1,289.360	27.030	1,362.160	814.900	857.730
2010-12-31	17	1,210.510	493.550	1,300.030	28	1,365.970	826.810	859.040
2011-01-31	15.390	1,207.030	500.240	1,309.450	28	1,368.900	813.740	856.350
2011-02-28	15.710	1,168.970	505.720	1,307.680	28	1,364.070	822.110	860.030
2011-03-31	14	1,135.350	513.740	1,317.530	28	1,372.170	850.390	861.130
2011-04-30	14.400	1,140.360	514.700	1,317.270	28	1,376.080	844.490	863.400
2011-05-31	14.220	1,110	516.180	1,317.400	28	1,374.550	845.130	868
2011-06-30	14.870	1,081.500	514.190	1,313.670	28	1,365.560	835.170	870.730
2011-07-31	14.870	1,060.640	514.840	1,318.050	28	1,361.450	825.930	873.220
2011-08-31	13.940	1,057.770	515.600	1,323.800	28.290	1,356.970	829.010	871.930
2011-09-30	11	1,087.490	521.460	1,327.730	28	1,360.240	835.200	873.670
2011-10-31	7.610	1,105.060	519.810	1,327.360	28	1,366.890	856.120	873.290
2011-11-30	7	1,094.760	521.480	1,306.430	28	1,374.320	873.760	872.530
2011-12-31	7	1,107.030	522.340	1,304.290	28	1,363.230	925.100	875.230
2012-01-31	7	1,119.550	521.880	1,309.680	28	1,360.030	915.780	878.580
2012-02-29	7.760	1,138.140	526.200	1,305.980	28	1,355.310	906.930	884.760
2012-03-31	7.230	1,147.730	533.070	1,296.140	27.900	1,349.450	905.710	888.680
2012-04-30	7.340	1,173.860	542.110	1,287.360	27	1,348.070	907.290	888.600
2012-05-31	8	1,197.610	548.040	1,273.750	27	1,348.830	911.530	888.680
2012-06-30	7.800	1,199.600	554.010	1,261.970	27	1,349.030	916.470	889.200
2012-07-31	7	1,193.480	566.770	1,254.630	27	1,355.940	944.720	893.930
2012-08-31	7	1,190.090	567.040	1,246.310	26.290	1,361.790	973.740	897.610
2012-09-30	6.100	1,185.110	565.740	1,245.590	26	1,363.030	972.840	900.970
2012-10-31	5	1,197.220	564.660	1,229.680	26	1,367.060	985.160	900.770
2012-11-30	5	1,226.340	561.910	1,232.240	26	1,363.330	988.290	903.330
2012-12-31	5.940	1,228.250	562.480	1,226.270	26	1,366.170	984.610	903
2013-01-31	6.490	1,254.870	561.680	1,228.870	26	1,370.110	966.750	904.160
2013-02-28	6	1,250.250	553.730	1,230.900	26	1,374.580	959.720	906.650
2013-03-31	6.580	1,261.290	547.970	1,229.290	26	1,381.640	962.520	908.420
2013-04-30	7	1,265.170	538.700	1,242.560	26	1,383.900	979.670	910.900
2013-05-31	7	1,275.790	529.140	1,226.980	26	1,380.990	992.260	917.930
2013-06-30	7.430	1,280.660	526.110	1,215.770	26	1,375.570	1,005.230	924.570
2013-07-31	7.710	1,285.410	530.680	1,195.960	26	1,370.970	1,003.450	928.780
2013-08-31	7	1,293.970	534.450	1,198.620	26	1,371.840	1,087.680	931.060
2013-09-30	6.100	1,276.090	524.930	1,202.850	25.700	1,370.200	1,125.500	934.100
2013-10-31	5	1,254.790	522.710	1,201.550	25	1,379.710	1,137	934.290
2013-11-30	5	1,244.930	524.310	1,194.890	25	1,377.260	1,152.110	933.030
2013-12-31	5	1,247.960	511.490	1,190.210	25	1,367.610	1,146.750	934.450

"Takeaway" Summary: The population increase has not been uniform, but has been most pronounced among the IST's and the PC2684's.

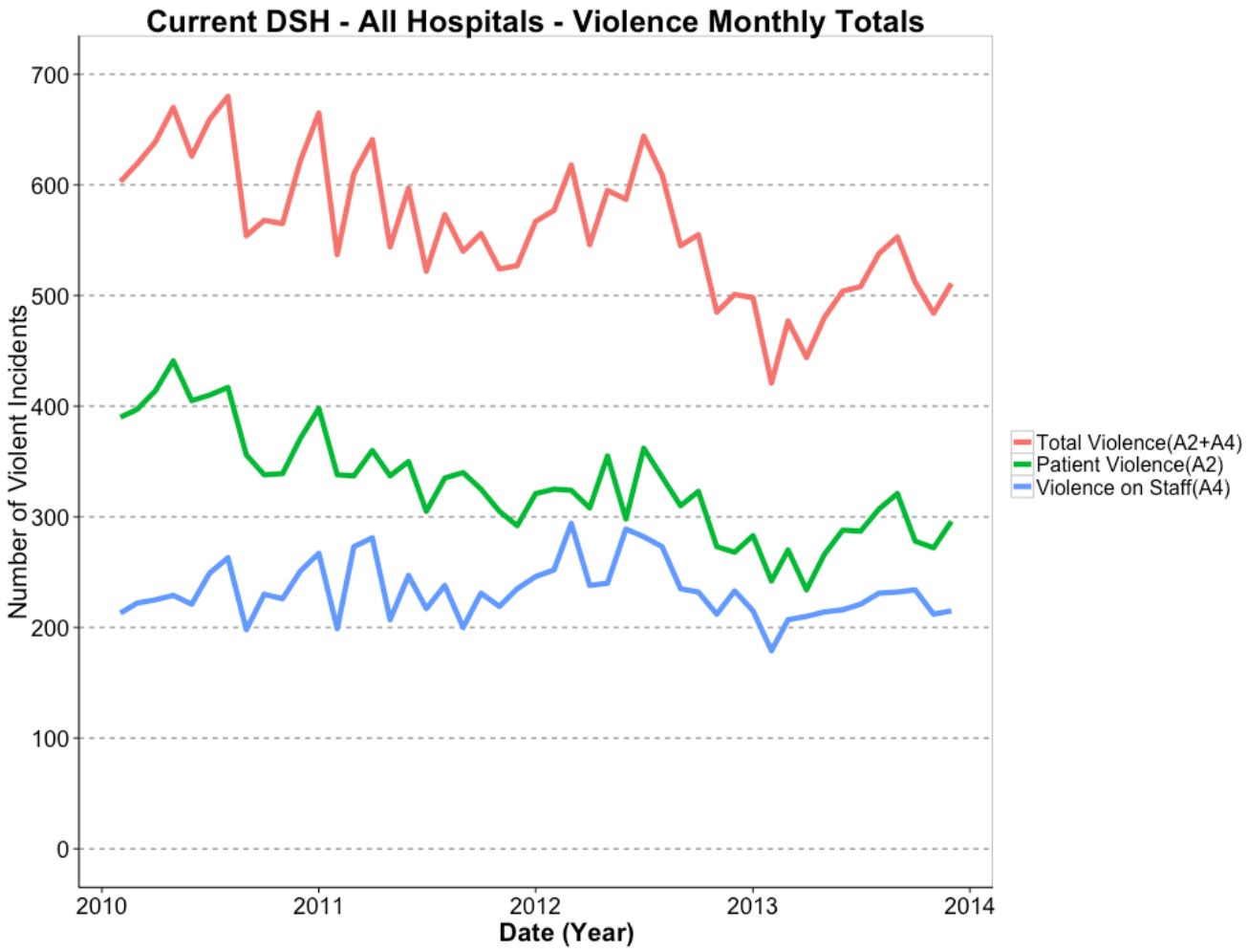
c. DSH Census by Legal Class and Total Patient Days by Month

Date	DJJ	IST	LPS	MDO	MDSO	NGI	PC2684	SVP
2010-01-31	644	35,375	15,882	39,390	858	41,325	23,180	26,549
2010-02-28	607	31,590	14,323	35,637	738	37,393	21,631	23,903
2010-03-31	692	34,426	15,953	39,429	806	41,498	24,310	26,489
2010-04-30	726	33,665	15,331	38,271	780	40,011	23,378	25,690
2010-05-31	702	35,605	15,572	39,867	806	41,372	23,621	26,592
2010-06-30	568	36,071	14,922	38,855	780	40,113	22,736	25,749
2010-07-31	707	37,183	15,327	40,148	806	41,739	23,949	26,638
2010-08-31	590	37,322	15,293	40,438	806	41,750	23,699	26,629
2010-09-30	470	36,506	14,797	38,870	780	40,613	22,740	25,779
2010-10-31	529	37,769	15,539	40,150	806	42,099	24,039	26,616
2010-11-30	505	36,810	14,952	38,681	811	40,865	24,447	25,732
2010-12-31	527	37,526	15,300	40,301	868	42,345	25,631	26,630
2011-01-31	477	37,418	15,507	40,593	868	42,436	25,226	26,547
2011-02-28	440	32,731	14,160	36,615	784	38,194	23,019	24,081
2011-03-31	434	35,196	15,926	40,843	868	42,537	26,362	26,695
2011-04-30	432	34,211	15,441	39,518	840	41,282	25,335	25,902
2011-05-31	441	34,410	16,002	40,839	868	42,611	26,199	26,908
2011-06-30	446	32,445	15,426	39,410	840	40,967	25,055	26,122
2011-07-31	461	32,880	15,960	40,860	868	42,205	25,604	27,070
2011-08-31	432	32,791	15,984	41,038	877	42,066	25,699	27,030
2011-09-30	330	32,625	15,644	39,832	840	40,807	25,056	26,210
2011-10-31	236	34,257	16,114	41,148	868	42,374	26,540	27,072
2011-11-30	210	32,843	15,645	39,193	840	41,230	26,213	26,176
2011-12-31	217	34,318	16,192	40,433	868	42,260	28,678	27,132
2012-01-31	217	34,706	16,179	40,600	868	42,161	28,389	27,236
2012-02-29	225	33,006	15,260	37,874	812	39,304	26,301	25,658
2012-03-31	224	35,580	16,525	40,181	865	41,833	28,077	27,549
2012-04-30	220	35,216	16,263	38,621	810	40,442	27,219	26,658
2012-05-31	248	37,126	16,989	39,486	837	41,814	28,257	27,549
2012-06-30	234	35,988	16,621	37,859	810	40,471	27,494	26,676
2012-07-31	217	36,998	17,570	38,893	837	42,034	29,286	27,712
2012-08-31	217	36,893	17,579	38,636	815	42,216	30,186	27,826
2012-09-30	183	35,553	16,972	37,368	780	40,891	29,185	27,029
2012-10-31	155	37,114	17,505	38,120	806	42,379	30,540	27,924
2012-11-30	150	36,790	16,857	36,967	780	40,900	29,649	27,100
2012-12-31	184	38,076	17,437	38,014	806	42,351	30,523	27,993
2013-01-31	201	38,901	17,412	38,095	806	42,473	29,969	28,029
2013-02-28	168	35,007	15,505	34,465	728	38,488	26,872	25,386
2013-03-31	204	39,100	16,987	38,108	806	42,831	29,838	28,161
2013-04-30	210	37,955	16,161	37,277	780	41,517	29,390	27,327
2013-05-31	217	39,550	16,403	38,036	806	42,810	30,760	28,456
2013-06-30	223	38,420	15,783	36,473	780	41,267	30,157	27,737
2013-07-31	239	39,848	16,451	37,075	806	42,500	31,107	28,792
2013-08-31	217	40,113	16,568	37,157	806	42,527	33,718	28,863
2013-09-30	183	38,283	15,748	36,085	771	41,106	33,765	28,023
2013-10-31	155	38,899	16,204	37,248	775	42,771	35,247	28,963
2013-11-30	150	37,348	15,729	35,847	750	41,318	34,563	27,991
2013-12-31	155	38,687	15,856	36,897	775	42,396	35,549	28,968

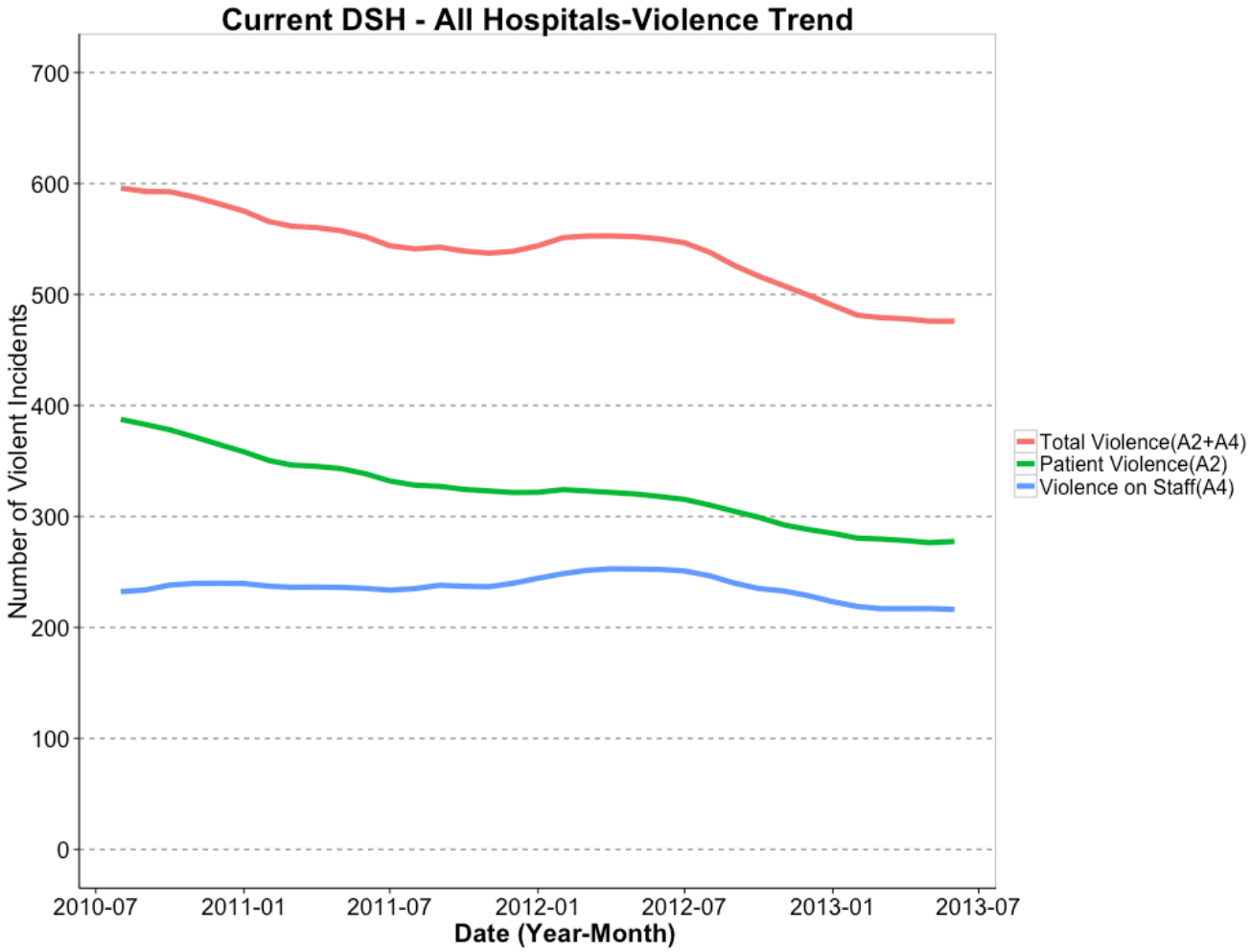
The remainder of this page is intentionally left blank

2. DSH Violence Graphs and Tables:

i. Graph of Monthly Totals of Violent Incidents 2010-2013



ii. Graph of Trend of Monthly Totals of Violent Incidents



iii. Table of Monthly Totals of Violent Incidents

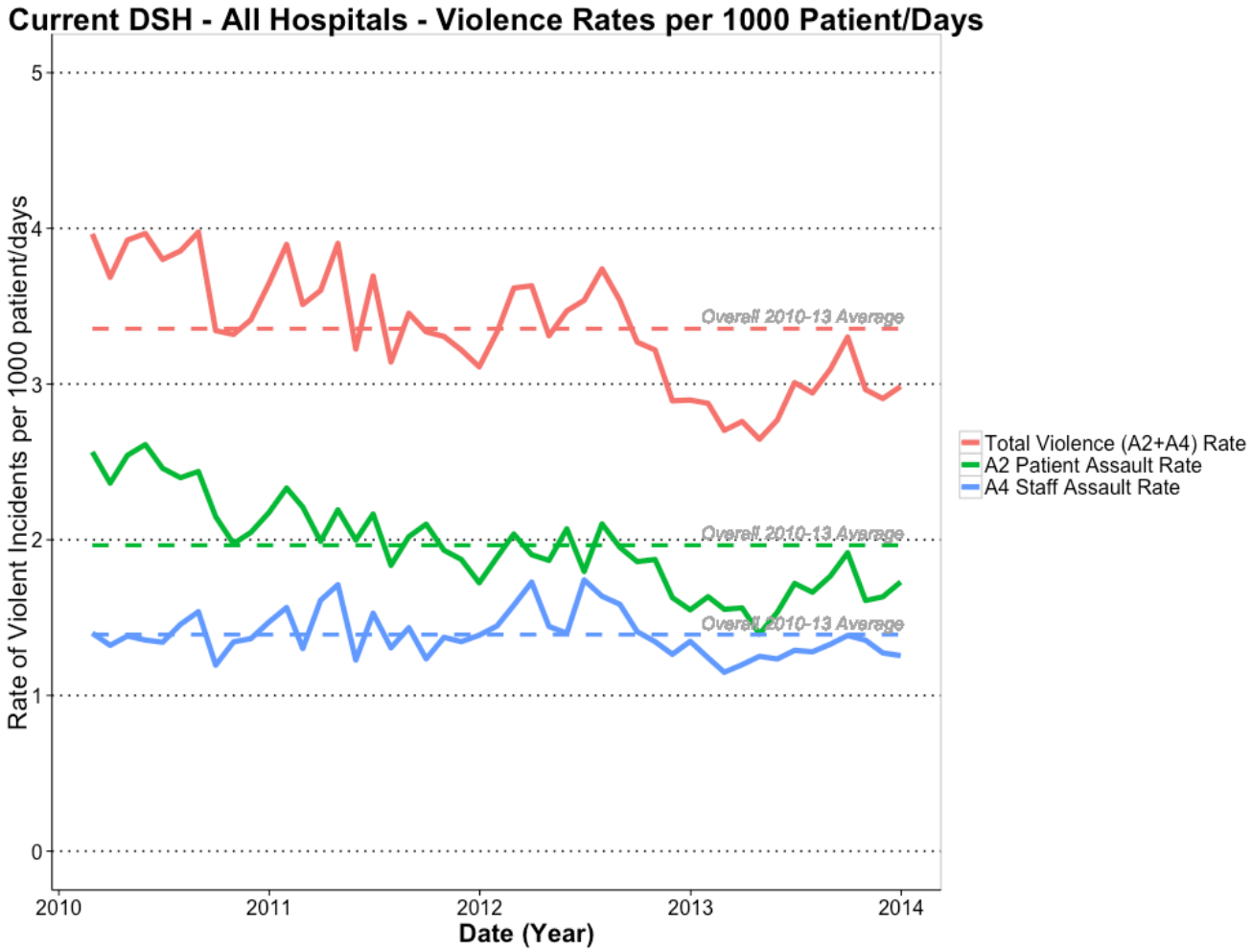
Month	Year	Patient Violence(A2)	Violence on Staff(A4)	Total Violence (A2+A4)
February	2010	390	213	603
March	2010	397	222	619
April	2010	414	225	639
May	2010	441	229	670
June	2010	405	221	626
July	2010	410	249	659
August	2010	417	263	680
September	2010	356	198	554
October	2010	338	230	568
November	2010	339	226	565
December	2010	371	251	622
January	2011	398	267	665
February	2011	338	199	537
March	2011	337	273	610
April	2011	360	281	641
May	2011	337	207	544
June	2011	350	247	597
July	2011	305	217	522
August	2011	335	238	573
September	2011	340	200	540
October	2011	325	231	556
November	2011	305	219	524
December	2011	292	235	527
January	2012	321	246	567
February	2012	325	252	577
March	2012	324	294	618
April	2012	308	238	546
May	2012	355	240	595
June	2012	298	289	587
July	2012	362	282	644
August	2012	336	273	609
September	2012	310	235	545
October	2012	323	232	555
November	2012	273	212	485
December	2012	268	233	501
January	2013	283	215	498
February	2013	242	179	421
March	2013	270	207	477
April	2013	234	210	444
May	2013	266	214	480
June	2013	288	216	504
July	2013	287	221	508
August	2013	307	231	538
September	2013	321	232	553
October	2013	278	234	512
November	2013	272	212	484
December	2013	296	215	511

"Takeaway" Summary: The monthly totals of violence (which do not take into account the increase in population} have decreased overall, from a high of over 600 assaults per month, dipping to a low in the mid-400's before steadying off recently at around the 500 mark.

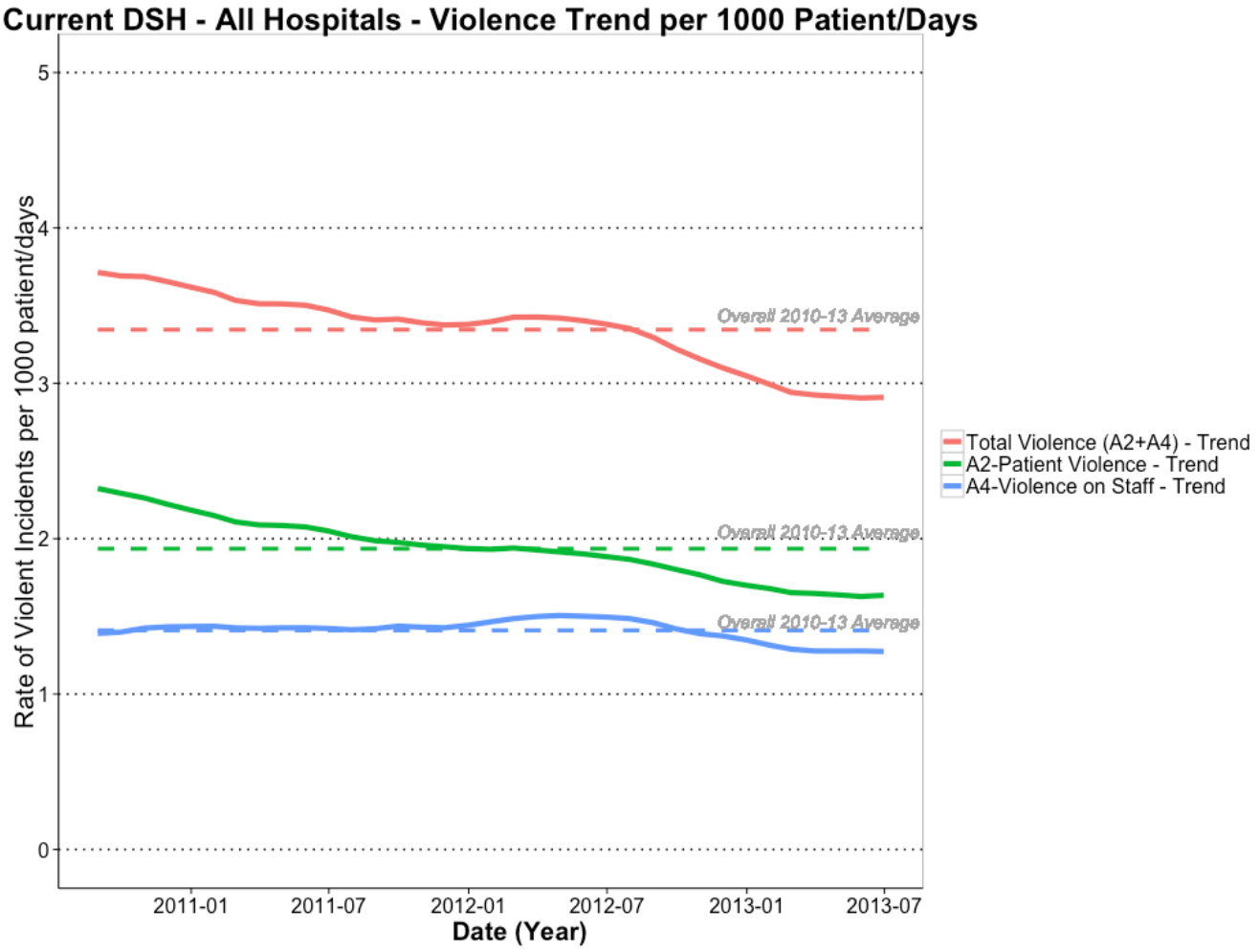
The remainder of this page is intentionally left blank.

e. DSH Violence: Overall Rates per 1000 patient days

i. Graph of Monthly Rates of Violent Incidents 2010-2013



ii. Graph of Trend of Monthly Rates of Violent Incidents



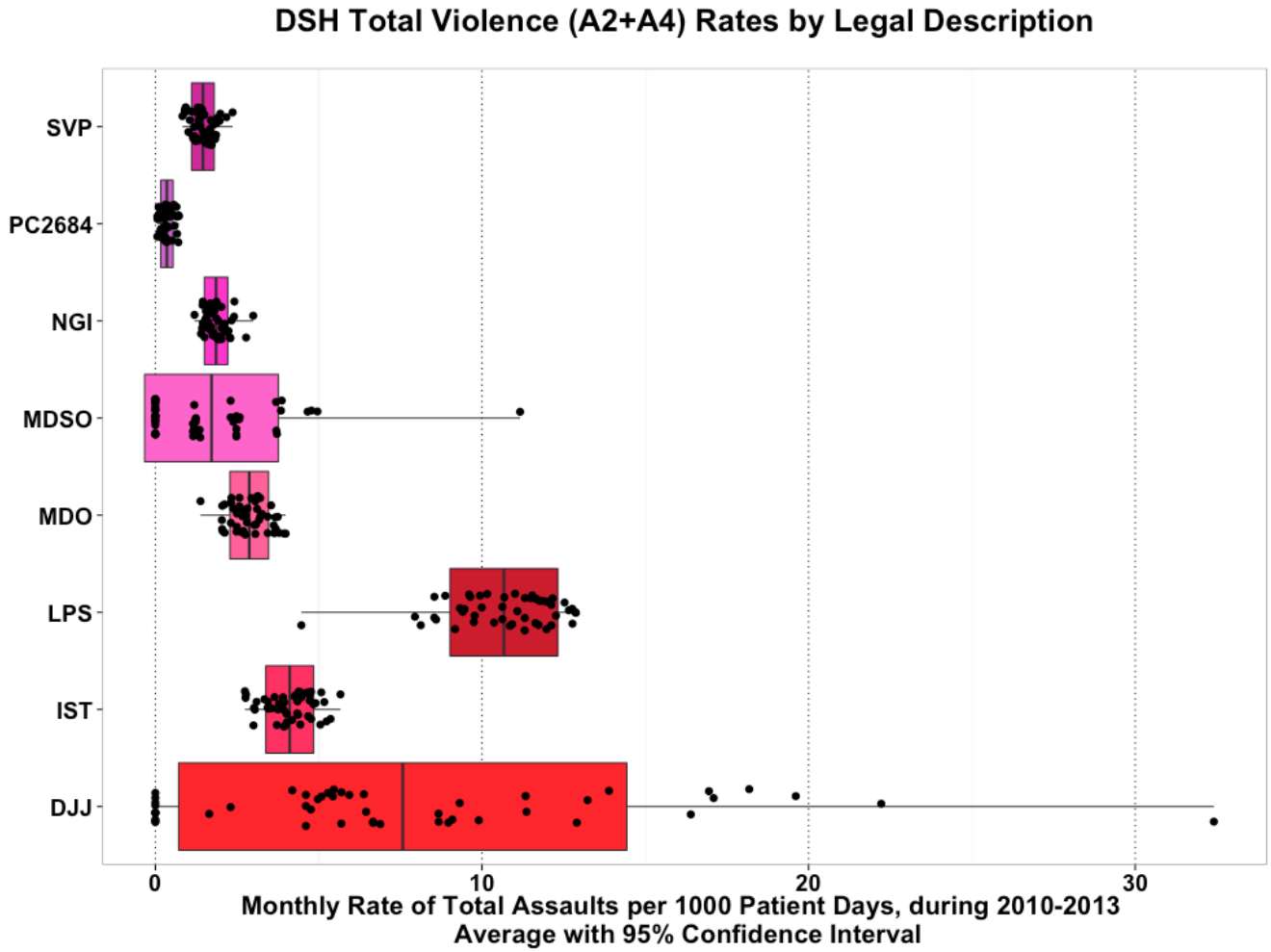
iii. Table of Monthly Rates of Violent Incidents 2010-2013

Date	A2 Patient Assault Rate	A4 Staff Assault Rate	Total Violence (A2+A4) Rate
2010-02-28	2.564	1.400	3.965
2010-03-31	2.364	1.322	3.686
2010-04-30	2.543	1.382	3.924
2010-05-31	2.611	1.356	3.967
2010-06-30	2.459	1.342	3.800
2010-07-31	2.398	1.457	3.855
2010-08-31	2.438	1.538	3.976
2010-09-30	2.148	1.195	3.343
2010-10-31	1.975	1.344	3.319
2010-11-30	2.047	1.365	3.412
2010-12-31	2.173	1.470	3.643
2011-01-31	2.332	1.565	3.897
2011-02-28	2.210	1.301	3.511
2011-03-31	1.989	1.612	3.601
2011-04-30	2.192	1.711	3.904
2011-05-31	1.998	1.227	3.225
2011-06-30	2.165	1.528	3.693
2011-07-31	1.836	1.306	3.142
2011-08-31	2.020	1.435	3.455
2011-09-30	2.100	1.235	3.335
2011-10-31	1.932	1.373	3.306
2011-11-30	1.873	1.345	3.219
2011-12-31	1.723	1.387	3.110
2012-01-31	1.888	1.447	3.334
2012-02-29	2.037	1.579	3.616
2012-03-31	1.904	1.728	3.631
2012-04-30	1.867	1.443	3.310
2012-05-31	2.070	1.400	3.470
2012-06-30	1.796	1.742	3.538
2012-07-31	2.102	1.637	3.739
2012-08-31	1.951	1.585	3.536
2012-09-30	1.859	1.410	3.269
2012-10-31	1.873	1.346	3.219
2012-11-30	1.628	1.264	2.893
2012-12-31	1.550	1.347	2.897
2013-01-31	1.634	1.242	2.876
2013-02-28	1.553	1.149	2.702
2013-03-31	1.562	1.198	2.760
2013-04-30	1.394	1.251	2.646
2013-05-31	1.534	1.234	2.769
2013-06-30	1.720	1.290	3.009
2013-07-31	1.663	1.280	2.943
2013-08-31	1.766	1.329	3.095
2013-09-30	1.917	1.385	3.302
2013-10-31	1.610	1.355	2.964
2013-11-30	1.633	1.273	2.907
2013-12-31	1.729	1.256	2.985

"Takeaway" Summary: Violence rates, which take into account the increase in DSH census, have shown an overall decrease. With a population of over 5,500, a decrease in 1.000 assaults/per 1000 patient days would translate into about 165 fewer assaults over 30 days.

f. DSH Violence Rates by Legal Commitment

i. Comparison Graph – Total Violence (A2+A4), All Legal Commitments

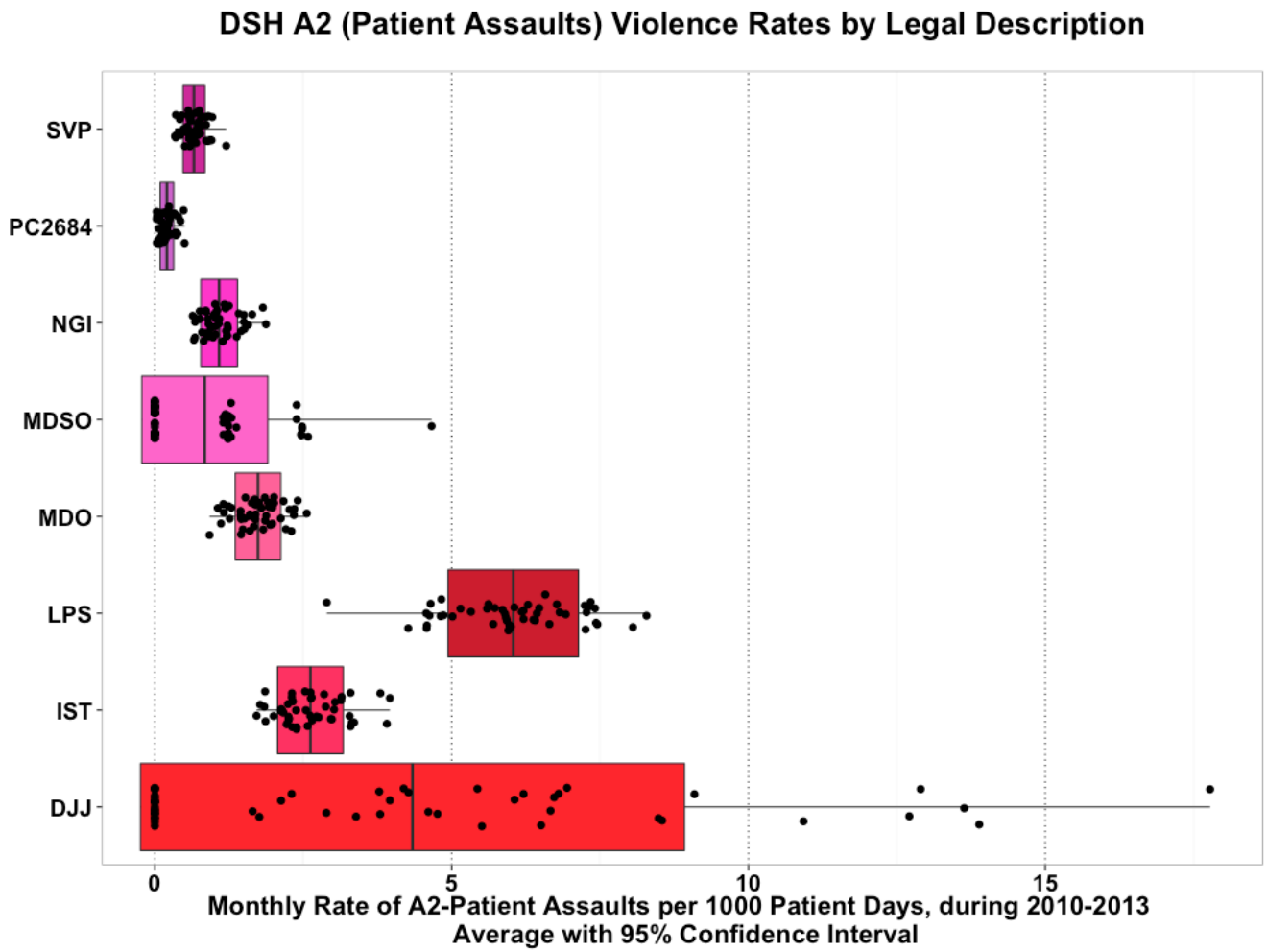


<u>How to read this chart:</u>

Beside each legal class, there is a colored box plotted, with various points and lines.

a. The black vertical bar inside each box represents the average rate of violence during 2010-2013.
b. The left and right vertical line of each box represents the 25th and 75th percentiles, respectively.
c. The lines extending out on either side of the box show the extent of the 5th (to the left) and 95th (to the right) percentiles;
d. Each dot represents a monthly rate from the tables on total violence by legal class.

ii. Comparison Graph – Patient Violence (A2), All Legal Commitments

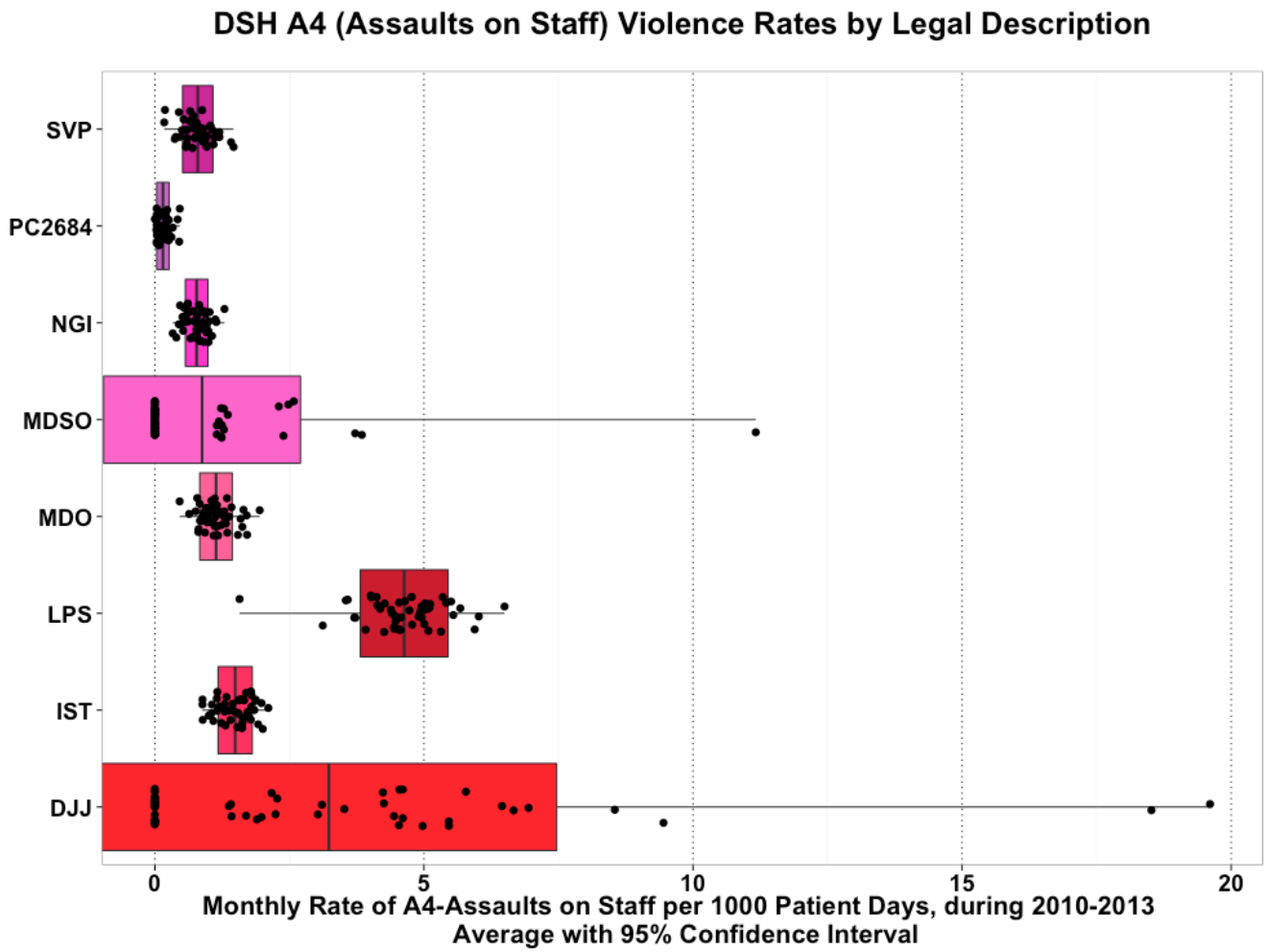


<u>How to read this chart:</u>

Beside each legal class, there is a colored box plotted, with various points and lines.

a. The black vertical bar inside each box represents the average rate of violence during 2010-2013.
b. The left and right vertical line of each box represents the 25th and 75th percentiles, respectively.
c. The lines extending out on either side of the box show the extent of the 5th (to the left) and 95th (to the right) percentiles;
d. Each dot represents a monthly rate from the tables on total violence by legal class.

iii. Comparison Graph – Violence on Staff (A4), All Legal Commitments



<u>How to read this chart:</u>

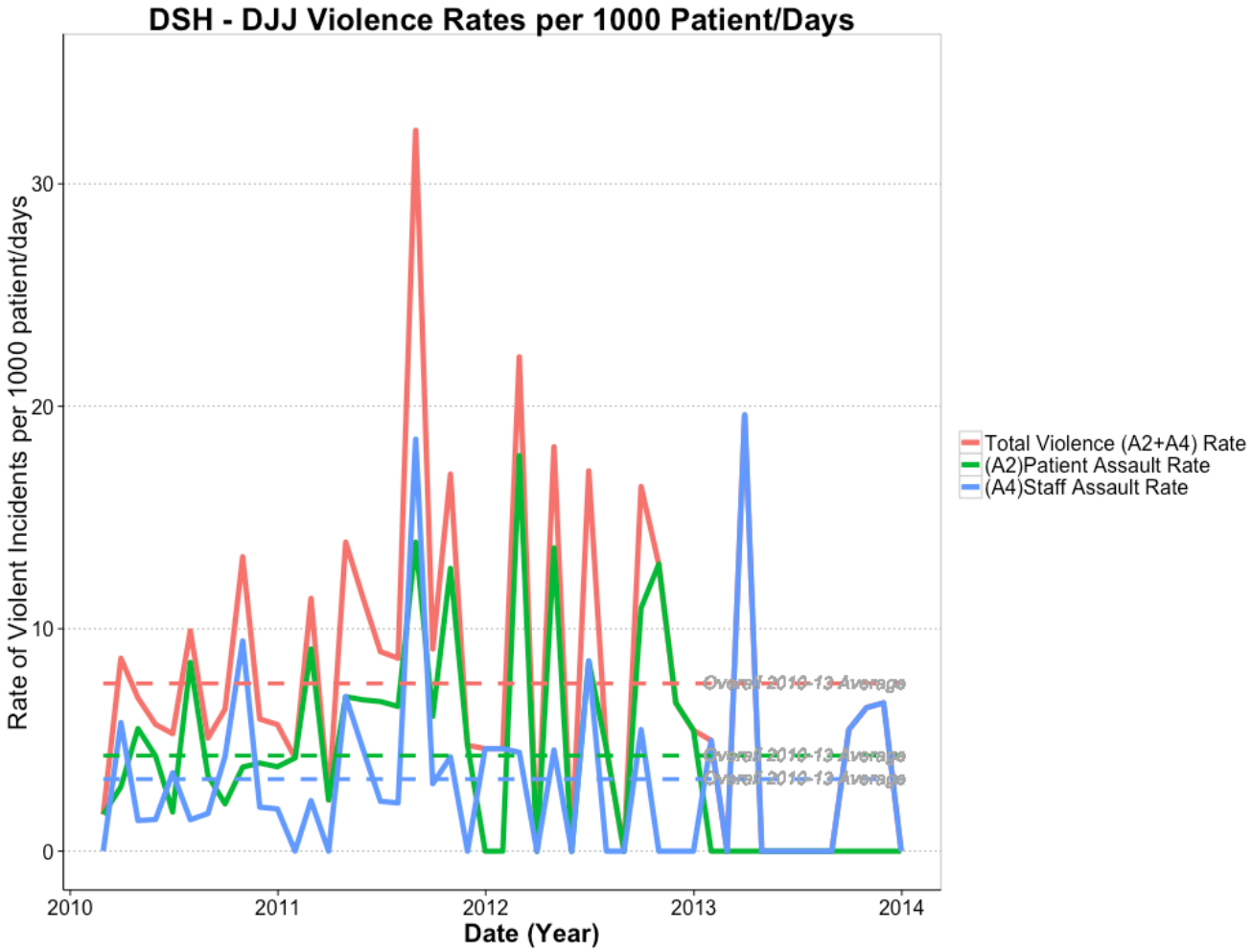
Beside each legal class, there is a colored box plotted, with various points and lines.

a. The black vertical bar inside each box represents the average rate of violence during 2010-2013.
b. The left and right vertical line of each box represents the 25th and 75th percentiles, respectively.
c. The lines extending out on either side of the box show the extent of the 5th (to the left) and 95th (to the right) percentiles;
d. Each dot represents a monthly rate from the tables on total violence by legal class.

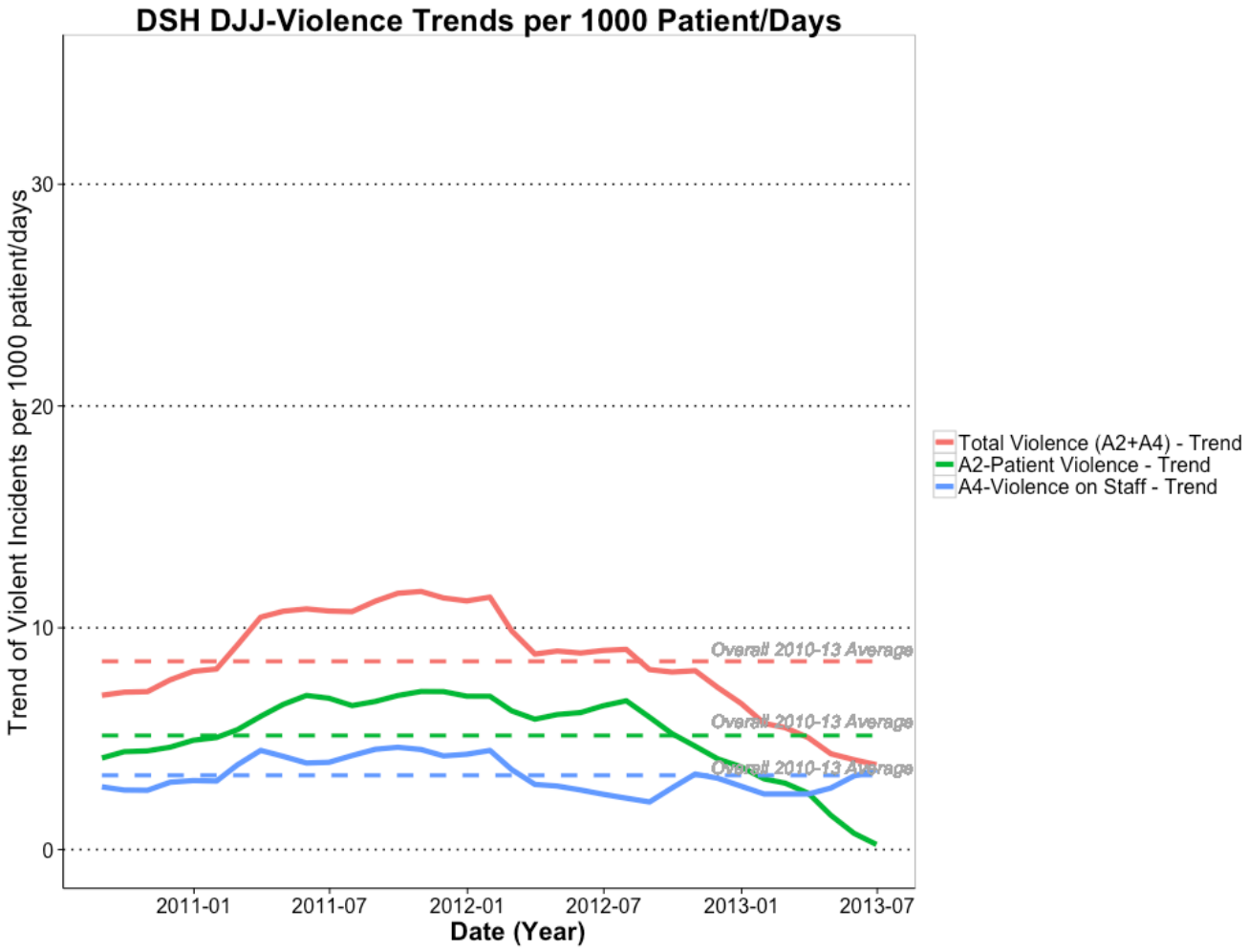
iv. Violence by Legal Class: Juveniles committed to DSH from DJJ (DJJ/CYA)

a. Graph

i. DJJ Monthly Rates



ii. DJJ Monthly Trend of Rates



b. DJJ Table of Assault Rates

Date	(A2)Patient_Assault_Rate	(A4)Staff_Assault_Rate	Total_Violence(A2+A4)_Rate
2010-01-31	6.211	3.106	9.317
2010-02-28	1.647	0	1.647
2010-03-31	2.890	5.780	8.671
2010-04-30	5.510	1.377	6.887
2010-05-31	4.274	1.425	5.698
2010-06-30	1.761	3.521	5.282
2010-07-31	8.487	1.414	9.901
2010-08-31	3.390	1.695	5.085
2010-09-30	2.128	4.255	6.383
2010-10-31	3.781	9.452	13.233
2010-11-30	3.960	1.980	5.941
2010-12-31	3.795	1.898	5.693
2011-01-31	4.193	0	4.193
2011-02-28	9.091	2.273	11.364
2011-03-31	2.304	0	2.304
2011-04-30	6.944	6.944	13.889
2011-05-31	6.803	4.535	11.338
2011-06-30	6.726	2.242	8.969
2011-07-31	6.508	2.169	8.677
2011-08-31	13.889	18.519	32.407
2011-09-30	6.061	3.030	9.091
2011-10-31	12.712	4.237	16.949
2011-11-30	4.762	0	4.762
2011-12-31	0	4.608	4.608
2012-01-31	0	4.608	4.608
2012-02-29	17.778	4.444	22.222
2012-03-31	0	0	0
2012-04-30	13.636	4.545	18.182
2012-05-31	0	0	0
2012-06-30	8.547	8.547	17.094
2012-07-31	4.608	0	4.608
2012-08-31	0	0	0
2012-09-30	10.929	5.464	16.393
2012-10-31	12.903	0	12.903
2012-11-30	6.667	0	6.667
2012-12-31	5.435	0	5.435
2013-01-31	0	4.975	4.975
2013-02-28	0	0	0
2013-03-31	0	19.608	19.608
2013-04-30	0	0	0
2013-05-31	0	0	0
2013-06-30	0	0	0
2013-07-31	0	0	0
2013-08-31	0	0	0
2013-09-30	0	5.464	5.464
2013-10-31	0	6.452	6.452
2013-11-30	0	6.667	6.667
2013-12-31	0	0	0

c. DJJ A2 Patient Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
2010-01-31	2010	4	644	6.211
2010-02-28	2010	1	607	1.647
2010-03-31	2010	2	692	2.890
2010-04-30	2010	4	726	5.510
2010-05-31	2010	3	702	4.274
2010-06-30	2010	1	568	1.761
2010-07-31	2010	6	707	8.487
2010-08-31	2010	2	590	3.390
2010-09-30	2010	1	470	2.128
2010-10-31	2010	2	529	3.781
2010-11-30	2010	2	505	3.960
2010-12-31	2010	2	527	3.795
2011-01-31	2011	2	477	4.193
2011-02-28	2011	4	440	9.091
2011-03-31	2011	1	434	2.304
2011-04-30	2011	3	432	6.944
2011-05-31	2011	3	441	6.803
2011-06-30	2011	3	446	6.726
2011-07-31	2011	3	461	6.508
2011-08-31	2011	6	432	13.889
2011-09-30	2011	2	330	6.061
2011-10-31	2011	3	236	12.712
2011-11-30	2011	1	210	4.762
2011-12-31	2011	0	217	0
2012-01-31	2012	0	217	0
2012-02-29	2012	4	225	17.778
2012-03-31	2012	0	224	0
2012-04-30	2012	3	220	13.636
2012-05-31	2012	0	248	0
2012-06-30	2012	2	234	8.547
2012-07-31	2012	1	217	4.608
2012-08-31	2012	0	217	0
2012-09-30	2012	2	183	10.929
2012-10-31	2012	2	155	12.903
2012-11-30	2012	1	150	6.667
2012-12-31	2012	1	184	5.435
2013-01-31	2013	0	201	0
2013-02-28	2013	0	168	0
2013-03-31	2013	0	204	0
2013-04-30	2013	0	210	0
2013-05-31	2013	0	217	0
2013-06-30	2013	0	223	0
2013-07-31	2013	0	239	0
2013-08-31	2013	0	217	0
2013-09-30	2013	0	183	0
2013-10-31	2013	0	155	0
2013-11-30	2013	0	150	0
2013-12-31	2013	0	155	0

d. DJJ A4 Staff Assault Violence Rates

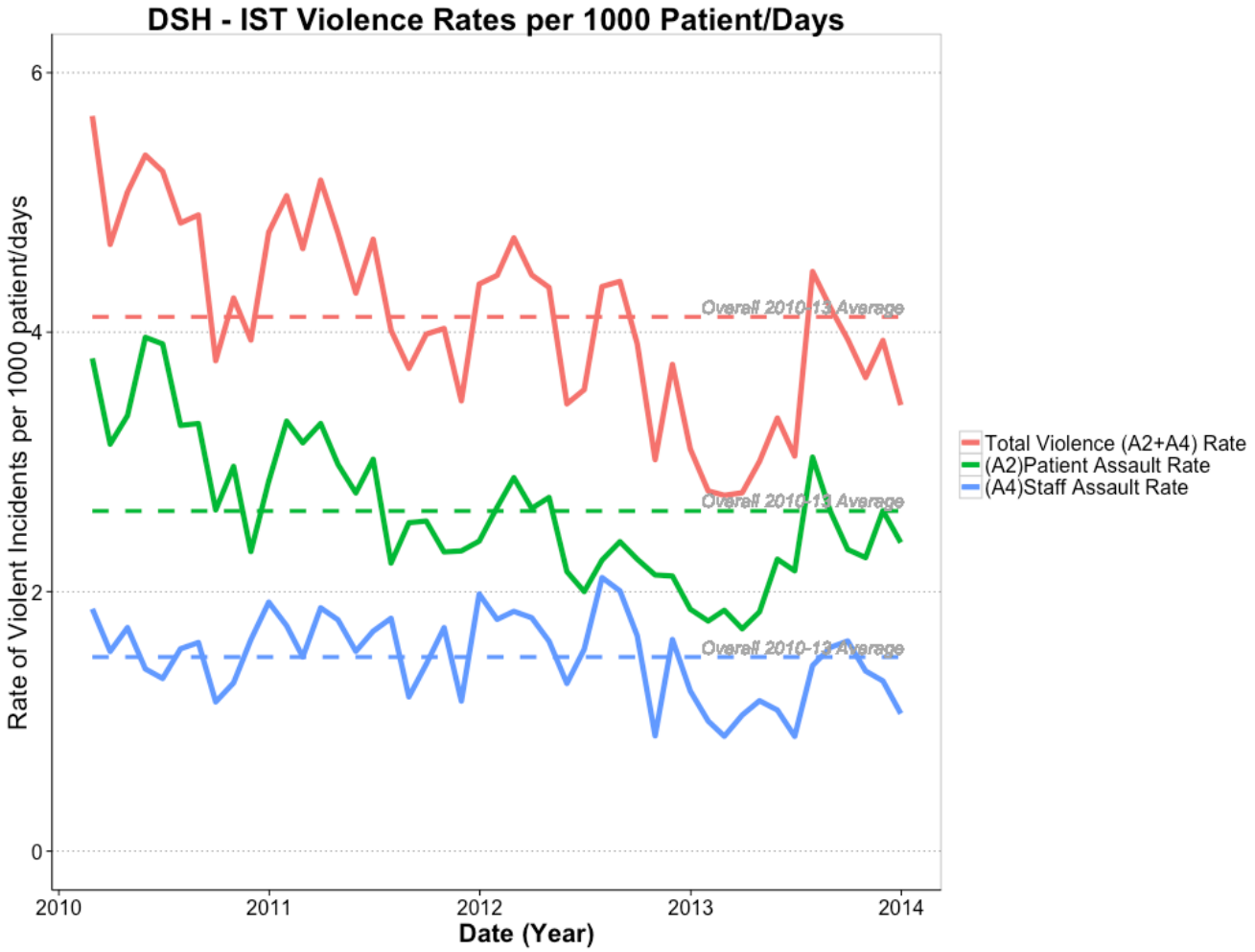
Date	Year	Incidents	Total_Patient_Days	rate.per.1000
2010-01-31	2010	2	644	3.106
2010-02-28	2010	0	607	0
2010-03-31	2010	4	692	5.780
2010-04-30	2010	1	726	1.377
2010-05-31	2010	1	702	1.425
2010-06-30	2010	2	568	3.521
2010-07-31	2010	1	707	1.414
2010-08-31	2010	1	590	1.695
2010-09-30	2010	2	470	4.255
2010-10-31	2010	5	529	9.452
2010-11-30	2010	1	505	1.980
2010-12-31	2010	1	527	1.898
2011-01-31	2011	0	477	0
2011-02-28	2011	1	440	2.273
2011-03-31	2011	0	434	0
2011-04-30	2011	3	432	6.944
2011-05-31	2011	2	441	4.535
2011-06-30	2011	1	446	2.242
2011-07-31	2011	1	461	2.169
2011-08-31	2011	8	432	18.519
2011-09-30	2011	1	330	3.030
2011-10-31	2011	1	236	4.237
2011-11-30	2011	0	210	0
2011-12-31	2011	1	217	4.608
2012-01-31	2012	1	217	4.608
2012-02-29	2012	1	225	4.444
2012-03-31	2012	0	224	0
2012-04-30	2012	1	220	4.545
2012-05-31	2012	0	248	0
2012-06-30	2012	2	234	8.547
2012-07-31	2012	0	217	0
2012-08-31	2012	0	217	0
2012-09-30	2012	1	183	5.464
2012-10-31	2012	0	155	0
2012-11-30	2012	0	150	0
2012-12-31	2012	0	184	0
2013-01-31	2013	1	201	4.975
2013-02-28	2013	0	168	0
2013-03-31	2013	4	204	19.608
2013-04-30	2013	0	210	0
2013-05-31	2013	0	217	0
2013-06-30	2013	0	223	0
2013-07-31	2013	0	239	0
2013-08-31	2013	0	217	0
2013-09-30	2013	1	183	5.464
2013-10-31	2013	1	155	6.452
2013-11-30	2013	1	150	6.667
2013-12-31	2013	0	155	0

The remainder of this page is intentionally left blank.

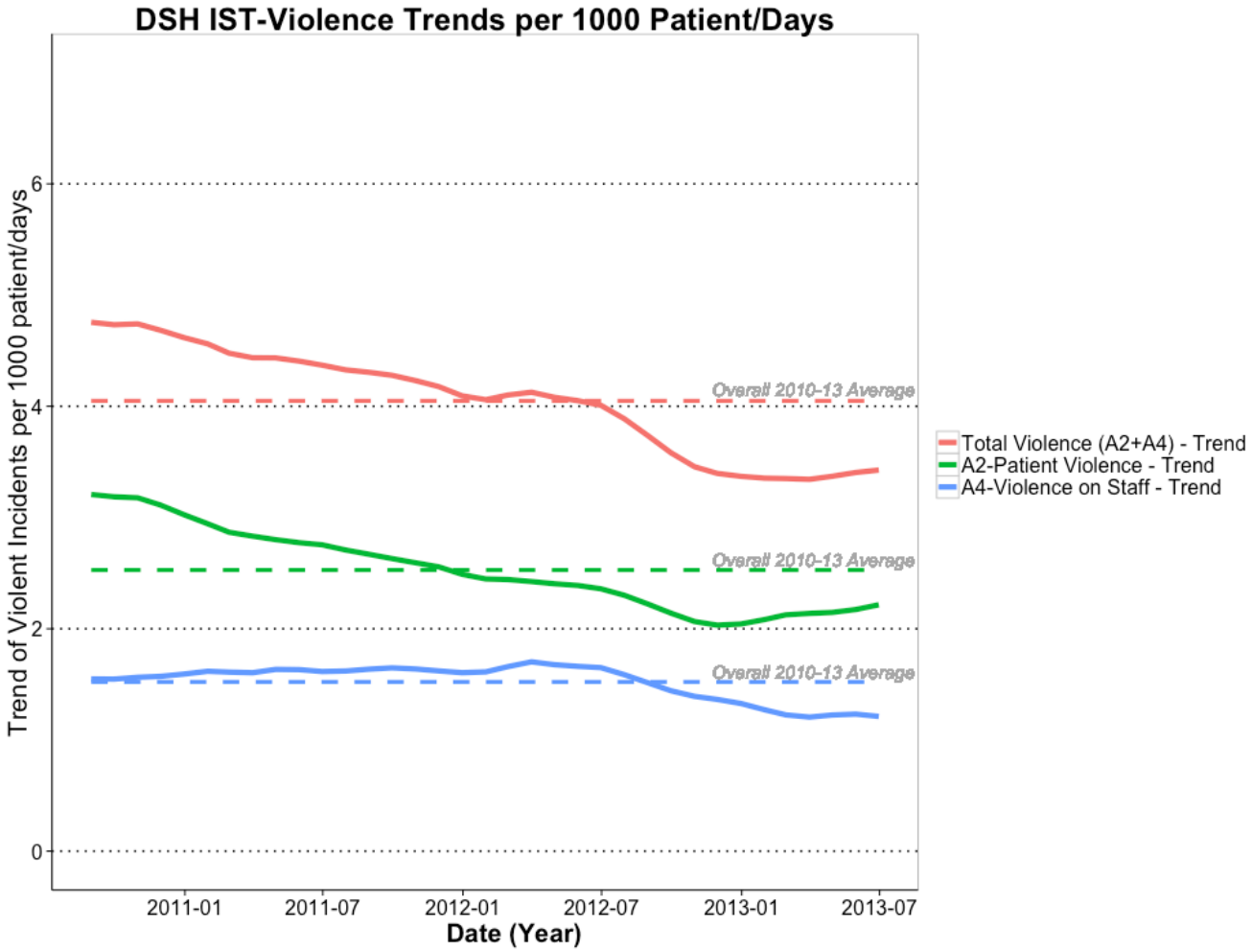
ii. Jail Inmates Found Incompetent to Stand Trial (IST's, or PC1370's)

a. Graph

i. IST Monthly Rates



ii. IST Monthly Trend of Rates



b. IST Table of Assault Rates

Date	(A2)Patient Assault Rate	(A4)Staff Assault Rate	Total Violence (A2+A4) Rate
2010-01-31	2.572	1.329	3.901
2010-02-28	3.799	1.868	5.666
2010-03-31	3.137	1.540	4.677
2010-04-30	3.357	1.723	5.079
2010-05-31	3.960	1.404	5.364
2010-06-30	3.909	1.331	5.240
2010-07-31	3.281	1.560	4.841
2010-08-31	3.296	1.608	4.903
2010-09-30	2.630	1.150	3.780
2010-10-31	2.965	1.297	4.263
2010-11-30	2.309	1.630	3.939
2010-12-31	2.851	1.919	4.770
2011-01-31	3.314	1.737	5.051
2011-02-28	3.147	1.497	4.644
2011-03-31	3.296	1.875	5.171
2011-04-30	2.981	1.783	4.765
2011-05-31	2.761	1.540	4.301
2011-06-30	3.020	1.695	4.716
2011-07-31	2.220	1.794	4.015
2011-08-31	2.531	1.189	3.721
2011-09-30	2.544	1.441	3.985
2011-10-31	2.306	1.722	4.028
2011-11-30	2.314	1.157	3.471
2011-12-31	2.389	1.981	4.371
2012-01-31	2.651	1.786	4.437
2012-02-29	2.878	1.848	4.726
2012-03-31	2.642	1.799	4.441
2012-04-30	2.726	1.619	4.345
2012-05-31	2.155	1.293	3.448
2012-06-30	2.001	1.556	3.557
2012-07-31	2.243	2.108	4.352
2012-08-31	2.385	2.006	4.391
2012-09-30	2.250	1.659	3.910
2012-10-31	2.129	0.889	3.018
2012-11-30	2.120	1.631	3.751
2012-12-31	1.865	1.234	3.099
2013-01-31	1.774	1.003	2.776
2013-02-28	1.857	0.886	2.742
2013-03-31	1.714	1.049	2.762
2013-04-30	1.844	1.159	3.004
2013-05-31	2.250	1.087	3.338
2013-06-30	2.160	0.885	3.045
2013-07-31	3.037	1.430	4.467
2013-08-31	2.618	1.571	4.188
2013-09-30	2.325	1.620	3.944
2013-10-31	2.262	1.388	3.650
2013-11-30	2.624	1.312	3.936
2013-12-31	2.378	1.060	3.438

c. IST A2 Patient Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
2010-01-31	2010	91	35,375	2.572
2010-02-28	2010	120	31,590	3.799
2010-03-31	2010	108	34,426	3.137
2010-04-30	2010	113	33,665	3.357
2010-05-31	2010	141	35,605	3.960
2010-06-30	2010	141	36,071	3.909
2010-07-31	2010	122	37,183	3.281
2010-08-31	2010	123	37,322	3.296
2010-09-30	2010	96	36,506	2.630
2010-10-31	2010	112	37,769	2.965
2010-11-30	2010	85	36,810	2.309
2010-12-31	2010	107	37,526	2.851
2011-01-31	2011	124	37,418	3.314
2011-02-28	2011	103	32,731	3.147
2011-03-31	2011	116	35,196	3.296
2011-04-30	2011	102	34,211	2.981
2011-05-31	2011	95	34,410	2.761
2011-06-30	2011	98	32,445	3.020
2011-07-31	2011	73	32,880	2.220
2011-08-31	2011	83	32,791	2.531
2011-09-30	2011	83	32,625	2.544
2011-10-31	2011	79	34,257	2.306
2011-11-30	2011	76	32,843	2.314
2011-12-31	2011	82	34,318	2.389
2012-01-31	2012	92	34,706	2.651
2012-02-29	2012	95	33,006	2.878
2012-03-31	2012	94	35,580	2.642
2012-04-30	2012	96	35,216	2.726
2012-05-31	2012	80	37,126	2.155
2012-06-30	2012	72	35,988	2.001
2012-07-31	2012	83	36,998	2.243
2012-08-31	2012	88	36,893	2.385
2012-09-30	2012	80	35,553	2.250
2012-10-31	2012	79	37,114	2.129
2012-11-30	2012	78	36,790	2.120
2012-12-31	2012	71	38,076	1.865
2013-01-31	2013	69	38,901	1.774
2013-02-28	2013	65	35,007	1.857
2013-03-31	2013	67	39,100	1.714
2013-04-30	2013	70	37,955	1.844
2013-05-31	2013	89	39,550	2.250
2013-06-30	2013	83	38,420	2.160
2013-07-31	2013	121	39,848	3.037
2013-08-31	2013	105	40,113	2.618
2013-09-30	2013	89	38,283	2.325
2013-10-31	2013	88	38,899	2.262
2013-11-30	2013	98	37,348	2.624
2013-12-31	2013	92	38,687	2.378

d. IST A4 Staff Assault Violence Rates

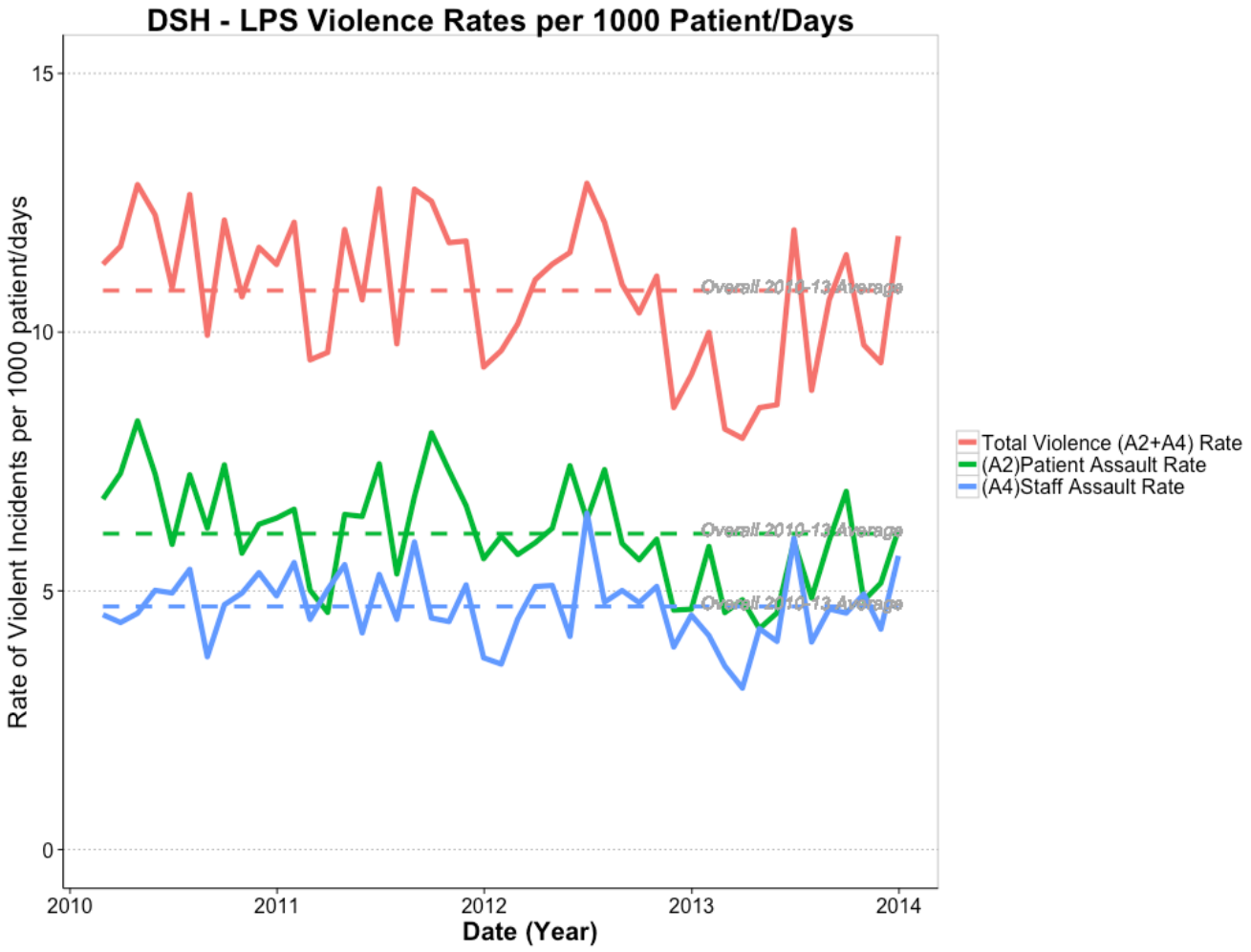
Date	Year	Incidents	Total_Patient_Days	rate.per.1000
2010-01-31	2010	47	35,375	1.329
2010-02-28	2010	59	31,590	1.868
2010-03-31	2010	53	34,426	1.540
2010-04-30	2010	58	33,665	1.723
2010-05-31	2010	50	35,605	1.404
2010-06-30	2010	48	36,071	1.331
2010-07-31	2010	58	37,183	1.560
2010-08-31	2010	60	37,322	1.608
2010-09-30	2010	42	36,506	1.150
2010-10-31	2010	49	37,769	1.297
2010-11-30	2010	60	36,810	1.630
2010-12-31	2010	72	37,526	1.919
2011-01-31	2011	65	37,418	1.737
2011-02-28	2011	49	32,731	1.497
2011-03-31	2011	66	35,196	1.875
2011-04-30	2011	61	34,211	1.783
2011-05-31	2011	53	34,410	1.540
2011-06-30	2011	55	32,445	1.695
2011-07-31	2011	59	32,880	1.794
2011-08-31	2011	39	32,791	1.189
2011-09-30	2011	47	32,625	1.441
2011-10-31	2011	59	34,257	1.722
2011-11-30	2011	38	32,843	1.157
2011-12-31	2011	68	34,318	1.981
2012-01-31	2012	62	34,706	1.786
2012-02-29	2012	61	33,006	1.848
2012-03-31	2012	64	35,580	1.799
2012-04-30	2012	57	35,216	1.619
2012-05-31	2012	48	37,126	1.293
2012-06-30	2012	56	35,988	1.556
2012-07-31	2012	78	36,998	2.108
2012-08-31	2012	74	36,893	2.006
2012-09-30	2012	59	35,553	1.659
2012-10-31	2012	33	37,114	0.889
2012-11-30	2012	60	36,790	1.631
2012-12-31	2012	47	38,076	1.234
2013-01-31	2013	39	38,901	1.003
2013-02-28	2013	31	35,007	0.886
2013-03-31	2013	41	39,100	1.049
2013-04-30	2013	44	37,955	1.159
2013-05-31	2013	43	39,550	1.087
2013-06-30	2013	34	38,420	0.885
2013-07-31	2013	57	39,848	1.430
2013-08-31	2013	63	40,113	1.571
2013-09-30	2013	62	38,283	1.620
2013-10-31	2013	54	38,899	1.388
2013-11-30	2013	49	37,348	1.312
2013-12-31	2013	41	38,687	1.060

The remainder of this page is intentionally left blank.

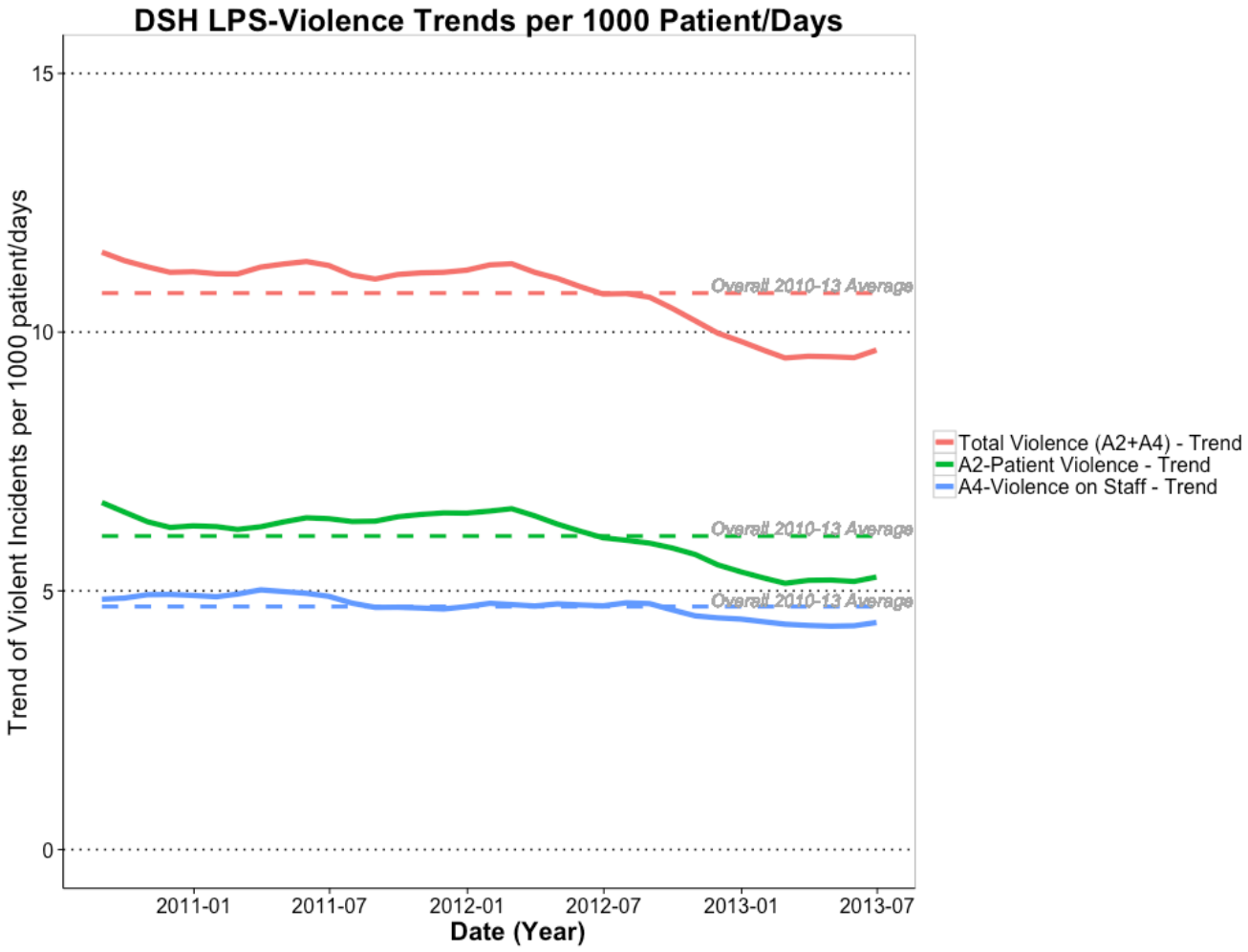
iii. Patients Involuntarily Held as DTO, DTS, or Gravely Disabled (LPS's)

a. Graph

i. LPS Monthly rates



ii. LPS Monthly Trend of Rates



b. LPS Table of Assault Rates

Date	(A2)Patient Assault Rate	(A4)Staff Assault Rate	Total Violence (A2+A4) Rate
2010-01-31	2.896	1.574	4.470
2010-02-28	6.772	4.538	11.310
2010-03-31	7.271	4.388	11.659
2010-04-30	8.284	4.566	12.850
2010-05-31	7.257	5.009	12.266
2010-06-30	5.897	4.959	10.856
2010-07-31	7.242	5.415	12.657
2010-08-31	6.212	3.727	9.939
2010-09-30	7.434	4.731	12.165
2010-10-31	5.728	4.955	10.683
2010-11-30	6.287	5.350	11.637
2010-12-31	6.405	4.902	11.307
2011-01-31	6.578	5.546	12.124
2011-02-28	5.014	4.449	9.463
2011-03-31	4.584	5.023	9.607
2011-04-30	6.476	5.505	11.981
2011-05-31	6.437	4.187	10.624
2011-06-30	7.455	5.316	12.771
2011-07-31	5.326	4.449	9.774
2011-08-31	6.819	5.943	12.763
2011-09-30	8.054	4.475	12.529
2011-10-31	7.323	4.406	11.729
2011-11-30	6.647	5.113	11.761
2011-12-31	5.620	3.706	9.326
2012-01-31	6.057	3.585	9.642
2012-02-29	5.701	4.456	10.157
2012-03-31	5.930	5.083	11.014
2012-04-30	6.210	5.104	11.314
2012-05-31	7.417	4.120	11.537
2012-06-30	6.377	6.498	12.875
2012-07-31	7.342	4.781	12.123
2012-08-31	5.916	5.006	10.922
2012-09-30	5.597	4.773	10.370
2012-10-31	5.998	5.084	11.083
2012-11-30	4.627	3.915	8.542
2012-12-31	4.645	4.531	9.176
2013-01-31	5.858	4.135	9.993
2013-02-28	4.579	3.547	8.126
2013-03-31	4.827	3.120	7.947
2013-04-30	4.270	4.270	8.539
2013-05-31	4.572	4.024	8.596
2013-06-30	5.956	6.019	11.975
2013-07-31	4.863	4.012	8.875
2013-08-31	5.975	4.648	10.623
2013-09-30	6.922	4.572	11.494
2013-10-31	4.814	4.937	9.751
2013-11-30	5.150	4.260	9.409
2013-12-31	6.181	5.676	11.857

c. LPS A2 Patient Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
2010-01-31	2010	46	15,882	2.896
2010-02-28	2010	97	14,323	6.772
2010-03-31	2010	116	15,953	7.271
2010-04-30	2010	127	15,331	8.284
2010-05-31	2010	113	15,572	7.257
2010-06-30	2010	88	14,922	5.897
2010-07-31	2010	111	15,327	7.242
2010-08-31	2010	95	15,293	6.212
2010-09-30	2010	110	14,797	7.434
2010-10-31	2010	89	15,539	5.728
2010-11-30	2010	94	14,952	6.287
2010-12-31	2010	98	15,300	6.405
2011-01-31	2011	102	15,507	6.578
2011-02-28	2011	71	14,160	5.014
2011-03-31	2011	73	15,926	4.584
2011-04-30	2011	100	15,441	6.476
2011-05-31	2011	103	16,002	6.437
2011-06-30	2011	115	15,426	7.455
2011-07-31	2011	85	15,960	5.326
2011-08-31	2011	109	15,984	6.819
2011-09-30	2011	126	15,644	8.054
2011-10-31	2011	118	16,114	7.323
2011-11-30	2011	104	15,645	6.647
2011-12-31	2011	91	16,192	5.620
2012-01-31	2012	98	16,179	6.057
2012-02-29	2012	87	15,260	5.701
2012-03-31	2012	98	16,525	5.930
2012-04-30	2012	101	16,263	6.210
2012-05-31	2012	126	16,989	7.417
2012-06-30	2012	106	16,621	6.377
2012-07-31	2012	129	17,570	7.342
2012-08-31	2012	104	17,579	5.916
2012-09-30	2012	95	16,972	5.597
2012-10-31	2012	105	17,505	5.998
2012-11-30	2012	78	16,857	4.627
2012-12-31	2012	81	17,437	4.645
2013-01-31	2013	102	17,412	5.858
2013-02-28	2013	71	15,505	4.579
2013-03-31	2013	82	16,987	4.827
2013-04-30	2013	69	16,161	4.270
2013-05-31	2013	75	16,403	4.572
2013-06-30	2013	94	15,783	5.956
2013-07-31	2013	80	16,451	4.863
2013-08-31	2013	99	16,568	5.975
2013-09-30	2013	109	15,748	6.922
2013-10-31	2013	78	16,204	4.814
2013-11-30	2013	81	15,729	5.150
2013-12-31	2013	98	15,856	6.181

d. LPS A4 Staff Assault Violence Rates

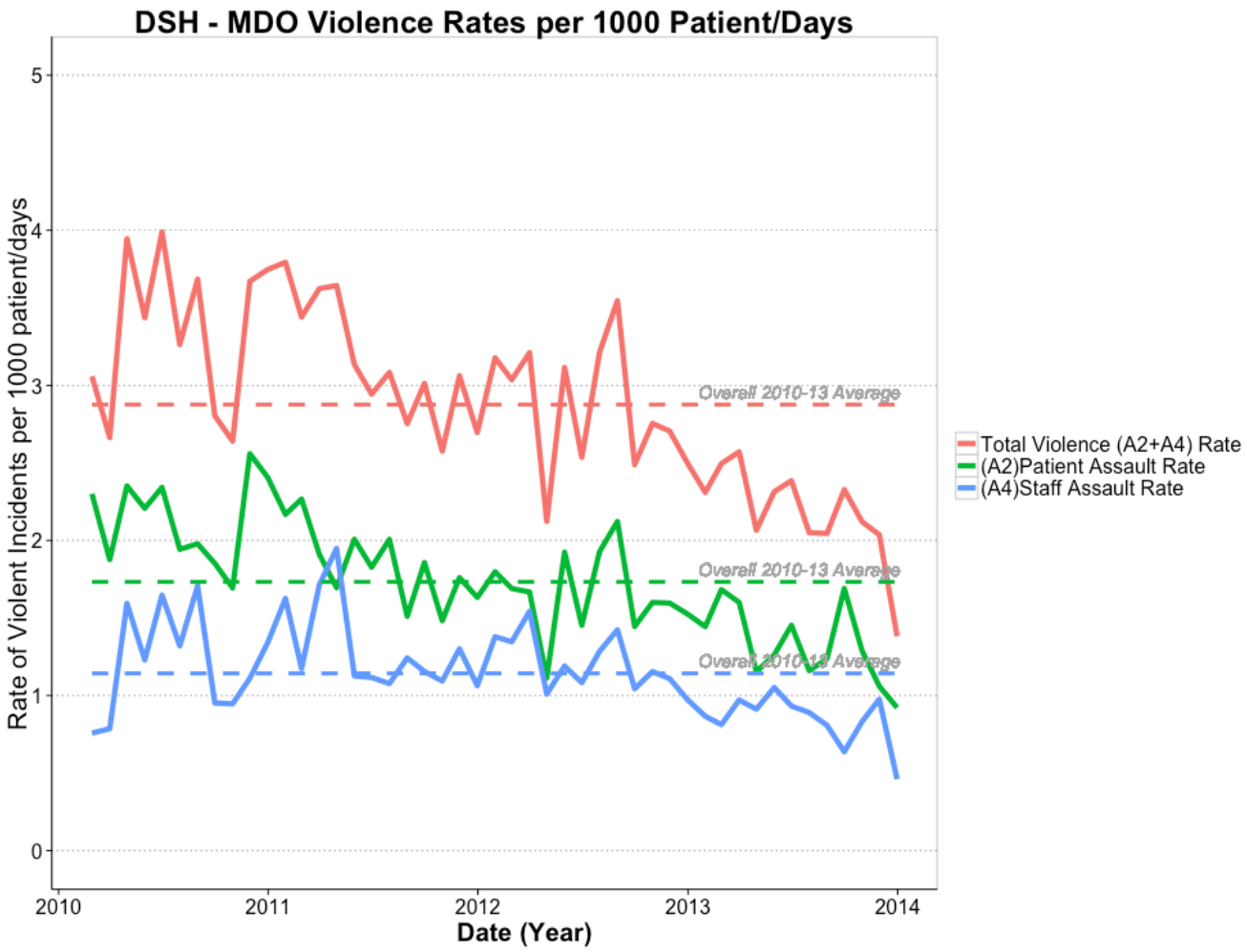
Date	Year	Incidents	Total_Patient_Days	rate.per.1000
2010-01-31	2010	25	15,882	1.574
2010-02-28	2010	65	14,323	4.538
2010-03-31	2010	70	15,953	4.388
2010-04-30	2010	70	15,331	4.566
2010-05-31	2010	78	15,572	5.009
2010-06-30	2010	74	14,922	4.959
2010-07-31	2010	83	15,327	5.415
2010-08-31	2010	57	15,293	3.727
2010-09-30	2010	70	14,797	4.731
2010-10-31	2010	77	15,539	4.955
2010-11-30	2010	80	14,952	5.350
2010-12-31	2010	75	15,300	4.902
2011-01-31	2011	86	15,507	5.546
2011-02-28	2011	63	14,160	4.449
2011-03-31	2011	80	15,926	5.023
2011-04-30	2011	85	15,441	5.505
2011-05-31	2011	67	16,002	4.187
2011-06-30	2011	82	15,426	5.316
2011-07-31	2011	71	15,960	4.449
2011-08-31	2011	95	15,984	5.943
2011-09-30	2011	70	15,644	4.475
2011-10-31	2011	71	16,114	4.406
2011-11-30	2011	80	15,645	5.113
2011-12-31	2011	60	16,192	3.706
2012-01-31	2012	58	16,179	3.585
2012-02-29	2012	68	15,260	4.456
2012-03-31	2012	84	16,525	5.083
2012-04-30	2012	83	16,263	5.104
2012-05-31	2012	70	16,989	4.120
2012-06-30	2012	108	16,621	6.498
2012-07-31	2012	84	17,570	4.781
2012-08-31	2012	88	17,579	5.006
2012-09-30	2012	81	16,972	4.773
2012-10-31	2012	89	17,505	5.084
2012-11-30	2012	66	16,857	3.915
2012-12-31	2012	79	17,437	4.531
2013-01-31	2013	72	17,412	4.135
2013-02-28	2013	55	15,505	3.547
2013-03-31	2013	53	16,987	3.120
2013-04-30	2013	69	16,161	4.270
2013-05-31	2013	66	16,403	4.024
2013-06-30	2013	95	15,783	6.019
2013-07-31	2013	66	16,451	4.012
2013-08-31	2013	77	16,568	4.648
2013-09-30	2013	72	15,748	4.572
2013-10-31	2013	80	16,204	4.937
2013-11-30	2013	67	15,729	4.260
2013-12-31	2013	90	15,856	5.676

The remainder of this page is intentionally left blank.

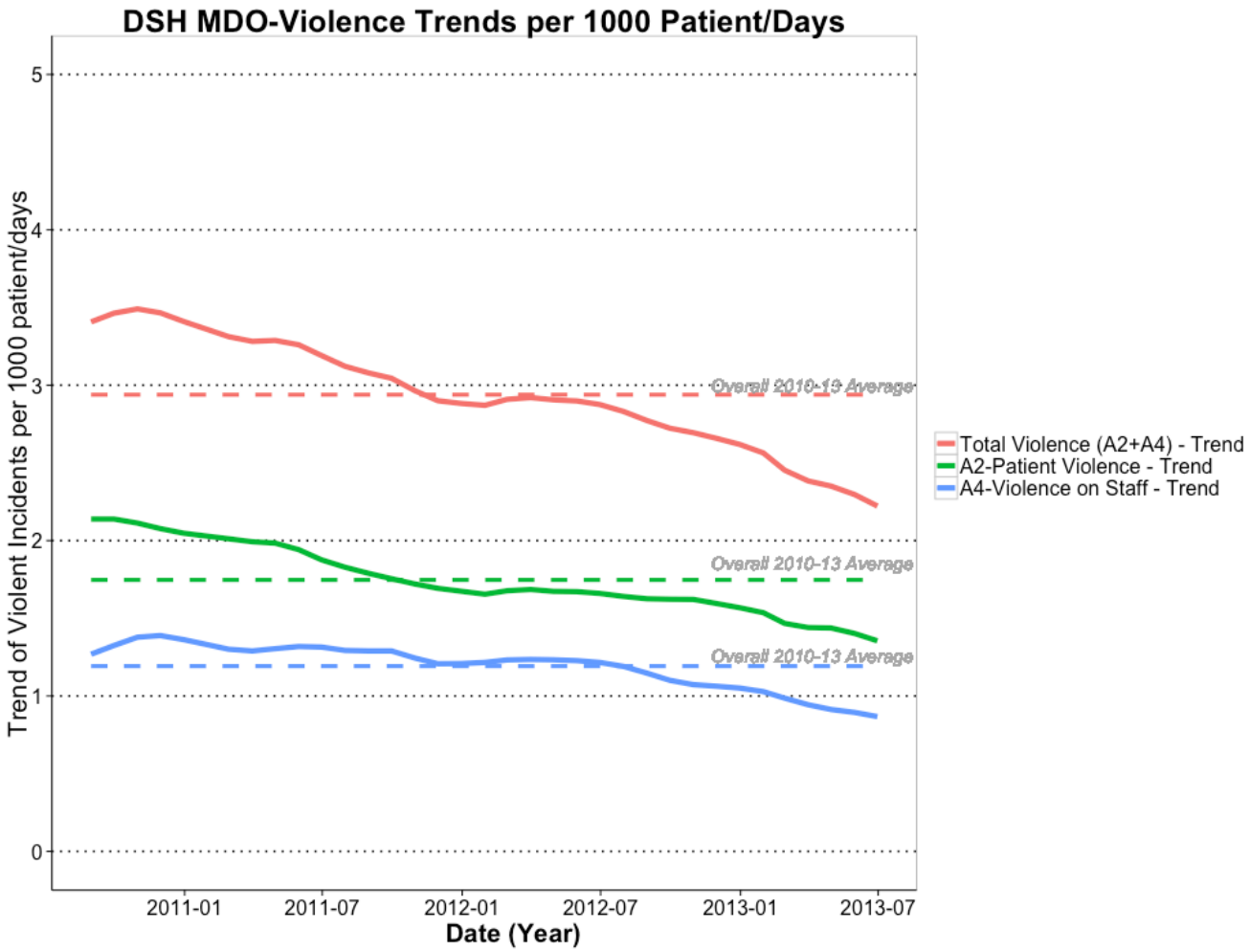
iv. Prison Inmates Paroled to DSH Because of Dangerousness (MDO's) –

a. Graph

i. MDO Monthly Rates



ii. MDO Monthly Trend of Rates



b. MDO Table of Assault Rates

Date	(A2)Patient Assault Rate	(A4)Staff Assault Rate	Total Violence (A2+A4) Rate
2010-01-31	1.980	0.838	2.818
2010-02-28	2.301	0.758	3.059
2010-03-31	1.877	0.786	2.663
2010-04-30	2.352	1.594	3.946
2010-05-31	2.207	1.229	3.436
2010-06-30	2.342	1.647	3.989
2010-07-31	1.943	1.320	3.263
2010-08-31	1.978	1.706	3.685
2010-09-30	1.852	0.952	2.804
2010-10-31	1.694	0.946	2.640
2010-11-30	2.559	1.112	3.671
2010-12-31	2.407	1.340	3.747
2011-01-31	2.168	1.626	3.794
2011-02-28	2.267	1.174	3.441
2011-03-31	1.910	1.714	3.624
2011-04-30	1.695	1.948	3.644
2011-05-31	2.008	1.126	3.134
2011-06-30	1.827	1.116	2.943
2011-07-31	2.007	1.077	3.084
2011-08-31	1.511	1.243	2.754
2011-09-30	1.858	1.155	3.013
2011-10-31	1.482	1.094	2.576
2011-11-30	1.761	1.301	3.062
2011-12-31	1.632	1.063	2.696
2012-01-31	1.798	1.379	3.177
2012-02-29	1.690	1.347	3.036
2012-03-31	1.667	1.543	3.210
2012-04-30	1.113	1.010	2.123
2012-05-31	1.925	1.190	3.115
2012-06-30	1.453	1.083	2.536
2012-07-31	1.928	1.286	3.214
2012-08-31	2.122	1.424	3.546
2012-09-30	1.445	1.044	2.489
2012-10-31	1.600	1.154	2.754
2012-11-30	1.596	1.109	2.705
2012-12-31	1.526	0.973	2.499
2013-01-31	1.444	0.866	2.310
2013-02-28	1.683	0.812	2.495
2013-03-31	1.601	0.971	2.572
2013-04-30	1.154	0.912	2.066
2013-05-31	1.262	1.052	2.314
2013-06-30	1.453	0.932	2.385
2013-07-31	1.160	0.890	2.050
2013-08-31	1.238	0.807	2.045
2013-09-30	1.690	0.637	2.328
2013-10-31	1.289	0.832	2.121
2013-11-30	1.060	0.976	2.036
2013-12-31	0.921	0.461	1.382

c. MDO A2 Patient Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
2010-01-31	2010	78	39,390	1.980
2010-02-28	2010	82	35,637	2.301
2010-03-31	2010	74	39,429	1.877
2010-04-30	2010	90	38,271	2.352
2010-05-31	2010	88	39,867	2.207
2010-06-30	2010	91	38,855	2.342
2010-07-31	2010	78	40,148	1.943
2010-08-31	2010	80	40,438	1.978
2010-09-30	2010	72	38,870	1.852
2010-10-31	2010	68	40,150	1.694
2010-11-30	2010	99	38,681	2.559
2010-12-31	2010	97	40,301	2.407
2011-01-31	2011	88	40,593	2.168
2011-02-28	2011	83	36,615	2.267
2011-03-31	2011	78	40,843	1.910
2011-04-30	2011	67	39,518	1.695
2011-05-31	2011	82	40,839	2.008
2011-06-30	2011	72	39,410	1.827
2011-07-31	2011	82	40,860	2.007
2011-08-31	2011	62	41,038	1.511
2011-09-30	2011	74	39,832	1.858
2011-10-31	2011	61	41,148	1.482
2011-11-30	2011	69	39,193	1.761
2011-12-31	2011	66	40,433	1.632
2012-01-31	2012	73	40,600	1.798
2012-02-29	2012	64	37,874	1.690
2012-03-31	2012	67	40,181	1.667
2012-04-30	2012	43	38,621	1.113
2012-05-31	2012	76	39,486	1.925
2012-06-30	2012	55	37,859	1.453
2012-07-31	2012	75	38,893	1.928
2012-08-31	2012	82	38,636	2.122
2012-09-30	2012	54	37,368	1.445
2012-10-31	2012	61	38,120	1.600
2012-11-30	2012	59	36,967	1.596
2012-12-31	2012	58	38,014	1.526
2013-01-31	2013	55	38,095	1.444
2013-02-28	2013	58	34,465	1.683
2013-03-31	2013	61	38,108	1.601
2013-04-30	2013	43	37,277	1.154
2013-05-31	2013	48	38,036	1.262
2013-06-30	2013	53	36,473	1.453
2013-07-31	2013	43	37,075	1.160
2013-08-31	2013	46	37,157	1.238
2013-09-30	2013	61	36,085	1.690
2013-10-31	2013	48	37,248	1.289
2013-11-30	2013	38	35,847	1.060
2013-12-31	2013	34	36,897	0.921

d. MDO A4 Staff Assault Violence Rates

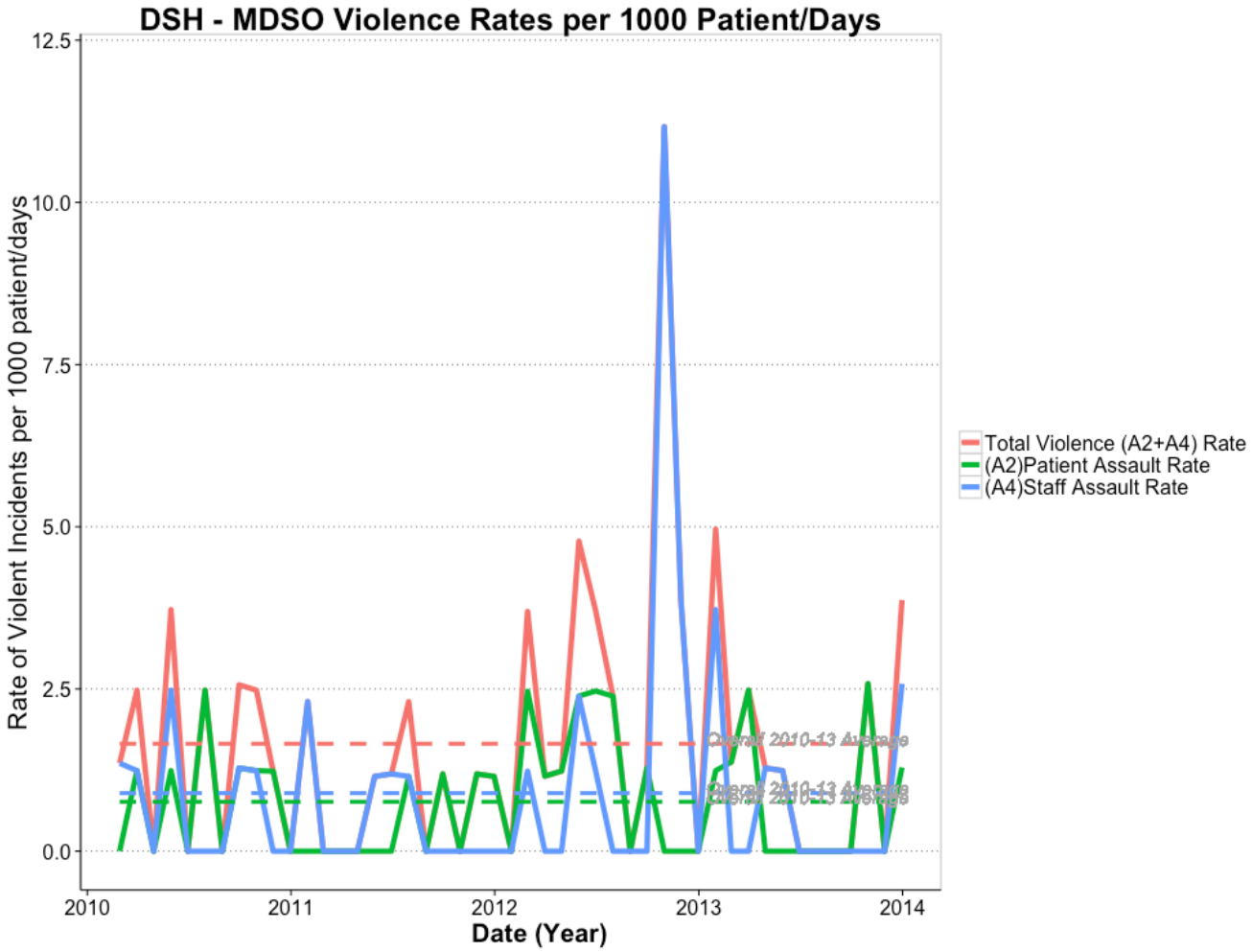
Date	Year	Incidents	Total_Patient_Days	rate.per.1000
2010-01-31	2010	33	39,390	0.838
2010-02-28	2010	27	35,637	0.758
2010-03-31	2010	31	39,429	0.786
2010-04-30	2010	61	38,271	1.594
2010-05-31	2010	49	39,867	1.229
2010-06-30	2010	64	38,855	1.647
2010-07-31	2010	53	40,148	1.320
2010-08-31	2010	69	40,438	1.706
2010-09-30	2010	37	38,870	0.952
2010-10-31	2010	38	40,150	0.946
2010-11-30	2010	43	38,681	1.112
2010-12-31	2010	54	40,301	1.340
2011-01-31	2011	66	40,593	1.626
2011-02-28	2011	43	36,615	1.174
2011-03-31	2011	70	40,843	1.714
2011-04-30	2011	77	39,518	1.948
2011-05-31	2011	46	40,839	1.126
2011-06-30	2011	44	39,410	1.116
2011-07-31	2011	44	40,860	1.077
2011-08-31	2011	51	41,038	1.243
2011-09-30	2011	46	39,832	1.155
2011-10-31	2011	45	41,148	1.094
2011-11-30	2011	51	39,193	1.301
2011-12-31	2011	43	40,433	1.063
2012-01-31	2012	56	40,600	1.379
2012-02-29	2012	51	37,874	1.347
2012-03-31	2012	62	40,181	1.543
2012-04-30	2012	39	38,621	1.010
2012-05-31	2012	47	39,486	1.190
2012-06-30	2012	41	37,859	1.083
2012-07-31	2012	50	38,893	1.286
2012-08-31	2012	55	38,636	1.424
2012-09-30	2012	39	37,368	1.044
2012-10-31	2012	44	38,120	1.154
2012-11-30	2012	41	36,967	1.109
2012-12-31	2012	37	38,014	0.973
2013-01-31	2013	33	38,095	0.866
2013-02-28	2013	28	34,465	0.812
2013-03-31	2013	37	38,108	0.971
2013-04-30	2013	34	37,277	0.912
2013-05-31	2013	40	38,036	1.052
2013-06-30	2013	34	36,473	0.932
2013-07-31	2013	33	37,075	0.890
2013-08-31	2013	30	37,157	0.807
2013-09-30	2013	23	36,085	0.637
2013-10-31	2013	31	37,248	0.832
2013-11-30	2013	35	35,847	0.976
2013-12-31	2013	17	36,897	0.461

The remainder of this page is intentionally left blank.

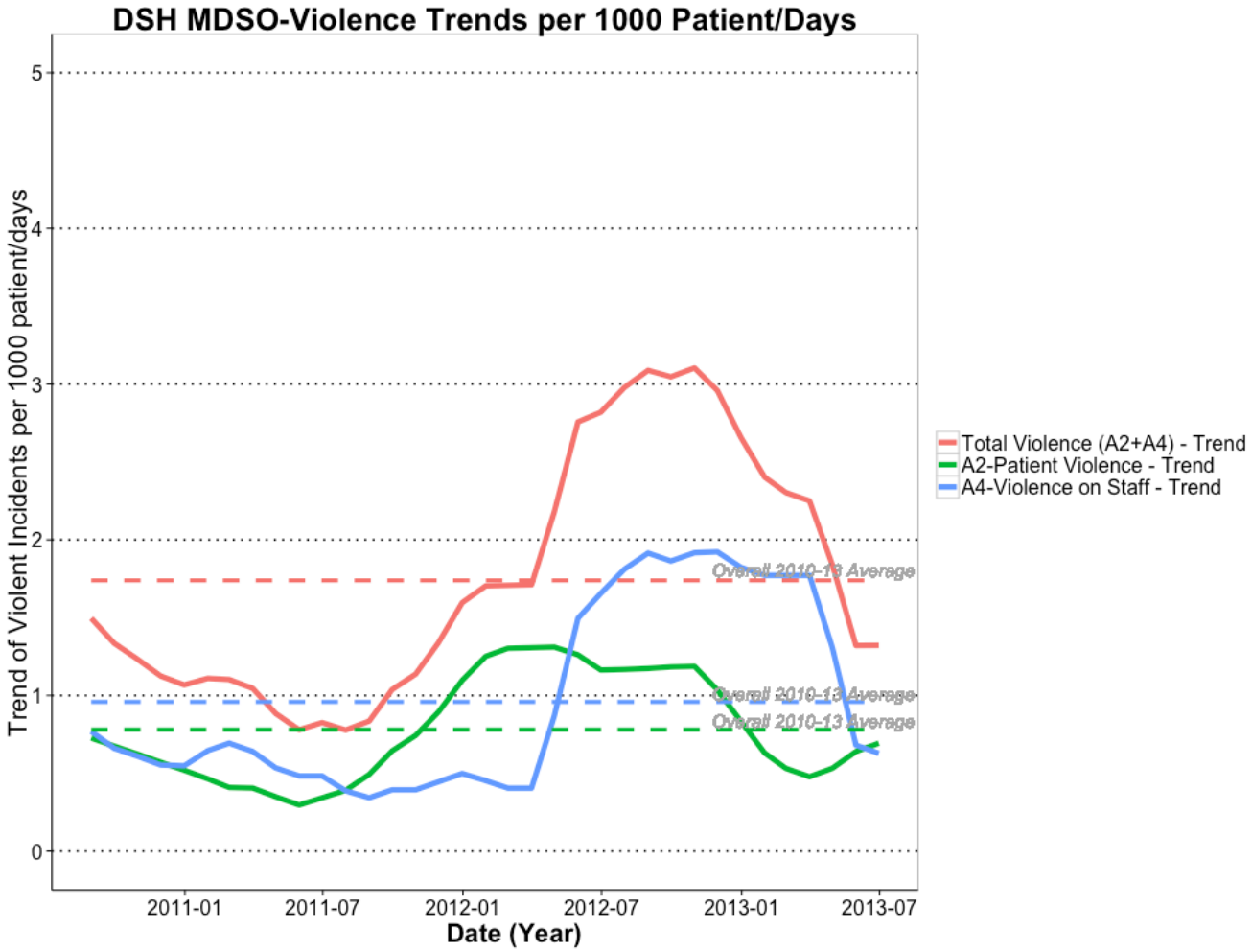
v. Mentally Disordered Sex Offenders (MDSO's)

a. Graph

i. MDSO Monthly Rates



ii. MDSO Monthly Trend of Rates



b. MDSO Table of Assault Rates

Date	(A2)Patient Assault Rate	(A4)Staff Assault Rate	Total Violence (A2+A4) Rate
2010-01-31	4.662	0	4.662
2010-02-28	0	1.355	1.355
2010-03-31	1.241	1.241	2.481
2010-04-30	0	0	0
2010-05-31	1.241	2.481	3.722
2010-06-30	0	0	0
2010-07-31	2.481	0	2.481
2010-08-31	0	0	0
2010-09-30	1.282	1.282	2.564
2010-10-31	1.241	1.241	2.481
2010-11-30	1.233	0	1.233
2010-12-31	0	0	0
2011-01-31	0	2.304	2.304
2011-02-28	0	0	0
2011-03-31	0	0	0
2011-04-30	0	0	0
2011-05-31	0	1.152	1.152
2011-06-30	0	1.190	1.190
2011-07-31	1.152	1.152	2.304
2011-08-31	0	0	0
2011-09-30	1.190	0	1.190
2011-10-31	0	0	0
2011-11-30	1.190	0	1.190
2011-12-31	1.152	0	1.152
2012-01-31	0	0	0
2012-02-29	2.463	1.232	3.695
2012-03-31	1.156	0	1.156
2012-04-30	1.235	0	1.235
2012-05-31	2.389	2.389	4.779
2012-06-30	2.469	1.235	3.704
2012-07-31	2.389	0	2.389
2012-08-31	0	0	0
2012-09-30	1.282	0	1.282
2012-10-31	0	11.166	11.166
2012-11-30	0	3.846	3.846
2012-12-31	0	0	0
2013-01-31	1.241	3.722	4.963
2013-02-28	1.374	0	1.374
2013-03-31	2.481	0	2.481
2013-04-30	0	1.282	1.282
2013-05-31	0	1.241	1.241
2013-06-30	0	0	0
2013-07-31	0	0	0
2013-08-31	0	0	0
2013-09-30	0	0	0
2013-10-31	2.581	0	2.581
2013-11-30	0	0	0
2013-12-31	1.290	2.581	3.871

c. MDSO A2 Patient Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
2010-01-31	2010	4	858	4.662
2010-02-28	2010	0	738	0
2010-03-31	2010	1	806	1.241
2010-04-30	2010	0	780	0
2010-05-31	2010	1	806	1.241
2010-06-30	2010	0	780	0
2010-07-31	2010	2	806	2.481
2010-08-31	2010	0	806	0
2010-09-30	2010	1	780	1.282
2010-10-31	2010	1	806	1.241
2010-11-30	2010	1	811	1.233
2010-12-31	2010	0	868	0
2011-01-31	2011	0	868	0
2011-02-28	2011	0	784	0
2011-03-31	2011	0	868	0
2011-04-30	2011	0	840	0
2011-05-31	2011	0	868	0
2011-06-30	2011	0	840	0
2011-07-31	2011	1	868	1.152
2011-08-31	2011	0	877	0
2011-09-30	2011	1	840	1.190
2011-10-31	2011	0	868	0
2011-11-30	2011	1	840	1.190
2011-12-31	2011	1	868	1.152
2012-01-31	2012	0	868	0
2012-02-29	2012	2	812	2.463
2012-03-31	2012	1	865	1.156
2012-04-30	2012	1	810	1.235
2012-05-31	2012	2	837	2.389
2012-06-30	2012	2	810	2.469
2012-07-31	2012	2	837	2.389
2012-08-31	2012	0	815	0
2012-09-30	2012	1	780	1.282
2012-10-31	2012	0	806	0
2012-11-30	2012	0	780	0
2012-12-31	2012	0	806	0
2013-01-31	2013	1	806	1.241
2013-02-28	2013	1	728	1.374
2013-03-31	2013	2	806	2.481
2013-04-30	2013	0	780	0
2013-05-31	2013	0	806	0
2013-06-30	2013	0	780	0
2013-07-31	2013	0	806	0
2013-08-31	2013	0	806	0
2013-09-30	2013	0	771	0
2013-10-31	2013	2	775	2.581
2013-11-30	2013	0	750	0
2013-12-31	2013	1	775	1.290

d. MDSO A4 Staff Assault Violence Rates

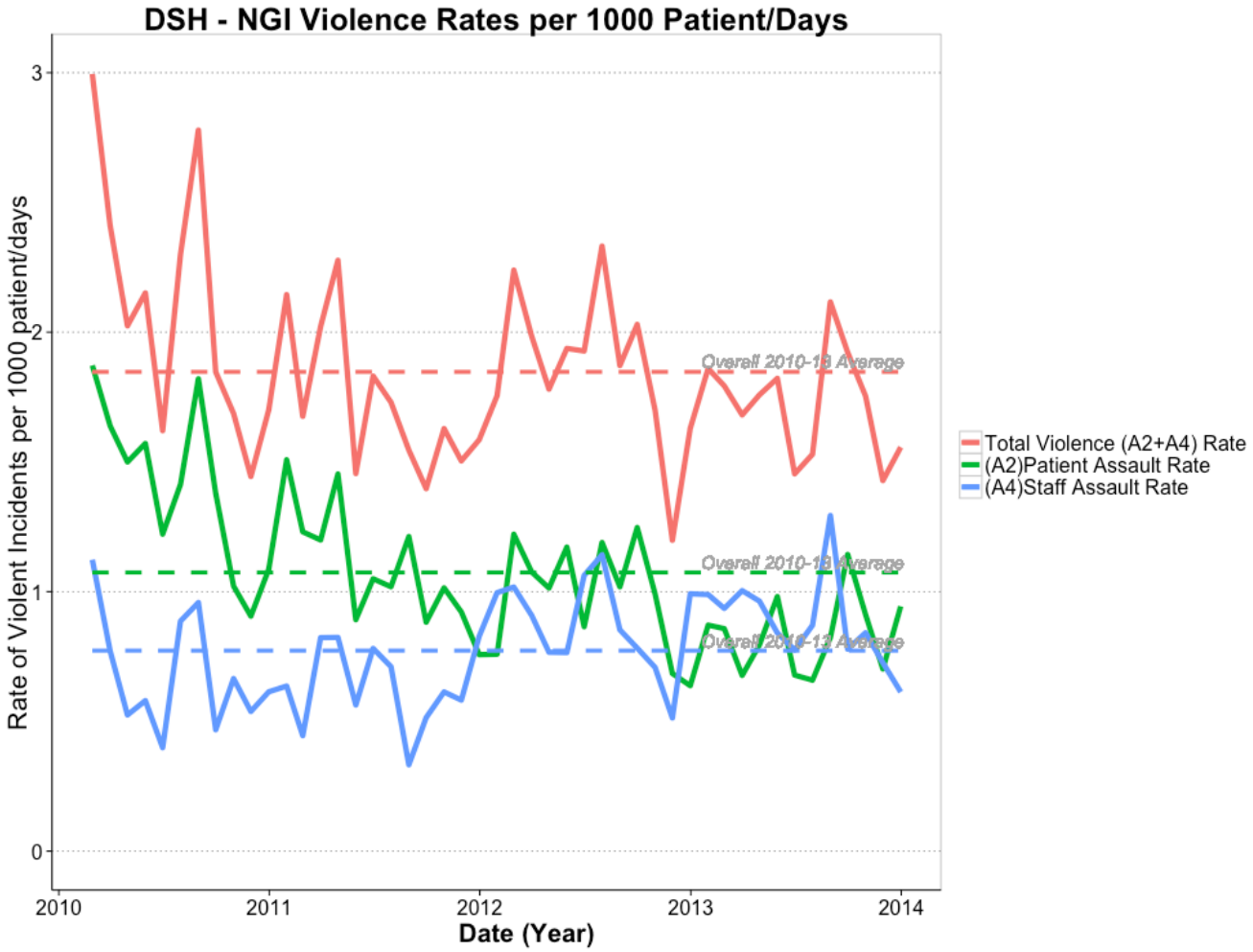
Date	Year	Incidents	Total_Patient_Days	rate.per.1000
2010-01-31	2010	0	858	0
2010-02-28	2010	1	738	1.355
2010-03-31	2010	1	806	1.241
2010-04-30	2010	0	780	0
2010-05-31	2010	2	806	2.481
2010-06-30	2010	0	780	0
2010-07-31	2010	0	806	0
2010-08-31	2010	0	806	0
2010-09-30	2010	1	780	1.282
2010-10-31	2010	1	806	1.241
2010-11-30	2010	0	811	0
2010-12-31	2010	0	868	0
2011-01-31	2011	2	868	2.304
2011-02-28	2011	0	784	0
2011-03-31	2011	0	868	0
2011-04-30	2011	0	840	0
2011-05-31	2011	1	868	1.152
2011-06-30	2011	1	840	1.190
2011-07-31	2011	1	868	1.152
2011-08-31	2011	0	877	0
2011-09-30	2011	0	840	0
2011-10-31	2011	0	868	0
2011-11-30	2011	0	840	0
2011-12-31	2011	0	868	0
2012-01-31	2012	0	868	0
2012-02-29	2012	1	812	1.232
2012-03-31	2012	0	865	0
2012-04-30	2012	0	810	0
2012-05-31	2012	2	837	2.389
2012-06-30	2012	1	810	1.235
2012-07-31	2012	0	837	0
2012-08-31	2012	0	815	0
2012-09-30	2012	0	780	0
2012-10-31	2012	9	806	11.166
2012-11-30	2012	3	780	3.846
2012-12-31	2012	0	806	0
2013-01-31	2013	3	806	3.722
2013-02-28	2013	0	728	0
2013-03-31	2013	0	806	0
2013-04-30	2013	1	780	1.282
2013-05-31	2013	1	806	1.241
2013-06-30	2013	0	780	0
2013-07-31	2013	0	806	0
2013-08-31	2013	0	806	0
2013-09-30	2013	0	771	0
2013-10-31	2013	0	775	0
2013-11-30	2013	0	750	0
2013-12-31	2013	2	775	2.581

The remainder of this page is intentionally left blank.

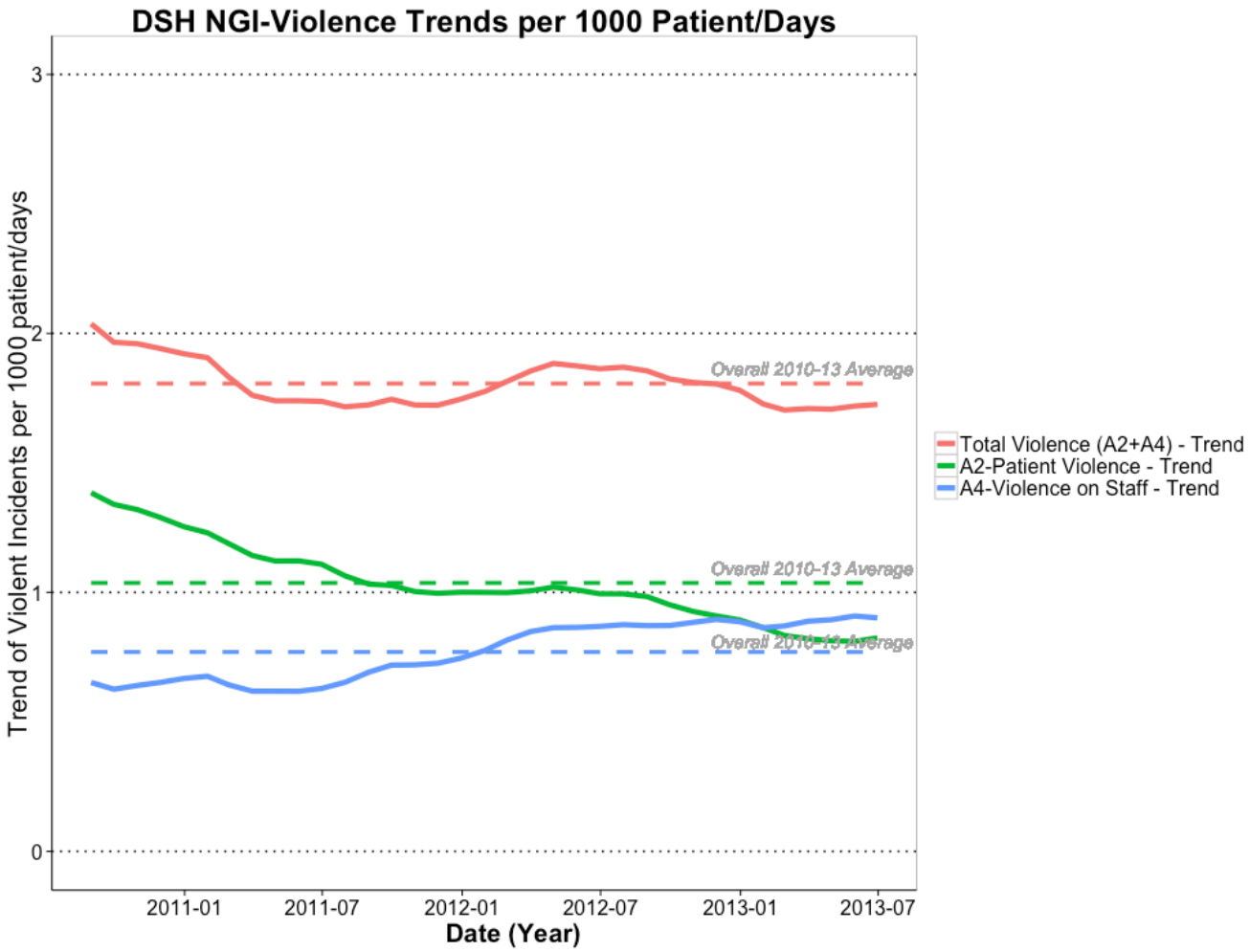
vi. Patients found Not Guilty of Crimes by Reason of Insanity (NGI's)

a. Graph

i. NGI Monthly Rates



ii. NGI Monthly Trend of Rates



b. NGI Table of Assault Rates

Date	(A2)Patient Assault Rate	(A4)Staff Assault Rate	Total Violence (A2+A4) Rate
2010-01-31	1.500	0.920	2.420
2010-02-28	1.872	1.123	2.995
2010-03-31	1.639	0.771	2.410
2010-04-30	1.500	0.525	2.024
2010-05-31	1.571	0.580	2.151
2010-06-30	1.222	0.399	1.620
2010-07-31	1.414	0.886	2.300
2010-08-31	1.820	0.958	2.778
2010-09-30	1.379	0.468	1.847
2010-10-31	1.021	0.665	1.687
2010-11-30	0.905	0.538	1.444
2010-12-31	1.086	0.614	1.700
2011-01-31	1.508	0.636	2.144
2011-02-28	1.231	0.445	1.676
2011-03-31	1.199	0.823	2.022
2011-04-30	1.453	0.824	2.277
2011-05-31	0.892	0.563	1.455
2011-06-30	1.050	0.781	1.831
2011-07-31	1.019	0.711	1.730
2011-08-31	1.212	0.333	1.545
2011-09-30	0.882	0.515	1.397
2011-10-31	1.015	0.614	1.628
2011-11-30	0.922	0.582	1.504
2011-12-31	0.757	0.828	1.585
2012-01-31	0.759	0.996	1.755
2012-02-29	1.221	1.018	2.239
2012-03-31	1.076	0.908	1.984
2012-04-30	1.014	0.767	1.780
2012-05-31	1.172	0.765	1.937
2012-06-30	0.865	1.062	1.927
2012-07-31	1.190	1.142	2.331
2012-08-31	1.019	0.853	1.871
2012-09-30	1.247	0.783	2.030
2012-10-31	0.991	0.708	1.699
2012-11-30	0.685	0.513	1.198
2012-12-31	0.638	0.992	1.629
2013-01-31	0.871	0.989	1.860
2013-02-28	0.857	0.935	1.793
2013-03-31	0.677	1.004	1.681
2013-04-30	0.795	0.963	1.758
2013-05-31	0.981	0.841	1.822
2013-06-30	0.679	0.775	1.454
2013-07-31	0.659	0.871	1.529
2013-08-31	0.823	1.293	2.116
2013-09-30	1.143	0.778	1.922
2013-10-31	0.912	0.842	1.754
2013-11-30	0.702	0.726	1.428
2013-12-31	0.943	0.613	1.557

c. NGI A2 Patient Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
2010-01-31	2010	62	41,325	1.500
2010-02-28	2010	70	37,393	1.872
2010-03-31	2010	68	41,498	1.639
2010-04-30	2010	60	40,011	1.500
2010-05-31	2010	65	41,372	1.571
2010-06-30	2010	49	40,113	1.222
2010-07-31	2010	59	41,739	1.414
2010-08-31	2010	76	41,750	1.820
2010-09-30	2010	56	40,613	1.379
2010-10-31	2010	43	42,099	1.021
2010-11-30	2010	37	40,865	0.905
2010-12-31	2010	46	42,345	1.086
2011-01-31	2011	64	42,436	1.508
2011-02-28	2011	47	38,194	1.231
2011-03-31	2011	51	42,537	1.199
2011-04-30	2011	60	41,282	1.453
2011-05-31	2011	38	42,611	0.892
2011-06-30	2011	43	40,967	1.050
2011-07-31	2011	43	42,205	1.019
2011-08-31	2011	51	42,066	1.212
2011-09-30	2011	36	40,807	0.882
2011-10-31	2011	43	42,374	1.015
2011-11-30	2011	38	41,230	0.922
2011-12-31	2011	32	42,260	0.757
2012-01-31	2012	32	42,161	0.759
2012-02-29	2012	48	39,304	1.221
2012-03-31	2012	45	41,833	1.076
2012-04-30	2012	41	40,442	1.014
2012-05-31	2012	49	41,814	1.172
2012-06-30	2012	35	40,471	0.865
2012-07-31	2012	50	42,034	1.190
2012-08-31	2012	43	42,216	1.019
2012-09-30	2012	51	40,891	1.247
2012-10-31	2012	42	42,379	0.991
2012-11-30	2012	28	40,900	0.685
2012-12-31	2012	27	42,351	0.638
2013-01-31	2013	37	42,473	0.871
2013-02-28	2013	33	38,488	0.857
2013-03-31	2013	29	42,831	0.677
2013-04-30	2013	33	41,517	0.795
2013-05-31	2013	42	42,810	0.981
2013-06-30	2013	28	41,267	0.679
2013-07-31	2013	28	42,500	0.659
2013-08-31	2013	35	42,527	0.823
2013-09-30	2013	47	41,106	1.143
2013-10-31	2013	39	42,771	0.912
2013-11-30	2013	29	41,318	0.702
2013-12-31	2013	40	42,396	0.943

d. NGI A4 Staff Assault Violence Rates

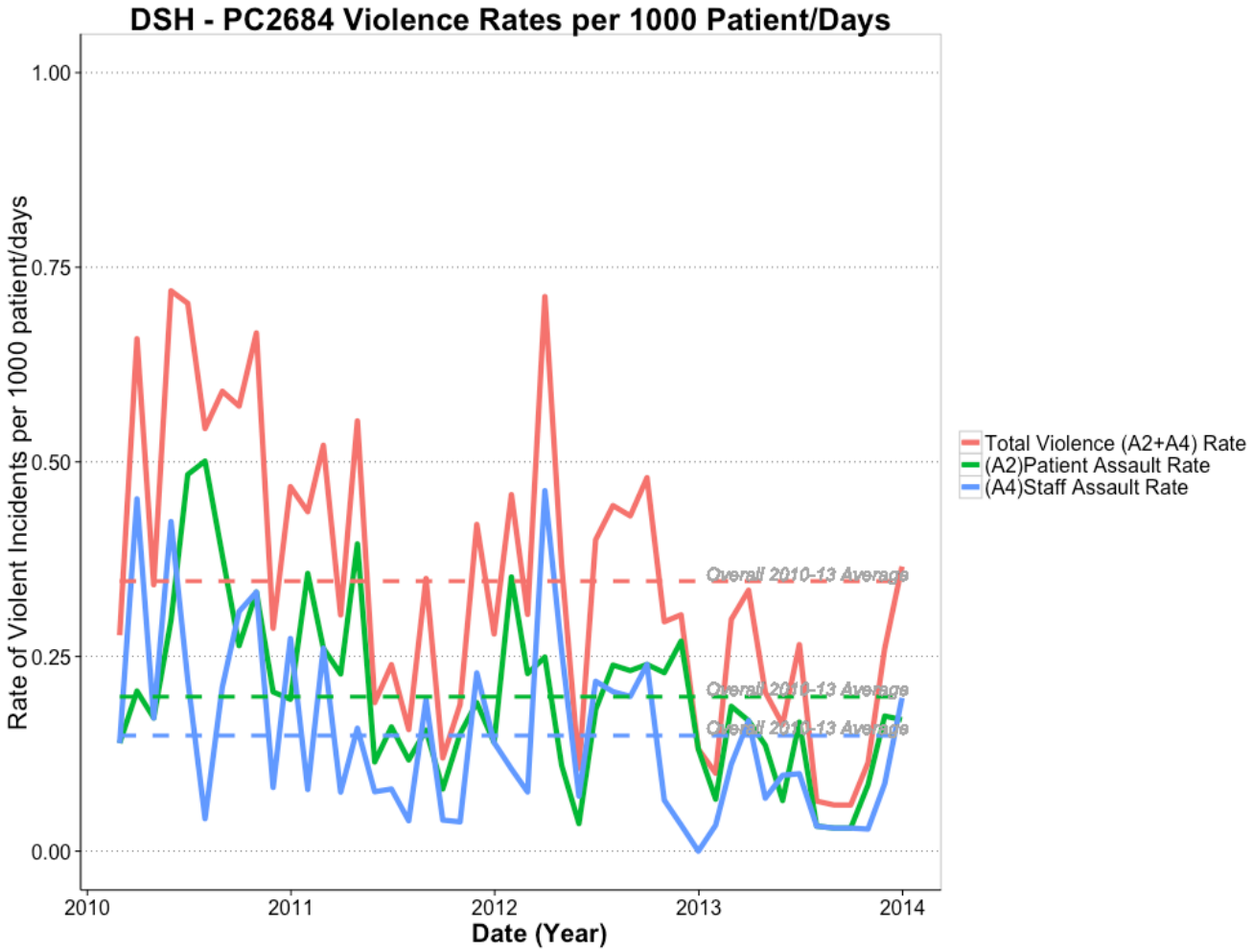
Date	Year	Incidents	Total_Patient_Days	rate.per.1000
2010-01-31	2010	38	41,325	0.920
2010-02-28	2010	42	37,393	1.123
2010-03-31	2010	32	41,498	0.771
2010-04-30	2010	21	40,011	0.525
2010-05-31	2010	24	41,372	0.580
2010-06-30	2010	16	40,113	0.399
2010-07-31	2010	37	41,739	0.886
2010-08-31	2010	40	41,750	0.958
2010-09-30	2010	19	40,613	0.468
2010-10-31	2010	28	42,099	0.665
2010-11-30	2010	22	40,865	0.538
2010-12-31	2010	26	42,345	0.614
2011-01-31	2011	27	42,436	0.636
2011-02-28	2011	17	38,194	0.445
2011-03-31	2011	35	42,537	0.823
2011-04-30	2011	34	41,282	0.824
2011-05-31	2011	24	42,611	0.563
2011-06-30	2011	32	40,967	0.781
2011-07-31	2011	30	42,205	0.711
2011-08-31	2011	14	42,066	0.333
2011-09-30	2011	21	40,807	0.515
2011-10-31	2011	26	42,374	0.614
2011-11-30	2011	24	41,230	0.582
2011-12-31	2011	35	42,260	0.828
2012-01-31	2012	42	42,161	0.996
2012-02-29	2012	40	39,304	1.018
2012-03-31	2012	38	41,833	0.908
2012-04-30	2012	31	40,442	0.767
2012-05-31	2012	32	41,814	0.765
2012-06-30	2012	43	40,471	1.062
2012-07-31	2012	48	42,034	1.142
2012-08-31	2012	36	42,216	0.853
2012-09-30	2012	32	40,891	0.783
2012-10-31	2012	30	42,379	0.708
2012-11-30	2012	21	40,900	0.513
2012-12-31	2012	42	42,351	0.992
2013-01-31	2013	42	42,473	0.989
2013-02-28	2013	36	38,488	0.935
2013-03-31	2013	43	42,831	1.004
2013-04-30	2013	40	41,517	0.963
2013-05-31	2013	36	42,810	0.841
2013-06-30	2013	32	41,267	0.775
2013-07-31	2013	37	42,500	0.871
2013-08-31	2013	55	42,527	1.293
2013-09-30	2013	32	41,106	0.778
2013-10-31	2013	36	42,771	0.842
2013-11-30	2013	30	41,318	0.726
2013-12-31	2013	26	42,396	0.613

The remainder of this page is intentionally left blank.

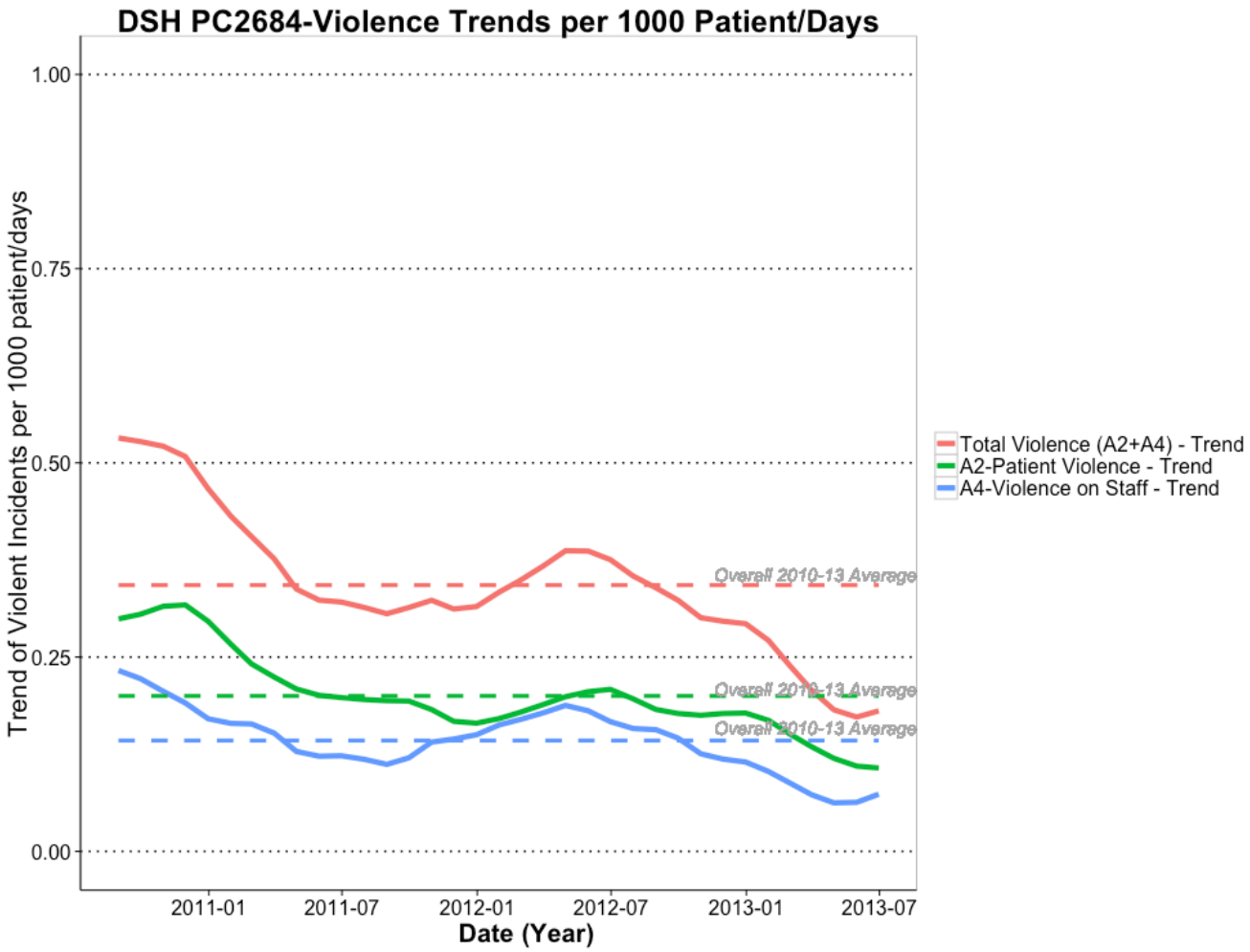
vii. Prison Inmates too mentally ill to be treated in CDCR (PC2684's)

a. Graph

i. PC2684 Monthly Rates



ii. PC2684 Monthly Trend of Rates



b. PC2684 Table of Assault Rates

Date	(A2)Patient Assault Rate	(A4)Staff Assault Rate	Total Violence (A2+A4) Rate
2010-01-31	0.431	0.216	0.647
2010-02-28	0.139	0.139	0.277
2010-03-31	0.206	0.452	0.658
2010-04-30	0.171	0.171	0.342
2010-05-31	0.296	0.423	0.720
2010-06-30	0.484	0.220	0.704
2010-07-31	0.501	0.042	0.543
2010-08-31	0.380	0.211	0.591
2010-09-30	0.264	0.308	0.572
2010-10-31	0.333	0.333	0.666
2010-11-30	0.205	0.082	0.286
2010-12-31	0.195	0.273	0.468
2011-01-31	0.357	0.079	0.436
2011-02-28	0.261	0.261	0.521
2011-03-31	0.228	0.076	0.303
2011-04-30	0.395	0.158	0.553
2011-05-31	0.115	0.076	0.191
2011-06-30	0.160	0.080	0.239
2011-07-31	0.117	0.039	0.156
2011-08-31	0.156	0.195	0.350
2011-09-30	0.080	0.040	0.120
2011-10-31	0.151	0.038	0.188
2011-11-30	0.191	0.229	0.420
2011-12-31	0.139	0.139	0.279
2012-01-31	0.352	0.106	0.458
2012-02-29	0.228	0.076	0.304
2012-03-31	0.249	0.463	0.712
2012-04-30	0.110	0.257	0.367
2012-05-31	0.035	0.071	0.106
2012-06-30	0.182	0.218	0.400
2012-07-31	0.239	0.205	0.444
2012-08-31	0.232	0.199	0.431
2012-09-30	0.240	0.240	0.480
2012-10-31	0.229	0.065	0.295
2012-11-30	0.270	0.034	0.304
2012-12-31	0.131	0	0.131
2013-01-31	0.067	0.033	0.100
2013-02-28	0.186	0.112	0.298
2013-03-31	0.168	0.168	0.335
2013-04-30	0.136	0.068	0.204
2013-05-31	0.065	0.098	0.163
2013-06-30	0.166	0.099	0.265
2013-07-31	0.032	0.032	0.064
2013-08-31	0.030	0.030	0.059
2013-09-30	0.030	0.030	0.059
2013-10-31	0.085	0.028	0.113
2013-11-30	0.174	0.087	0.260
2013-12-31	0.169	0.197	0.366

c. PC2684 A2 Patient Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
2010-01-31	2010	10	23,180	0.431
2010-02-28	2010	3	21,631	0.139
2010-03-31	2010	5	24,310	0.206
2010-04-30	2010	4	23,378	0.171
2010-05-31	2010	7	23,621	0.296
2010-06-30	2010	11	22,736	0.484
2010-07-31	2010	12	23,949	0.501
2010-08-31	2010	9	23,699	0.380
2010-09-30	2010	6	22,740	0.264
2010-10-31	2010	8	24,039	0.333
2010-11-30	2010	5	24,447	0.205
2010-12-31	2010	5	25,631	0.195
2011-01-31	2011	9	25,226	0.357
2011-02-28	2011	6	23,019	0.261
2011-03-31	2011	6	26,362	0.228
2011-04-30	2011	10	25,335	0.395
2011-05-31	2011	3	26,199	0.115
2011-06-30	2011	4	25,055	0.160
2011-07-31	2011	3	25,604	0.117
2011-08-31	2011	4	25,699	0.156
2011-09-30	2011	2	25,056	0.080
2011-10-31	2011	4	26,540	0.151
2011-11-30	2011	5	26,213	0.191
2011-12-31	2011	4	28,678	0.139
2012-01-31	2012	10	28,389	0.352
2012-02-29	2012	6	26,301	0.228
2012-03-31	2012	7	28,077	0.249
2012-04-30	2012	3	27,219	0.110
2012-05-31	2012	1	28,257	0.035
2012-06-30	2012	5	27,494	0.182
2012-07-31	2012	7	29,286	0.239
2012-08-31	2012	7	30,186	0.232
2012-09-30	2012	7	29,185	0.240
2012-10-31	2012	7	30,540	0.229
2012-11-30	2012	8	29,649	0.270
2012-12-31	2012	4	30,523	0.131
2013-01-31	2013	2	29,969	0.067
2013-02-28	2013	5	26,872	0.186
2013-03-31	2013	5	29,838	0.168
2013-04-30	2013	4	29,390	0.136
2013-05-31	2013	2	30,760	0.065
2013-06-30	2013	5	30,157	0.166
2013-07-31	2013	1	31,107	0.032
2013-08-31	2013	1	33,718	0.030
2013-09-30	2013	1	33,765	0.030
2013-10-31	2013	3	35,247	0.085
2013-11-30	2013	6	34,563	0.174
2013-12-31	2013	6	35,549	0.169

d. PC2684 A4 Staff Assault Violence Rates

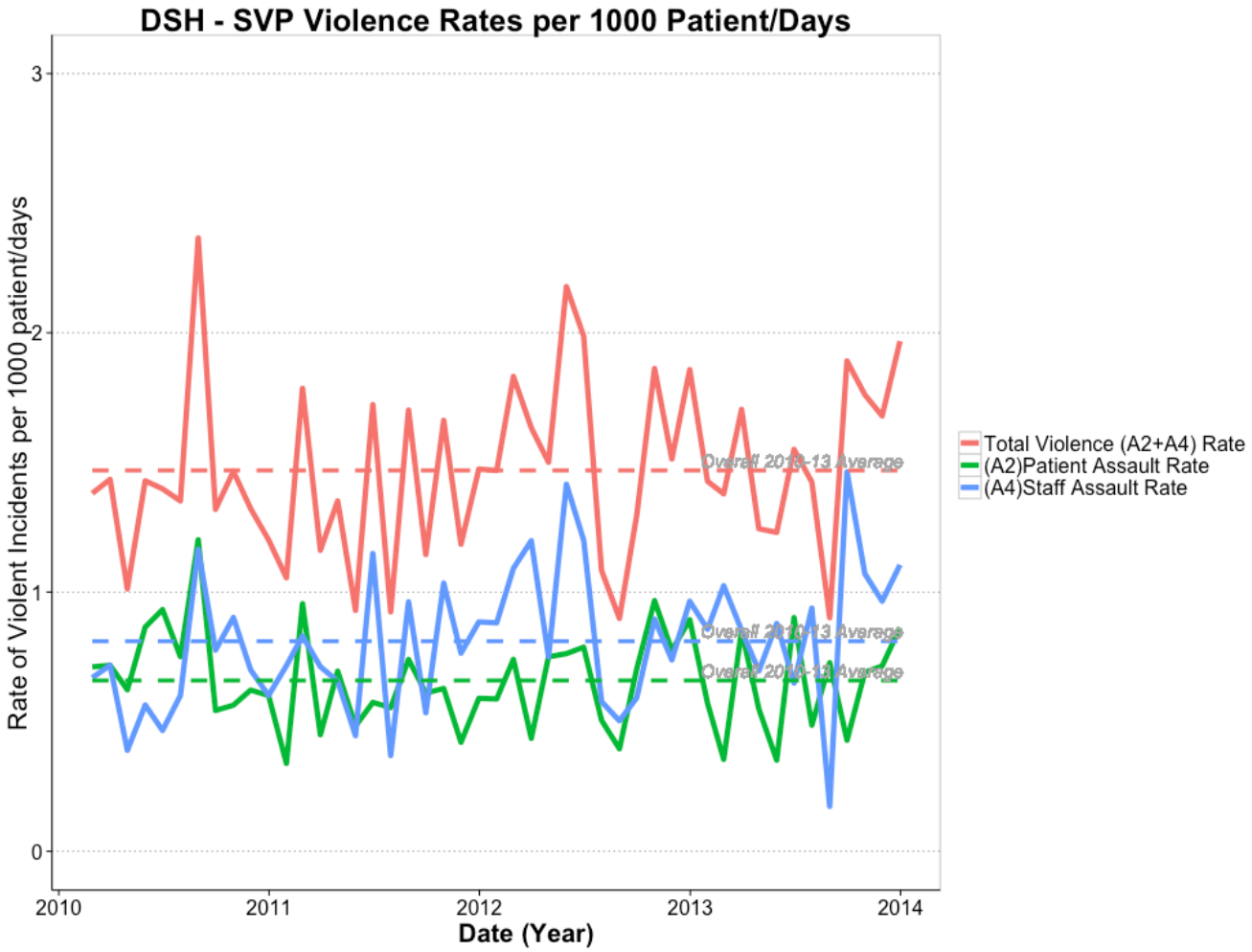
Date	Year	Incidents	Total_Patient_Days	rate.per.1000
2010-01-31	2010	5	23,180	0.216
2010-02-28	2010	3	21,631	0.139
2010-03-31	2010	11	24,310	0.452
2010-04-30	2010	4	23,378	0.171
2010-05-31	2010	10	23,621	0.423
2010-06-30	2010	5	22,736	0.220
2010-07-31	2010	1	23,949	0.042
2010-08-31	2010	5	23,699	0.211
2010-09-30	2010	7	22,740	0.308
2010-10-31	2010	8	24,039	0.333
2010-11-30	2010	2	24,447	0.082
2010-12-31	2010	7	25,631	0.273
2011-01-31	2011	2	25,226	0.079
2011-02-28	2011	6	23,019	0.261
2011-03-31	2011	2	26,362	0.076
2011-04-30	2011	4	25,335	0.158
2011-05-31	2011	2	26,199	0.076
2011-06-30	2011	2	25,055	0.080
2011-07-31	2011	1	25,604	0.039
2011-08-31	2011	5	25,699	0.195
2011-09-30	2011	1	25,056	0.040
2011-10-31	2011	1	26,540	0.038
2011-11-30	2011	6	26,213	0.229
2011-12-31	2011	4	28,678	0.139
2012-01-31	2012	3	28,389	0.106
2012-02-29	2012	2	26,301	0.076
2012-03-31	2012	13	28,077	0.463
2012-04-30	2012	7	27,219	0.257
2012-05-31	2012	2	28,257	0.071
2012-06-30	2012	6	27,494	0.218
2012-07-31	2012	6	29,286	0.205
2012-08-31	2012	6	30,186	0.199
2012-09-30	2012	7	29,185	0.240
2012-10-31	2012	2	30,540	0.065
2012-11-30	2012	1	29,649	0.034
2012-12-31	2012	0	30,523	0
2013-01-31	2013	1	29,969	0.033
2013-02-28	2013	3	26,872	0.112
2013-03-31	2013	5	29,838	0.168
2013-04-30	2013	2	29,390	0.068
2013-05-31	2013	3	30,760	0.098
2013-06-30	2013	3	30,157	0.099
2013-07-31	2013	1	31,107	0.032
2013-08-31	2013	1	33,718	0.030
2013-09-30	2013	1	33,765	0.030
2013-10-31	2013	1	35,247	0.028
2013-11-30	2013	3	34,563	0.087
2013-12-31	2013	7	35,549	0.197

The remainder of this page is intentionally left blank.

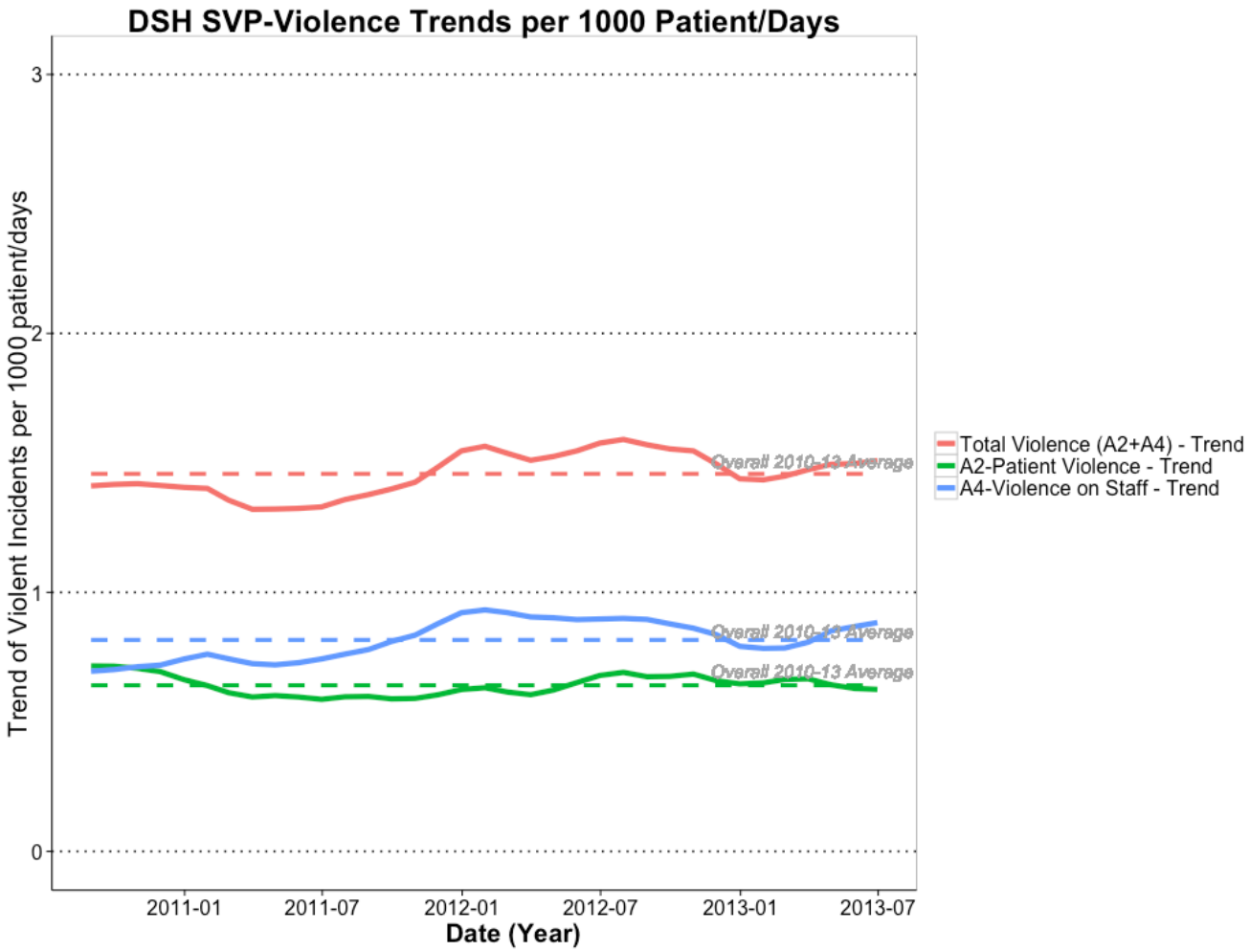
viii. Sexually Violent Prisoners (SVP's)

a. Graph

i. SVP Monthly Rates



ii. SVP Monthly Trend of Rates



b. SVP Table of Assault Rates

Date	(A2)Patient Assault Rate	(A4)Staff Assault Rate	Total Violence (A2+A4) Rate
2010-01-31	0.640	0.188	0.829
2010-02-28	0.711	0.669	1.381
2010-03-31	0.717	0.717	1.435
2010-04-30	0.623	0.389	1.012
2010-05-31	0.865	0.564	1.429
2010-06-30	0.932	0.466	1.398
2010-07-31	0.751	0.601	1.351
2010-08-31	1.202	1.164	2.366
2010-09-30	0.543	0.776	1.319
2010-10-31	0.564	0.902	1.465
2010-11-30	0.622	0.700	1.321
2010-12-31	0.601	0.601	1.202
2011-01-31	0.339	0.716	1.055
2011-02-28	0.955	0.831	1.786
2011-03-31	0.450	0.712	1.161
2011-04-30	0.695	0.656	1.351
2011-05-31	0.483	0.446	0.929
2011-06-30	0.574	1.148	1.723
2011-07-31	0.554	0.369	0.924
2011-08-31	0.740	0.962	1.702
2011-09-30	0.610	0.534	1.145
2011-10-31	0.628	1.034	1.662
2011-11-30	0.420	0.764	1.184
2011-12-31	0.590	0.885	1.474
2012-01-31	0.587	0.881	1.469
2012-02-29	0.741	1.091	1.832
2012-03-31	0.436	1.198	1.633
2012-04-30	0.750	0.750	1.500
2012-05-31	0.762	1.416	2.178
2012-06-30	0.787	1.200	1.987
2012-07-31	0.505	0.577	1.083
2012-08-31	0.395	0.503	0.898
2012-09-30	0.703	0.592	1.295
2012-10-31	0.967	0.895	1.862
2012-11-30	0.775	0.738	1.513
2012-12-31	0.893	0.965	1.858
2013-01-31	0.571	0.856	1.427
2013-02-28	0.355	1.024	1.379
2013-03-31	0.852	0.852	1.704
2013-04-30	0.549	0.695	1.244
2013-05-31	0.351	0.879	1.230
2013-06-30	0.901	0.649	1.550
2013-07-31	0.486	0.938	1.424
2013-08-31	0.728	0.173	0.901
2013-09-30	0.428	1.463	1.891
2013-10-31	0.691	1.070	1.761
2013-11-30	0.715	0.965	1.679
2013-12-31	0.863	1.105	1.968

c. SVP A2 Patient Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
2010-01-31	2010	17	26,549	0.640
2010-02-28	2010	17	23,903	0.711
2010-03-31	2010	19	26,489	0.717
2010-04-30	2010	16	25,690	0.623
2010-05-31	2010	23	26,592	0.865
2010-06-30	2010	24	25,749	0.932
2010-07-31	2010	20	26,638	0.751
2010-08-31	2010	32	26,629	1.202
2010-09-30	2010	14	25,779	0.543
2010-10-31	2010	15	26,616	0.564
2010-11-30	2010	16	25,732	0.622
2010-12-31	2010	16	26,630	0.601
2011-01-31	2011	9	26,547	0.339
2011-02-28	2011	23	24,081	0.955
2011-03-31	2011	12	26,695	0.450
2011-04-30	2011	18	25,902	0.695
2011-05-31	2011	13	26,908	0.483
2011-06-30	2011	15	26,122	0.574
2011-07-31	2011	15	27,070	0.554
2011-08-31	2011	20	27,030	0.740
2011-09-30	2011	16	26,210	0.610
2011-10-31	2011	17	27,072	0.628
2011-11-30	2011	11	26,176	0.420
2011-12-31	2011	16	27,132	0.590
2012-01-31	2012	16	27,236	0.587
2012-02-29	2012	19	25,658	0.741
2012-03-31	2012	12	27,549	0.436
2012-04-30	2012	20	26,658	0.750
2012-05-31	2012	21	27,549	0.762
2012-06-30	2012	21	26,676	0.787
2012-07-31	2012	14	27,712	0.505
2012-08-31	2012	11	27,826	0.395
2012-09-30	2012	19	27,029	0.703
2012-10-31	2012	27	27,924	0.967
2012-11-30	2012	21	27,100	0.775
2012-12-31	2012	25	27,993	0.893
2013-01-31	2013	16	28,029	0.571
2013-02-28	2013	9	25,386	0.355
2013-03-31	2013	24	28,161	0.852
2013-04-30	2013	15	27,327	0.549
2013-05-31	2013	10	28,456	0.351
2013-06-30	2013	25	27,737	0.901
2013-07-31	2013	14	28,792	0.486
2013-08-31	2013	21	28,863	0.728
2013-09-30	2013	12	28,023	0.428
2013-10-31	2013	20	28,963	0.691
2013-11-30	2013	20	27,991	0.715
2013-12-31	2013	25	28,968	0.863

d. SVP A4 Staff Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
2010-01-31	2010	5	26,549	0.188
2010-02-28	2010	16	23,903	0.669
2010-03-31	2010	19	26,489	0.717
2010-04-30	2010	10	25,690	0.389
2010-05-31	2010	15	26,592	0.564
2010-06-30	2010	12	25,749	0.466
2010-07-31	2010	16	26,638	0.601
2010-08-31	2010	31	26,629	1.164
2010-09-30	2010	20	25,779	0.776
2010-10-31	2010	24	26,616	0.902
2010-11-30	2010	18	25,732	0.700
2010-12-31	2010	16	26,630	0.601
2011-01-31	2011	19	26,547	0.716
2011-02-28	2011	20	24,081	0.831
2011-03-31	2011	19	26,695	0.712
2011-04-30	2011	17	25,902	0.656
2011-05-31	2011	12	26,908	0.446
2011-06-30	2011	30	26,122	1.148
2011-07-31	2011	10	27,070	0.369
2011-08-31	2011	26	27,030	0.962
2011-09-30	2011	14	26,210	0.534
2011-10-31	2011	28	27,072	1.034
2011-11-30	2011	20	26,176	0.764
2011-12-31	2011	24	27,132	0.885
2012-01-31	2012	24	27,236	0.881
2012-02-29	2012	28	25,658	1.091
2012-03-31	2012	33	27,549	1.198
2012-04-30	2012	20	26,658	0.750
2012-05-31	2012	39	27,549	1.416
2012-06-30	2012	32	26,676	1.200
2012-07-31	2012	16	27,712	0.577
2012-08-31	2012	14	27,826	0.503
2012-09-30	2012	16	27,029	0.592
2012-10-31	2012	25	27,924	0.895
2012-11-30	2012	20	27,100	0.738
2012-12-31	2012	27	27,993	0.965
2013-01-31	2013	24	28,029	0.856
2013-02-28	2013	26	25,386	1.024
2013-03-31	2013	24	28,161	0.852
2013-04-30	2013	19	27,327	0.695
2013-05-31	2013	25	28,456	0.879
2013-06-30	2013	18	27,737	0.649
2013-07-31	2013	27	28,792	0.938
2013-08-31	2013	5	28,863	0.173
2013-09-30	2013	41	28,023	1.463
2013-10-31	2013	31	28,963	1.070
2013-11-30	2013	27	27,991	0.965
2013-12-31	2013	32	28,968	1.105

Glossary of Legal Terms for Patient Commitments

Overall Commitment / Census Group	Legal Class Text	Legal Code Section	Description
PC 2684	PC2684	PC 2684	Prisoner from the Department of Corrections
	PC2684A	PC 2684A	Prisoner from Dept. of Corrections
DJJ	DJJ	WIC 1756	Youth Authority Certification/Youth Authority Referral through Regional Office
PC 1370 IST	IST PC1370	PC 1370 or TITLE 18 USC 4244	Incompetent to Stand Trial
IST (other)	MIST	PC 1370.01	Misdemeanant Incompetent to Stand Trial
	EIST	PC 1372(e)	Restored (IST) on Court Hold
	ROIST RO1370	PC 1610	Temporary Admission while waiting for Court Revocation of a PC 1370 (IST)
	DDIST	PC 1370.1	Commitment as Incompetent to Stand Trial because of Developmental Disability (up to 6 months) and Mental Disorder
LPS	T.Cons	WIC 5353	Temporary Conservatorship
	CONS	WIC 5358	Conservatorship
	VOL	WIC 6000	Voluntary
	DET	WIC 5150	72-Hour Detention
	CERT	WIC 5250	14-Day Certification
	SUIC	WIC 5260	Additional 14-Day Certification for Suicidal Persons
	POST	WIC 5304(a)	180-Day Post Certification--ONLY (until 6/91 used for pending cases also, see 37)
	ADD	WIC 5304(b)	Additional 180-Day Post Certification

Overall Commitment / Census Group	Legal Class Text	Legal Code Section	Description
	PC2974	PC 2974	Recommitment After Expiration of Prison Term (Must have concurrent W&I commitment)
	A-CERT	WIC 5270.15	30-Day Certification
	PCD	WIC 5303	Pending Court Decision on 180-Day Post Certification
	MURCON	WIC 5008(h)(1)(B)	Murphy's Conservatorship
	DMR	WIC 6500, 6509	Dangerous Mentally Retarded Committed by Court
	CAMR	WIC 4825, 6000(a)	Voluntary Adult Mentally Retarded Under Own Signature by Regional Center
	VJCW	WIC 6552	Voluntary Juvenile Court Ward
	DMRH	WIC 6506	Hold Pending Hearing on W&I 6509 Petition
MDO (PC 2962/2964a)	MDO PC2962	PC 2962	Parolee Referred from the Department of Corrections
	PC2964a	PC 2964(a)	Parolee Rehospitalized from Conrep after DMH hearing
MDO (PC 2972)	PC2972	PC 2972	Former Parolee Referred from Superior Court
	RO2972	PC 1610	Temporary Admission while waiting for Court Revocation of PC 2972
MDSO	MDSO	WIC 6316	Mentally Disordered Sex Offender--Observation
	MDSOI	WIC 6316	1. MDSOI Observation Indeterminate; 2. MDSO Return by Court
	ROMDSO	PC 1610	Temporary Admission while waiting for Court Revocation of MDSO
NGI (PC1026)	NGI PC1026	PC 1026	Not Guilty by Reason of Insanity
NGI (OTHER)	RONGI RO1026	PC 1610	Temporary Admission while waiting for Court Revocation of a PC 1026 (NGI)

NGI (Other)	MNGI	WIC 702.3	Minor Not Guilty by Reason of Insanity
SVP (W&I 6604)	SVP	WIC 6604	Sexually Violent Predator
SVP (W&I 6602)	SVPP	WIC 6602	Sexually Violent Predator Probable Cause
SVP (OTHER)	SVPH	WIC 6601.3	Sexually Violent Predator BPT Hold
	SVPE	WIC 6600	Sexually Violent Predator Court Hold