



# The California Department of State Hospitals 2016 Annual Report







## The Department of State Hospitals

Providing evaluation and treatment in a safe and responsible manner,  
seeking innovation and excellence in hospital operations,  
across a continuum of care and settings.





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# Department Overview

The Department of State Hospitals (DSH) manages the California state hospital system, which provides mental health services to patients admitted into its facilities. The department strives to provide effective treatment in a safe environment and in a fiscally responsible manner.

**DSH oversees** five state hospitals and three psychiatric programs located inside of state prisons. Its five state hospitals are Atascadero, Coalinga, Metropolitan (in Los Angeles County), Napa and Patton.

Through an interagency agreement with the California Department of Corrections and Rehabilitation (CDCR), it also treats inmates at prisons in Salinas Valley, Stockton and Vacaville.

All eight facilities are fully licensed by the California Department of Public Health, and must regularly meet or exceed regulatory standards to continue providing care.

DSH was created in the Budget Act of 2012–13, which eliminated the Department of Mental Health by transferring its various functions to other departments.

In Fiscal Year 2015–16, the department employed 11,240 staff and served nearly 13,000 patients in a 24/7 hospital system supported by a \$1.8 billion budget.







## Director's Message

PAM AHLIN

*Director of the Department of State Hospitals*

The Department of State Hospitals (DSH) is the nation's largest inpatient mental health hospital system. Annually, DSH cares for nearly 13,000 of the most seriously mentally ill patients—far more than any other state. On any given day, there are approximately 6,800 patients in this giant hospital system which runs nonstop, every hour of every day of every year.

In addition, DSH oversees 625 people in conditional release programs across the state and provides services and criminal trial competency treatment inside a growing number of county jails.

These numbers tell many stories. One, however, stands out more than others: every day patients are successfully treated, stabilized and discharged from DSH facilities. Nearly 6,000 patients are discharged annually. This success occurs because DSH delivers treatment that is evidence-based, state of the art, and meets the patient's individual needs.

Staff trained in psychiatry, psychology, social work, and rehabilitation therapy treat patients using dynamic clinical modalities such as cognitive remediation, trauma-informed care, crisis intervention, and court competency. DSH provides medical and nursing care along with a wide spectrum of rehabilitation, physical and occupational therapy.

Research by DSH clinical staff on reducing patient violence and the contributions of staff to text books and medical journals, is changing patient care across the nation. In their work, these dedicated clinicians partner with nationally and internationally recognized experts in forensic mental health at the University of California. One day when a solution is discovered to

the problem of how to successfully treat violence in forensic state hospitals and establish safe environments, it will come from the work at DSH.

In addition to providing innovative care, meeting the needs of patients also demands that the department invest in its staff. Employees must have training and resources to do their jobs well. DSH has established its own police academy where officers are trained in law enforcement techniques for mentally ill patients. California's community colleges have affiliated with DSH to offer a certificate program to train psychiatric technicians. Many are hired upon graduation to work in state hospitals. In addition, DSH has partnered with the University of California to offer forensic fellowships for psychiatrists.

As the department grapples with some of the most difficult issues facing forensic mental health systems, I cannot help but be inspired by the continuing commitment of staff to California's most vulnerable—and most challenging—patients. Working in situations that are often complicated and sometimes dangerous, these government employees reflect the highest ideals of public service. They have earned our respect and gratitude.

**“DSH delivers treatment that is evidence-based, state of the art, and meets the patient's individual needs.”**



# Dramatic Shift in the Patient Population at State Hospitals

The patient population has changed dramatically in the last 25 years. In 1991, the Bronzan-Wright-McCorquodale Realignment Act shifted authority from the state to the counties for mental health care and other health programs. Prior to that shift, the population of state hospital beds was almost evenly split between civilly committed patients needing intermediate or long term care and forensic

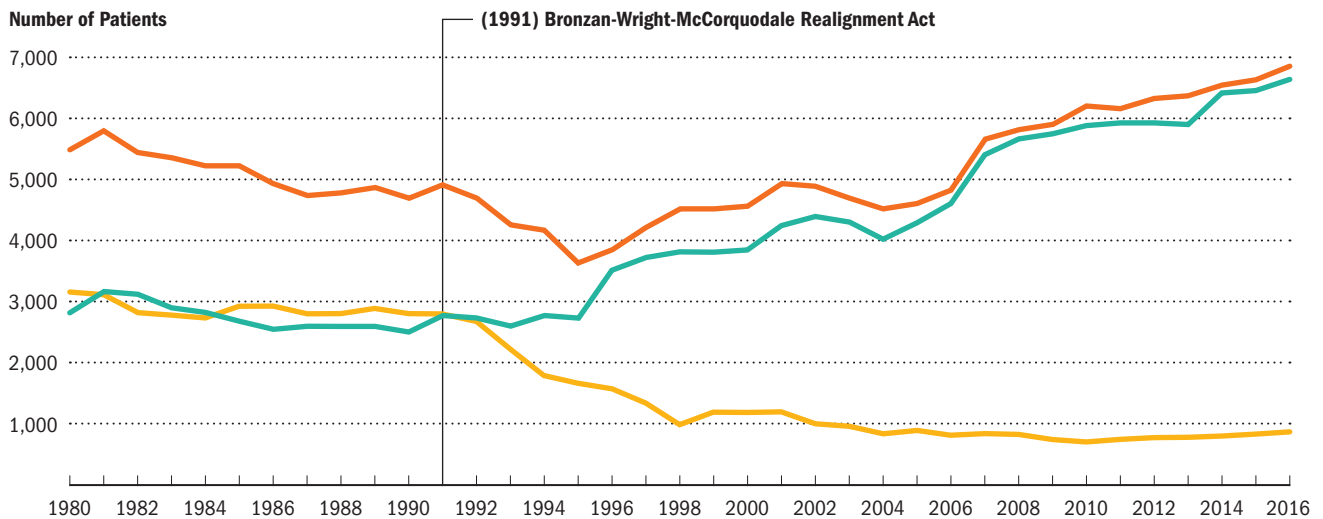
patients—those with a serious mental illness who were involved with the criminal justice system.

The rest of the 1990s saw a steep decline in civil commitments and a sharp increase in forensic commitments. Today, the number of forensic patients continues to rise, even with an increase in the number of beds to treat them in state hospitals. Forensic patients now make up more than 90 percent of DSH patient population.

## 1980-2016 CALIFORNIA STATE HOSPITALS PATIENTS

Prior to 1992, the use of state hospital beds was almost evenly split between civilly committed patients and forensic committed patients. By 2002, forensic patients made up 90 percent of DSH's patient population.

- Total
- Forensic (Non-LPS)
- Civil (LPS)



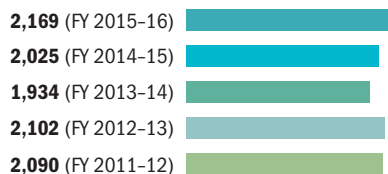


# Patient Population Growth

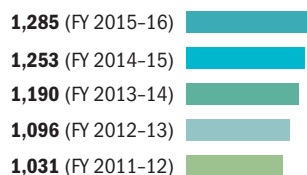
The overall number of patients served in a state hospital or psychiatric program has increased by 16 percent since the 2011–12 Fiscal Year. This is largely due to the opening and growth of the Stockton psychiatric program and activation of beds across the DSH system to provide additional capacity for Incompetent to Stand Trial patients.

## ALL COMMITMENT TYPES

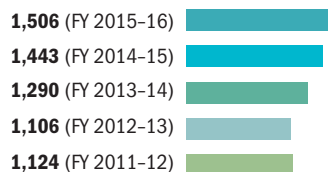
### Atascadero



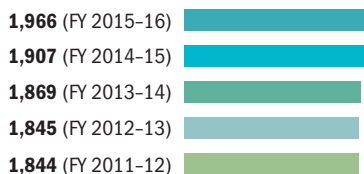
### Coalinga



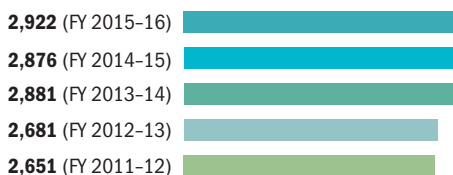
### Metropolitan



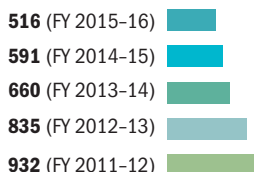
### Napa



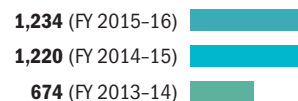
### Patton



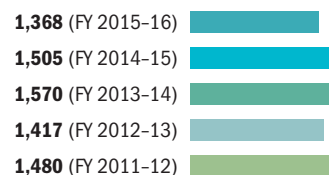
### Salinas Valley



### Stockton



### Vacaville

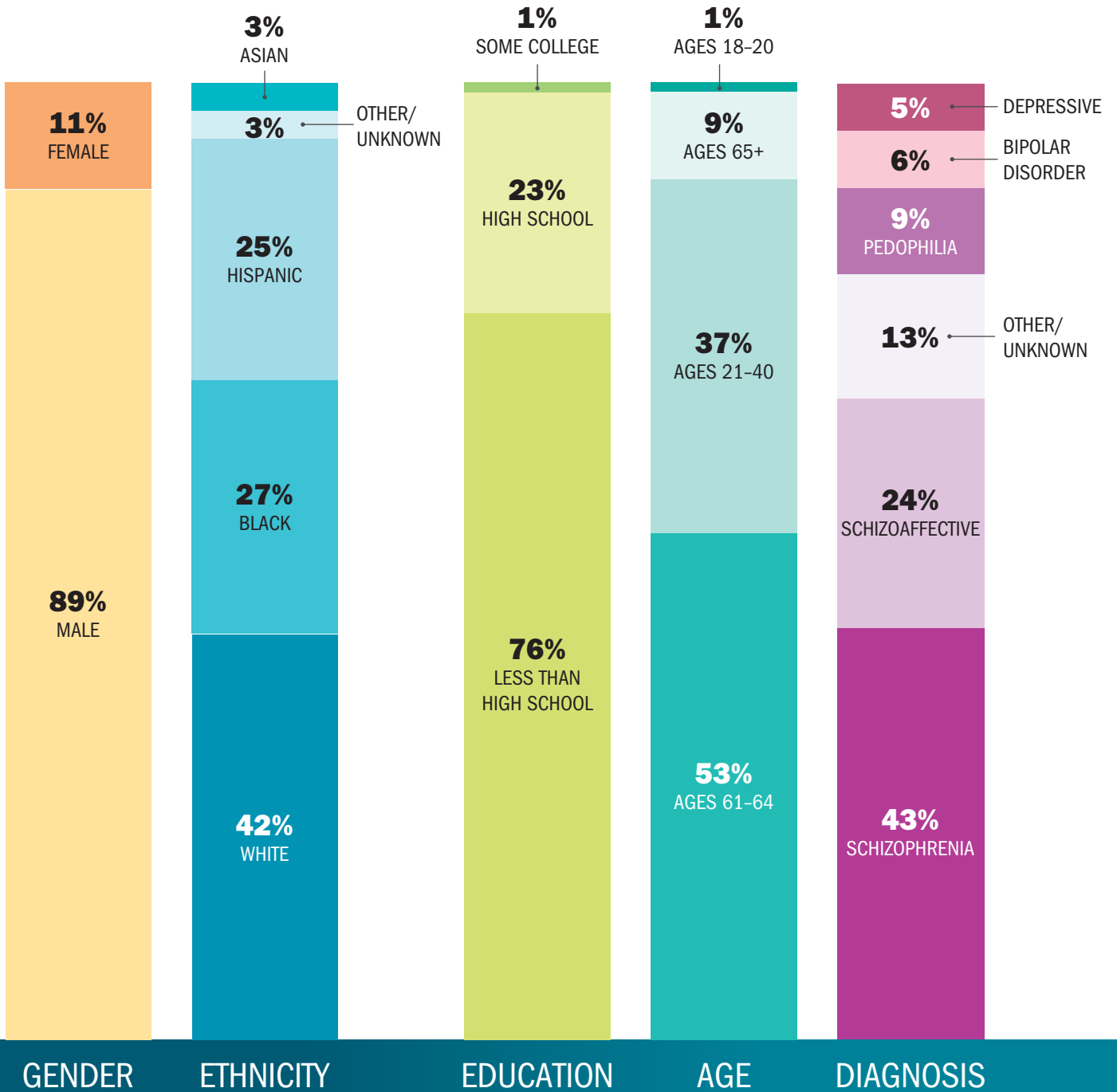


## System-Wide Total



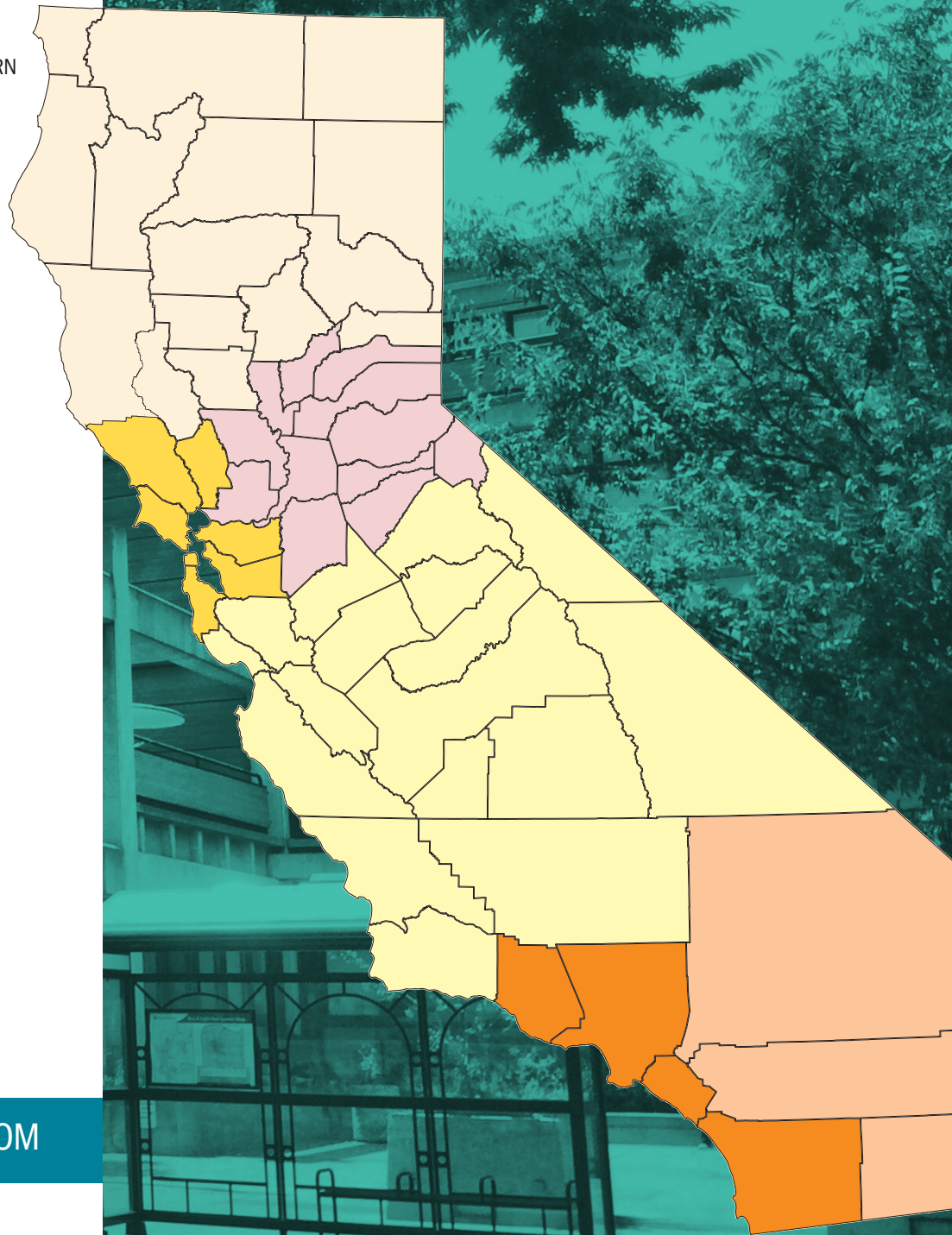
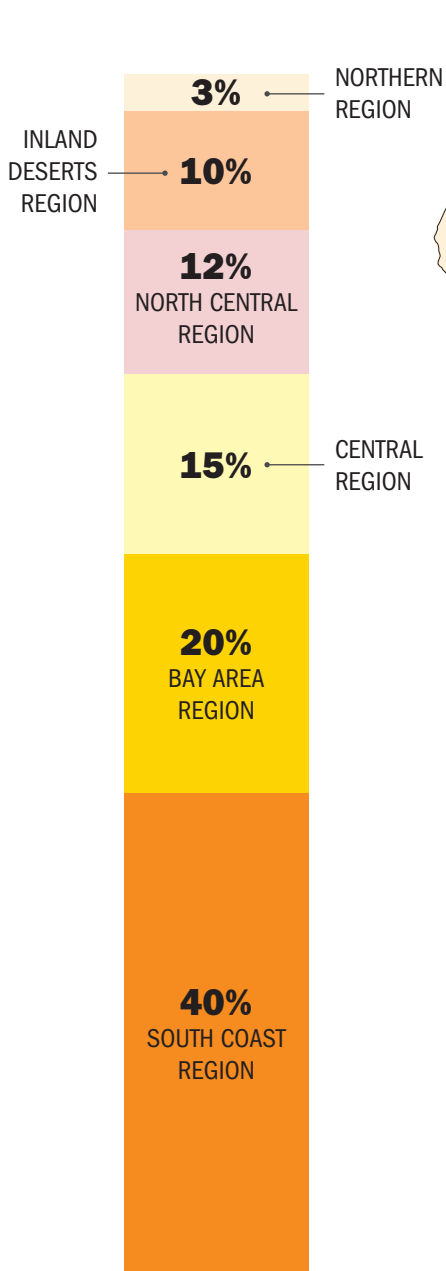


# DSH Patient Demographics



## SUMMARY

Annually, DSH cares for nearly 13,000 patients. The above graphics illustrate that the majority of the patient population is male, non-white, in their 60s with less than a high school education. The most common diagnosis among DSH patients is schizophrenia or schizoaffective disorder.



WHERE PATIENTS COME FROM



# Hospitals and Psychiatric Programs

## Atascadero

**History:** DSH-Atascadero in San Luis Obispo County opened in 1954 and is a psychiatric hospital constructed within a secure perimeter. The majority of the all-male patient population is remanded for treatment by a county or by the California Department of Corrections and Rehabilitation (CDCR).

**Community:** Approximately 1,965 employees work at the hospital and about 43 percent of them live in Atascadero. The hospital has a partnership with Cuesta College, one of the top training programs for Psychiatric Technicians in California. The State Hospital Police Academy is also located here providing a 17-week intensive course and college credit in criminal justice.

## Coalinga

**History:** DSH-Coalinga in Fresno County opened in 2005 as a self-contained psychiatric hospital constructed with a security perimeter. CDCR provides security as well as transportation to patients outside of the facility.

**Community:** Approximately 1,925 employees work here and about a third of them live in Coalinga itself. Each year, DSH-Coalinga contracts with about 200 local companies for goods and services, spending over \$15 million. The hospital has partnerships with West Hills College—Coalinga, West Hills College—Lemoore, Fresno City College and California State University, Fresno which provide the DSH hospitals with hundreds of staff each year.



## Patton

**History:** DSH-Patton first opened in 1893. At one time the facility included its own railroad stop, along with livestock, vegetable gardens and orchards. It currently has a secure treatment area with security provided by CDCR.

**Community:** Approximately 2,700 employees work at the hospital with half of them living in the surrounding communities of Highlands, San Bernardino, Redlands and Colton. The hospital's partnership with San Bernardino Valley College, Hacienda La Puente Adult Education, provides the hospital with hundreds of graduates over the course of many years. Registered nurses, psychiatrists, physicians, psychologists, social workers, rehabilitation therapist and a wide range of other healthcare-related disciplines from area colleges and universities complete their clinical rotations at this hospital.

## Metropolitan

**History:** When DSH-Metropolitan opened in 1916 it was surrounded by oil wells and had its own farm, dairy and livestock. Today it is located within the urban community of Norwalk in Los Angeles County. The hospital is an open campus with a secure perimeter.

**Community:** Approximately 1,450 employees work here, commuting to work from communities in Los Angeles, Orange, Riverside, San Bernardino and Ventura counties. The hospital is the second largest employer in the City of Norwalk. The hospital partners with various colleges and universities throughout Southern California including: Cypress College, Mt. San Antonio College, American University of Health Science, California State University—Dominguez Hills, West Coast University, CNI College, Azusa Pacific University, University of Southern California and California State University in Long Beach.

## Napa

**History:** DSH-Napa opened on November 15, 1875 and is the oldest state hospital still in operation. The hospital was once self-sufficient with its own dairy, poultry ranch, vegetable gardens and orchards.

**Community:** Approximately 2,340 people work at DSH-Napa. Almost 35 percent of them also live in Napa County and almost 50 percent live in Solano County. The hospital is a partner with both Napa Valley College and Solano Community College and leases several buildings on the hospital grounds to community service businesses and providers of mental health services.

## Vacaville

**History:** The state's oldest psychiatric program inside of a state prison, this program opened in 1988 inside of the California Medical Facility.

**Community:** Approximately 517 employees work here and almost half of them live in Vacaville. The facility serves as a clinical rotation site for nurses and psychiatric technicians from several colleges and universities including: Napa Valley College, Unitek Career College, Gurnick Academy, American College of Nursing, Solano Community College and Oikos University. There are also interns and fellowships with California State University—Sacramento and University of California—Berkeley. DSH-Vacaville also has a pre-doctoral internship and post-doctoral fellowship program.



## Salinas Valley

**History:** In 2003, the Department of Mental Health opened DSH-Salinas Valley inside of Salinas Valley Prison. The facility was the result of a plan to assist the California Department of Corrections and Rehabilitation address the growing needs for mental health treatment inside of state prisons.

**Community:** Approximately 408 employees work at DSH—Salinas Valley. The hospital provides internship programs for psychologists, social workers and rehabilitation therapist. DSH-Salinas Valley partners with San Jose University, California State University—Monterey Bay, Chico State University, Fresno State University, Palo Alto University, and Alliant International University. Students have an opportunity to grow in their professional development in a correctional setting by providing various treatment groups, completing forensic reports, and working in a team environment.

## Stockton

**History:** In 2013, this psychiatric program located inside of the California Health Care Facility opened to its first forensic patients.

**Community:** Approximately 815 employees work at the facility and 250 of them live in the community. The hospital is a partner with Delta College and Touro University in Vallejo. Students from these schools have training rotations inside of DSH facilities and many go on to join the hospital staff.



● FREE-STANDING HOSPITALS

● PRISON PSYCHIATRIC PROGRAMS



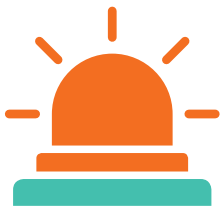
# 2015–2016 Budget Highlights

## Bed Capacity Increases

The increase of Incompetent to Stand Trial (IST) admissions across the state has required DSH to increase capacity at several hospitals in order to adjust to the influx and adjust facilities to receive more patients of other commitment types.



**55 ADDITIONAL BEDS IN DSH-ATASCADERO**  
**50 ADDITIONAL BEDS IN DSH-COALINGA**  
**40-BED CIVIL COMMITMENT UNIT OPENED AT DSH-METROPOLITAN**



**ADDITIONAL IMPROVEMENTS:**  
**UPGRADE TO THE FIRE ALARM SYSTEM AT DSH-PATTON.**  
**EXPANSION OF THE SECURE TREATMENT COURTYARD AT DSH-COALINGA.**

## Facility Improvements

\$31 million to provide secure fencing and related changes around existing patient housing at DSH-Metropolitan, so that it can treat more Incompetent to Stand Trial patients. The improvements will make over 200 beds available to meet the increasing demands of the increasing number of forensic patients.

## Jail-Based Competency Treatment

Jail Based Competency Treatment (JBCT) is a special program created to reduce the number of people awaiting admission into state hospitals by treating incompetent to stand trial patients inside of special units located in county jails.



**76 ADDITIONAL BEDS IN SAN BERNARDINO COUNTY**  
**16 ADDITIONAL BEDS IN SACRAMENTO COUNTY**  
**16 ADDITIONAL BEDS IN OTHER COUNTIES**



**ACTIVATED 30-BED UNIT IN DSH-VACAVILLE FOR COLEMAN PATIENTS**

## Coleman Patients

Coleman Patients are individuals referred for mental health care from California Department of Corrections and Rehabilitation. This class of patient is subject to oversight by federal court due to ongoing litigation.

# \$1.76 Billion

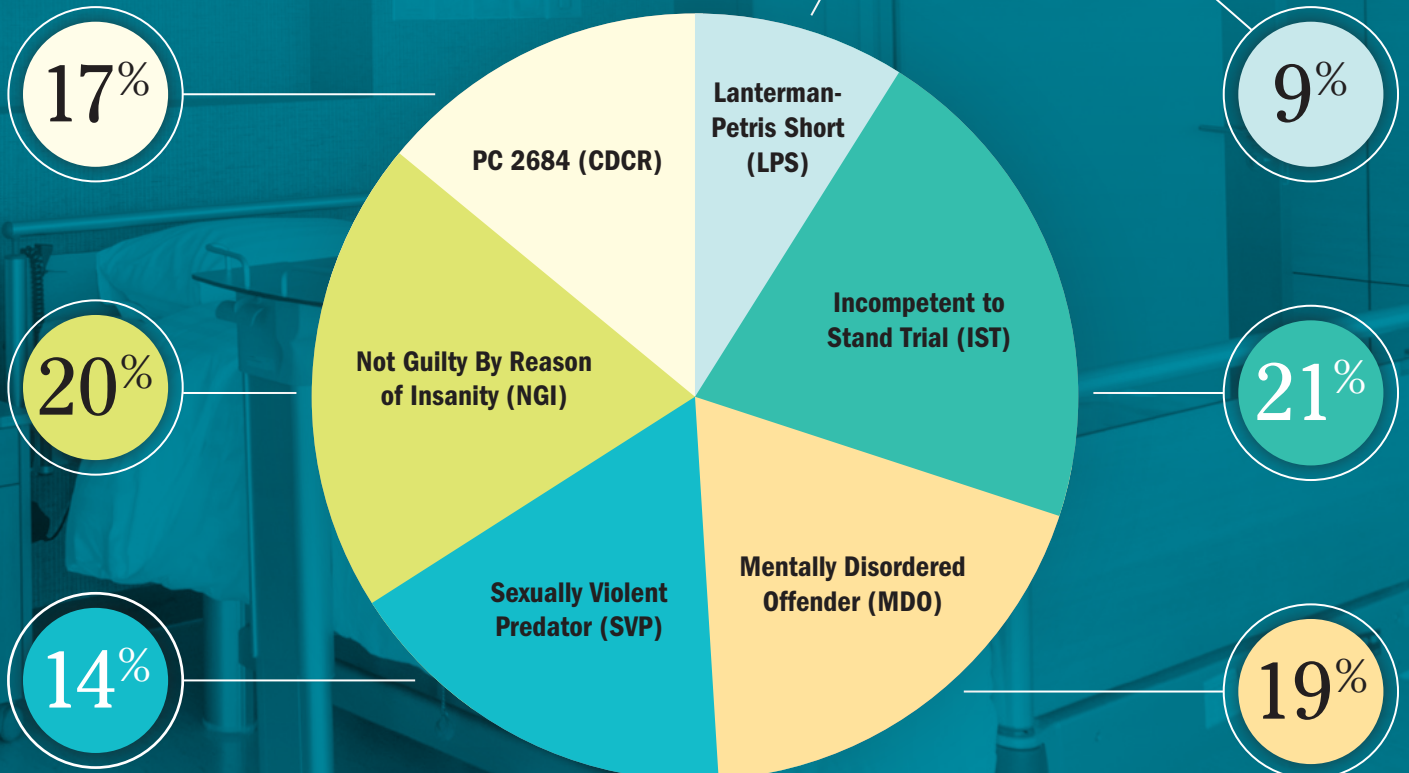
TOTAL BUDGET FOR FY 2015-16

# 11,496

TOTAL POSITIONS FOR FY 2015-16

# 6,878

FY 2015-16 AVERAGE DAILY CENSUS





# 2016 Legislative Highlights



## Assembly

**AB 1836 (Maienschein)** authorizes a court to refer a conservatee for an assessment by the local mental health system or determine if the conservatee is gravely disabled as a result of a mental disorder or chronic alcoholism and is unwilling or incapable of accepting treatment voluntarily.

**AB 1906 (Melendez)** requires the Department, when submitting requests for petitions to commit an individual as a Sexually Violent Predator (SVP), to submit the request no later than 20 days prior to the individual's scheduled release date from state prison. The bill also clarifies how long an inmate may be held for good cause while they are evaluated for potential SVP status.

**AB 1962 (Dodd)** requires the Department, by July 1, 2017, to adopt guidelines for training and education standards for court-appointed mental health evaluators in cases involving defendants suspected of being Incompetent to Stand Trial (IST).

**AB 2119 (Chu)** adds medical examiner and forensic pathologist to the list of professionals in a coroner's office that may request confidential medical records during a death investigation. It also authorizes mental health facilities, including the Department of State Hospitals, to release notes, summaries, transcripts, tapes, or records of conversations to a medical examiner, forensic pathologist, or county coroner for a death investigation.

**AB 2165 (Bonta)** expands the list of entities employing peace officers, including the Department of State Hospitals, that may legally purchase certain types of firearms.

## Senate

**SB 843 (Committee on Budget and Fiscal Review)** enables DSH to activate 60 patient beds at DSH-Napa, by removing the statutory limit on the number of beds that may serve Penal Code (PC) patients, as well as by removing the requirement to make 20 percent of licensed beds available to counties for contracted services.

**SB 955 (Beall)** establishes a compassionate release process for state hospital patients who are terminally ill or permanently incapacitated.

**SB 1120 (Wolk)** allows the Department of General Services to renew existing lease agreements with Napa and Solano counties for the operation of special needs and alternative education programs on the grounds of DSH-Napa and adjacent to the Medical Facility at DSH-Vacaville.

**SB 1295 (Nielsen)** allows documentary evidence, including preliminary hearing transcripts, trial transcripts, probation and sentencing reports, and evaluations by the Department of State Hospitals, to be used in parole hearings for Mentally Disordered Offenders.



# Conditional Release Programs

**CONREP—DSH’s Conditional Release Program—** is a statewide system of community based services which treats patients with the following commitment types: Not Guilty by Reason of Insanity, Incompetent to Stand Trial, Mentally Disordered Offenders, and some parolees who have been released to outpatient status.

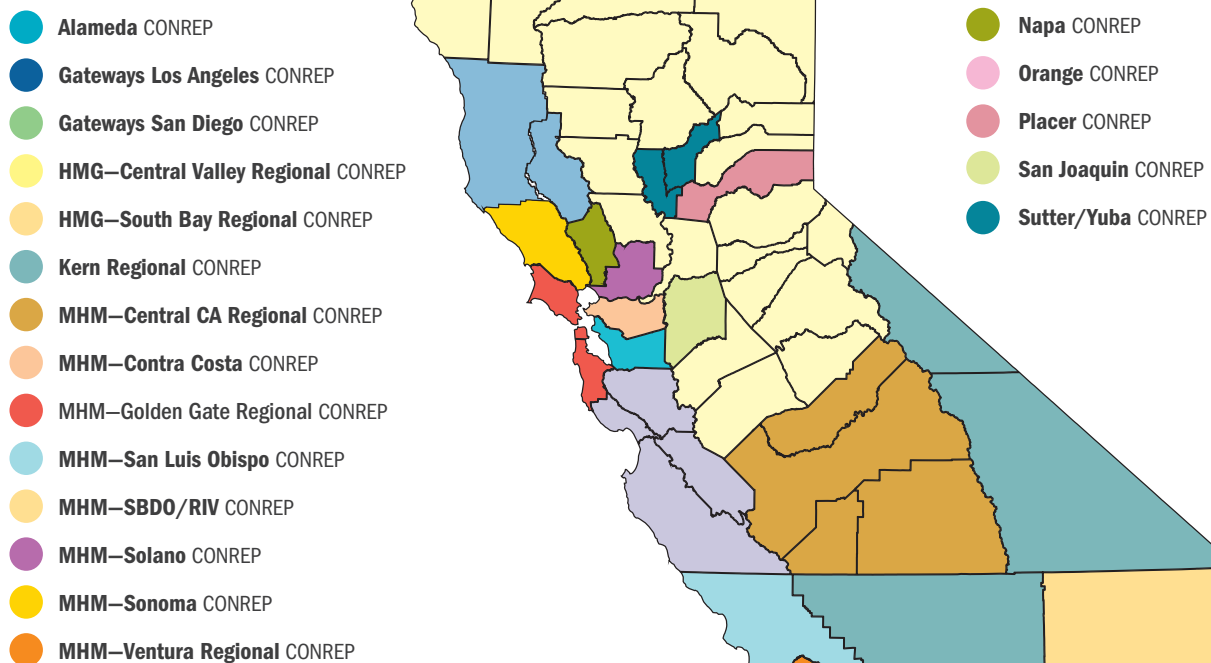
CONREP was mandated as a state responsibility in 1984, and began operating in 1986. Its patients have typically experienced lengthy hospital stays and in some cases served full prison sentences.

Individuals must agree to follow a treatment plan designed by the outpatient supervisor and approved by the committing court. The court-approved treatment plan includes provisions for involuntary outpatient services. In order to protect the public,

individuals who do not comply with treatment may be returned to a state hospital.

DSH oversaw 625 people in CONREP programs across the state in 2015–16. CONREP patients receive an intensive regimen of treatment and supervision that includes individual and group contact with clinical staff, random drug screenings, home visits, substance abuse screenings and psychological assessments. The Department has performance standards for these services which set minimum treatment and supervision levels for patients in the program. Each patient is evaluated and assessed while they are in the state hospital, upon entry into the community, and throughout their CONREP treatment.

## COMMUNITY OUTPATIENT TREATMENT PROGRAMS (CONREP)



**Gateways in Los Angeles:** This special program is designed to help DSH patients transition from the state hospital environment into community outpatient treatment. The programs have a 90 to 120-day length of stay and are available for use by transitioning hospital patients statewide.



# Aging Population

As the general population ages, the number of elderly patients grows within the DSH system. The population of elderly patients committed to DSH facilities has increased significantly over the last decade.

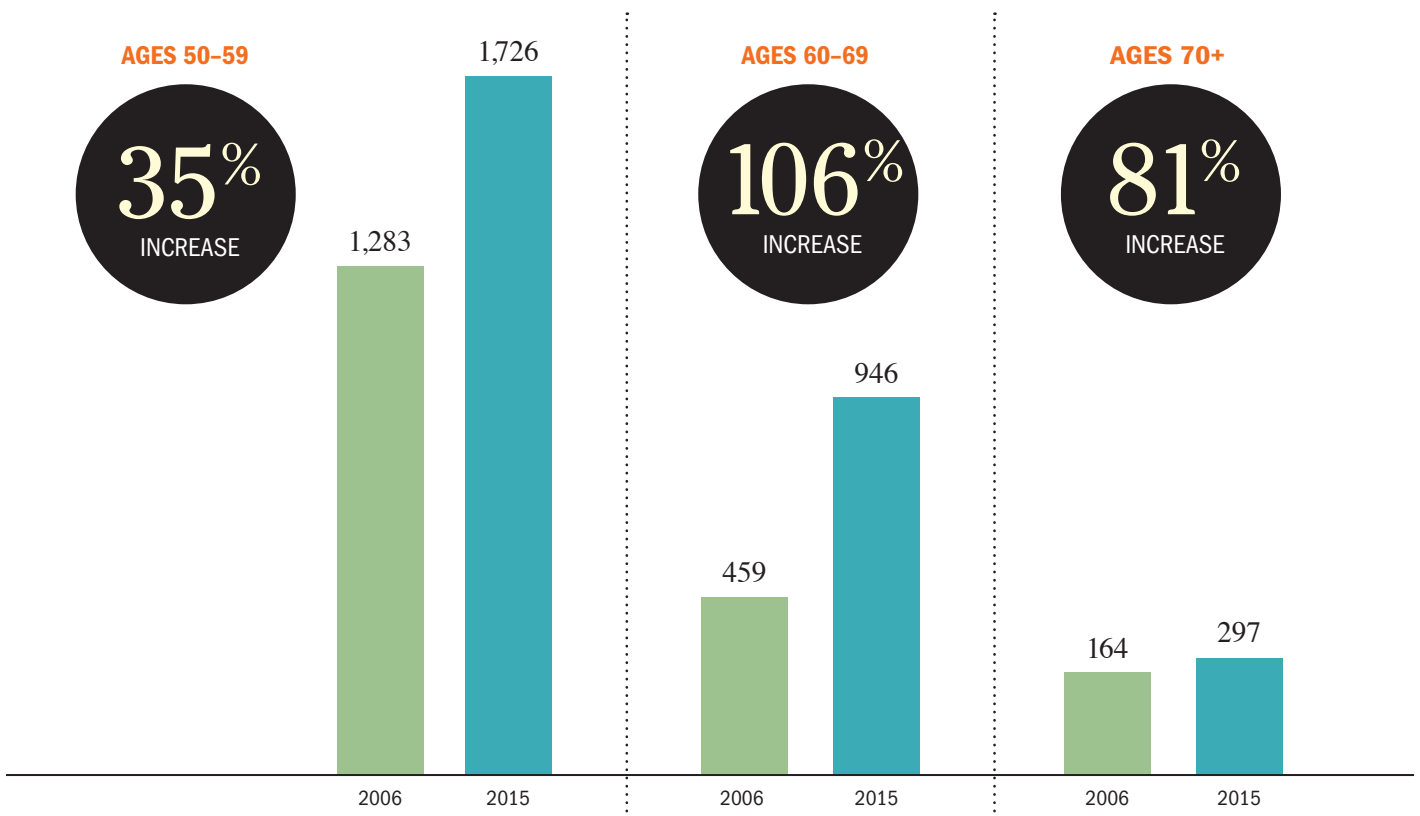
Elderly patients need to be housed with those of a similar age because they have psychiatric and medical needs that are different from younger patients. This means dedicating more residential units to serve this population.

The treatment challenges with this population are complex, both mentally and physically. Seriously mentally ill patients in DSH have greater medical issues than mentally ill patients in the community. The medical complications also make it difficult to place them in the community because there are few facilities able or willing to accept these patients when they are discharged.

Because of this growing population, DSH has converted a number of units to better serve its senior patients during the last several years. It has made modifications to its facilities with the installation of handrails, special toilets and showers, and wider hallways for wheelchairs to accommodate their needs. DSH has also adjusted its support services in areas like dietary services, physical therapy and speech therapy.

“DSH has converted a number of units to better serve its senior patients during the last several years.”

## THE NUMBER OF DSH PATIENTS AGE 50 AND OVER HAS INCREASED DRAMATICALLY OVER THE LAST DECADE.



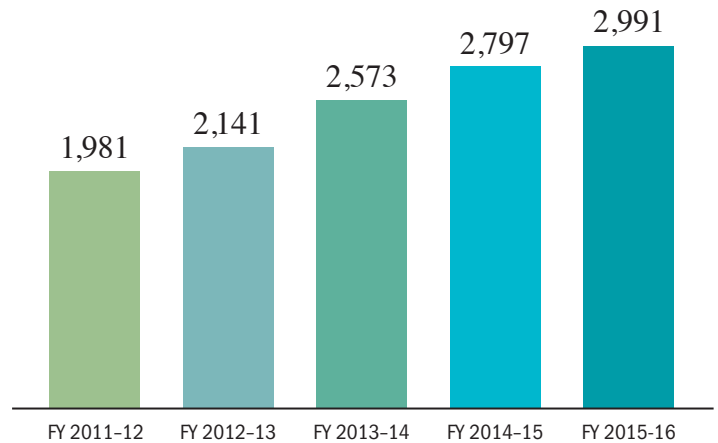
# Increase in Incompetent to Stand Trial Patients

## Incompetent to Stand Trial

In recent years, the number of new Incompetent to Stand Trial (IST) admissions at state hospitals has increased significantly. DSH has responded to this growing need in several ways.

Expanding external and internal bed capacity, implementing legislative changes, reducing patient average lengths of stay and streamlining patient referral processes has helped us increase the number of patients treated. Nevertheless, the increase in IST referrals from the counties during the same period has continued to grow rapidly.

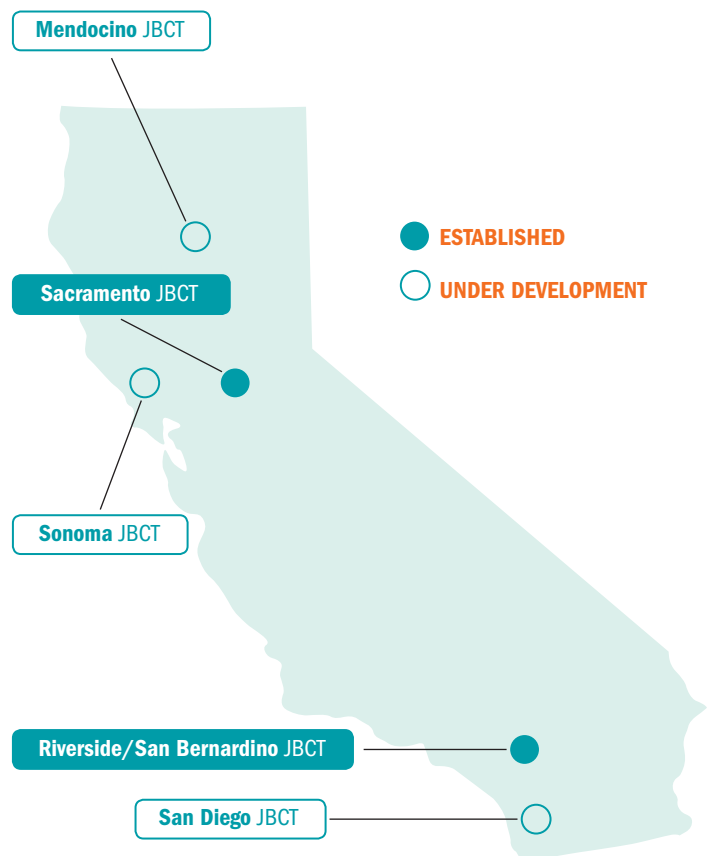
NUMBER OF INCOMPETENT PATIENT ADMISSIONS



## Jail-Based Competency Treatment (JBCT) Programs

In response to increasing referrals of IST patients, DSH has established and expanded JBCT programs in San Bernardino, Riverside and Sacramento counties. DSH has also assisted in the establishment of regional programs to help several neighboring counties and has expanded and improved processes at its hospitals to increase the number of ISTs who are served.

Based on current IST patient population growth trends, DSH continues to estimate the need for additional patient beds beyond the number of licensed beds currently available. Expansions to the program are coming in Mendocino, San Diego and Sonoma.





# Patient Aggression

Each year, DSH carefully tracks and analyzes violence data from our hospitals to develop strategies for improving safety. DSH produces an analytical report called the Violence Report. The latest report shows that:

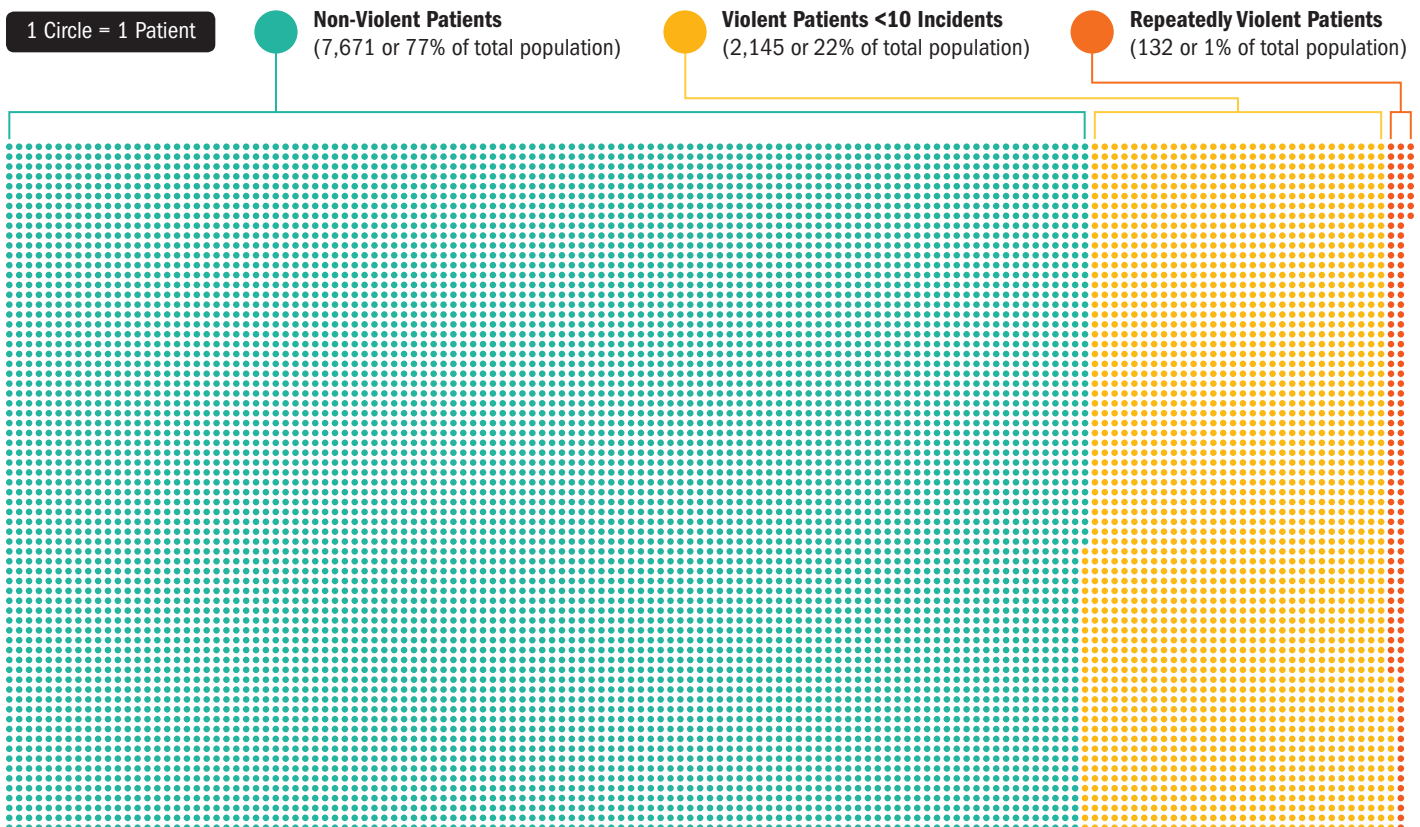
- In 2015, the patient population in DSH hospitals increased by 6.5 percent over the previous year. This represents a 13 percent increase in patients treated since 2012.
- The rate of assaults against staff decreased by 7.9 percent.

- The rate of patient on patient violence increased by 5.4 percent.
- There was a slight increase in the percentage of patients who were violent, likely due to increasing lengths of stay for violent patients.

While it's encouraging to see that violence against staff has declined, any violence against patients or staff is unacceptable. The 2015 Violence Report is a major contribution to our understanding of hospital violence and is guiding our actions to reduce violence.

## 2015 DSH PATIENTS AND AGGRESSORS

A very small portion of DSH's patient population is responsible for a large number of violent incidents in state hospitals. Out of almost 10,000 patients treated annually, 132 of them (or 1.3 percent), are responsible for nearly 35 percent of all assaults against staff and other patients in our hospitals. The vast majority of the patients, 7,671 or 77 percent, are not violent at all.











## 2015-16 Accomplishments





## Analysis

Staff completed a research project on the Incompetent to Stand Trial population that examined, among other topics, DSH referral and waitlist trends, number of patients served, length of stay, assessment of primary and secondary diagnoses, changes in county mental health funding and superior court mental health caseload. This data served as a catalyst for further policy discussions regarding options for addressing the increase in incompetent to stand trial patients.



## Automated Staff Scheduling and Information Support Tool (ASSIST)

This project provides a staff scheduling and workforce management solution that is deployed statewide. DSH hospitals are running 24-hours a day, 7 days a week and ASSIST provides the Department with a vital tool to address the daily scheduling challenges.



## Expansions

DSH opened a 32-bed Jail-Based Competency Treatment unit in Sacramento County's jail. In addition, staff secured funding for expanding JBCT programs to two more county sites, which will result in an increased capacity for Incompetent to Stand Trial patients in fiscal year 2016-17.



## Financial Responsibility

DSH auditors completed a six-month-long review of its processes for billing for patients' medical services. The recommendations from this review will help to improve how DSH tracks costs, ensures it receives federal Medicare reimbursements for eligible patients and maximizes available cost-saving opportunities.



## Increased Capacity

By reconfiguring staffing and bed capacity, DSH was able to provide more beds to serve Incompetent to Stand Trial patients at DSH-Atascadero. The department also secured funding to add secure fencing to an existing patient building at DSH-Metropolitan to accommodate more forensic patients in the future.



## Injury Prevention

DSH staff developed an Employee Injury Prevention Project report that provides 10-year trend analysis about injuries that are documented by worker's compensation claims.





## Medications

DSH implemented the new Pharmacy Medication Therapy Management system, which made it easier for pharmacists and physicians to communicate and streamlined the process for complying with licensing reviews. This also led to improvements in patient care.



## Personal Duress Alarm System (PDAS)

A new security system was installed and activated at hospitals in Coalinga and Atascadero so that, for the first time, the system was operational at all five of DSH's stand-alone hospitals. The PDAS uses wireless technology to enhance employee safety by providing each employee with a personal alarm activation device that instantly identifies the precise location of an alarm activation and notifies all staff in the surrounding area.



## Oversight

DSH implemented new policies to establish program and evaluation standards for the Sex Offender Commitment Program. A peer quality assurance review process was also created.



## Regulation

To comply with new federal regulations for Medicare, that impact DSH's Skilled Nursing Facility units at both DSH-Metropolitan and DSH-Napa, DSH developed and implemented a Payroll-Based Journal software application.



## Patient Cost Recovery

Primary patient cost recovery efforts were transitioned from the Department of Developmental Services to the Department of State Hospitals. This allows DSH timely and accurate cost recovery for the services provided to state hospital patients. As a result, DSH noted an upward trend in its revenue collections and reimbursements.



## Police Services

DSH created a centralized hospital police academy at DSH-Atascadero to provide for consistent training of officers to serve at its hospitals. Additionally, DSH developed a policy and procedure manual for background investigations to provide for efficient and consistent screening and background checks of prospective sworn peace officers.



## Treatment

DSH automated a process for clinicians in multiple disciplines to request atypical medications. The new process improves clinicians' access to necessary medications and increases the effectiveness and efficiency of patient treatment.

## Safety

A new Code of Safe Practices was created for psychiatric program employees and an earlier version was updated for hospital employees to prevent injuries and keep staff safe on the job.

New health and safety training courses were provided throughout DSH for:

- Active shooter training
- Joint Commission standards
- Accident investigation
- Incident reporting
- Emergency management
- Employee Assistance Program
- Workers' Compensation orientation
- Record keeping







[www.dsh.ca.gov](http://www.dsh.ca.gov)

