

The California Department of State Hospitals
2018 Annual Report

Safety, Treatment,
Responsibility,
Empowerment, Respect,
and Communication





California Department of
State Hospitals

Vision

Caring Today for Safe and Healthy Tomorrow.

Mission

To provide evaluation and treatment in a safe and responsible manner, by leading innovation and excellence across a continuum of care and settings.

Goals

Safe Environment. Organizational and Operational Excellence. Innovative Treatment and Forensic Evaluation. Integrated Behavioral Health System.

Values

Safety. Treatment. Responsibility. Empowerment. Respect. Communication.

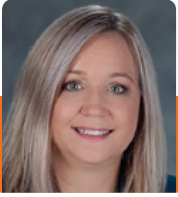
Table of Contents

Director's Message	4
Department Overview	6
Increase in Incompetent to Stand Trial Patients and the Creation of the DSH Diversion Program	10
Workplace Violence Prevention	12
Budget and Legislation Highlights 2017-18	13-14
DSH Patient Demographics	14-15



View This Annual Report Online!

For an electronic, ADA-compliant version of this document, please visit:
http://www.dsh.ca.gov/Publications/Reports_and_Data/default.aspx



STEPHANIE CLENDENIN

Acting Director of the Department of State Hospitals

Director's Message

To improve the lives of our patients, it is not enough to strive for excellence in our daily tasks. We must move toward a vision of the future. For this reason, last year DSH re-examined the Department's Vision, Mission, Goals and Values. These are the principles by which DSH will navigate into the future. Collectively they are our guiding lights as we advance. (See the revised version of the DSH principles on page 2 of this publication.)

During this process, we learned several things. We saw that DSH's Vision and Mission remain true and unchanged. We discovered that the Goals and Values needed to be revisited. Re-examining these principles also reminded us that they are more than just words on a page. They connect us to each other, our patients, our stakeholders and to the tasks at hand.

It was for both our patients and our employees that we took a fresh look at our Vision, Mission, Goals and Values for the future. They guide us as we make our hospitals safer and more caring places for the thousands of patients we serve each year.

As a Department, and as individual employees, we have a huge impact on the lives of Californians who suffer from mental illness. We are the nation's largest state inpatient mental health hospital system. In 2017–18, we cared for almost 12,000 patients with serious mental health challenges—far more than any other state hospital system nationwide.

We have a very positive, caring and compassionate team doing this work. I've experienced this while visiting our five hospitals and spending time on the units and also while walking through our office in Sacramento. I see every day the passion we have for our work. I appreciate our entire workforce for their commitment to patient care.

By striving each day toward our Vision and our Mission, we change DSH for the better. Our patients benefit from improvements in their evaluations and treatments. Our patients and staff benefit from a safer work environment. And all Californians benefit when DSH uses public funds wisely and responsibly to treat California's most vulnerable and challenging mentally ill patients across a continuum of care.



PATIENTS

12,000

In 2017-18, we cared for almost 12,000 patients with serious mental health challenges—far more than any other state hospital system nationwide.

Department Overview

The Department of State Hospitals (DSH) was created by the Budget Act of 2012–13, which eliminated the Department of Mental Health and reorganized its functions. Under the reorganization, DSH was authorized to manage the system of state hospitals throughout California while other functions were transferred to other departments.

DSH oversees five state hospitals, which are all licensed by the California Department of Public Health and must meet or exceed regulatory standards to continue providing care. These facilities provide mental health services to patients referred to them by a county court, a prison or a parole board. The department is dedicated to providing effective treatment every day in a safe environment and a fiscally responsible manner.



The five hospitals are:

DSH—Atascadero

DSH—Atascadero in San Luis Obispo County opened in 1954. It was the first state hospital of the postwar building program and the first hospital of its kind in the United States, built as one complex devoted to the treatment of forensic patients. The hospital has more than 1,800 employees and is the third largest employer in San Luis Obispo County. Through its partnership with Cuesta College, the hospital has developed one of the top training programs for psychiatric technicians in California.

DSH—Coalinga

DSH—Coalinga in Fresno County opened in 2005. It is a self-contained psychiatric hospital with a security perimeter. The hospital is the sixth largest employer in Fresno County with more than 2,000 employees. The hospital has partnerships with West Hills College—Coalinga, West Hills College—Lemoore, Fresno City College and California State University, Fresno. These academic partnerships provide the hospitals with hundreds of staff each year.

DSH—Metropolitan

Located in Norwalk, DSH—Metropolitan opened in 1916. The hospital is an open campus with a secure perimeter around patient housing. More than 1,500 employees work at the hospital, which is the city's second largest employer. 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. The grounds include the Metropolitan State Hospital museum which opened during the facility's centennial year.

DSH—Napa

This was the first hospital in California devoted entirely to the treatment of mental illness. It opened on November 15, 1875. More than 2,000 people work at DSH—Napa. The hospital has a partnership with both Napa Valley College and Solano Community College to provide psychiatric technicians and associate degree nurses to the hospital. Other academic partners include: Los Medino College, California State University (CSU) East Bay, CSU Sacramento, University of California (UC) Berkeley, and UC Davis. The department leases several buildings on the hospital grounds to community service businesses and providers of mental health services.

DSH—Patton

Opening in 1893, DSH—Patton was the first mental health facility in Southern California. More than 2,000 employees work at the hospital. The hospital partners with San Bernardino Valley College and Hacienda La Puente Adult Education, to provide the hospital with hundreds of trained staff. Registered nurses, psychiatrists, physicians, psychologists, social workers, rehabilitation therapist and students from a wide range of other healthcare-related disciplines from area colleges complete their clinical rotations at this hospital. The Patton State Hospital Museum is located on hospital grounds and celebrates the facility's long history.

Jail-Based Programs



In addition to overseeing state hospitals, DSH is responsible for a growing number of programs located within county jails across the state. Some of these jail-based programs treat patients before or instead of them going to a state hospital while others treat patients as they transition out of a state hospital setting.

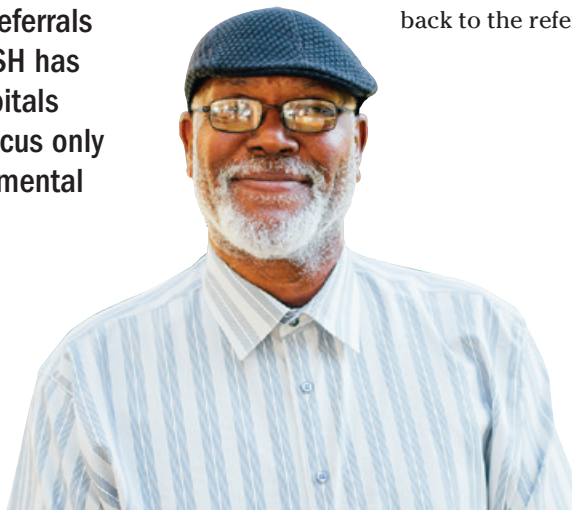
In response to the growing number of referrals for competency restoration services, DSH has created programs outside of state hospitals that require county partnerships and focus only on competency restoration – not other mental health treatment.

JBCT | Jail-Based Competency Treatment

Begun in 2011 as a pilot program, JBCT programs treat patients who are Incompetent to Stand Trial inside of a special unit of the jail so that they do not have to await admission to a state hospital. In 2018, there were county or regional programs in a growing number of counties including: Mariposa, Riverside, Sacramento, San Bernardino, San Diego, Sonoma, and Stanislaus.

AES | Admission, Evaluation, and Stabilization

To increase capacity for the assessment and treatment of incompetent patients, DSH established an AES Center in the Kern County jail. Patients admitted to the AES Center receive a full evaluation upon admission to determine the degree of competency restoration required before they are transferred to a state hospital. The center treats short-term patients and discharges them back to the referring county directly.



Community-Based Programs

Conditional Release Programs (CONREP)

621
PATIENTS

DSH manages a statewide system of community-based services which treat 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. These programs oversaw an average of 621 patients daily in 2017-18.

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.

Los Angeles Community-Based Restoration of Competency Program

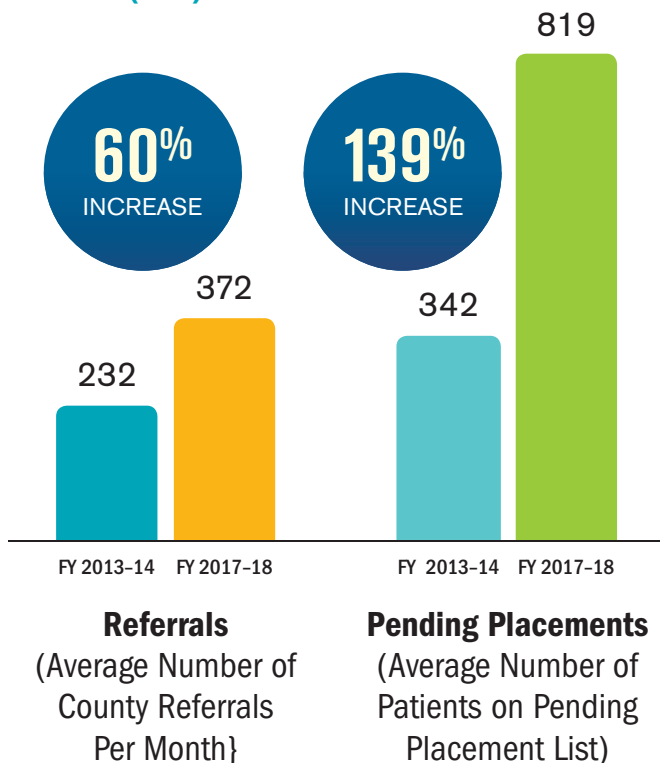
150
BEDS

In July 2018 DSH, in partnership with Los Angeles County, began to provide up to 150 beds in community-based restoration of competency programs in Los Angeles County.

This program provides restoration of competency services to individuals deemed incompetent to stand trial on felony charges in community settings when a judge determines it is safe to do so. The program provides services across several levels of care and is modeled upon Los Angeles County's successful community-based program for individuals found incompetent to stand trial on misdemeanor charges.

Increase in Incompetent to Stand Trial Patients and the Creation of the DSH Diversion Program

DSH Increase in Incompetent to Stand Trial (IST) Patients



Over the past several years, DSH has worked to address the growing number of referrals of patients who are Incompetent to Stand Trial. DSH’s approach to this issue has focused on three key components: expanding capacity, increasing efficiencies of the system and researching the demand.

DSH has expanded its capacity by 870 beds in state hospitals, jail-based and community-based treatment programs in the past six years. DSH continues its efforts to address the growth by expanding community-based treatment options in Los Angeles County. At the same time, DSH has created more effective treatments for patients to reduce their average length of stay.

DSH’s research with the University of California, Davis, is helping us better understand the conditions that bring these patients to its hospitals. The research indicates that almost half of the IST patient referrals were unsheltered homeless individuals at the time of their arrest.

This data suggests that, instead of seeking or being offered treatment in the community, individuals with serious mental illness are being introduced into the criminal justice system because of crimes associated with untreated symptoms of psychosis or chronic homelessness. As part of the effort to address this issue, Governor Jerry Brown signed AB 1810 (Committee on Budget, Chapter 34) and SB 215 (Beall, Chapter 1005) which created a pretrial diversion program for individuals with certain mental health disorders and authorized DSH to solicit proposals and contract with counties for the development of felony diversion programs.

DSH Diversion Program

The DSH Diversion Program is a collaboration between DSH and county governments to develop or expand diversion programs for individuals with serious mental illness who face felony charges and could be determined to be Incompetent to Stand Trial (IST). The IST Diversion Program provides funding to counties to support community mental health treatment and other services for these individuals.

The goal of the DSH Diversion Program is to provide long-term community mental health treatment and to avoid criminal charges and institutionalization when a judge deems it safe and appropriate to do so.

By law, individuals charged with the following felony crimes are not eligible for diversion:

- Rape, murder or involuntary manslaughter;
- Sexual abuse of a child or a lewd or lascivious act on a child;
- Assault with intent to commit rape, sodomy, or oral copulation.

The three-year program is funded for \$100 million, of which \$99.5 million is being awarded to counties. The remaining funds are for program support.

The majority of funding (\$91 million) is available for the 15 counties that refer the greatest number of ISTs to DSH: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, Santa Barbara, Santa Clara, Solano, Sonoma, and Stanislaus. A smaller portion of the funding (\$8.5 million) is available to other counties.

During the first six months of the program, DSH met with county stakeholders and partners and obtained a letter of interest from all 15 counties to begin the process of awarding the first round of funding. Additionally, it released a Request for Application for other counties to apply for the \$8.5 million.



Workplace Violence Prevention

Preventing workplace violence is a top priority for DSH. Each hospital in DSH has health and safety teams who, under the leadership of the DSH Statewide Quality Improvement Program, took significant steps to improve employee safety and prevent workplace violence.

All hospitals updated hospital Injury and Illness Prevention Plans (IIPP). Hospital safety committees, which are required to meet at least four times annually, reviewed the hospital plans. Hospital health and safety officers then prepared a revised IIPP for approval by the safety committee and the hospital's executive team members.

In addition to these updates, new plans and training were launched at each hospital. The first training in the new Workplace Violence Prevention Plan for DSH hospitals concluded in Spring 2018. A new DSH policy directive formally established the statewide Workplace Violence Prevention Program and described the major activities designed to reduce the risk of workplace violence.

Policy Directive 8400 was intended to guide managers and employees with the development, implementation, improvement and monitoring of policies and tools to create a safer workplace. Those tools included the Employee Code of Safe Practices, Injury and Illness Prevention Plan, and Workplace Violence Prevention Plan. In addition, the policy required hospitals to conduct, at least annually, a security and safety assessment.

DSH's activities to prevent workplace violence and comply with California's Department of Industrial Relations, Division of Occupational Safety and Health (CalOSHA) Violence Prevention in Health Care regulations were coordinated by the statewide Workplace Violence Prevention Steering Committee.

Patient Aggression

In addition to policies and planning, DSH also tracked and analyzed data on acts of aggression by patients throughout the year. Annually, DSH uses this data to produce an analytical report, called the Violence Report. With the data DSH has learned more about repeatedly violent patients and how to treat them. More than 75 percent of DSH patients commit no acts of violence. Among those who are aggressive and assaultive, a very small number—less than 200 patients—are responsible for more than 35 percent of all aggressive acts in the hospitals. This data from our five hospitals assisted us in developing a new program to improve safety—the Enhanced Treatment Program.

Enhanced Treatment Program (ETP)

To more safely treat patients with a high-risk of violence, DSH is constructing special treatment units as part of an ETP. During the last year, DSH began building a 13-bed ETP unit at DSH—Atascadero. The ETP will provide a more secure setting for the treatment of patients with a demonstrated and sustained risk of aggressive, violent behavior toward other patients and staff. In Spring 2019, the first of three ETP units at DSH—Atascadero will open. Two additional 13-bed units will open at DSH—Atascadero later in 2019, and one 10-bed unit at DSH—Patton is scheduled to open in 2020.



Budget and Legislation Highlights 2017–18



Budget Highlights

The DSH budget for FY 2017–18 totaled \$1.4 billion, a decrease of \$181 million over the previous budget. The position authority for the year was 10,850 positions, a decrease of 1,910 from the previous year. These decreases represented the transfer of three psychiatric programs, located inside of state prisons, to the authority of the California Department of Corrections and Rehabilitation, which became effective on July 1, 2017.

DSH continues to seek solutions to address the significant growth in its patient population. State hospitals have maximized their bed capacity and the number of patient referrals continues to increase, especially for individuals found Incompetent to Stand Trial (IST). To that end, the 2017–18 budget included funding for the following projects:

DSH—Metropolitan Activation of Building and Patient Movement: New state funds allowed for the renovation and preparation of a building on the grounds where Lanerman-Petris-Short (LPS) patients can be transferred. This will make more beds available for forensic patients, primarily ISTs, at the hospital when construction of security infrastructure is completed in 2019.

Jail-Based Competency Treatment (JBCT) Program Expansion and Establishment of New Programs: Funds were also made available for DSH to further expand its JBCT programs in Northern and Central California. Additionally, the department continued working with counties interested in creating their own JBCT program or joining a regional program.



Legislation Highlights

Assembly

AB 1810 (Committee on Budget, Chapter 34) Health Trailer Bill

This bill created a pretrial diversion program for felony and misdemeanor defendants with certain mental health disorders and authorized DSH to solicit proposals and contract with counties for the development of diversion programs for individuals who are or have the potential to be found incompetent to stand trial on felony charges. This bill also authorized a court to determine that an IST defendant has regained competency prior to admission into a DSH facility. It allows a contracted entity to provide restoration of competency services in the community so that individuals may be declared competent and the entity may file a report on competency to the court.

AB 2661 (Arambula, Chapter 821) Mental health: sexually violent predators

This bill clarified that Sexually Violent Predators (SVP) subsequent conviction for a non-sexually violent offense while in custody does not change the county of jurisdiction over any previous or pending SVP petition. The SVP jurisdiction remains the county where the person was convicted of the sexually violent offense resulting in the prison commitment. The bill also clarifies that, if a person is convicted of a subsequent sexually violent offense while in either prison or a state hospital, a petition for commitment as a sexually violent predator shall be filed in the county in which the sexually violent offense occurred.

Senate

SB 215 (Beall, Chapter 1005) Diversion: Mental Disorder

This bill amends AB 1810 (Committee on Budget, Chapter 34, Statute of 2018) by categorically excluding defendants charged with specific serious and violent offenses from qualifying for a mental health diversion program. It requires the court to conduct a hearing to determine whether restitution is owed to any victim because of the diverted offense. If restitution is owed, it shall be paid during the period of diversion. A defendant's inability to pay restitution shall not be grounds to deny diversion or to find that the defendant has failed to comply with the terms of diversion.

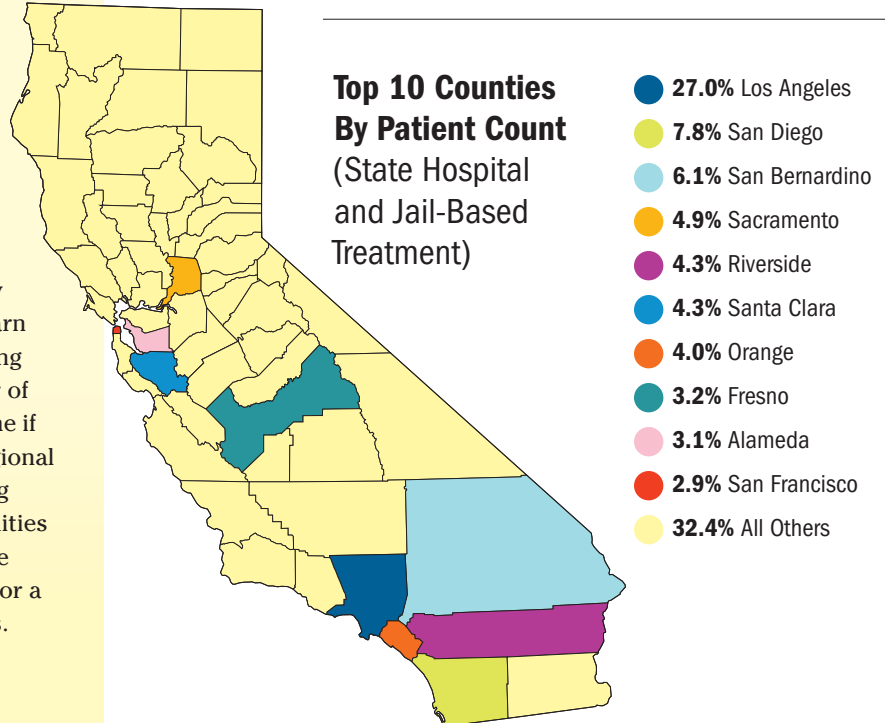
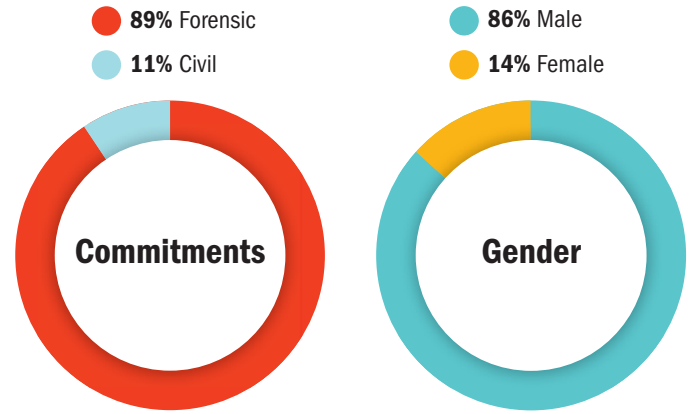
SB 931 (Hertzberg, Chapter 428) Conservatorships: Custody Status

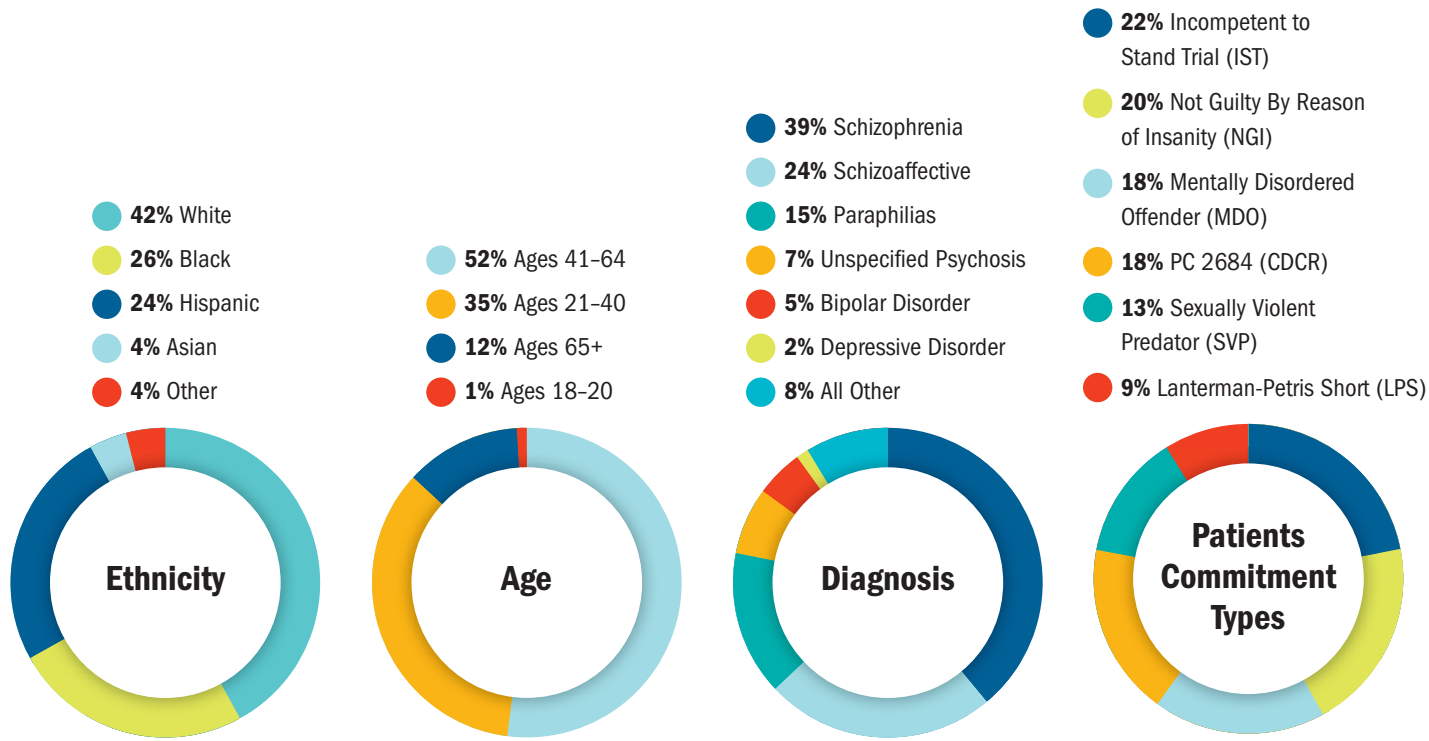
This bill clarifies that the professional person in charge of providing mental health treatment at a county jail, or designee, may recommend Lanterman-Petris-Short (LPS) conservatorship, if certain conditions are met, for a person who is not an inpatient in treatment at the facility.

SB 1187 (Beall, Chapter 1008) Competence to Stand Trial

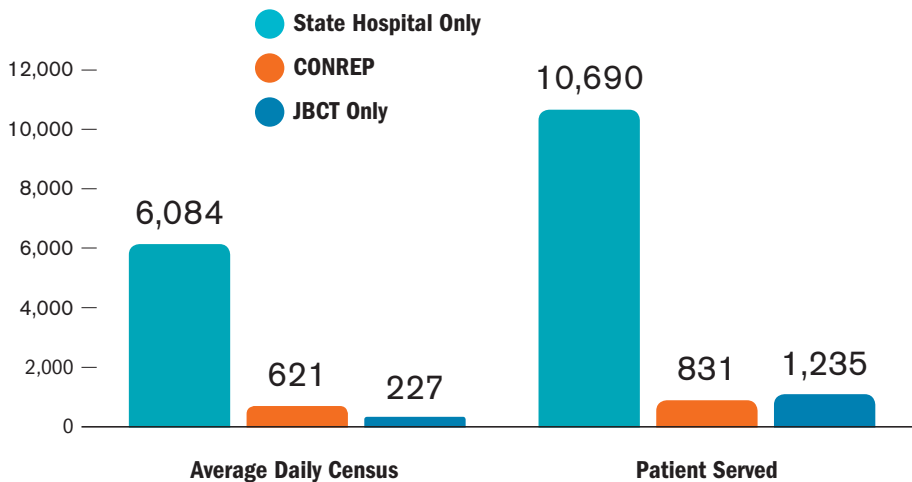
This bill reduced the maximum term for felony IST competency restoration from three years to two years. It also allows a person committed to a facility pending the restoration of mental competence to earn credits against a sentence imposed for the underlying criminal case, requires a court to appoint a director of a regional center to examine the person to determine if they have a developmental disability, requires a regional center director to provide reports to the committing court for IST defendants with developmental disabilities who are placed on outpatient status, and deletes the requirement that a defendant be returned to court for a hearing if they are still incompetent after 18 months.

DSH Patient Demographics





Patient Population (FY 2017-18)



Summary

In 2017-18, DSH cared for nearly 12,000 patients. Most of the patients are forensic commitments, with only 9% civilly committed and most were male and between 41 and 64 years old. The most common diagnosis among DSH patients was schizophrenia or schizoaffective disorder.



www.dsh.ca.gov

