HISTORY:

The Department of State Hospitals (DSH) - Napa opened on Monday, November 15, 1875. The hospital originated due to overcrowded conditions at the Stockton Asylum, the first State Hospital. The land extended from a wharf on the Napa River to the eastern edge of Skyline Park, allowing for the development of dairy and poultry ranches, vegetable gardens, orchards and other farming operations necessary to make the hospital as self-sufficient as possible. The population peaked in 1960 with over 5,000 patients in residence and then steadily declined with the arrival of psychotropic medications and the development of county-based programs. Treatment programs for developmentally disabled residents were operational from October 1968 to August 1987 and from October 1995 to March 2001.
Patient Population:

**Total Licensed Bed Capacity:** 1,362

**Current Patient Census:** (as of January 2013): 1,183 - DSH – Napa has a patient population generally comprised of 80% penal code commitments and 20% civil commitments.

- PC 1370 Incompetent to Stand Trial 305
- PC 1026 Not Guilty By Reason of Insanity 542
- PC 2972 Mentally Disordered Offender 103
- Lanterman Petris-Short (LPS) – Civil Commitments 200

Hospital Staff: A total of 2388 staff work at DSH-Napa, including psychologists, psychiatrists, social workers, rehabilitation therapists, registered nurses, psychiatric technicians, and other clinical and administrative staff.

Union Representation: DSH -Napa staff are represented by the following employee union organizations:

- American Federation Of State, County, and Municipal Employees (AFSCME):
- California Statewide Law Enforcement Association (CSLEA): 202
- California Association of Psychiatric Technicians (CAPT): 120
- State Employees International Union (SEIU): 661
- International Union of Operation Engineers (IUOE): 73
- Union of American Physicians and Dentists (UAPD): 91

Treatment Services and Programs: The hospital offers a broad range of diagnostic, treatment, habilitation, and rehabilitation services. Such treatment may involve pharmacological therapy, patient and group psychotherapy, educational, vocational, and competency training, as well as other therapies such as independent living skills development, physical medical service, habilitation services such as supportive and cognitive skills development, and leisure time activities. Most patients are admitted under PC 1026, PC 2972, PC 1370, and LPS.

Lanterman Petris-Short (LPS)
The LPS program provides treatment for civilly committed patients who suffer from severe symptoms of mental illness, who engage in the behaviors that are dangerous to themselves or others. The program provides a highly structured treatment environment for re-socialization in preparation for community placement.
PC 1026 or PC 2972
The goal of treatment services is to help patients control violent behaviors and assist them in effectively dealing with the forensic issues surrounding their commitment. Patients also work on developing socially responsible behaviors, independent living skills and comprehensive treatment plans for their mental illness, forensic issues and, if applicable, substance abuse issues. Services include an emphasis on Substance Recovery education, recovery-directed skills development, vocational services, job skills development, leisure and recreation skills development and individual and group psychotherapy.

PC 1370
The primary focus of treatment for PC 1370 patients is to assist them in attaining trial competency and return them to court for adjudication of pending charges. The Treatment Team provides a comprehensive trial competency program which includes competency groups geared toward teaching trial competency information.