



# The California Department of State Hospitals 2017 Annual Report



Safety, Treatment, and Responsibility







## 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)** 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: Atascadero, Coalinga, Metropolitan (in Los Angeles County), Napa and Patton. Through an interagency agreement with the California Department of Corrections and Rehabilitation (CDCR), DSH treated inmates in psychiatric programs within state prisons in Salinas Valley, Stockton and Vacaville. Oversight of the three psychiatric programs was transferred to CDCR and the California Correctional Health Care Services on July 1, 2017.

All are 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 strives to provide effective treatment every day in a safe environment and in a fiscally responsible manner.



**DSH oversees five state hospitals: Atascadero, Coalinga, Metropolitan Napa and Patton.**







## Director's Message

**PAM AHLIN**

*Director of the Department of State Hospitals*

**Although the Department of State Hospitals** was established only five years ago, it represents a long history of commitment to the treatment of mental illnesses. The first California state hospital dedicated solely to the treatment of mentally ill patients was established by the Legislature in 1853 and located in Stockton. It was followed, in 1875, by the opening of a state mental hospital in Napa, located inside a massive castle with seven towers.

Today, DSH is the nation's largest inpatient mental health hospital system. In 2016–17, DSH cared for nearly 13,000 of the most seriously mentally ill patients—far more than any other state. On any given day, there were approximately 6,800 patients in this hospital system. DSH also oversaw approximately 630 people in daily outpatient programs across the state.

During this long history, discoveries have been made which have resulted in the treatment of mental illness reinventing itself many times. Gone are the days of hydrotherapy and lobotomies. Today's treatments include medications and Dialectical Behavioral Therapy.

In recent decades, the types of patients have also changed dramatically. In 1986, approximately half of the patients were civilly committed and needed intermediate or long-term hospital care. The other half were forensic patients, with a serious mental illness, who were either accused or convicted of felony crimes. In 2016–17, more than 90 percent of DSH's patients were forensic.

One of the most important issues DSH faces is an increased number of patients referred to the department for treatment because they have been declared Incompetent to Stand Trial (IST). These individuals are unable to effectively assist in their own defense during a criminal justice proceeding.

To better serve this patient population, DSH has expanded its capacity by 549 beds in the last five years by adding state hospital beds and growing the department's competency treatment program inside of county jails around the state.

The department is also finding new ways to provide more effective care for ISTs, therefore reducing the length of the individual's stay in a state hospital and moving that patient back to the criminal justice system.

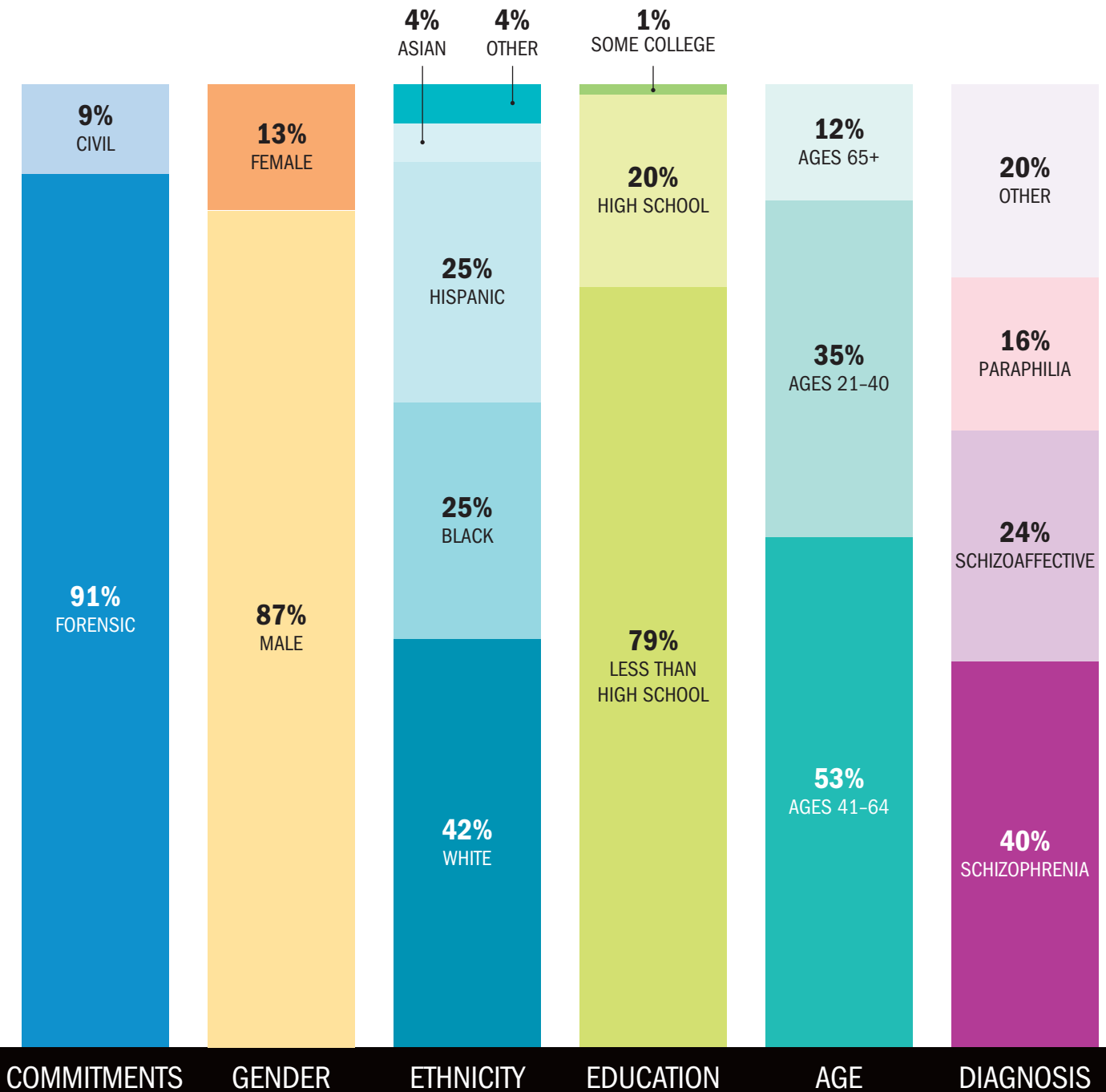
To better understand the increase in IST patients and ensure their timely and appropriate care, DSH is working with partners who are conducting research on the background of these patients. Research in 2017 shows that almost half of the IST patients committed to DSH were unsheltered homeless individuals.

As DSH responds to this and other difficult issues facing forensic mental health systems, I cannot help but be inspired by the continuing commitment of staff to provide care to challenging patients. These government employees reflect the highest ideals of public service. They have earned our respect and gratitude.





# DSH Patient Demographics



## SUMMARY

In 2017, DSH cared for nearly 13,000 patients. The above graphic illustrates that almost all of our patients are forensic commitments. Most are also male, non-white, between 51 and 64 years old, with less than a high school education. The most common diagnosis among DSH patients is schizophrenia or schizoaffective disorder.



**3%**  
NORTHERN REGION

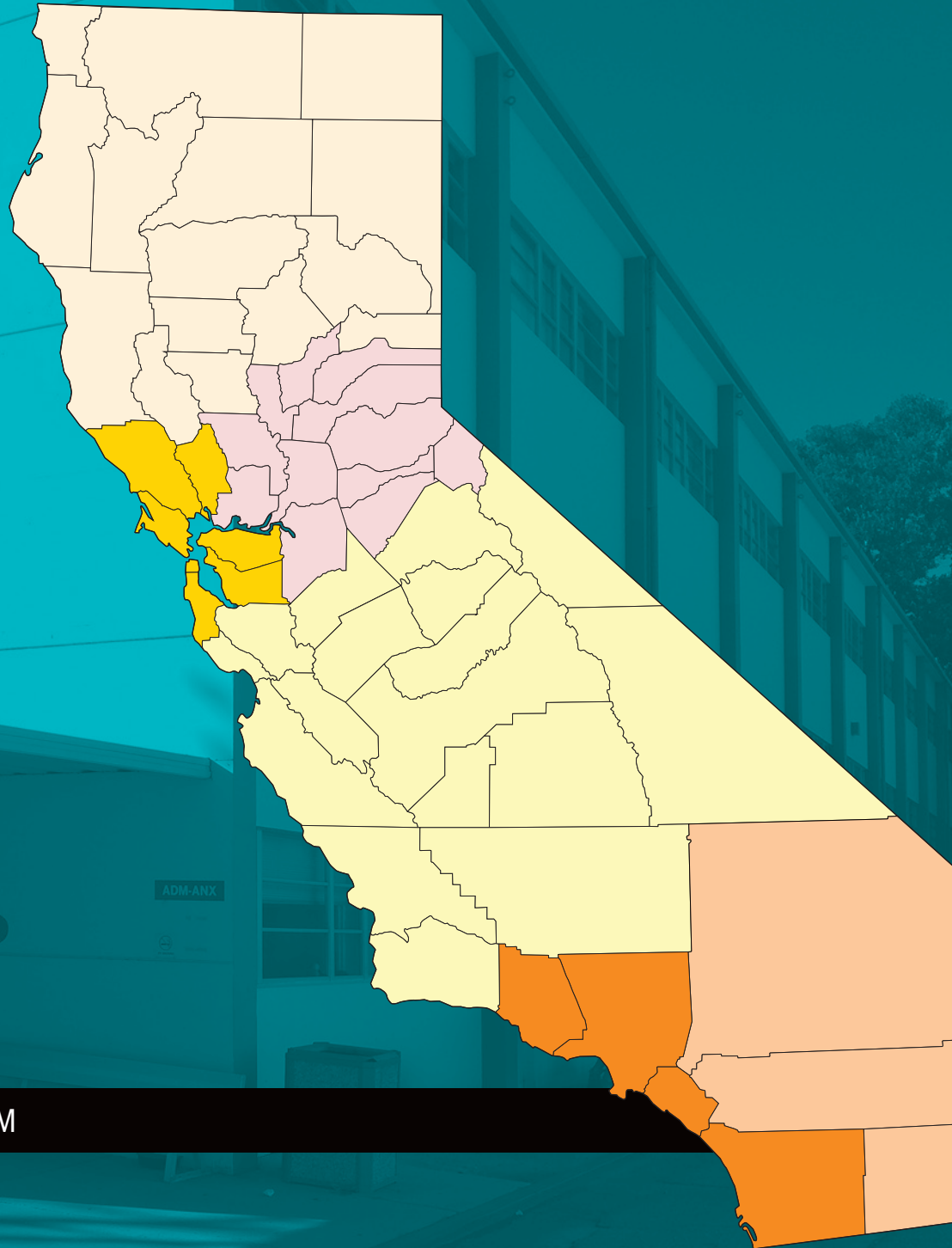
**10%**  
INLAND EMPIRE

**11%**  
NORTH CENTRAL REGION

**14%**  
CENTRAL REGION

**20%**  
BAY AREA REGION

**42%**  
SOUTH COAST REGION



**WHERE PATIENTS COME FROM**



# Hospitals and Psychiatric Programs

## Atascadero

**Then:** 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.

**Now:** The hospital has over 2,140 employees and is the third largest employer in San Luis Obispo County. The hospital has a partnership with Cuesta College that is 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

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

**Now:** The hospital is the sixth largest employer in Fresno County with over 2,285 employees. A third of the staff live in Coalinga. Each year, DSH—Coalinga contracts with about 200 local companies for goods and services, spending over \$15 million. The hospital has partnerships with West Hill College—Coalinga, West Hills College—Lemoore, Fresno City College and California State University—Fresno. These colleges and universities provide the hospitals with hundreds of staff each year.



## Patton

**Then:** This hospital opened in 1893 and, like Napa, once featured an impressive castle on the grounds. The facility included its own stop on the rail line from Los Angeles and tourists would travel out for picnics and the view of the nearby mountain range. The castle was demolished in 1922 after being damaged in an earthquake.

**Now:** Over 2,380 employees work at the hospital with half of them living in the surrounding communities. 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 a wide range of other healthcare-related disciplines from area colleges complete their clinical rotations at this hospital.

## Metropolitan

**Then:** When DSH—Metropolitan opened in 1916 it was surrounded by oil wells and had its own dairy, farm and livestock. It also contained an industrial building to include shops for tailoring, sewing and woodworking.

**Now:** The hospital is surrounded by the City of Norwalk in Los Angeles County. The hospital is an open campus with a secure perimeter around patient housing buildings. Over 1,530 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.



## Napa

**Then:** When this facility first opened on November 15, 1875, it was a massive and imposing castle surrounded by its own dairy, poultry, vegetable gardens and orchards. It contained 26 wards and accommodated 600 patients. Within 15 years, the facility was full and additional construction stretched the capacity to 1,400. The castle was demolished in the 1950s due to earthquake concerns.

**Now:** Over 2,335 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 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.

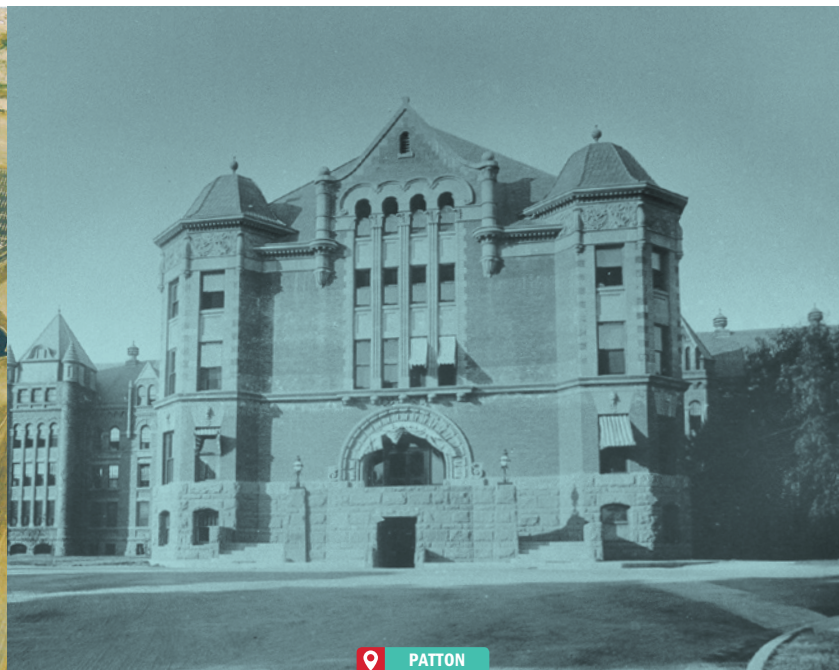
## Vacaville

**Then:** This program opened in 1988 and is the state’s oldest psychiatric program inside of the California Medical Facility.

**Now:** In 2016–17, over 515 employees worked here and almost half of them lived in Vacaville. The facility served as a clinical rotation site for nurses and psychiatric technicians from many area colleges including: Napa Valley College, Unitek Career College, Gurnick Academy, American College of Nursing, Solano Community College and Oikos University. There were also interns and fellowships with California State University–Sacramento and University of California–Berkeley. DSH–Vacaville also had a pre-doctoral internship and post-doctoral fellowship program.



📍 COALINGA



📍 PATTON

## Salinas Valley

**Then:** In 2003, the Department of Mental Health opened DSH–Salinas Valley, a 64-bed facility located inside of Salinas Valley Prison.

**Now:** In 2016–17, over 400 employees worked at DSH–Salinas Valley. The hospital provides internship programs for psychologists, social workers and rehabilitation therapists. 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.

## Stockton

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

**Now:** In 2016–17, over 810 employees work at the facility and 250 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 the facility and many go on to join the staff.



● Free-Standing Hospitals

● Prison Psychiatric Programs



### Asylum Postcards

This is a reproduction of a postcard for Patton from the early 1900s. At the time, the grand buildings and scenic landscapes were popular picnic stops for tourists.



# 2016–2017 Budget Highlights

## Jail-Based Competency Treatment

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



**30-BED UNIT** added in San Diego County



**10-BED UNIT** added in Sonoma County

## Increased Bed Capacity

The increase in IST admissions across California required DSH to increase the capacity at hospitals in order to adjust to the influx of patients of this commitment type.

**60 ADDITIONAL BEDS** at DSH—Napa, 50 of them for IST patients

**36-BED CIVIL COMMITMENT UNIT** opened at DSH—Metropolitan



**CIVIL COMMITMENT PATIENTS** from Patton transferred to Metropolitan so that Patton can increase capacity for IST patients

## Coleman Monitoring Team

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

**DSH FORMED A DEDICATED TEAM** to assist in the evaluation and implementation of the Special Master's recommendations. The team coordinates clinical efforts across the inpatient programs.



# \$1.8 Billion

**TOTAL BUDGET** FY 2016–17

# 12,760

**TOTAL POSITIONS** FY 2016–17

# 7,084

**AVERAGE DAILY CENSUS** FY 2016–17



## Permanent Positions Established

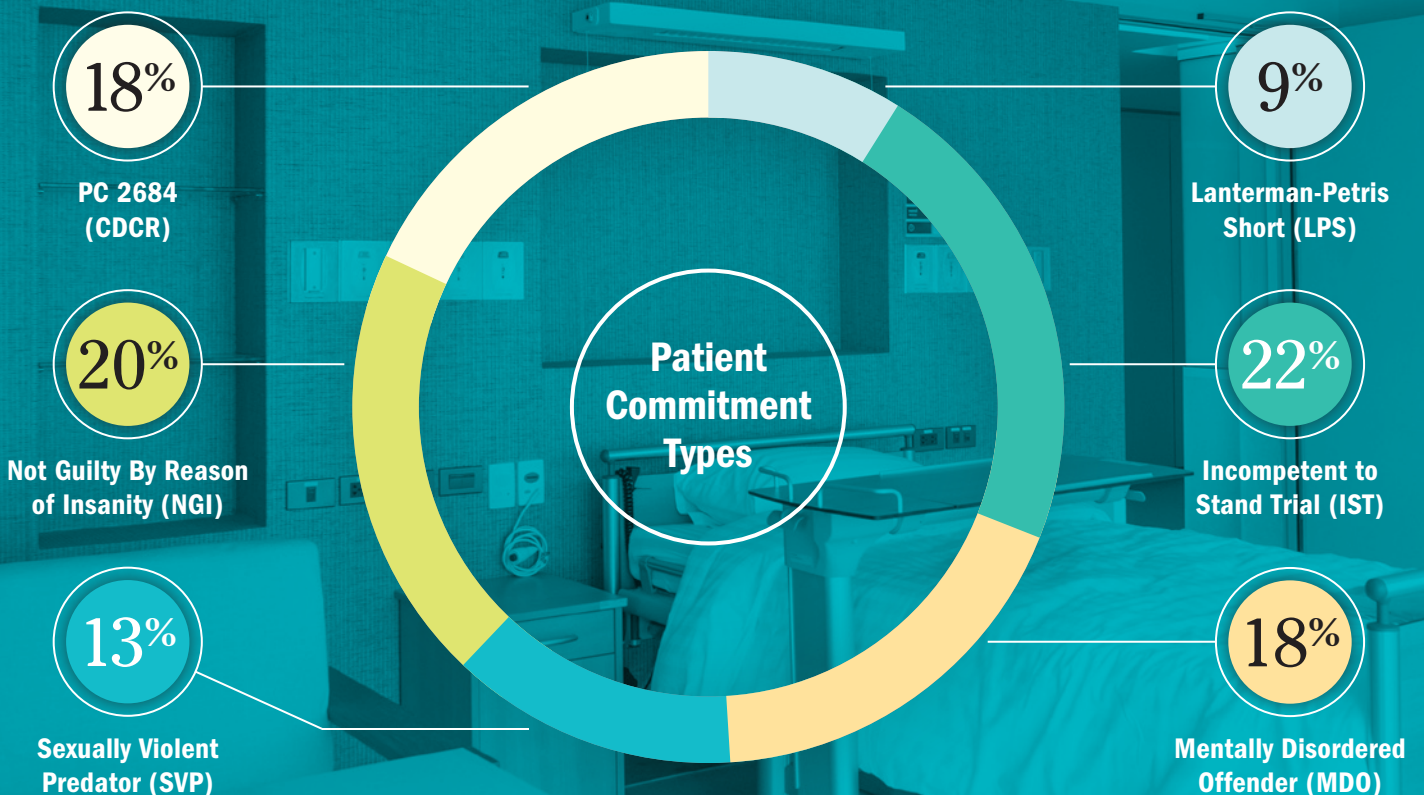
- **10 limited-term positions** were authorized to be converted to permanent full-time positions for the patient management unit that supports DSH's continued implementation of centralized patient management of admissions, bed movement, data collection and reporting of patient population trends.
- **5 limited-term positions** were authorized to be converted to permanent full-time positions for injury and illness prevention program that will help our hospitals maintain and enforce new Injury and Illness Prevention Plans.
- **15 limited-term positions** were authorized to be converted to full-time positions for third party patient cost recovery that will help us reach our goal of maximizing revenue from Medicare, private pay and insurance billing collections.

## Facility Improvements



DSH began developing the first phase of the Unified Communications Public Address System. The first phase provides for the installation of a new network-based Public Address system at DSH-Coalinga and DSH-Patton to improve the quality of communications and provide for integration with the hospital's emergency and public duress alarm system.

Statewide, \$51.7 million was authorized to provide continued project funding for infrastructure needs including working drawings and/or construction for a variety of improvements including seismic upgrades, fire alarm systems and security fencing.





# 2017 Legislative Highlights

## Assembly

### **AB 103 (Committee on Budget, Chapter 17, Statutes of 2017)**

- Authorizes DSH to administer the Admissions, Evaluations, and Stabilization (AES) Center in Kern County and clarifies the Department's Patient Management Unit's authority to determine the appropriate placement for competency restoration among the five state hospitals, AES Centers, or county jail treatment facilities under contract with DSH.
- Allows DSH to enter into an agreement for the purpose of continued operation of the existing central utility plant at DSH—Metro.
- Allows NGI defendants committed to DSH to request a reduction of their maximum term of commitment under resentencing provisions of Proposition 36 (2012) and Proposition 47 (2014).
- Provides a loan for repairs to DSH—Napa due to the 2014 South Napa Earthquake.
- Requires DSH to continue to submit institutional expenditure reports as part of the Governor's Budget and May Revision estimates.

**AB 790 (Stone, Chapter 348, Statutes of 2017)** provides for a reduced fee of \$8 for a replacement Department of Motor Vehicle (DMV) identification card issued to an eligible patient upon release from a DSH facility or through a conditional release program. A patient must have a usable photo on file with DMV that is not more than ten years old to take advantage of this reduced fee.

**AB 1456 (Low, Chapter 151, Statutes of 2017)** extends the timeframe allowing pre-licensed individuals to provide psychological services while accumulating the supervised hours required for licensure within state or governmental health facilities, including state hospitals, from three to four years. This bill also allows state departments employing the individual to grant an extension of the waiver for one additional year, if needed, and allows for an additional extension for specified individuals working part time. A similar bill (AB 705, Chapter 218) which passed in 2015, allowed for an extension of up to five years but did not amend code sections that specifically address psychologists in government health facilities. (Effective July 31, 2017).

**AB 1102 (Rodriguez, Chapter 275, Statutes of 2017)** increases the maximum criminal fine, from \$20,000 to \$75,000, for violations of whistleblower protection laws that apply to patients, employees and other health care workers at hospitals.

## Senate

**SB 31 (Lara Chapter 826, Statutes of 2017)** prohibits state agencies and employees from sharing personal information with federal authorities for the purpose of compiling a list, registry, or database of individuals based on religious affiliation, national origin, or ethnicity. This bill does allow state law enforcement to collect such personal information if it is part of a targeted investigation or it is necessary to provide religious accommodations. (Effective October 15, 2017)

**SB 54 (De León, Chapter 495, Statutes of 2017)** prohibits state law enforcement agencies from using moneys or personnel to investigate, detain, detect, or arrest persons for immigration enforcement purposes. This bill also requires state administered health facilities to implement model policies drafted by the Attorney General that limit assistance with immigration enforcement. The Attorney General's model policies must be published by October 1, 2018.

**SB 613 (De León, Chapter 774, Statutes of 2017)** repeals existing state law requiring DSH, the Division of Juvenile Justice, and the Department of Developmental Services to cooperate with the United States Bureau of Immigration in arranging the deportation of aliens who are committed or confined in these departments' facilities.

**SB 684 (Bates, Chapter 246, Statutes of 2017)** expands the current legal options for criminal courts by allowing them to make a probable cause determination that a defendant committed the offense before or after

a defendant charged with a serious felony is determined IST. Allows courts greater flexibility in initiating both LPS and Murphy conservatorships when a criminal defendant is charged with a felony complaint but has not yet been indicated, while also codifying case law for Murphy conservatorship requirements.

**SB 241 (Monning, Chapter 513, Statutes of 2017)** removes the requirement that a patients request for health records be submitted in writing, and enables patients to access their health records in the form and format requested by the patient, if that format is readily producible, and impose a reasonable, cost-based fee for providing a paper or electronic copy or summary of patient records.

**SB 384 Wiener, Anderson, Chapter 384, Statutes of 2017)** creates a three-tiered registration system for sex offense where people will be required to register for 10 years, 20 years, or life for a conviction in adult court of specified sex offenses, and five years or 10 years in adjudication as a ward of the juvenile court for specified sex offenses. (Effective January 1, 2021)





# Patient Population Growth

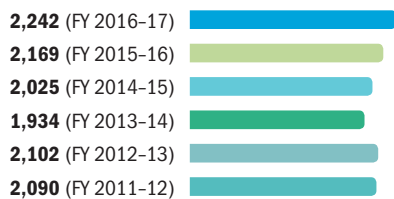
The overall number of patients served in a state hospital or psychiatric program has increased by 16 percent since the 2011–12 Fiscal Year. This is largely due to the opening and growth of the Stockton Psychiatric Program and activation of beds across the DSH system to provide additional capacity for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

## SYSTEM-WIDE TOTAL

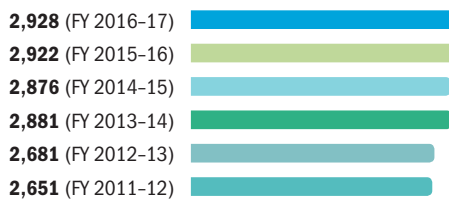


## ALL COMMITMENT TYPES

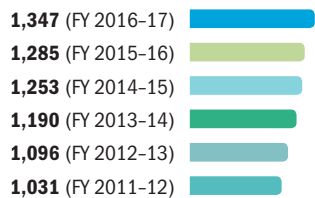
### Atascadero



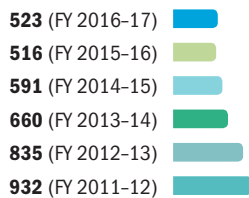
### Patton



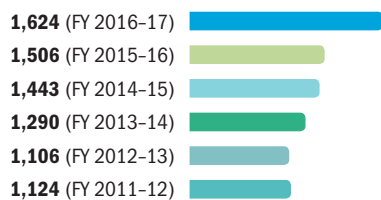
### Coalinga



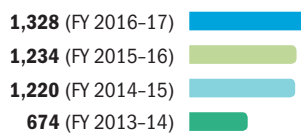
### Salinas Valley



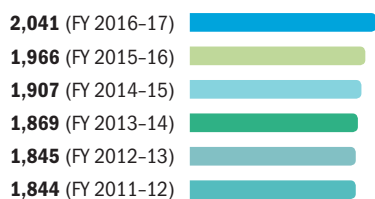
### Metropolitan



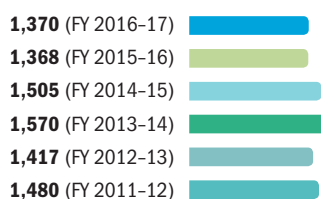
### Stockton



### Napa



### Vacaville





# Increase in Incompetent to Stand Trial Patients

## Incompetent to Stand Trial

In the last six years, the number of Incompetent to Stand Trial (IST) patient admissions has increased from almost 2,000 to more than 3,000 per year. These individuals have been referred to the department for treatment because they are unable to understand or effectively assist in their own defense during a criminal justice proceeding.

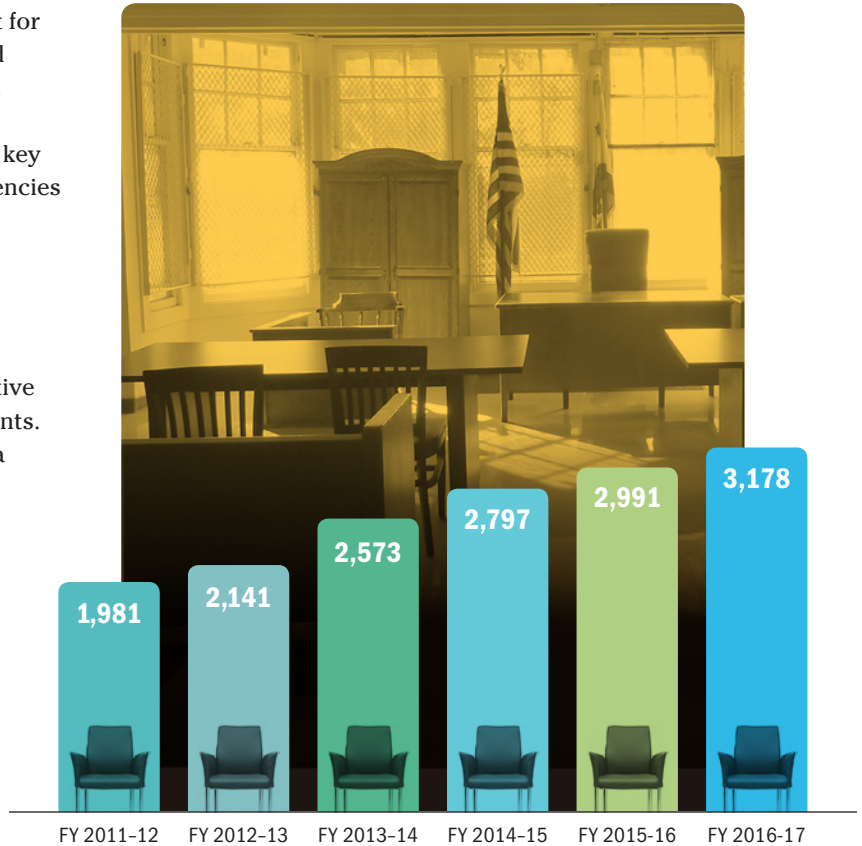
DSH's approach to this issue focuses on three key components: expanded capacity, analyzing efficiencies of the system and researching the demand.

DSH has expanded its capacity by 549 beds in the last five years, including expanding the department's jail-based competency treatment program (see below).

At the same time, DSH has created more effective treatments that focus on the needs of these patients. This is intended to reduce the average length of a patient's stay.

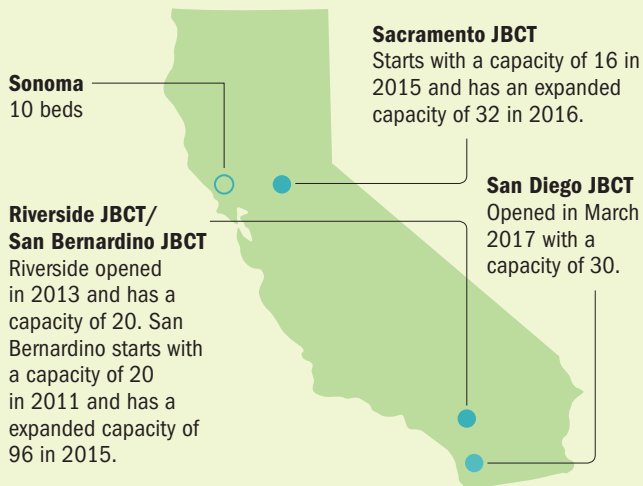
Finally, DSH continues research with the University of California, Davis, to better understand the conditions that are bringing these patients to our hospitals. The research has indicated that almost half of the IST patient referrals were unsheltered homeless individuals at the time of their arrest. Increasingly DSH is seeing patients whose involvement with the criminal justice system is related to being homeless and mentally ill.

**NUMBER OF INCOMPETENT TO STAND TRIAL PATIENT ADMISSIONS TO STATE HOSPITALS BY FISCAL YEAR**



## JBCT GROWTH

● Established ○ Under Development



## Jail-Based Competency Treatment (JBCT) Program

Because of increasing referrals of IST patients, DSH established the JBCT program. The program began with a pilot project serving San Bernardino in 2011. The department expanded the program in San Bernardino and added another for Riverside County. Further expansions in the San Bernardino County program has resulted in patients being accepted from surrounding counties. DSH has also assisted in the establishment of regional programs to help a group of neighboring counties use one location to serve more IST patients.

Based on current IST patient population growth trends, DSH sees a continuing need for additional JBCT programs or further expansion of existing programs.



# Conditional Release Programs

## In 1984, the Conditional Release Program

was mandated as a state responsibility. The mandate called for a statewide system of community-based services which treated 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. Its patients have typically experienced lengthy hospital stays and in some cases served full prison sentences.

CONREP began operating in 1986. Before individuals can participate, they 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 631 people in CONREP programs across the state in 2016–17. 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.

## CONREP THROUGHOUT CALIFORNIA

CONREP Contractor	County or Counties	FY 16–17 Average Daily Census
Alameda County Health Care	Alameda	24.00
Napa County MH	Napa	6.00
Placer County MH	Placer	7.60
Orange County MH	Orange	44.03
San Joaquin CMHS	San Joaquin	19.47
Sutter-Yuba MHS	Sutter, Yuba	1.00
Kern Behavioral Health & Recovery Services	Inyo, Kern, Mono	18.00
HMG Central Valley	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Lassen, Mariposa, Merced, Modoc, Nevada, Plumas, Sacramento, Sierra, Shasta, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne, Yolo	76.97
HMG South Bay	Monterey, San Benito, Santa Clara, Santa Cruz	45.13
● Gateways San Diego	San Diego	31.03
MHM Solano	Solano	14.47
MHM Sonoma	Sonoma	18.47
MHM San Bernardino/Riverside	Riverside, San Bernardino	57.37
MHM San Luis Obispo	San Luis Obispo	13.30
MHM Central CA Regional	Fresno, Kings, Madera, Tulare	49.67
MHM Golden Gate Regional	Lake, Marin, Mendocino, San Francisco, San Mateo	38.87
MHM Contra Costa	Contra Costa	29.63
MHM Ventura Regional	Imperial, Santa Barbara, Ventura	24.83
		<b>631.44</b> (Total)

● **Gateways** is a special program 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.

**STRP in Los Angeles and Fresno:** Beginning in Los Angeles in 1991, a Statewide Transitional Residential Program (STRP) provided temporary housing to CONREP patients unable to live in the community without direct supervision. This special program is designed to help patients transition from the state hospital environment into community outpatient treatment with a 90 to 120-day length of stay. In January 2017, CONREP further expanded this program by opening a 16-bed residential treatment facility in Fresno.





# Patient Aggression

**DSH tracks and analyzes data** on acts of aggression by patients each year. This data from our five free-standing hospitals assists us in developing new strategies in treatment that improve safety. Annually, DSH produces an analytical report, called the Violence Report. The latest report shows us that:

- **Patient Population:** In 2016, the patient population in our hospitals increased by 3.4 percent over the previous year. This represents a 16.6 percent increase in patients treated since 2012.

**3.4% Increase**

**13,043** (FY 2016-17)

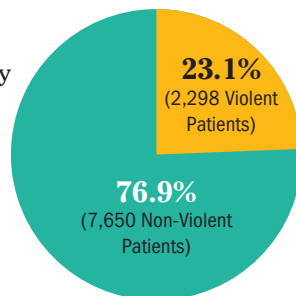
**12,966** (FY 2015-16)

**16.6% Increase**

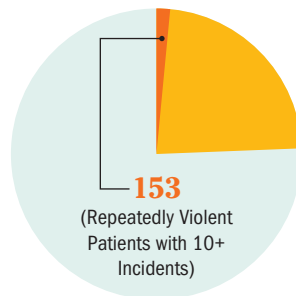
**13,043** (FY 2016-17)

**11,152** (FY 2011-12)

- **Non-Violent:** The majority of patients treated in 2016, 76.9 percent committed no acts of violence during the entire year.



- **Violent:** Of the 23.1 percent who committed acts of violence only a very small number—153 patients—were responsible for more than one-third of all violent acts. These patients each committed 10 or more acts of violence against staff or other patients.



- **Assaults on patients:** The rate of patient to patient assaults decreased by 6.6 percent.



This report used a new methodology of reporting from the previous reports at one hospital. As a result, more assaults on staff were recorded overall from the previous year.

Any violence against patients or staff is unacceptable. With the data we are developing through the Violence Reports, we are learning more about the repeatedly violent patients and how to treat them. For example, most violence occurs within 120 days of admission. Patients who are repeatedly violent end up being hospitalized three times longer than patients who are not violent.

## Enhanced Treatment Program (ETP)



**In response to the high risk** of violence among a relatively small percentage of DSH patients, the department has been developing plans for an Enhanced Treatment Program. The ETP will provide a more secure setting for patients with a demonstrated and sustained risk of aggressive, violent behavior toward other patients and staff. Working plans for the ETP, as well as drafts of the policies and procedures, are finished. Construction of the first of three 13-bed units at DSH—Atascadero and a 10-bed unit at DSH—Patton is scheduled to be finished in 2018.



# 2016-17 Accomplishments







## Transition of Psychiatric Programs Inside of Prisons

During 2017, DSH completed the transition of the three prison psychiatric programs at Salinas Valley, Stockton and Vacaville from the state hospital system to the authority of the California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS). This transition involved more than 1,900 employee positions and 1,156 hospital beds.



## Enhanced Treatment Program (ETP)

The ETP will provide a more secure setting for patients with a demonstrated and sustained risk of aggressive, violent behavior toward other patients and staff. Staff developed the ETP's working plans, and drafts of the admissions and discharge criteria, and major policies and procedures.



## Recruitment

Career fairs to recruit new DSH employees were held in Coalinga and Los Angeles with more planned for the future. Our employee recruitment postings on Twitter are followed by more than 900 people and organizations and new job listings are added daily.



## Fiscal Responsibility

By improving its billing practices for federal and non-federal sources for treatment administered in state hospitals, DSH generated \$5.07 million in revenue during Fiscal Year, an increase of 32 percent compared to the previous year.



## Protective Services

DSH hired 86 new hospital police officers who were trained at DSH's police academy in Atascadero. DSH also launched a program to centralize all hospital police records, which will allow officers at the five hospitals to have more effective communications about patients who transfer between hospitals.



## Telepresence

The use and support of video conferencing was expanded across DSH locations and it has resulted in cost savings and improved productivity. Using audio and visual support software, DSH held hundreds of court conferences for patients and other required events.



## Clinical Knowledge

DSH hosted its first Forensic Mental Health Forum in Sacramento. The conference was a 2-day lecture series with primary topics being the impact of public policy on patients deemed Incompetent to Stand Trial (IST) and the impact and treatment of violence. This well-attended forum drew both employees from other state hospital systems and attendees from the private sector.



## Centralized Patient Intake

This year, 15 counties became part of a centralized patient referral intake using an electronic system for all admissions. The system will be expanded in the coming year to include all 58 counties.



## Regulations

DSH promulgated regulations to improve hospital operations by standardizing the admission process for Incompetent to Stand Trial (IST) patients with guidance and clarification for counties on the commitment documents. The second set of regulations standardized the process for assigning, updating and replacing evaluators involved in Sexually Violent Predator cases.



## Workplace Violence Prevention

DSH established a new team to improve the Injury and Illness Prevention plans at each hospital and prepare for the implementation of new workplace violence prevention regulations. All five hospitals are provided with onsite training, consultation, observations and recommendations.

In 2017, DSH standardized violence incident logs at each hospital. Data was collected from those logs and, for the first time, is reported to the Department of Industrial Relations' Division of Occupational Safety and Health (better known as CalOSHA) on a quarterly basis.



