

VIOLENCE REPORT

DSH Hospital Violence 2014

October, 2015



Commonly Used Abbreviations and Acronyms

For a full list, as well as a listing of the relevant statutes for each legal commitment, please see the glossary at the end of this report.

<u>Abbreviaton</u>	<u>Description</u>
A2	<u>Patient physical assault committed by another patient.</u> Formally defined in the special order as “ Aggressive Act to Another Patient - Physical: Hitting, pushing, kicking or similar acts directed against another individual to cause potential or actual injury.” This does not include verbal assault, which is coded as “A1.”
A4	<u>Staff physical assault committed by a patient.</u> Formally defined in the special order as “ Aggressive Act to Staff - Physical: Hitting, pushing, kicking, or similar acts directed against a staff person that could cause potential or actual injury.” This does not include verbal assault, which is coded as “A3.”
Combined A2+A4	<u>Total of the combined Patient physical (A2) and Staff physical (A4) assaults.</u>
DSH	<u>Department of State Hospitals</u>
DJJ	<u>Division on Juvenile Justice,</u> commonly used to refer to patients committed to DSH under this statute
IST	<u>Incompetent to Stand Trial,</u> commonly used to refer to patients committed to DSH under this statute
LPS	<u>Lanternman-Petris-Short,</u> commonly used to refer to patients committed to DSH under this statute
MDO	<u>Mentally Disordered Offender,</u> commonly used to refer to patients committed to DSH under this statute
MDSO	<u>Mentally Disordered Sex Offender,</u> commonly used to refer to patients committed to DSH under this statute
NGI	<u>Not Guilty by reason of Insanity,</u> commonly used to refer to patients committed to DSH under this statute
PC2684	<u>Mentally Ill Prisoner,</u> the relevant penal code section is used to refer to patients committed to DSH under this statute

SVP	<u>S</u>exually <u>V</u>iolent <u>P</u>redator, commonly used to refer to patients committed to DSH under this statute
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Violence Report

Section I: Executive Summary

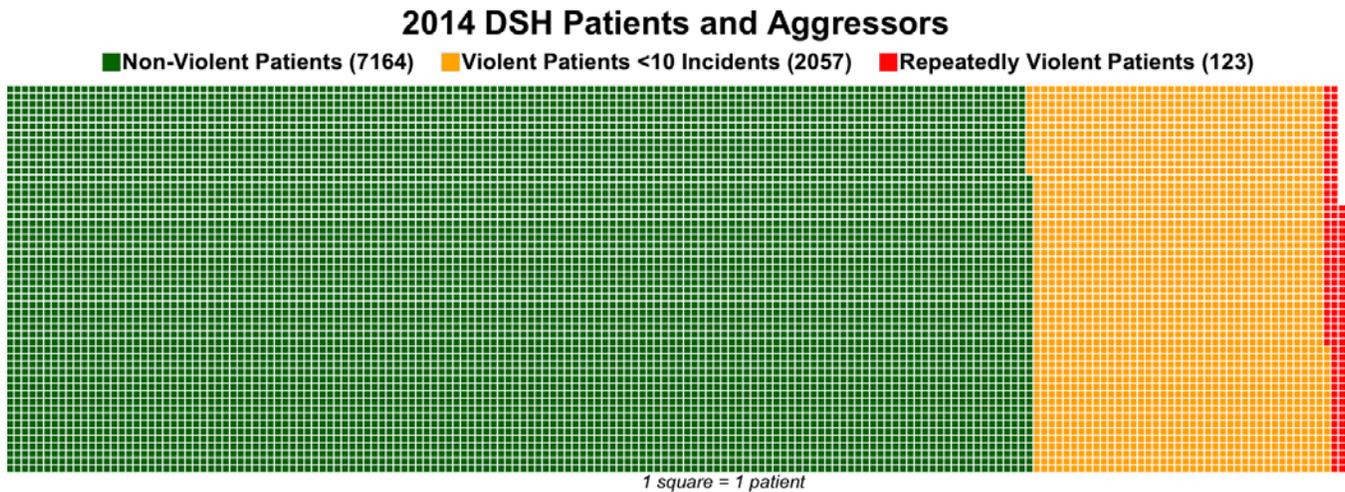


Figure 1 – Graphic representation of all the patients treated in DSH during 2014. Each square tile represents 1 patient.

During 2014, the Department of State Hospital’s (DSH) five freestanding hospitals treated almost 9400 patients (depicted above in Figure 1). While most of these patients were not violent (shown in green above, approximately 77%), violent patients comprised 23% of those treated in 2014. Of the violent patients, a very small number had 10 or more violent acts during 2014 (designated as “repeatedly violent patients”). While numbering only 123 patients total during 2014, these repeatedly violent patients were responsible for 36.6% of all the assaults on patients as well as staff assaults during 2014.

The remainder of this summary provides an overview of DSH violence data and presents information on current patient violence trends, while also comparing this information with previous data. Aggregate information on patient aggressors and victims is also presented. This report begins to examine the influence of admission rates on violence, and then looks at the severity of assaults in the DSH hospital system. It concludes with a more in-depth examination of these repeatedly violent patients and the disproportionate amount of violent incidents due to them, details which are presented in [Section II.5](#) of this report.

In [Section II.1](#), this report presents the violence totals and then integrates them with the patient census data to provide information about violence using standardized units of violence rates per 1000 patient days.

Analysis of the 2014 data shows that compared to the previous year,

1. DSH-wide violence rates increased slightly, up 1.350%, with the rate of patient assaults increasing by 0.873% and the rate of staff assault increasing 3.298%. However, these changes were not uniform, and some variation was noted across legal classes and hospitals (see [Sections II.1.e and II.1.f](#) for further details);
2. No substantive change in the number/percentage of individual (unique) patients committing aggressive acts (see [Section II.2](#));
3. No change in the number/percentage of individual (unique) patient victims of aggressive acts, (see [Section II.3](#));
4. No substantive change in overall injury severity from the previous year, and no change from last year 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](#))

Examining the context of violence will be important to informing actions to decrease violence. The data show that 50% of the violent incidents in DSH hospitals occur within 120 days of admission. Thus, it is important to consider the rate of new admissions to the hospitals, and examine the impact of increased admissions on violence at the hospitals. See [Section II.1.g](#) for further discussion of the influence of admission rates on violence.

Patient factors also impact violence rates. It is easy to understand how diagnosis can impact propensity for violence. The hospital WaRMSS data shows that patients diagnosed with a personality disorder were 42% more likely to be violent than those patients without a personality disorder diagnosis. While most people commonly link antisocial personality disorder with violence, the data showed that patients diagnosed with borderline personality disorder or cognitive disorders (including borderline intellectual functioning, mental retardation, dementia, etc.) had even higher rates of violence than those patients diagnosed with antisocial personality disorder. This topic is explored further in [Section II.1.h](#).

A key aspect of DSH's mission is not just treating mental illness, but also treating violence risk. Another factor to consider is that the discharge criteria for many patients encompasses decreased dangerousness. The data show that patients who are violent in DSH are hospitalized longer, specifically, the median length of stay for a violent patient is 3 times longer than the length of stay for a non-violent patient. Further analysis shows that when the group of repeatedly violent patients are separated out from the other violent patients, the differences in median length of hospitalization are even more dramatic; the repeatedly violent patients had a median length of hospitalization almost 8 times that of non-violent patients. These longer length of stays for the most violent patients exposes other patients and staff to increased risk of violence. See [Section II.1.i](#) for further discussion.

Finally, at the end of this report, supplementary data tables to provide additional detailed information are presented in the [Appendices](#), as well as a [Glossary](#) of terms used in this report.

Acknowledgments

Once again, 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. Their commitment to their work has provided DSH the ability to gather and analyze these violent incidents for this report. Without this vital, valuable, and largely “unsung” daily toil, the data for this report would not have been available. Any guidance or direction obtained from the data is due in large part to the work of the DSH psychiatric technicians and nurses.
- The work and efforts of DSH Technology Services, especially the Data Management Office (DMO). Without the hard work of this team, 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 its Data Management Office.

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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 by presenting the data, and then the rationale for findings and interpretations via “Takeaway Summaries.”

1. Overall Patient Assaults in DSH

Number of patient and staff assaults per year

Patient assaults are formally defined in DSH as “**Aggressive Act to Another Patient - Physical:** Hitting, pushing, kicking or similar acts directed against another individual to cause potential or actual injury,” and staff use the code “A2” to report such an assault, hence the use of the abbreviation in this report (an analogous definition is used for staff assault, which is coded by staff as “A4.”)

As can be seen below in Fig. 2, the total number of violent acts committed by patients against other patients (A2 patient assaults) increased slightly after years of decline. (Note: *data for 2010 understate the true totals, as one hospital did not begin tracking and reporting until February 2010; these numbers omit the January 2010 for that one hospital*).

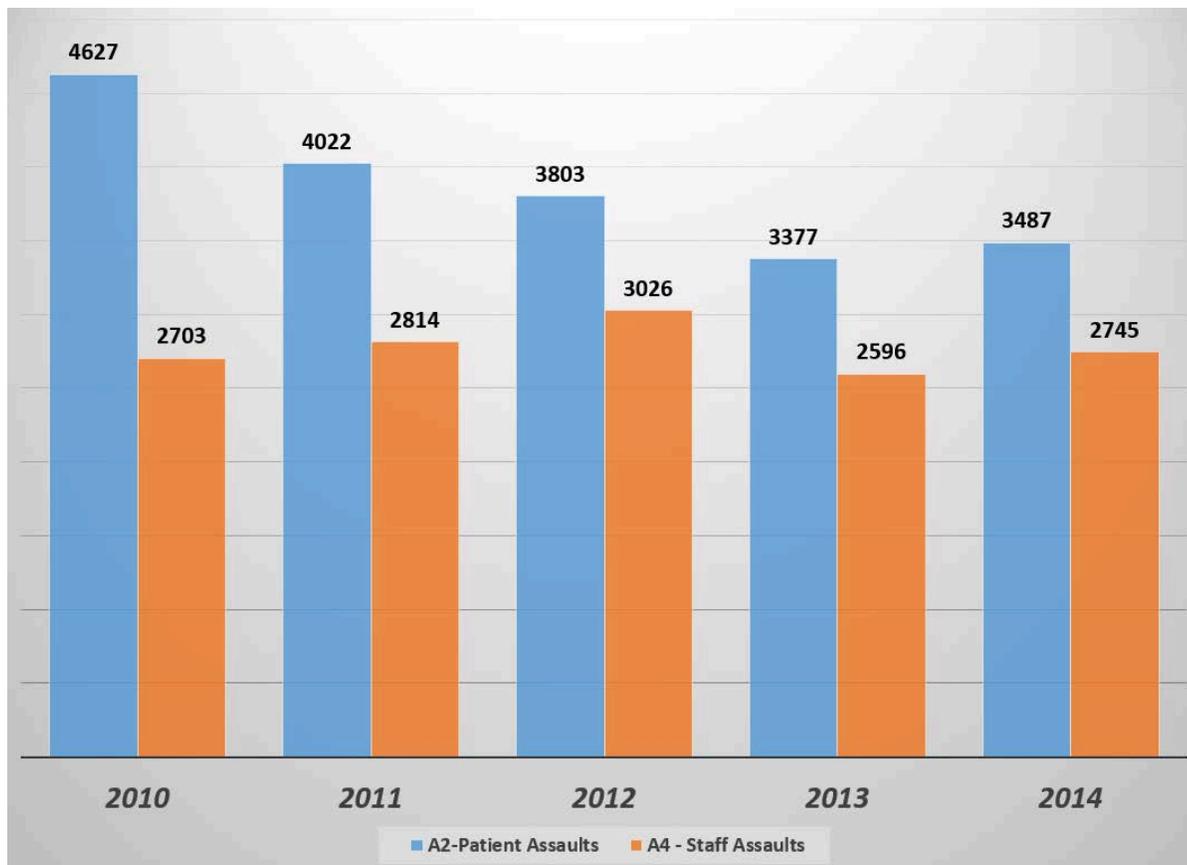


Figure 2 - Graph of aggressive incidents against both patients (A2) and against staff (A4)

Since these totals in Fig. 2 do not take into account the increase in patient census, simple totals of violence per month or per year should not be used for analysis. The better measure of violence would be a rate measure, seen below in Fig. 3.

Rate of patient and staff assaults

More robust conclusions can be drawn by analysis of the rate of violent incidents per 1000 patient days, below (see Fig. 3, below). As noted in the previous report, DSH violence rates historically have commonly been reported in terms of “Monthly Totals,” which is a measurement that fluctuates depending on the days of the month. Additionally, it 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.

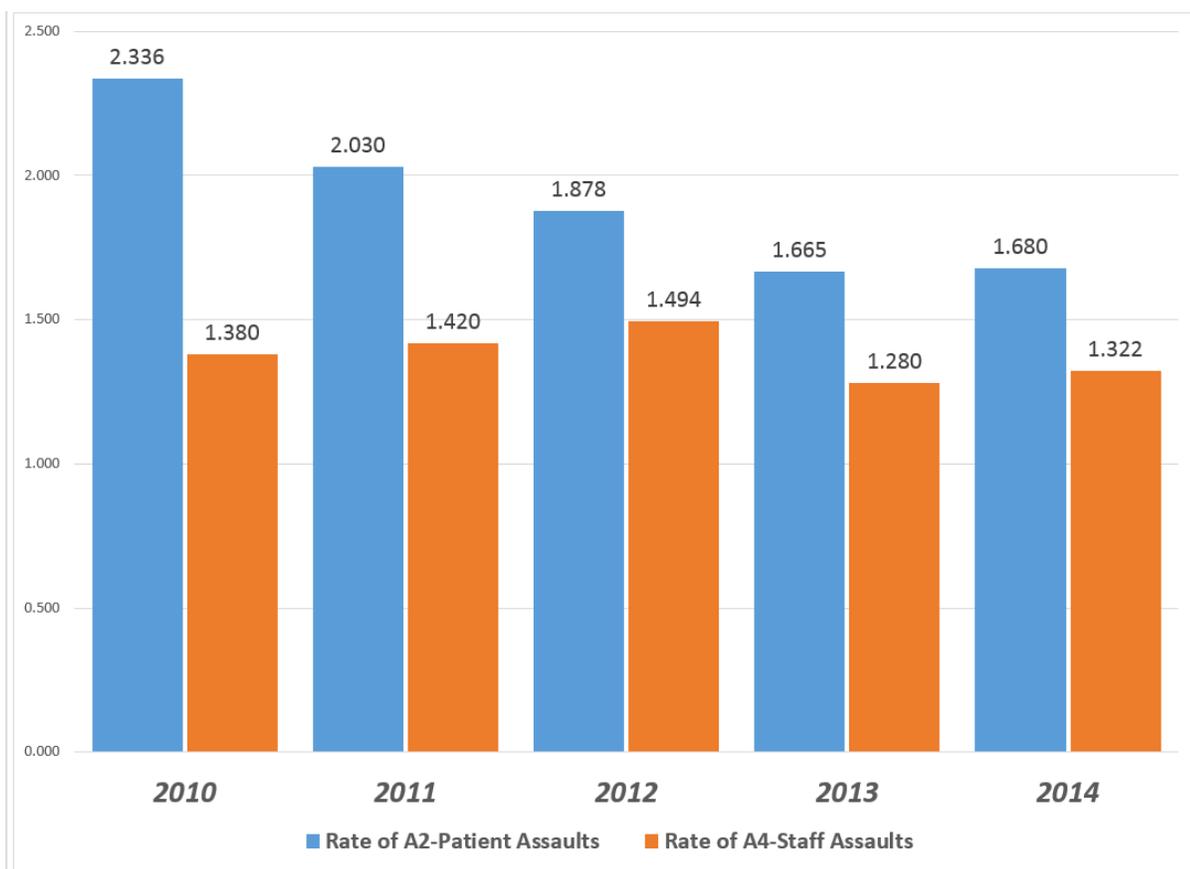


Figure 3 - Graph of the rates of aggressive incidents, per 1000 patient days

There are obvious similarities between Fig. 2 and Fig. 3. As discussed previously, however, while “Monthly Totals” are a convenient measure, only the rate of patient violence takes into account both the impact of changes in the patient census and fluctuating days in the month on the total number of patient incidents in a month.

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.

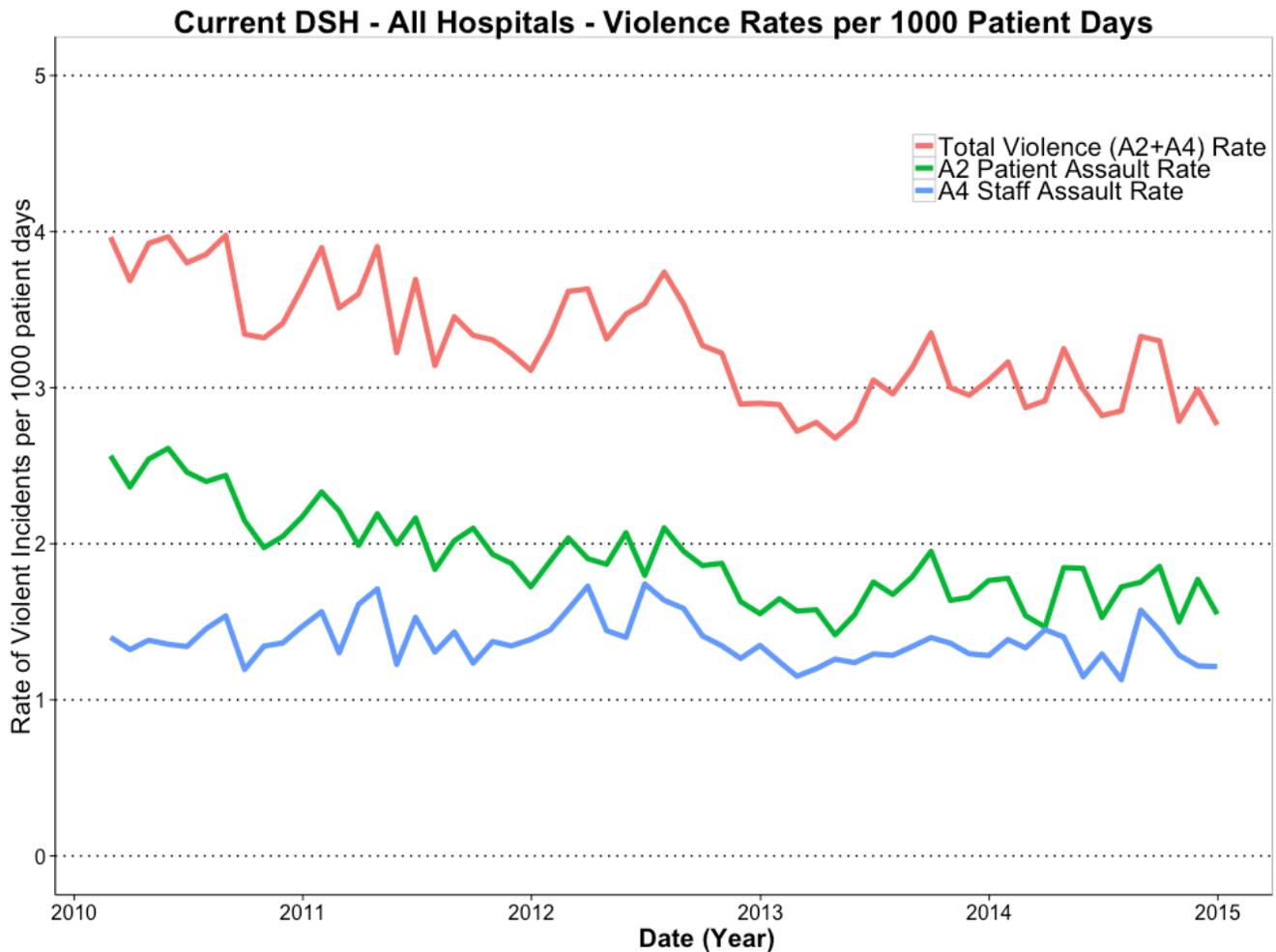


Figure 4 – Graph of monthly violence rates, per 1000 patient days, all DSH hospitals

DSH – Rates of Assaults, per 1000 patient days – YEARLY SUMMARY

<u>Year</u>	<u>Number Assaults</u>	<u>Total Patient Days</u>	<u>Rate per 1000 patient-days</u>	<u>% Change</u>
2010*	7049	1831651	3.848441	NA
2011	6568	1981811	3.31414	-13.8836%
2012	6583	2025331	3.250333	-1.9253%
2013	5740	2027842	2.830595	-12.9137%
2014	5955	2075778	2.868804	1.3499%

*2010 data is from 2/1/2010 – 12/31/2010, all other years are full years

The table above, “Yearly Summary”, provides a year by year summary of the data shown in Fig. 4 above shows that in 2014, DSH saw a 1.35% increase in assaults during 2014 over the previous year. This comes after a three year drop in assault rates, year after year. Translating the rate measures into daily and monthly totals, to better enable comparisons:

- In 2010, the rate of 3.848 assaults per 1000 patient days (in a system with 5500 patients at its hospitals), translated into just over 21 total assaults every day, or just over 656 assaults per month, in a 31-day month.
- In 2011, the overall rate of 3.314 assaults per 1000 patient days meant that in a system with 5500 patients, there were on average just over 18 assaults every day, or 565 assaults per month, in a 31-day month.
- In 2012, the overall rate of 3.250 assaults per 1000 patient days meant that in a sytem with 5500 patients, there were on average 17.875 assaults every day, or 554 assaults per month, in a 31-day month.
- In 2013, the overall rate of 2.831 assaults per 1000 patient days meant that, in a system with 5500 patients, there were on average 15.571 assaults every day, or about 483 assaults per month, in a 31 day month.
- Finally, in the most recent year, 2014, the overall rate of 2.869 assaults per 1000 patient days meant that, in a system with 5500 patients, there were on average 15.780 assaults every day, or about 489 assaults per month, in a 31-day month.

Therefore, using the rate measures, one can see that the overall 1.35% increase in violence in 2014 means that, on average, there was an increase of 0.209 more assaults each day, and about 6 more assaults every month, than in 2013.

Yearly A2 Patient Assault Rates Summary

<u>Year</u>	<u>Number Assaults</u>	<u>Total Patient Days</u>	<u>Rate per 1000 patient-days</u>	<u>% Change</u>
2010*	4278	1831651	2.335598	NA
2011	4022	1981811	2.029457	-13.1076%
2012	3803	2025331	1.877718	-7.4768%
2013	3377	2027842	1.665317	-11.3117%
2014	3487	2075778	1.679852	0.8728%

**2010 data is from 2/1/2010 – 12/31/2010, all other years are full years*

The data in the table above, Yearly A2 Patient Assault Rates Summary, show that after several years of decline, the rate of A2 Patient Assaults increased by 0.873%.

Yearly A4 Staff Assault Rates Summary

<u>Year</u>	<u>Number Assaults</u>	<u>Total Patient Days</u>	<u>Rate per 1000 patient-days</u>	<u>% Change</u>
2010*	2527	1831651	1.37963	NA
2011	2814	1981811	1.419913	2.9198%
2012	3026	2025331	1.494077	5.2231%
2013	2596	2027842	1.280179	-14.3164%
2014	2745	2075778	1.322396	3.2977%

*2010 data is from 2/1/2010 – 12/31/2010, all other years are full years

These data show that A4 Staff Assault rates have exhibited more variability than A2 Patient Assault rates. In 2014, there was a 3.298% increase in staff assault; while disappointing after a 14.316% decline the previous year, the increase was not as large as the increase in staff assaults of 5.223% seen in 2012.

“Takeaway” Summary: Figure 4, and the accompanying tables of Yearly A2 Patient Assaults and Yearly A4 Staff Assaults provide information on violent assaults in DSH using a rate measure, “per 1000 patient days.” This rate measure, “per 1000 patient days,” takes into account both changes in population as well as variation of days in a month, and thus provide a better source of information from which to draw conclusions than simple tallies.

Additionally, it is important to note that while the aggregate yearly bar graphs presented above in Figures 2 and 3 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 the DSH hospitals, data on monthly rates 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 at its hospitals.

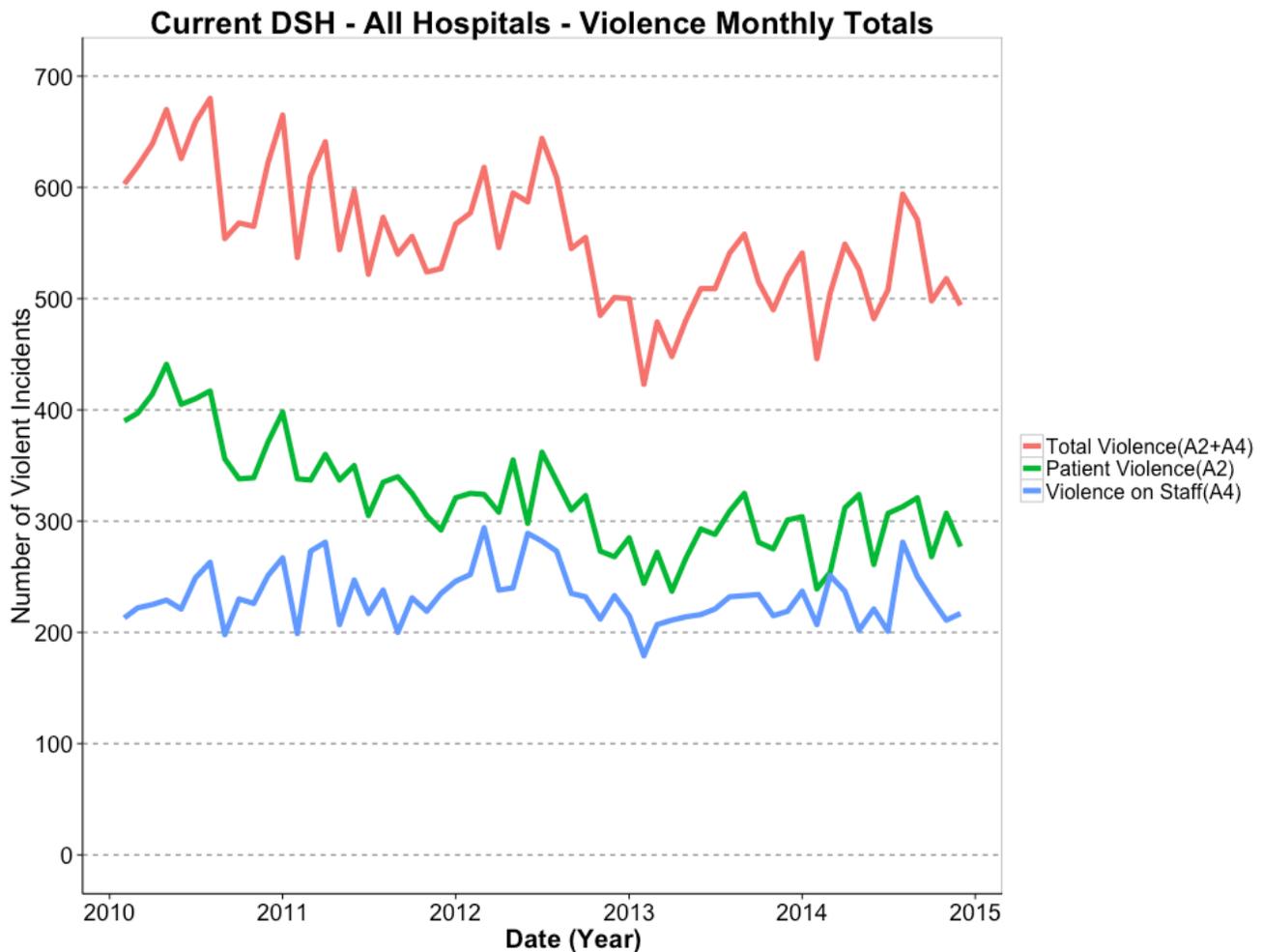
a. Monthly totals of assaults

Figure 5 Graph of monthly violence totals

“Takeaway” Summary: This graph shows the variation in raw monthly violence totals in the DSH hospitals. 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).

More analysis and interpretation will be offered with the graph of monthly rates following the next graph on trends of monthly totals.

b. Monthly totals of assaults: trend analysis

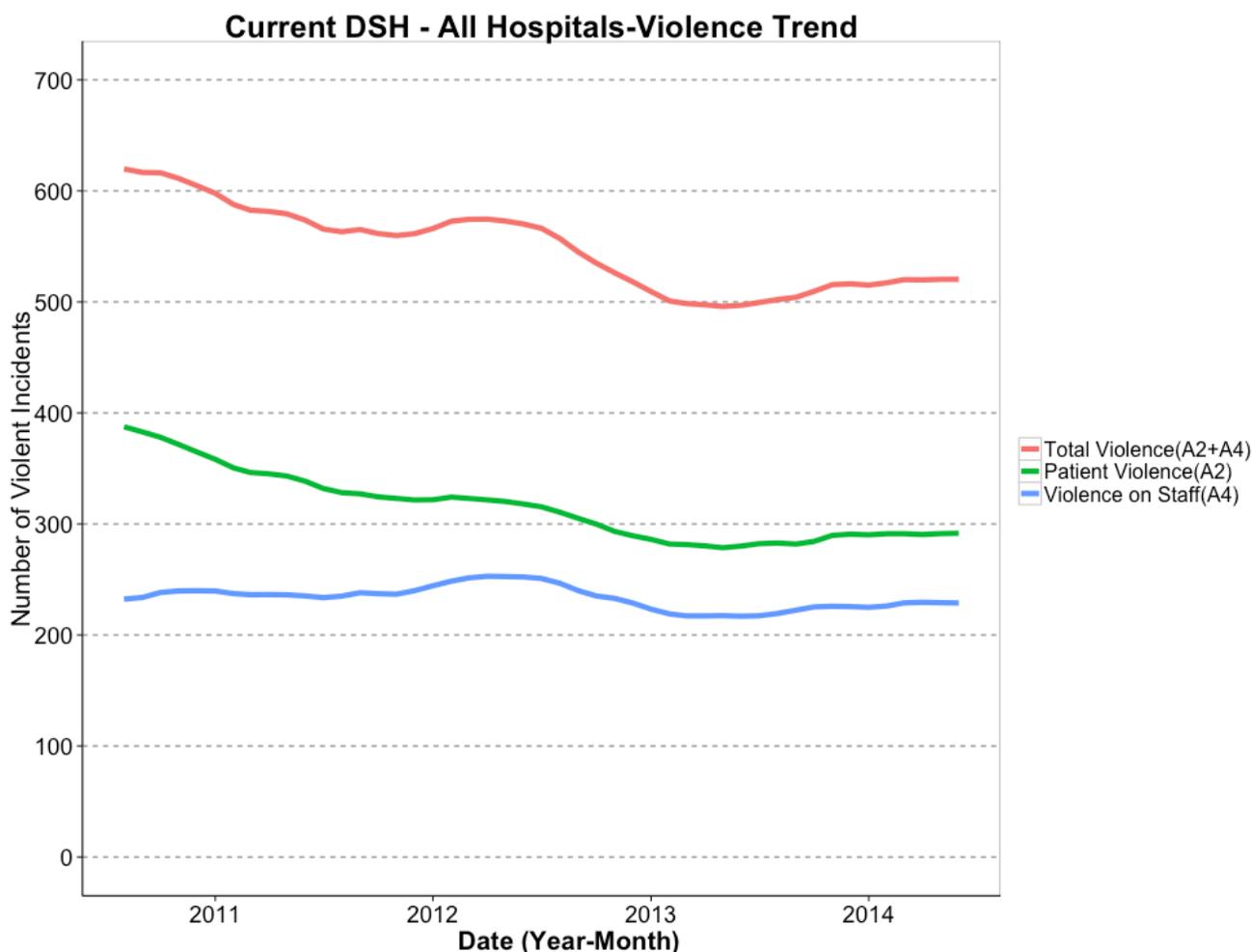


Figure 6 - Graph of violence monthly totals, with smoothing applied

“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 (after July 2014) are not yet available.

More analysis and interpretation will be offered with the graph of monthly rates starting on the next page.

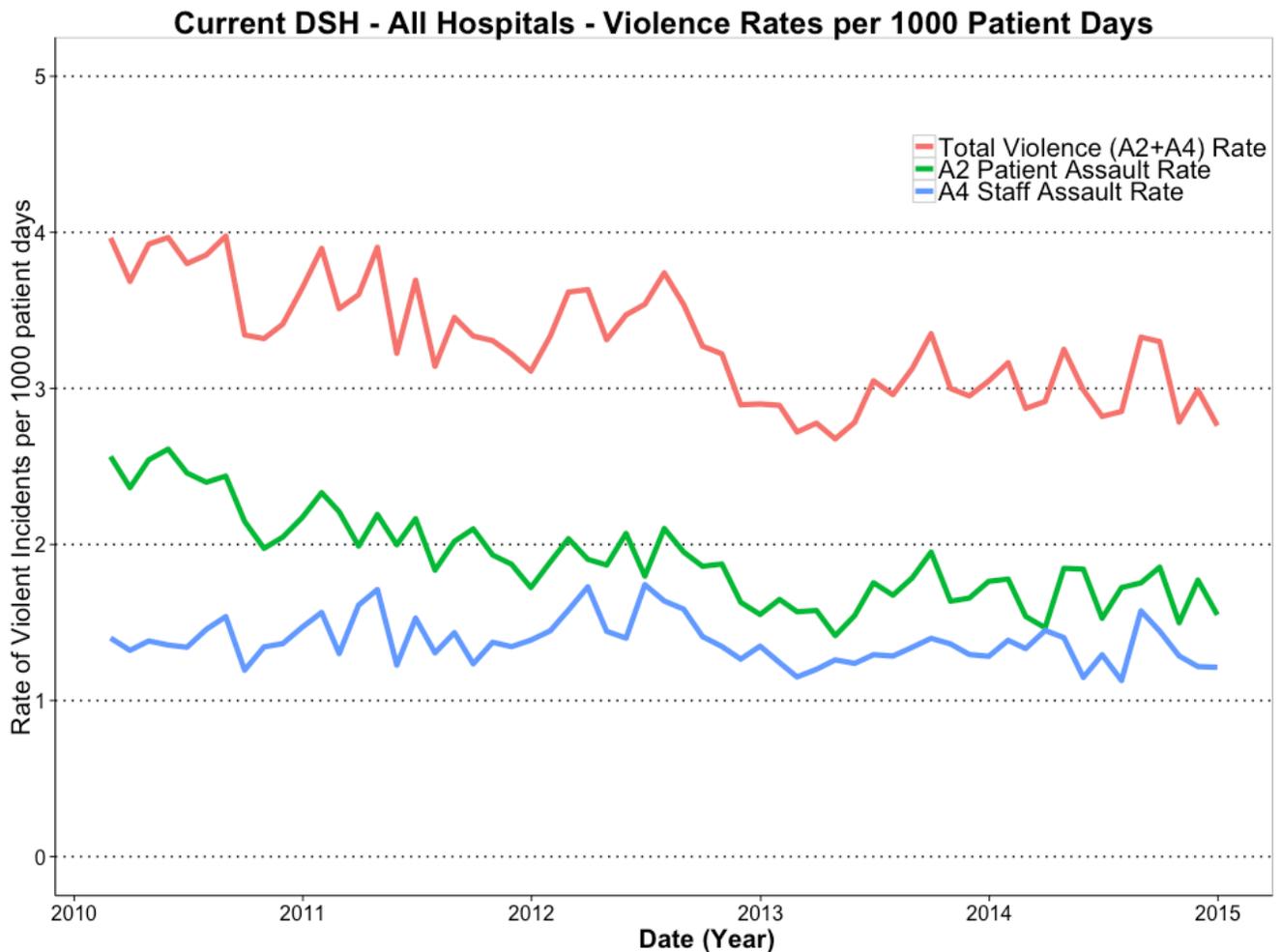
c. Monthly rates of assaults

Figure 7 - Graph of monthly rates of aggressive incidents, per 1000 patient days

“Takeaway” Summary: This graph shows the monthly rate of violence, per 1000 patient days. This measure (rate per 1000 patient days) takes into account the changes in DSH population (as well as differences in the number of days in a month).

Additionally, this graph also shows the normal amount of variation on a monthly basis. To better understand and interpret these rates of violence, the next graph will look at these data with smoothing applied, to better show the data trends.

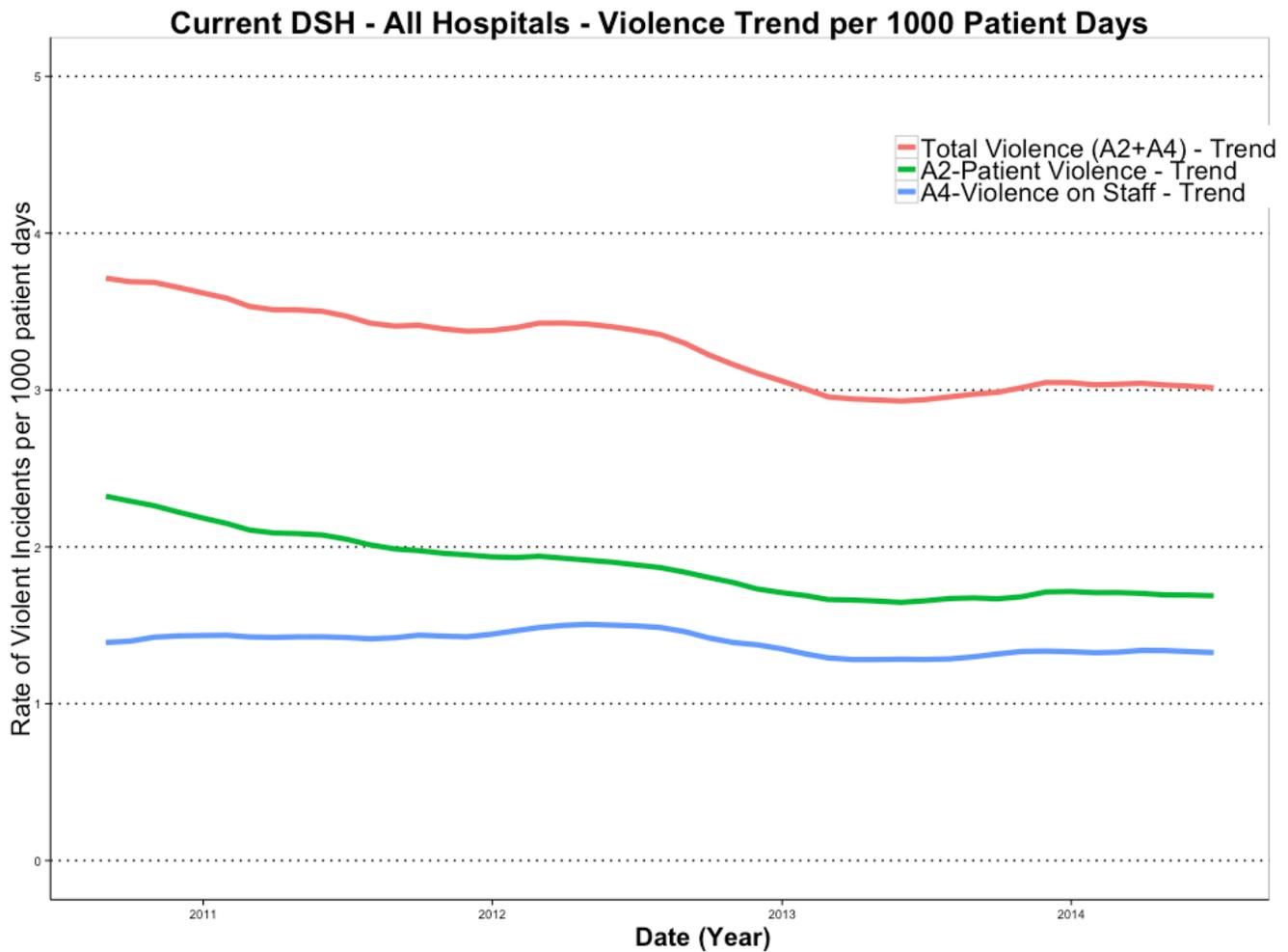
d. Monthly rates of assaults: trend

Figure 8 - Graph of the trend of rates of aggressive incidents, per 1000 patient days

“Takeaway” Summary: This graph shows the monthly rates, with smoothing applied to reduce monthly variability, as an aid in interpretation. As seen here, the trend has been for a decrease in assault rates from 2010 through late 2013, with violence rates afterward becoming more flat after that.

Further details are presented below in the table of monthly rates.

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	285	215	500
February	2013	244	179	423
March	2013	272	207	479
April	2013	237	211	448
May	2013	267	214	481
June	2013	293	216	509
July	2013	288	221	509
August	2013	309	232	541
September	2013	325	233	558
October	2013	281	234	515
November	2013	275	215	490
December	2013	301	219	520
January	2014	304	237	541
February	2014	239	207	446
March	2014	254	251	505
April	2014	312	237	549
May	2014	324	202	526
June	2014	261	221	482
July	2014	307	201	508
August	2014	313	281	594
September	2014	321	250	571

October	2014	268	230	498
November	2014	307	211	518
December	2014	277	217	494

“Takeaway” Summary: These tables show the values plotted in Fig. 5, “Graph of monthly violence totals.” Generally speaking, monthly totals should not be used for reporting violence or for analysis, as these numbers do not take into account such factors as changes in patient population and/or number of days in a month. During this time period, DSH census increased by about 4.5%, which the monthly totals do not take into account.

These data are presented simply for completeness, and to introduce the reader to the need for developing a rate-based measure for describing violence.

See the next table on monthly rates for further details and analysis.

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	1.648	1.243	2.891
2013-02-28	2013	1.569	1.151	2.720
2013-03-31	2013	1.577	1.200	2.777
2013-04-30	2013	1.416	1.261	2.677
2013-05-31	2013	1.545	1.238	2.783
2013-06-30	2013	1.755	1.294	3.049
2013-07-31	2013	1.675	1.285	2.960
2013-08-31	2013	1.787	1.342	3.128
2013-09-30	2013	1.951	1.399	3.350
2013-10-31	2013	1.637	1.363	3.000
2013-11-30	2013	1.656	1.295	2.952
2013-12-31	2013	1.764	1.283	3.047
2014-01-31	2014	1.778	1.386	3.165
2014-02-28	2014	1.539	1.333	2.872
2014-03-31	2014	1.467	1.449	2.916
2014-04-30	2014	1.847	1.403	3.250
2014-05-31	2014	1.842	1.148	2.990
2014-06-30	2014	1.527	1.293	2.821
2014-07-31	2014	1.724	1.129	2.852
2014-08-31	2014	1.754	1.575	3.328

2014-09-30 2014	1.855	1.445	3.300
2014-10-31 2014	1.498	1.286	2.784
2014-11-30 2014	1.772	1.218	2.990
2014-12-31 2014	1.549	1.213	2.762

“Takeaway” Summary: These data show the values graphed in the monthly plot of violence rates (Fig. 4 or Fig. 7, “Graph of monthly rates of aggressive incidents, per 1000 patient days”). Again, the monthly variability in violence can make discerning a trend difficult, for this reason, using the “smoothed” plots (such as Fig. 8.) to look for trends over time is more useful.

e. Monthly rates for patient groups, by Legal Class

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

On December 31, 2014, the Average Daily Census (ADC) for each Legal Class that month in DSH Hospitals (Psychiatric Programs are not included in these totals) was as follows:

<u>Legal Class</u>	<u>ADC on 12/31/2014</u>
DJJ: Division of Juvenile Justice Patient	3.19
IST: Incompetent to Stand Trial Patient	1,353.64
LPS: Lanternman-Petris-Short Patient	583.35
MDO: Mentally Disordered Offender Patient	1,245.64
MDSO: Mentally Disordered Sexual Offender	25
NGI: Not Guilty by Reason of Insanity Patient	1,408.43
PC2684: Mentally Ill CDCR Inmate Patient	227.19
SVP: Sexually Violent Predator Patient	923.93

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

Not Guilty by reason of Insanity (NGI) -- these patients currently comprise about 24.4% of the DSH overall ADC (12/31/2014), a decrease from 2013 of 0.4%, down from 24.8%

NGI Patient Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	Percent_Change
2010	A2 Patient Assault	629	449,798	1.398	
2011	A2 Patient Assault	546	498,969	1.094	-21.750
2012	A2 Patient Assault	491	496,713	0.988	-9.665
2013	A2 Patient Assault	462	500,690	0.923	-6.654
2014	A2 Patient Assault	429	506,937	0.846	-8.287

NGI Staff Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	Percent_Change
2010	A4 Staff Assault	307	449,798	0.683	
2011	A4 Staff Assault	319	498,969	0.639	-6.331
2012	A4 Staff Assault	435	496,713	0.876	36.983
2013	A4 Staff Assault	343	500,690	0.685	-21.776
2014	A4 Staff Assault	273	506,937	0.539	-21.389

As shown by the data in these tables, the overall rates of NGI violence have continued to drop for both A2 Patient Assault and A4 Staff Assault.

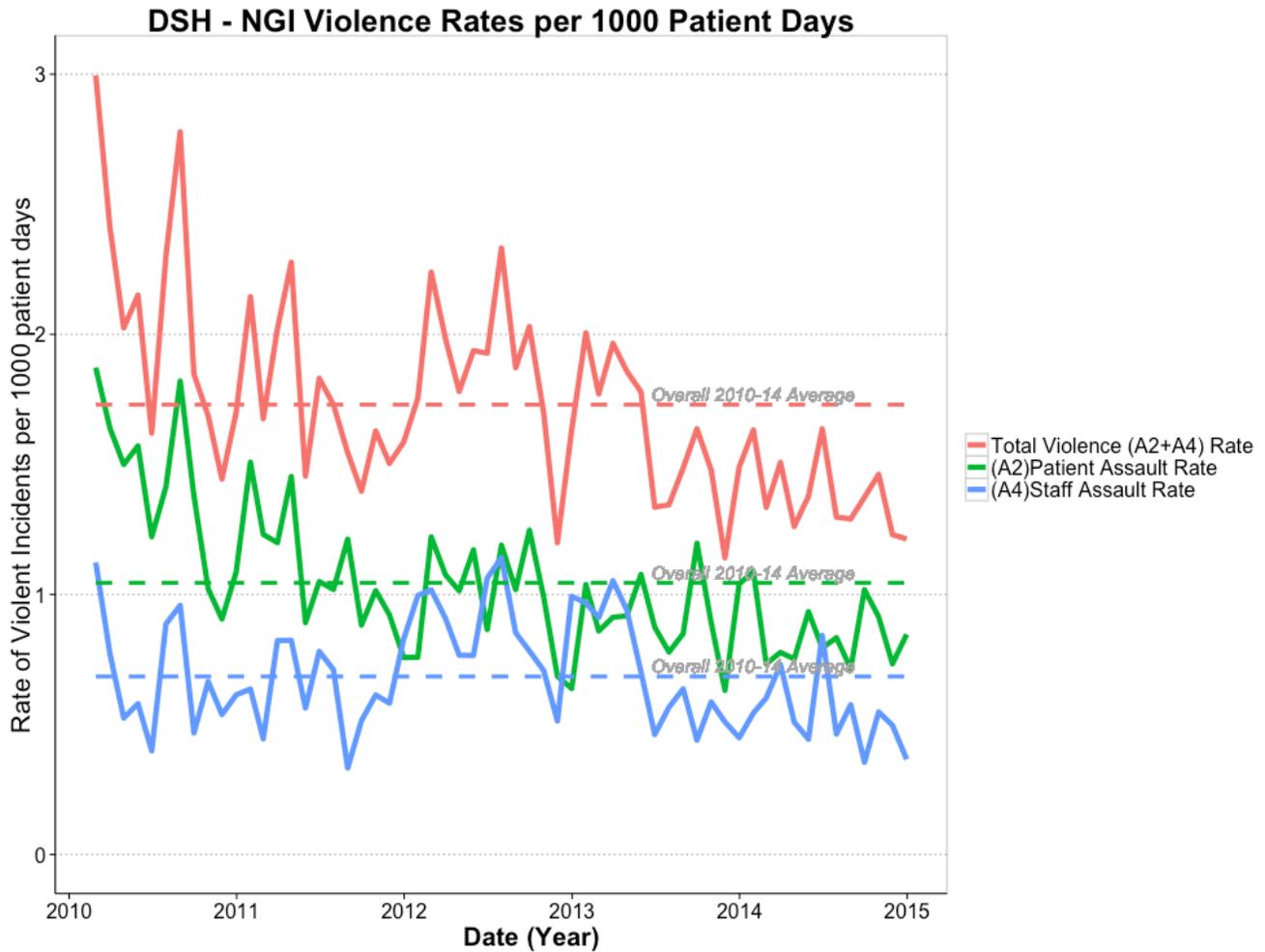


Figure 9 – Graph of monthly NGI violence rates, per 1000 patient days

The solid lines show the actual monthly rate, per 1000 patient days (with the dashed lines indicating the overall 2010 – 2014 average rate) for each respective category of violence.

Trend

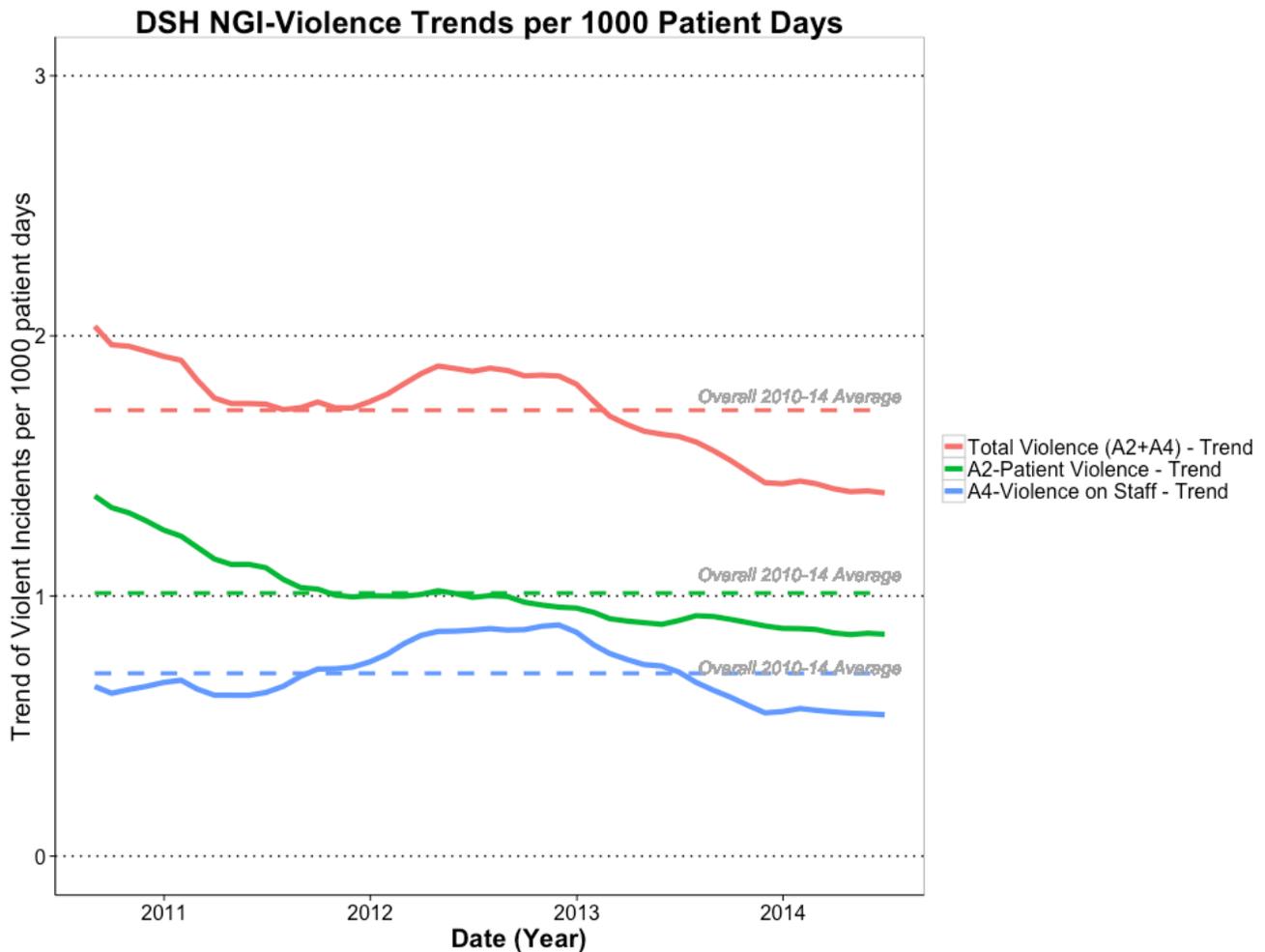


Figure 10 – Graph of trends of monthly NGI violence rates, per 1000 patient days

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 – 2014 average rate for each respective category of violence.

Incompetent to Stand Trial (IST) -- these patients currently comprise about 23.5% of the DSH overall ADC (12/31/2014), up from 21.9% of the census the previous year.

IST A2 - Patient Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	Percent_Change
2010	A2 Patient Assault	1,268	392,460	3.231	
2011	A2 Patient Assault	1,114	402,704	2.766	-14.380
2012	A2 Patient Assault	1,008	425,519	2.369	-14.367
2013	A2 Patient Assault	977	447,256	2.184	-7.786
2014	A2 Patient Assault	1,023	476,701	2.146	-1.759

IST A4 - Staff Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	Percent_Change
2010	A4 Patient Assault	609	392,460	1.552	
2011	A4 Patient Assault	660	402,704	1.639	5.618
2012	A4 Patient Assault	699	425,519	1.643	0.231
2013	A4 Patient Assault	538	447,256	1.203	-26.774
2014	A4 Patient Assault	654	476,701	1.372	14.053

As shown by the data in these tables, the overall rates of IST violence have continued to drop for A2 Patient Assault. Regarding A4 Staff Assault, violence for this group was up 14% from last year, 2013, which had seen the highest historic drop in Staff assault rates. Despite having increased in the last year, the 2014 rates are still lower than the 2010, 2011, and 2012 rates.

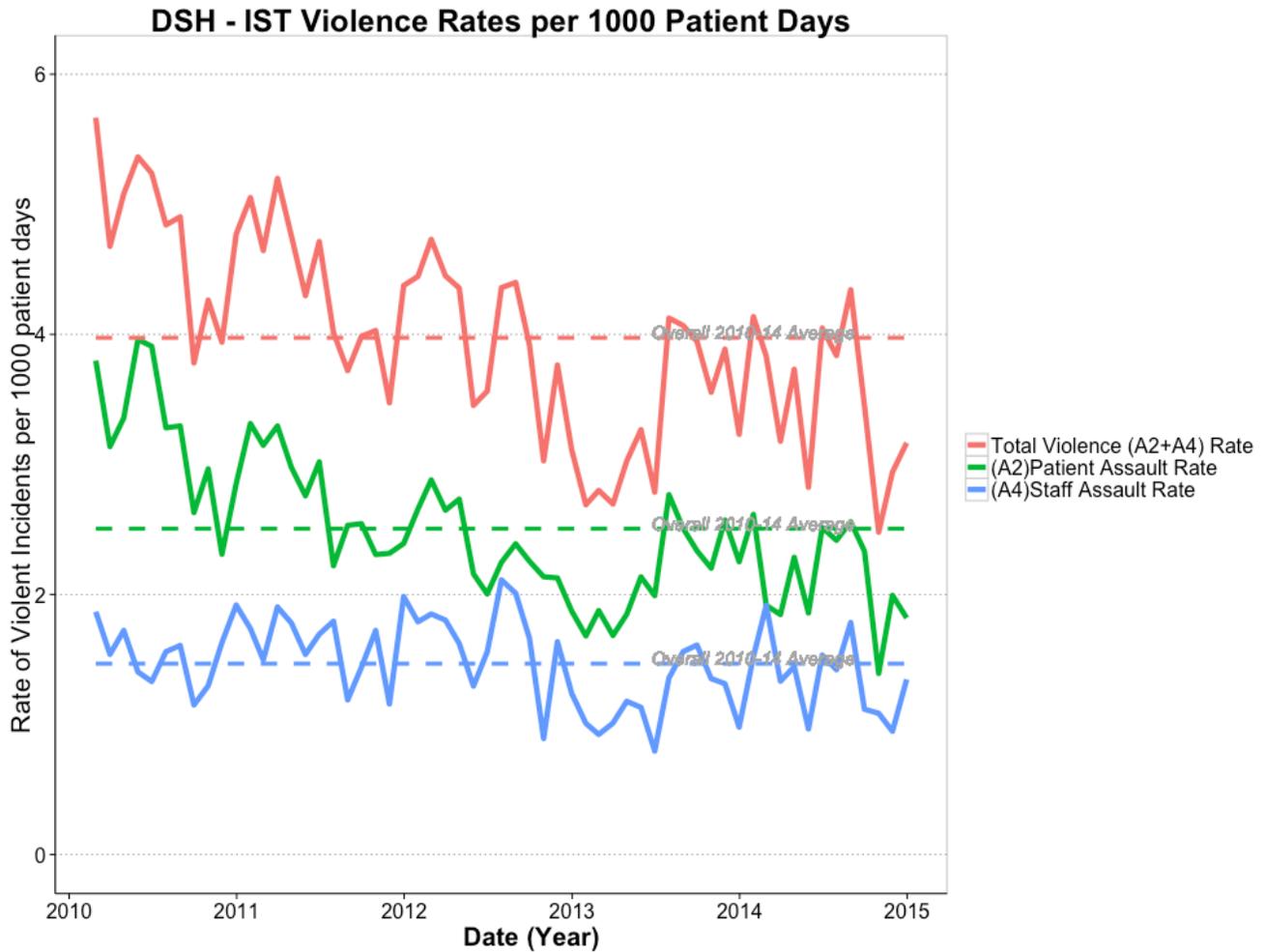


Figure 11 – Graph of monthly IST violence rates, per 1000 patient days

The solid lines show the actual monthly rate, per 1000 patient days (with the dashed lines indicating the overall 2010 – 2014 average rate) for each respective category of violence.

Trend

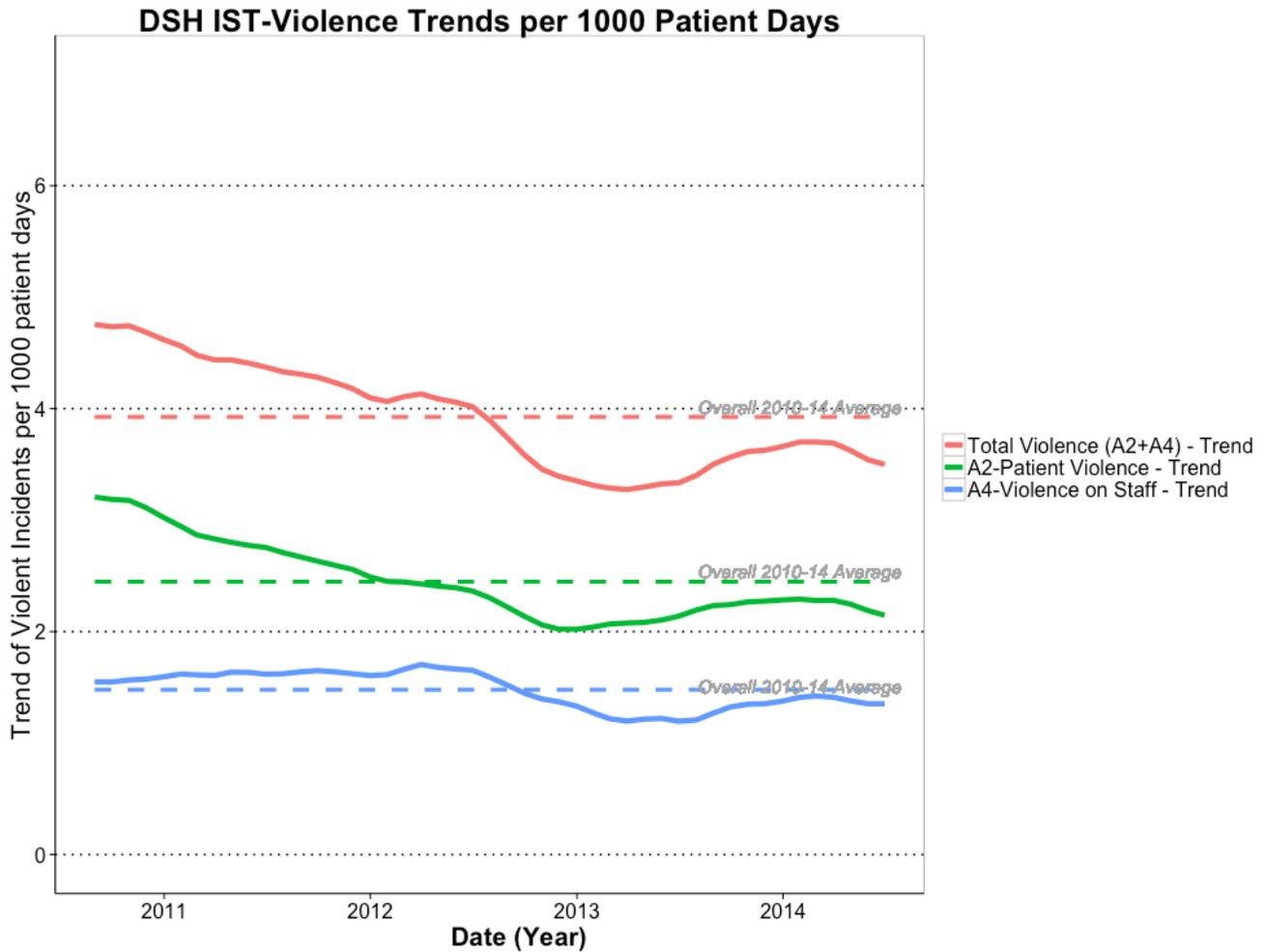


Figure 12 – Graph of trends of monthly IST violence rates, per 1000 patient days

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 – 2014 average rate for each respective category of violence.

Mentally Disordered Offender (MDO) -- these patients currently comprise about 21.6% of the DSH overall ADC (12/31/2014), which is the same percentage of the census from last year.

MDO A2 - Patient Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	Percent_Change
2010	A2 Patient Assault	919	430,649	2.134	
2011	A2 Patient Assault	884	480,322	1.840	-13.756
2012	A2 Patient Assault	767	462,661	1.658	-9.923
2013	A2 Patient Assault	551	441,587	1.248	-24.733
2014	A2 Patient Assault	522	441,570	1.182	-5.260

MDO A4 - Staff Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	Percent_Change
2010	A4 Staff Assault	526	430,649	1.221	
2011	A4 Staff Assault	626	480,322	1.303	6.704
2012	A4 Staff Assault	562	462,661	1.215	-6.797
2013	A4 Staff Assault	372	441,587	0.842	-30.649
2014	A4 Staff Assault	318	441,570	0.720	-14.513

As shown by the data in these tables, the rates of MDO violence have continued to drop for both A2 - Patient Assault and A4 - Staff Assault.

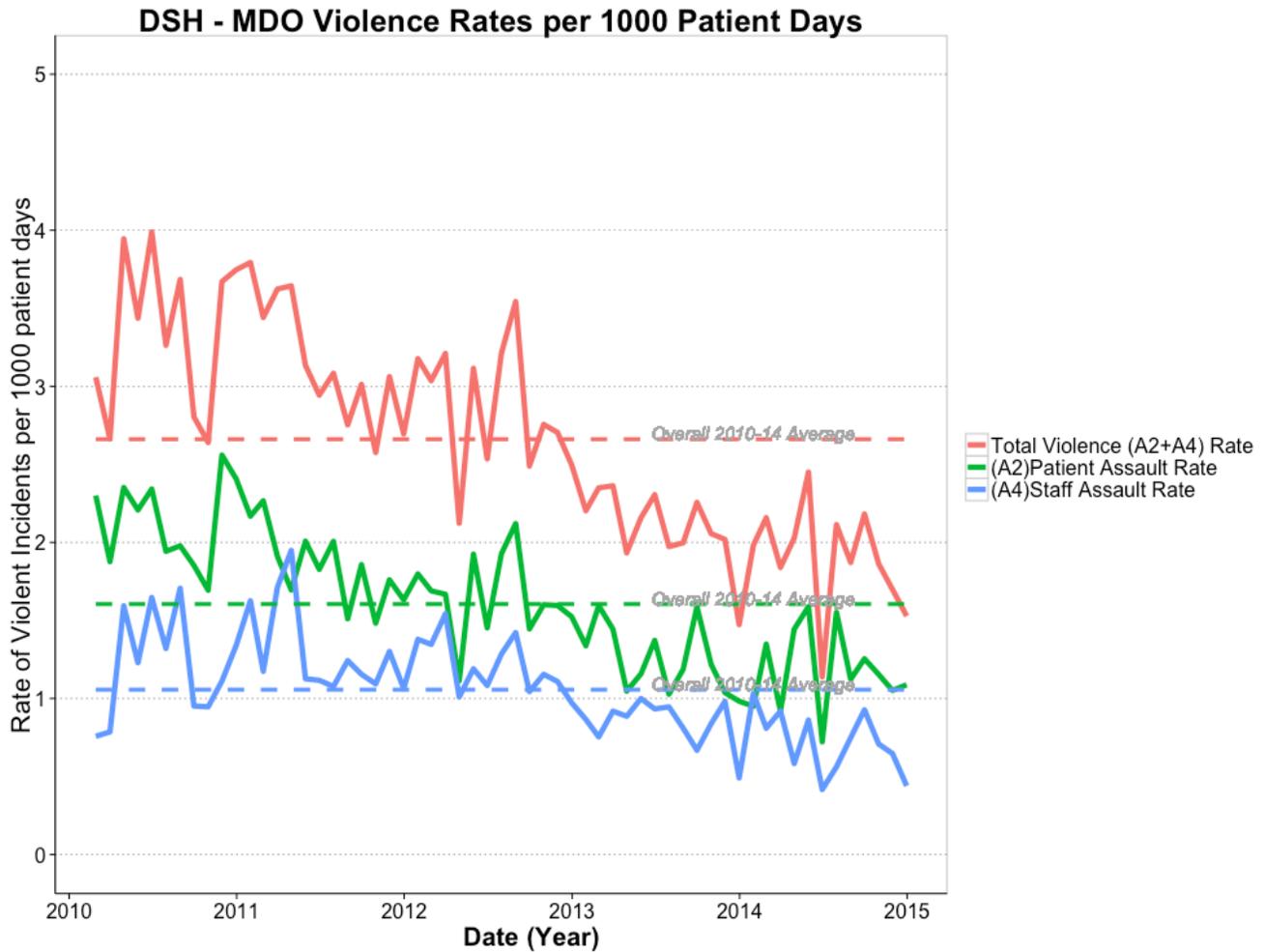


Figure 13 – Graph of monthly MDO violence rates, per 1000 patient days

The solid lines show the actual monthly rate, per 1000 patient days (with the dashed lines indicating the overall 2010 – 2014 average rate) for each respective category of violence.

Trend

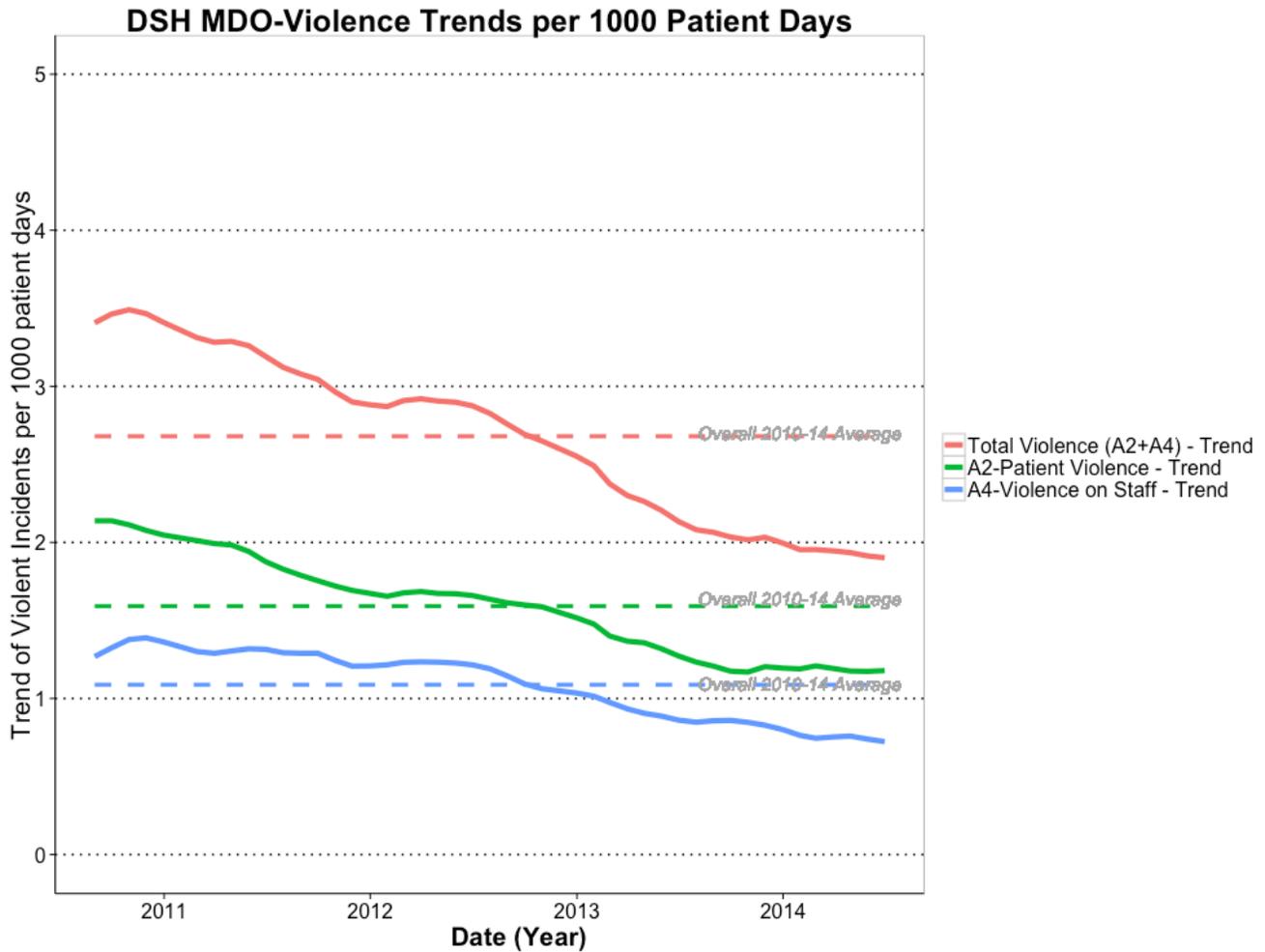


Figure 14 – Graph of trends of monthly MDO violence rates, per 1000 patient days

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 – 2014 average rate for each respective category of violence.

Sexually Violent Predator (SVP) -- these patients currently comprise about 16.0% of the DSH overall ADC (12/31/2014), down from 16.9% the previous year

SVP A2 - Patient Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	Percent_Change
2010	A2 Patient Assault	212	286,447	0.740	
2011	A2 Patient Assault	185	317,075	0.583	-21.165
2012	A2 Patient Assault	226	326,960	0.691	18.469
2013	A2 Patient Assault	174	336,696	0.517	-25.235
2014	A2 Patient Assault	159	339,457	0.468	-9.364

SVP A4 - Staff Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	Percent_Change
2010	A4 Staff Assault	197	286,447	0.688	
2011	A4 Staff Assault	239	317,075	0.754	9.601
2012	A4 Staff Assault	294	326,960	0.899	19.294
2013	A4 Staff Assault	248	336,696	0.737	-18.085
2014	A4 Staff Assault	203	339,457	0.598	-18.811

As shown by the data in these tables, the rates of SVP violence have continued to drop for both A2 - Patient Assault and A4 - Staff Assault.

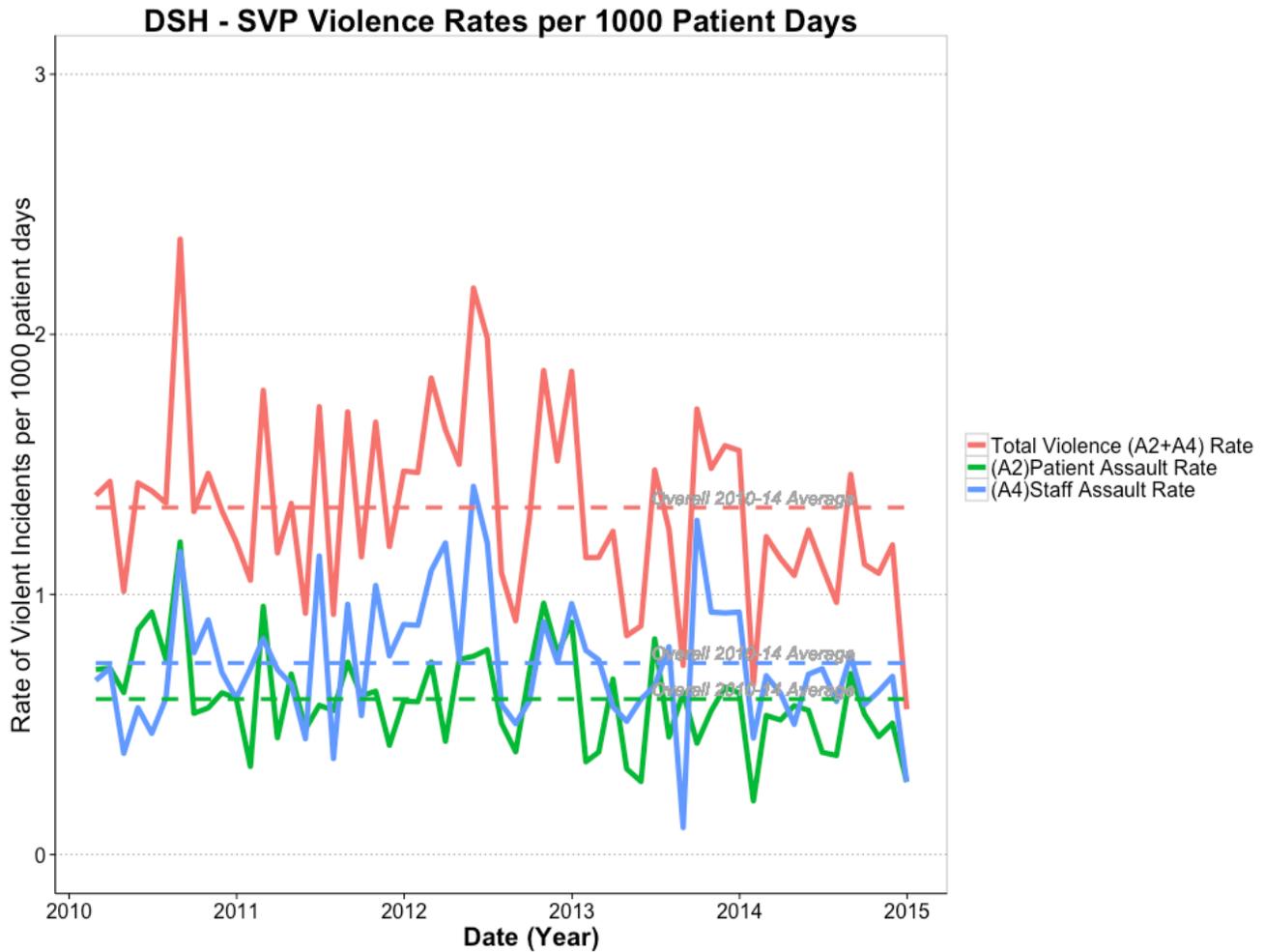


Figure 15 – Graph of monthly SVP violence rates, per 1000 patient days

The solid lines show the actual monthly rate, per 1000 patient days (with the dashed lines indicating the overall 2010 – 2014 average rate) for each respective category of violence.

Trend

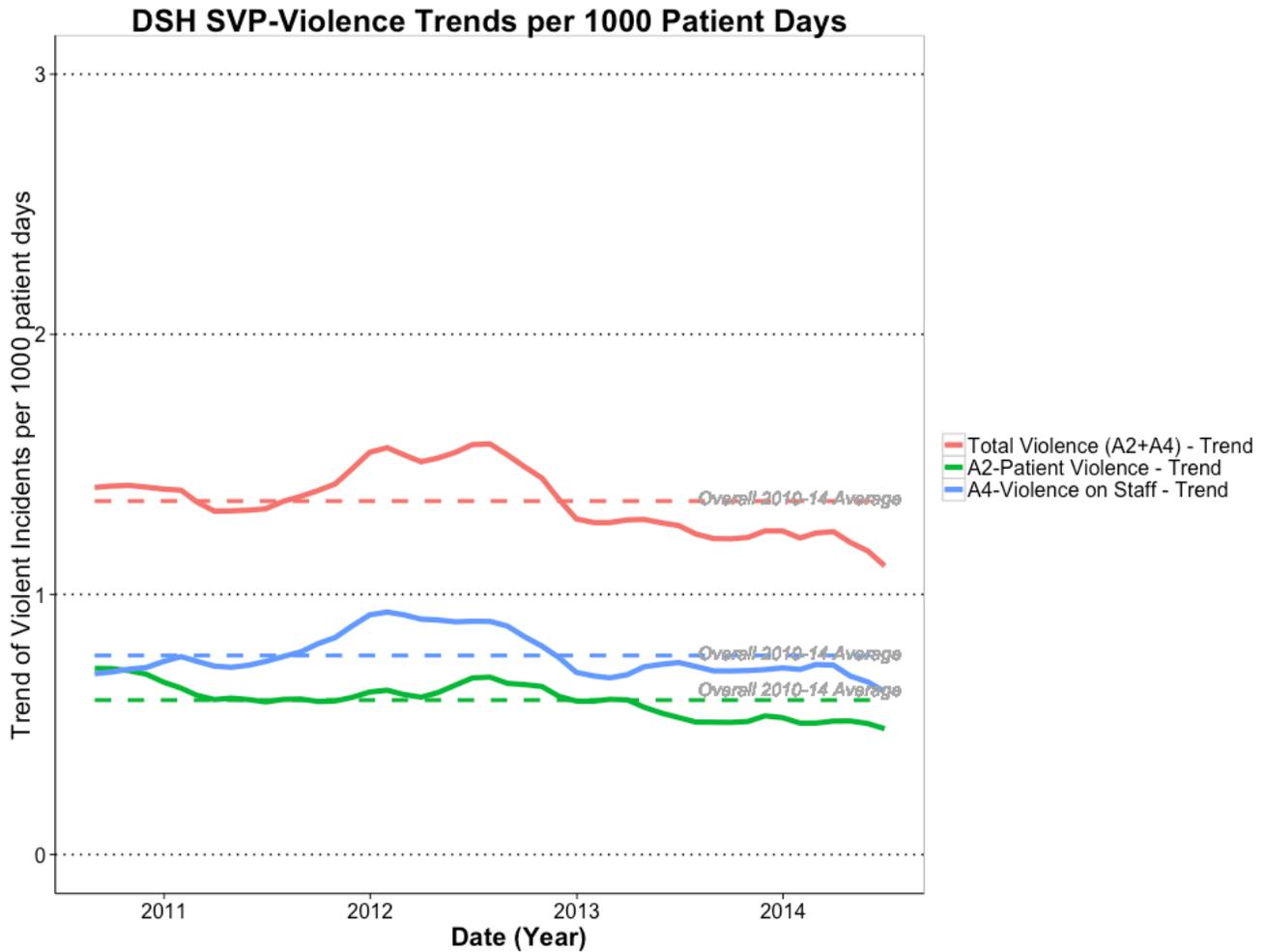


Figure 16 – Graph of trends of monthly SVP violence rates, per 1000 patient days

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 – 2014 average rate for each respective category of violence.

Lanternman-Petris-Short (LPS) -- these patients currently comprise about 10.1% of the DSH overall ADC (12/31/2014) up from 9.3% the previous year

LPS A2 - Patient Assault Rates - Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	Percent_Change
2010	A2 Patient Assault	1,138	167,309	6.802	
2011	A2 Patient Assault	1,197	188,001	6.367	-6.392
2012	A2 Patient Assault	1,208	201,773	5.987	-5.969
2013	A2 Patient Assault	1,047	199,565	5.246	-12.369
2014	A2 Patient Assault	1,194	210,421	5.674	8.157

LPS A4 - Staff Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	Percent_Change
2010	A4 Staff Assault	799	167,309	4.776	
2011	A4 Staff Assault	910	188,001	4.840	1.357
2012	A4 Staff Assault	958	201,773	4.748	-1.911
2013	A4 Staff Assault	884	199,565	4.430	-6.704
2014	A4 Staff Assault	1,109	210,421	5.270	18.980

From these yearly summary tables, it appears that LPS violence increased in both categories.

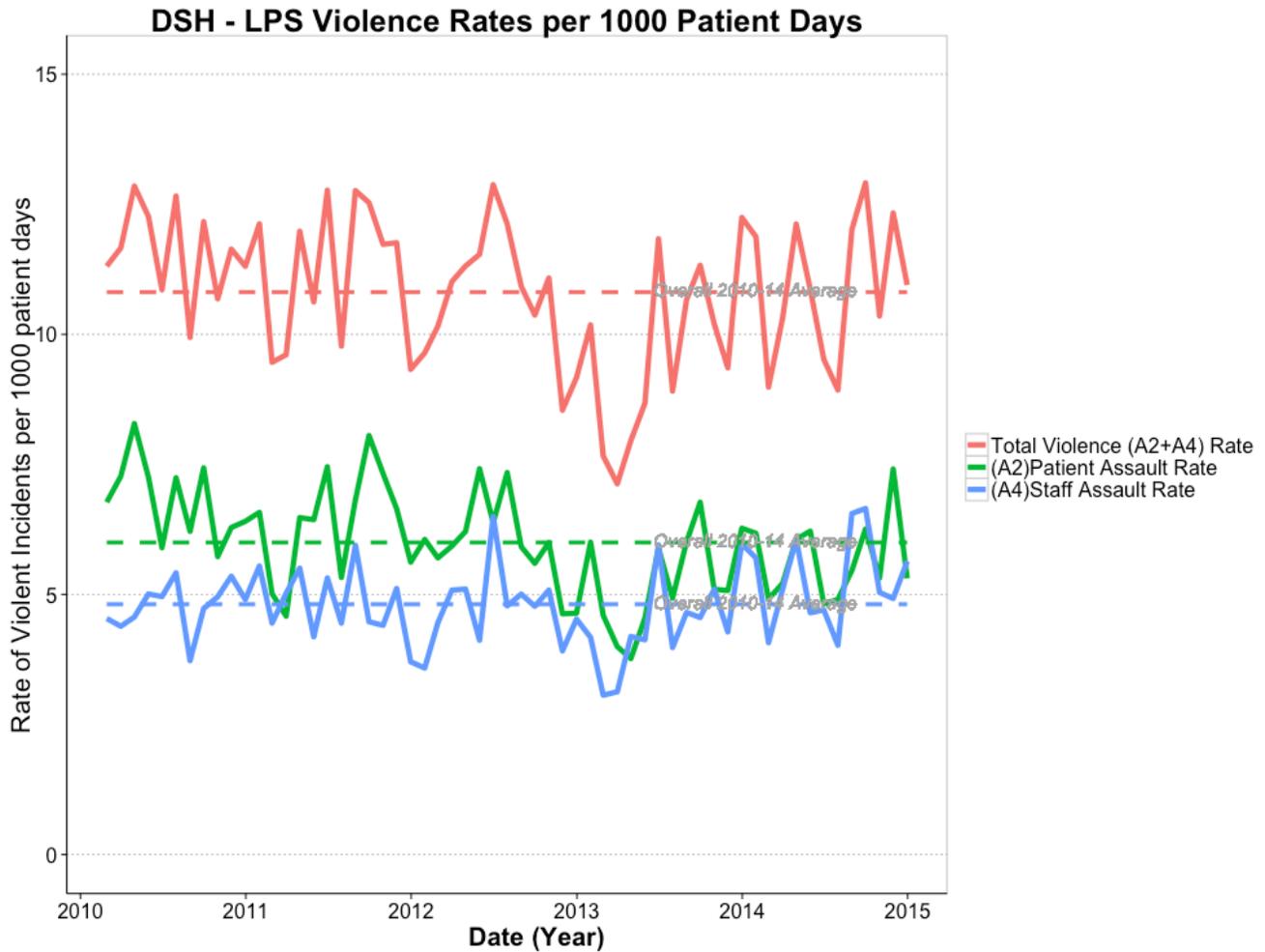


Figure 17 – Graph of monthly LPS violence rates, per 1000 patient days

The solid lines show the actual monthly rate, per 1000 patient days (with the dashed lines indicating the overall 2010 – 2014 average rate) for each respective category of violence.

Trend

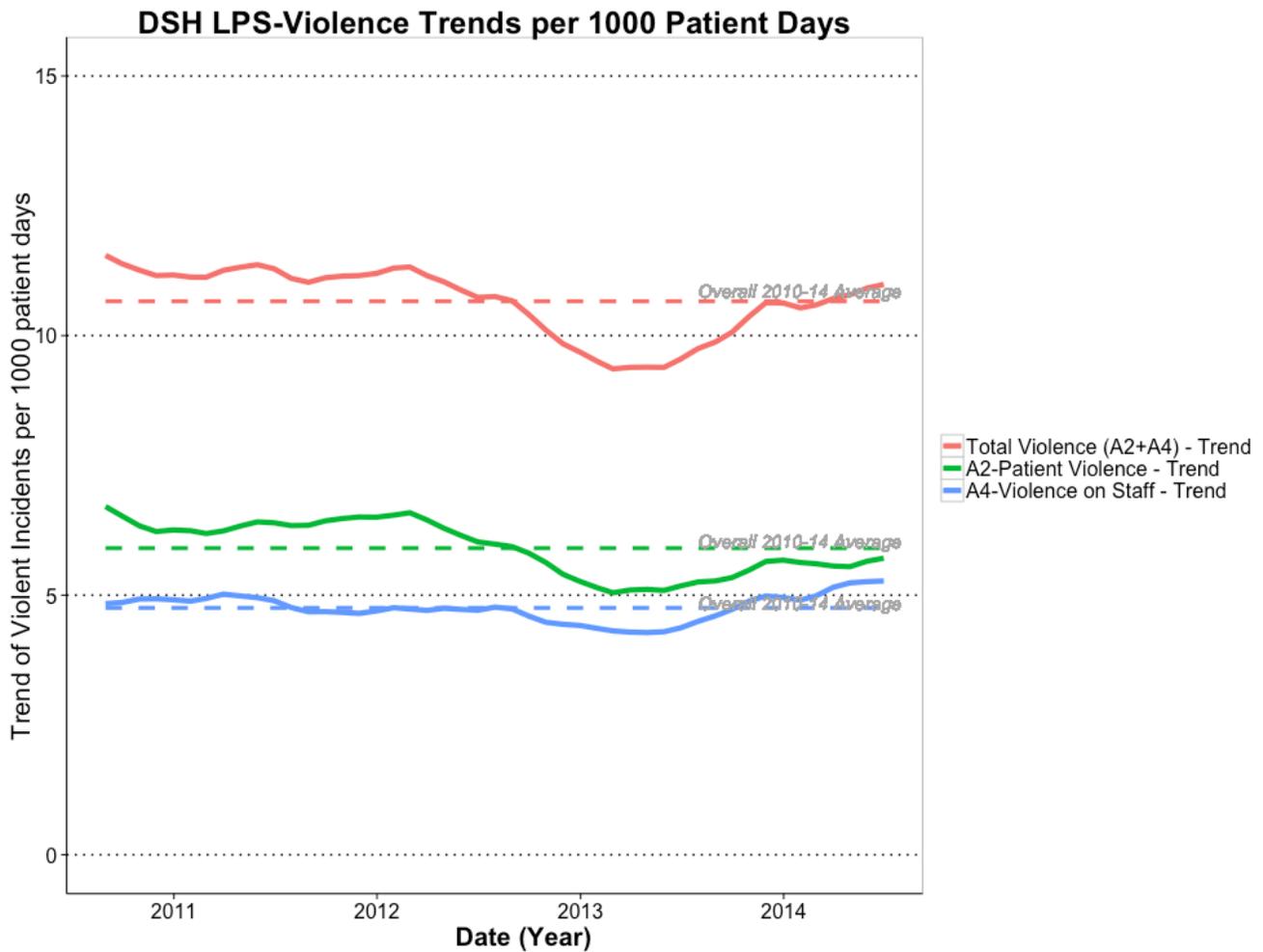


Figure 18 – Graph of trends of monthly LPS violence rates, per 1000 patient days

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 – 2014 average rate for each respective category of violence.

Mentally Disordered Sex Offender (MDSO) -- these patients currently comprise about 0.45% of the DSH overall ADC (12/31/2014), the same exact number as last year.

MDSO A2 - Patient Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	Percent_Change
2010	A2 Patient Assault	7	8,787	0.797	
2011	A2 Patient Assault	4	10,229	0.391	-50.913
2012	A2 Patient Assault	11	9,826	1.119	186.279
2013	A2 Patient Assault	7	9,389	0.746	-33.402
2014	A2 Patient Assault	7	9,125	0.767	2.893

MDSO A4 - Staff Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	Percent_Change
2010	A4 Staff Assault	6	8,787	0.683	
2011	A4 Staff Assault	5	10,229	0.489	-28.414
2012	A4 Staff Assault	16	9,826	1.628	233.124
2013	A4 Staff Assault	7	9,389	0.746	-54.214
2014	A4 Staff Assault	3	9,125	0.329	-55.903

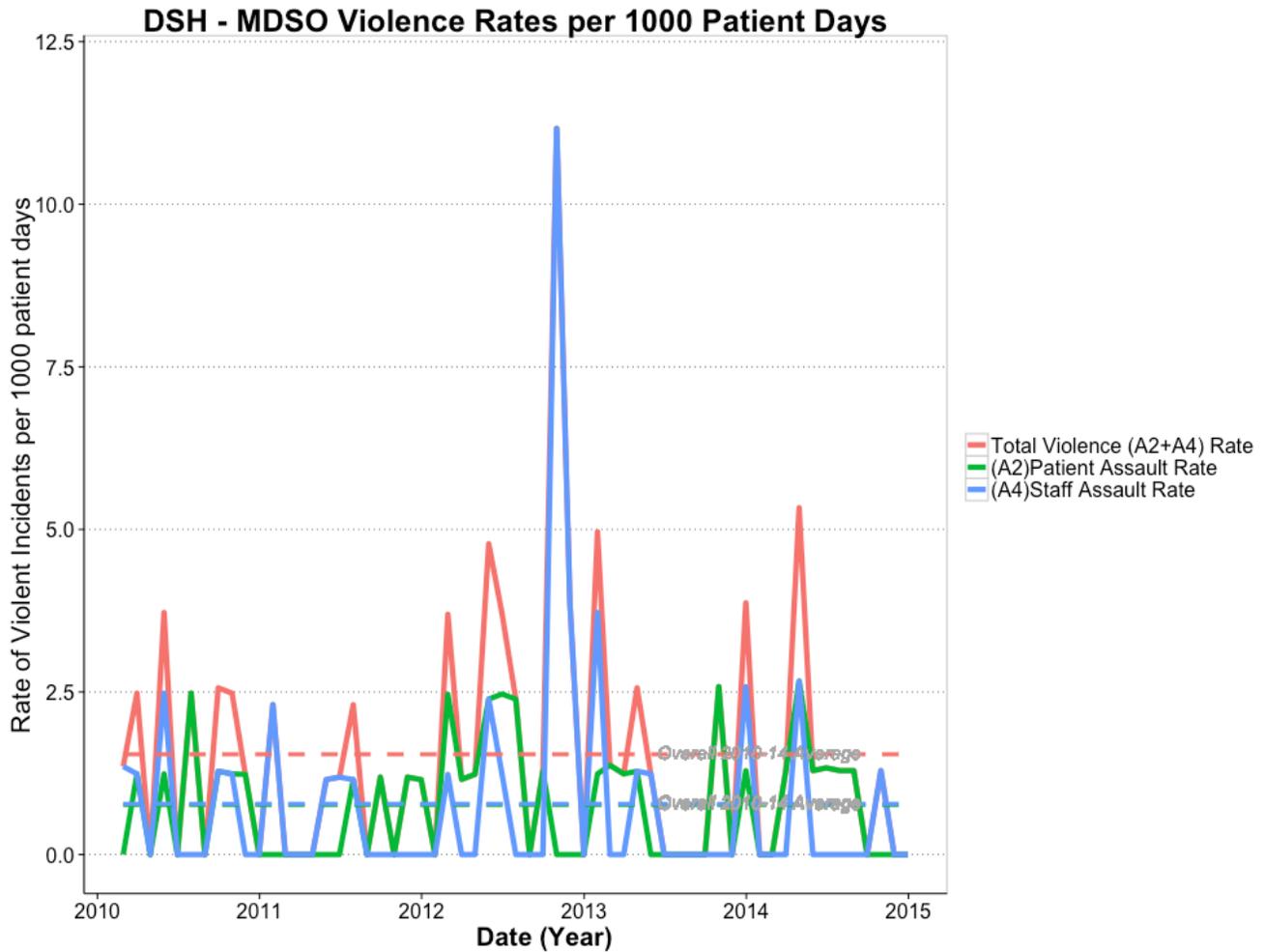


Figure 19 – Graph of monthly MDSO violence rates, per 1000 patient days

The solid lines show the actual monthly rate, per 1000 patient days (with the dashed lines indicating the overall 2010 – 2014 average rate) for each respective category of violence.

The MDSO's are a small group of patients (25 as of 12/31/2014). The vast majority (68%) of the aggressive/violent incidents during the peak in 2013 were due to just two patients in this group. In a group this small, monthly fluctuations could likely be due more to individual patient factors than any large scale, system dynamics.

Trend

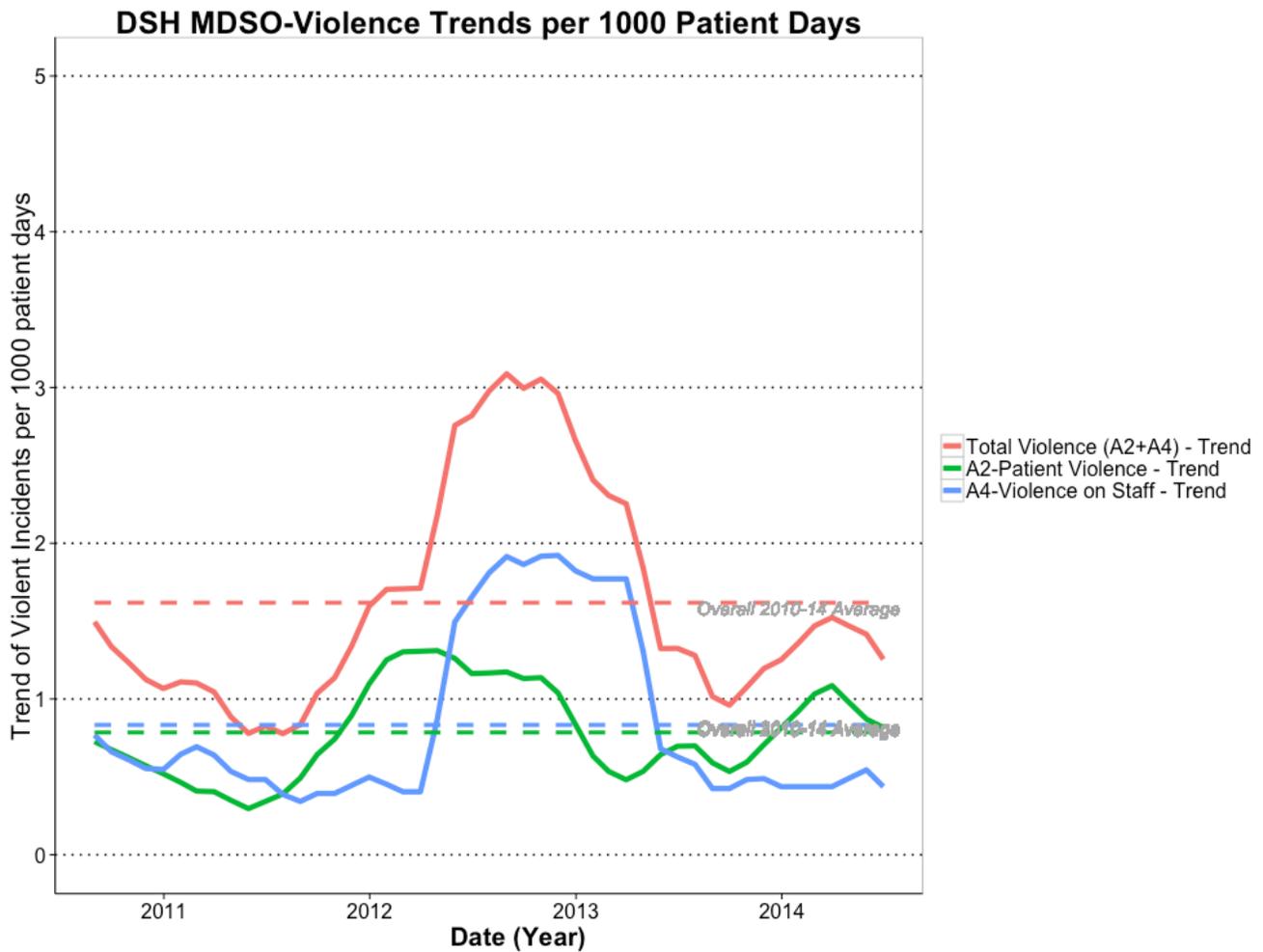


Figure 20 – Graph of trends of monthly MDSO violence rates, per 1000 patient days

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 – 2014 average rate for each respective category of violence.

The MDSO's are a small group of patients (25 as of 12/31/2014). The vast majority (68%) of the aggressive/violent incidents during the peak in 2013 were due to just two patients in this group. In a group this small, monthly fluctuations could likely be due more to individual patient factors than any large scale, system dynamics.

Division of Juvenile Justice (DJJ) -- these patients currently comprise about 0.09% of the DSH overall ADC (12/31/2014). On December 31st, 2014, the monthly ADC was 3.190 patients, down from 5.0 in December 2013.

DJJ A2 - Patient Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	Percent_Change
2010	A2 Patient Assault	26	6,623	3.926	
2011	A2 Patient Assault	31	4,556	6.804	73.324
2012	A2 Patient Assault	16	2,474	6.467	-4.952
2014	A2 Patient Assault	5	1,843	2.713	-58.051

DJJ A4 - Staff Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	Percent_Change
2010	A4 Staff Assault	19	6,623	2.869	
2011	A4 Staff Assault	19	4,556	4.170	45.369
2012	A4 Staff Assault	6	2,474	2.425	-41.846
2013	A4 Staff Assault	8	2,322	3.445	42.061
2014	A4 Staff Assault	1	1,843	0.543	-84.251

The population of juveniles or young adults committed by DJJ to the state hospital system continues to decline. Additionally, the rates of violence for this group declined substantially for 2014 from the previous year.

The DJJ patients are a small group of patients (just 3 as of 12/31/2014). In a group this small, monthly fluctuations could likely be due more to individual patient factors than any large scale, system dynamics

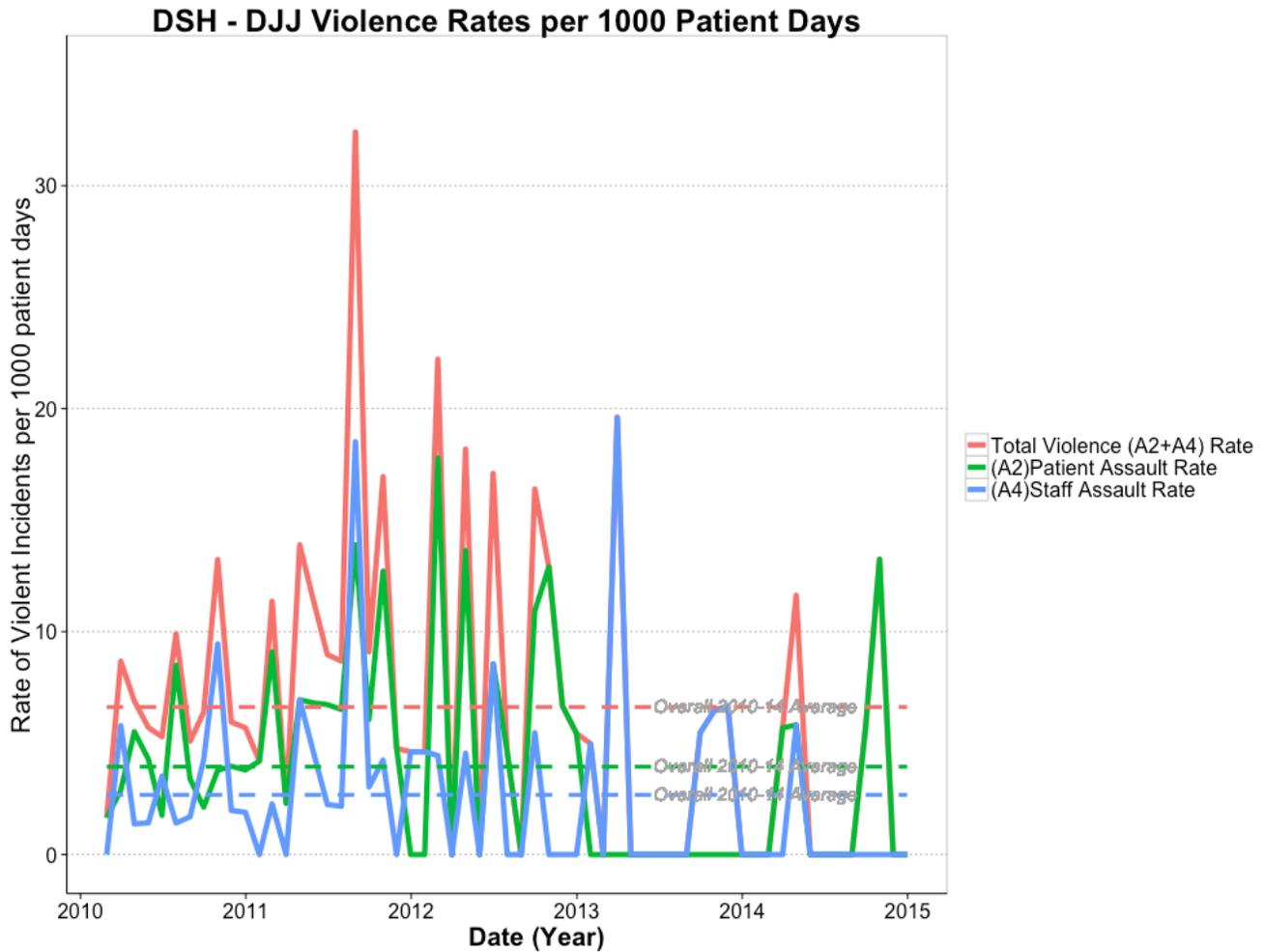


Figure 21 – Graph of monthly DJJ violence rates, per 1000 patient days

The solid lines show the actual monthly rate, per 1000 patient days (with the dashed lines indicating the overall 2010 – 2014 average rate) for each respective category of violence.

The DJJ patients are a small group of patients (just 3 as of 12/31/2014). In a group this small, monthly fluctuations could likely be due more to individual patient factors than any large scale, system dynamics

Trend

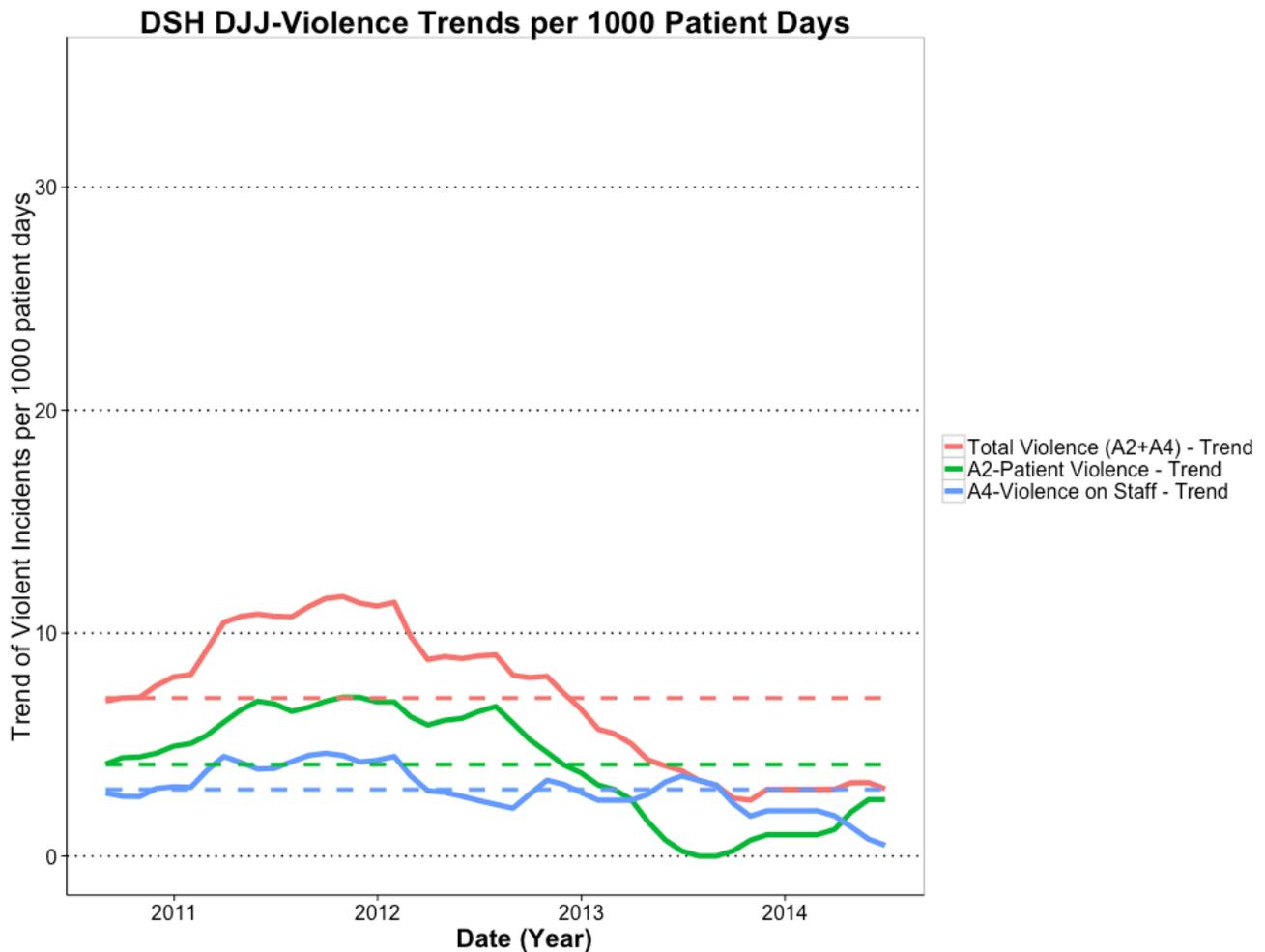


Figure 22 – Graph of trends of monthly DJJ violence rates, per 1000 patient days

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 – 2014 average rate for each respective category of violence.

The DJJ patients are a small group of patients (just 3 as of 12/31/2014). In a group this small, monthly fluctuations could likely be due more to individual patient factors than any large scale, system dynamics

f. Monthly rates of violence, by hospital

i. Atascadero

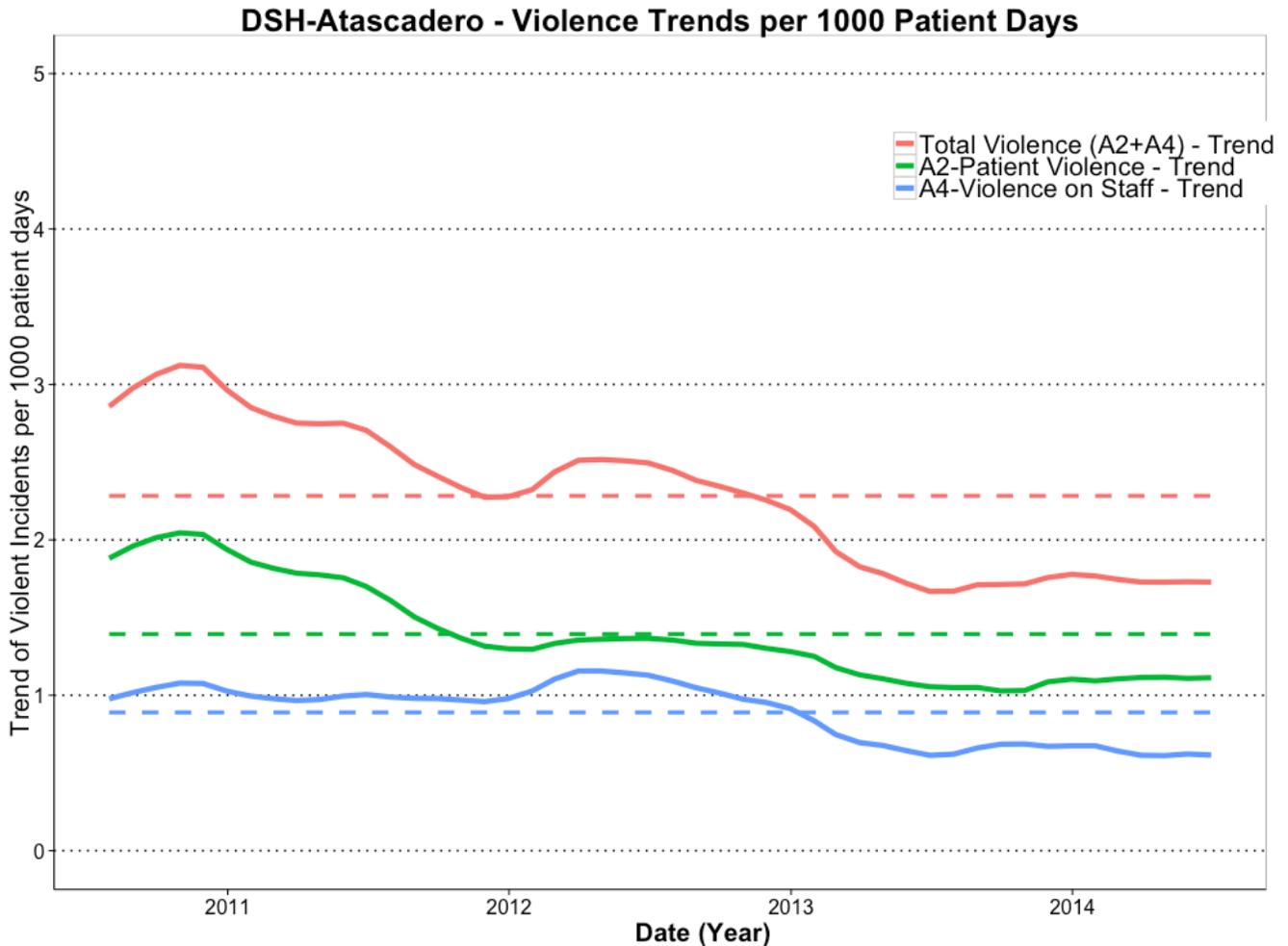


Figure 23 – Trends of monthly rates of violence for DSH-Atascadero

The figure above (Fig. 23) shows the trend of the monthly violence rates (patient assault, staff assault, and total patient and staff assault) for DSH-Atascadero. The dashed lines indicate the overall five year (2010-2014) average rate for each category.

The tables below provide a yearly summary of the year-over-year changes in the assault rates.

Atascadero A2 - Patient Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	d_Assault_Rate
2010	A2 Patient Assault	768	414313	1.853671	NA
2011	A2 Patient Assault	684	408478	1.674509	-9.665
2012	A2 Patient Assault	550	399075	1.378187	-17.696
2013	A2 Patient Assault	401	384207	1.043708	-24.269
2014	A2 Patient Assault	443	393207	1.126633	7.945

Atascadero A4 - Staff Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	d_Assault_Rate
2010	A4 Staff Assault	399	414313	0.9630400	NA
2011	A4 Staff Assault	409	408478	1.0012779	3.971
2012	A4 Staff Assault	448	399075	1.1225960	12.116
2013	A4 Staff Assault	232	384207	0.6038412	-46.210
2014	A4 Staff Assault	236	393207	0.6001928	-0.604

ii. *Coalinga*

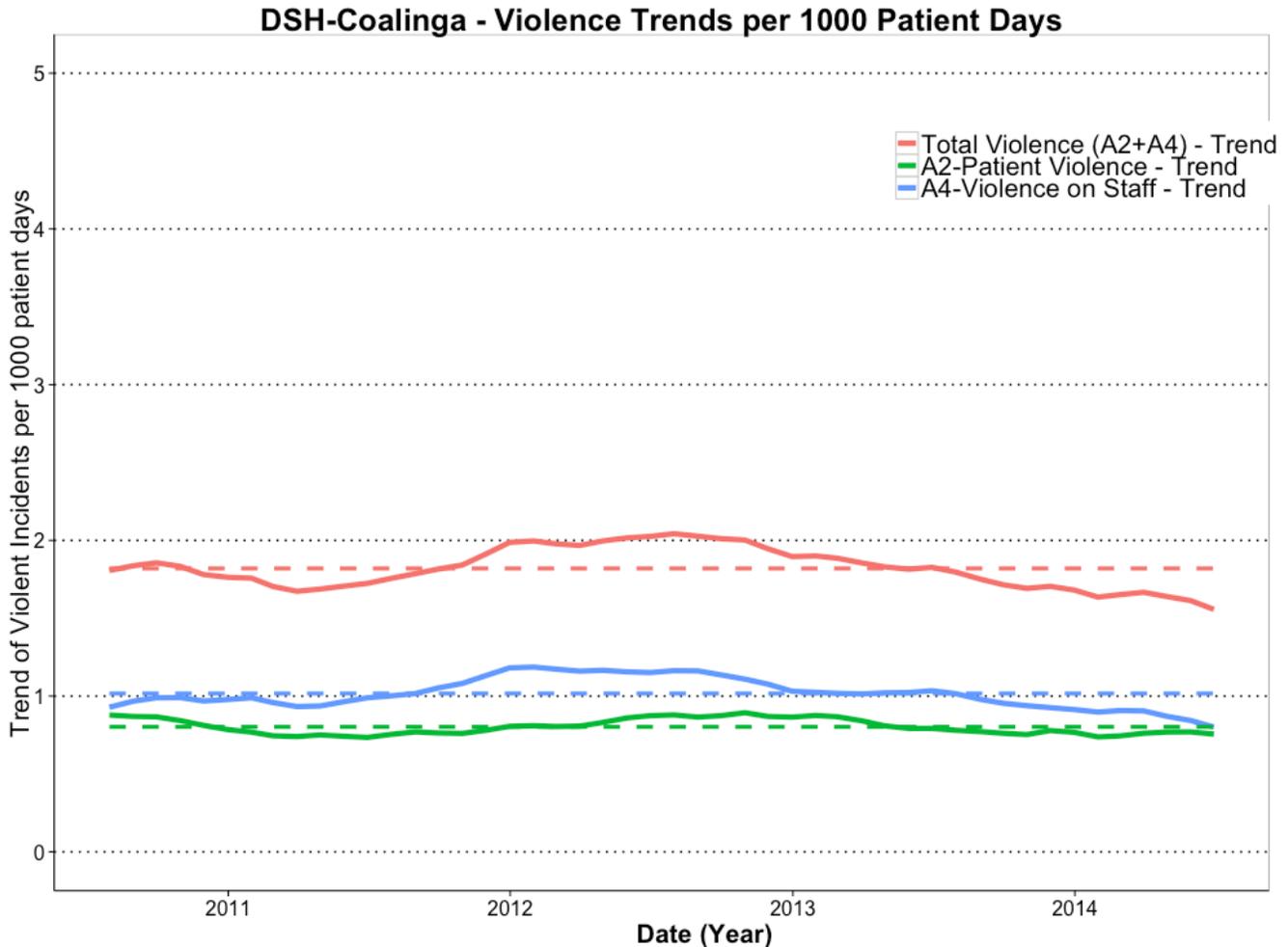


Figure 24 - Trends of monthly rates of violence for DSH-Coalinga

The figure above (Fig. 24) shows the trend of the monthly violence rates (patient assault, staff assault, and total patient and staff assault) for DSH-Coalinga. The dashed lines indicate the overall five year (2010-2014) average rate for each category.

The tables below provide a yearly summary of the year-over-year changes in the assault rates.

Coalinga A2 - Patient Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	d_Assault_Rate
2010	A2 Patient Assault	312	347927	0.8967398	NA
2011	A2 Patient Assault	258	352043	0.7328650	-18.275
2012	A2 Patient Assault	332	378122	0.8780235	19.807
2013	A2 Patient Assault	317	397491	0.7975023	-9.171
2014	A2 Patient Assault	312	421876	0.7395538	-7.266

Coalinga A4 - Staff Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	d_Assault_Rate
2010	A4 Staff Assault	314	347927	0.9024882	NA
2011	A4 Staff Assault	351	352043	0.9970373	10.476
2012	A4 Staff Assault	438	378122	1.1583563	16.180
2013	A4 Staff Assault	411	397491	1.0339857	-10.737
2014	A4 Staff Assault	326	421876	0.7727389	-25.266

iii. Metro

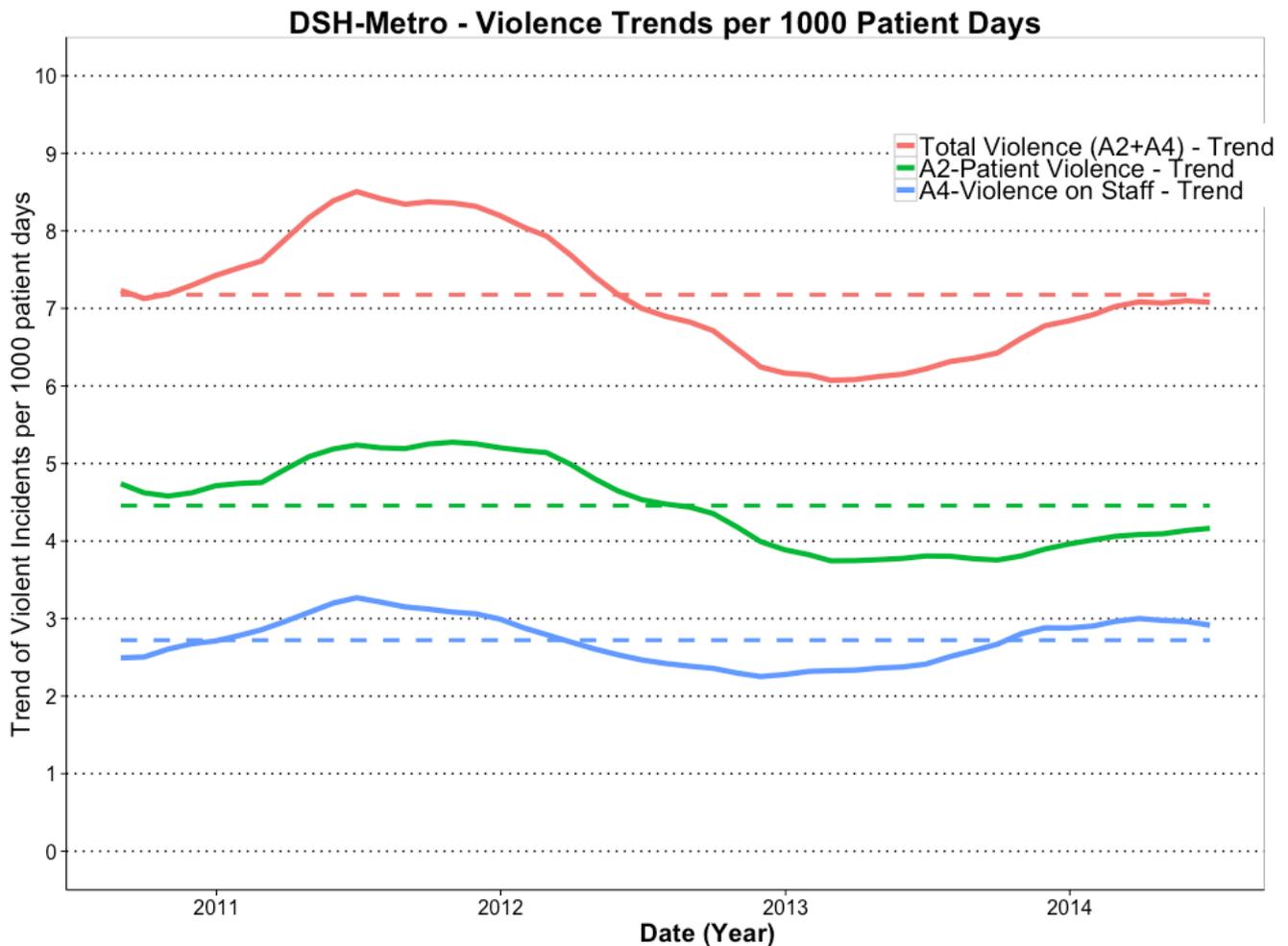


Figure 25 - Trends of monthly rates of violence for DSH-Metropolitan

The figure above (Fig. 25) shows the trend of the monthly violence rates (patient assault, staff assault, and total patient and staff assault) for DSH-Metropolitan. The dashed lines indicate the overall five year (2010-2014) average rate for each category.

The tables below provide a yearly summary of the year-over-year changes in the assault rates.

Metropolitan A2 - Patient Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	d_Assault_Rate
2010	A2 Patient Assault	1018	214959	4.735787	NA
2011	A2 Patient Assault	1184	226342	5.231022	10.457
2012	A2 Patient Assault	1060	234956	4.511483	-13.755
2013	A2 Patient Assault	909	238968	3.803857	-15.685
2014	A2 Patient Assault	1070	258248	4.143304	8.924

Metropolitan A4 - Staff Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	d_Assault_Rate
2010	A4 Staff Assault	513	214959	2.386502	NA
2011	A4 Staff Assault	739	226342	3.264971	36.810
2012	A4 Staff Assault	574	234956	2.443011	-25.175
2013	A4 Staff Assault	587	238968	2.456396	0.548
2014	A4 Staff Assault	735	258248	2.846101	15.865

iv. Napa

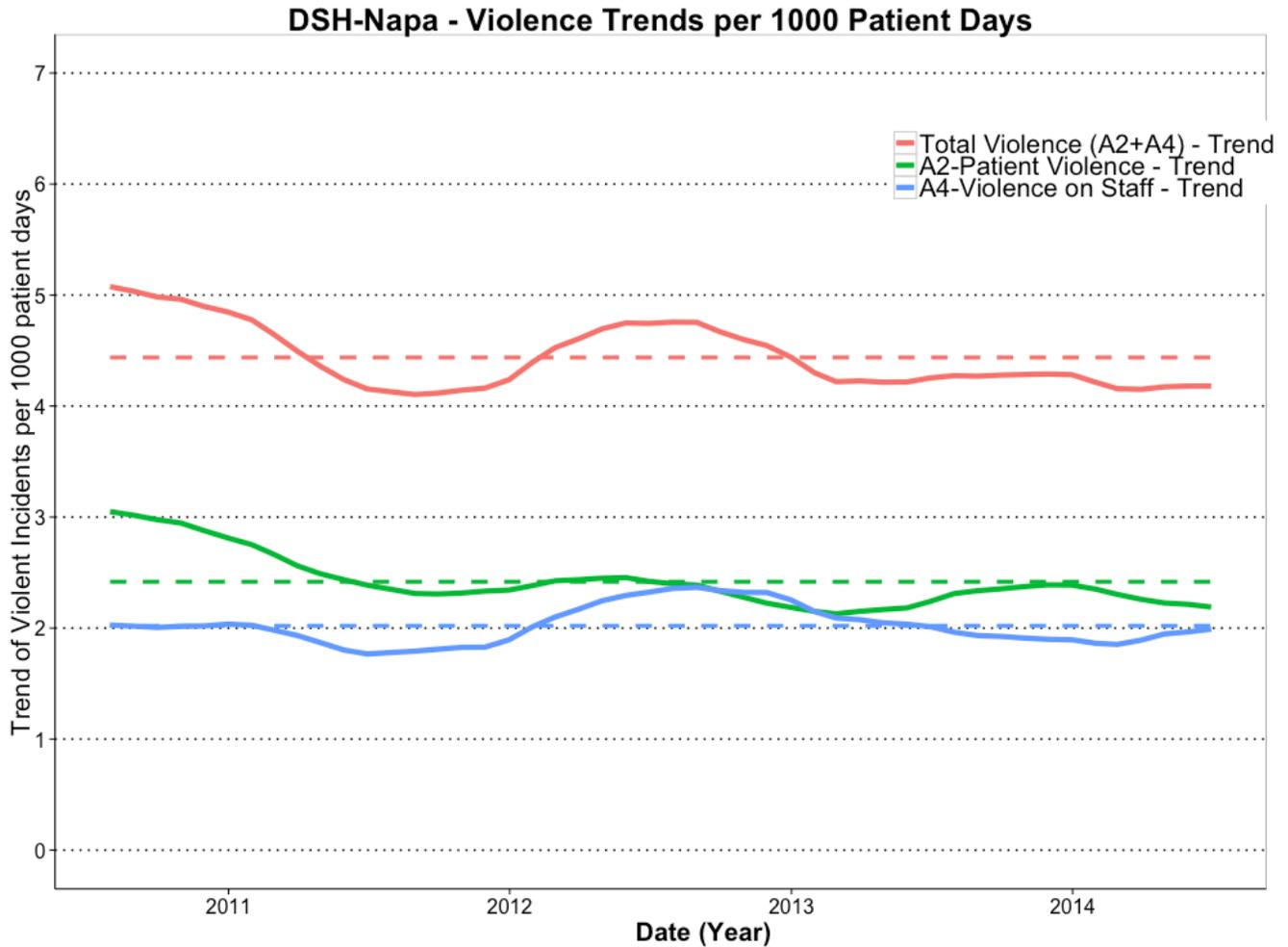


Figure 26 - Trends of monthly rates of violence for DSH-Napa

The figure above (Fig. 26) shows the trend of the monthly violence rates (patient assault, staff assault, and total patient and staff assault) for DSH-Napa. The dashed lines indicate the overall five year (2010-2014) average rate for each category.

The tables below provide a yearly summary of the year-over-year changes in the assault rates.

Napa A2 - Patient Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	d_Assault_Rate
2010	A2 Patient Assault	1299	427010	3.042083	NA
2011	A2 Patient Assault	1023	430347	2.377151	-21.858
2012	A2 Patient Assault	1053	441413	2.385521	0.352
2013	A2 Patient Assault	999	437114	2.285445	-4.195
2014	A2 Patient Assault	939	433559	2.165795	-5.235

Napa A4 - Staff Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	d_Assault_Rate
2010	A4 Staff Assault	863	427010	2.021030	NA
2011	A4 Staff Assault	762	430347	1.770664	-12.388
2012	A4 Staff Assault	1036	441413	2.347008	32.550
2013	A4 Staff Assault	866	437114	1.981177	-15.587
2014	A4 Staff Assault	880	433559	2.029712	2.450

v. Patton

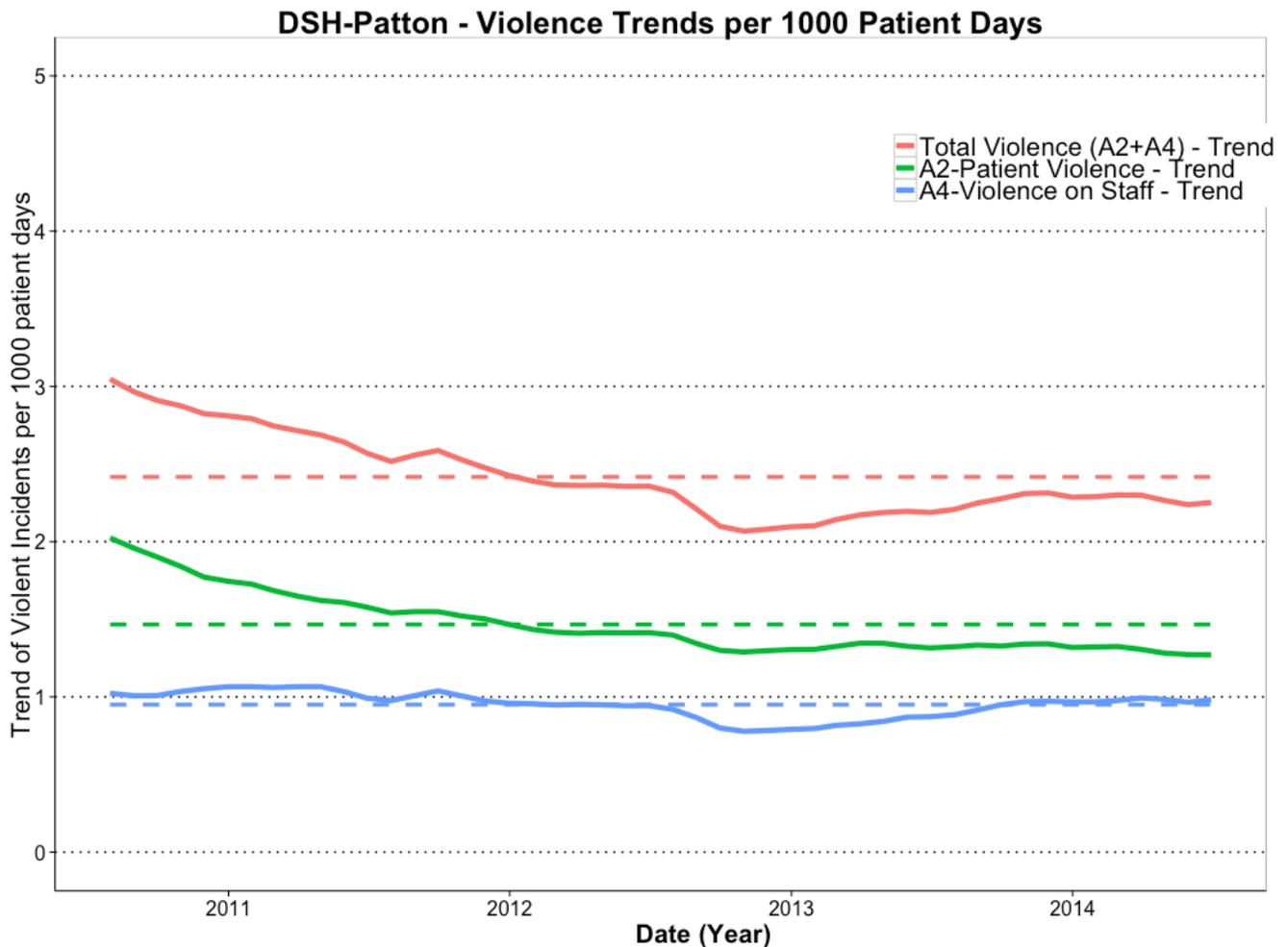


Figure 27 - Trends of monthly rates of violence for DSH-Patton

The figure above (Fig. 27) shows the trend of the monthly violence rates (patient assault, staff assault, and total patient and staff assault) for DSH-Patton. The dashed lines indicate the overall five year (2010-2014) average rate for each category.

The tables below provide a yearly summary of the year-over-year changes in the assault rates.

Patton A2 - Patient Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	d_Assault_Rate
2010	A2 Patient Assault	1181	574959	2.054060	NA
2011	A2 Patient Assault	873	564601	1.546225	-24.723
2012	A2 Patient Assault	808	571765	1.413168	-8.605
2013	A2 Patient Assault	751	570062	1.317401	-6.777
2014	A2 Patient Assault	723	568888	1.270900	-3.530

Patton A4 - Staff Assault Rates – Yearly Summary

Year	Assault_Type	Assaults	Total_Patient_Days	Rate_per_1000	d_Assault_Rate
2010	A4 Staff Assault	590	574959	1.0261601	NA
2011	A4 Staff Assault	553	564601	0.9794527	-4.552
2012	A4 Staff Assault	530	571765	0.9269543	-5.360
2013	A4 Staff Assault	500	570062	0.8770976	-5.379
2014	A4 Staff Assault	568	568888	0.9984391	13.834

g. Relation of Violence to New Admissions

Admission to a new hospital is a known risk period for violent, mentally ill patients.

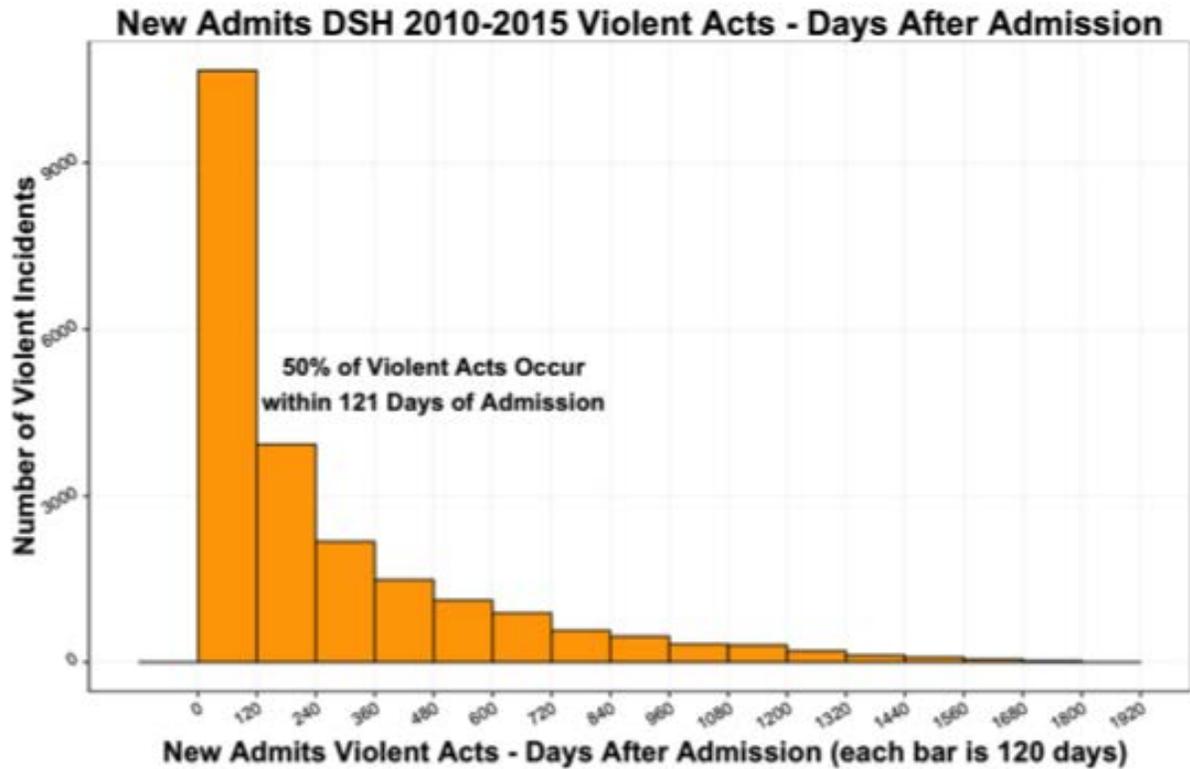


Figure 28 Tally of the number of violent incidents, grouped into blocks of 120-day intervals

DSH is investigating the effect that new admission status, and admission rates has on violence rates in the hospitals. Analysis of the data shows that during 2010-2014, 50% of all violent acts occurred within 120 days of admission, confirming the view that the transition period of admission to a hospital is indeed a time of higher risk for violence.

h. Relation of diagnosis to violence

Clinicians have consistently asked about the relationship between diagnosis and violence. Using the WaRMSS data, we can begin to explore the impact of diagnosis on violence. The following pages present summaries of the WaRMSS diagnostic data and violence data on the patients hospitalized in DSH from 2010-2014. Since the patients had over 300 unique entries for Axis I diagnoses (and over 140 unique Axis II diagnoses), diagnoses had to be aggregated in a meaningful way; see [Appendix D for more information](#) on how this was accomplished.

The graphs on the follow pages contain several pieces of information for each diagnostic group: underneath each “bubble” is a number in black, and to the right of each “bubble” is a number in red. The number in black is simply the quantity of patients with this diagnosis, and the number in red is the percentage of patients with that diagnosis who were violent (i.e., a prevalence rate). These numbers then make it easier to compare the prevalence of violence among the different diagnostic groups.

For example, looking at the picture below (from the bottom portion of the next figure)

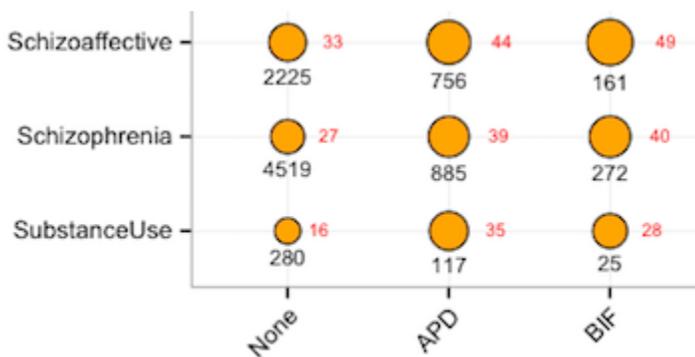


Figure 29 – Explanatory graph of prevalence by diagnosis

In Fig. 35 (above), we see that the number of patients diagnosed with Schizophrenia and no personality disorder diagnosis was 4519 and that 27% of these patients were violent. This contrasts with the number of patients diagnosed with schizophrenia and APD (885 patients, with a prevalence rate of 39%). Likewise, the number of patients with schizoaffective disorder and no personality disorder diagnosis was 2225; the violence prevalence rate for schizoaffective patients diagnosed with APD was 44%; this shows that a schizoaffective patient with APD was 33% more likely to be violent than a schizoaffective patient without a personality disorder diagnosis (i.e., 44% prevalence rate vs. 33% prevalence rate: $44/33 = 1.33$, or 33% greater).

These numbers can also be used to make comparisons across different diagnoses. For example, the prevalence rate for schizoaffective patients and no personality disorder was 22% higher than the prevalence rate for patients diagnosed with schizophrenia (33% vs. 27%, i.e., $33/27 = 1.22$, or 22% greater)

i. A2-Patient Assault

Count of Patients and Prevalence of Patient Violence by Diagnosis 2010-2014

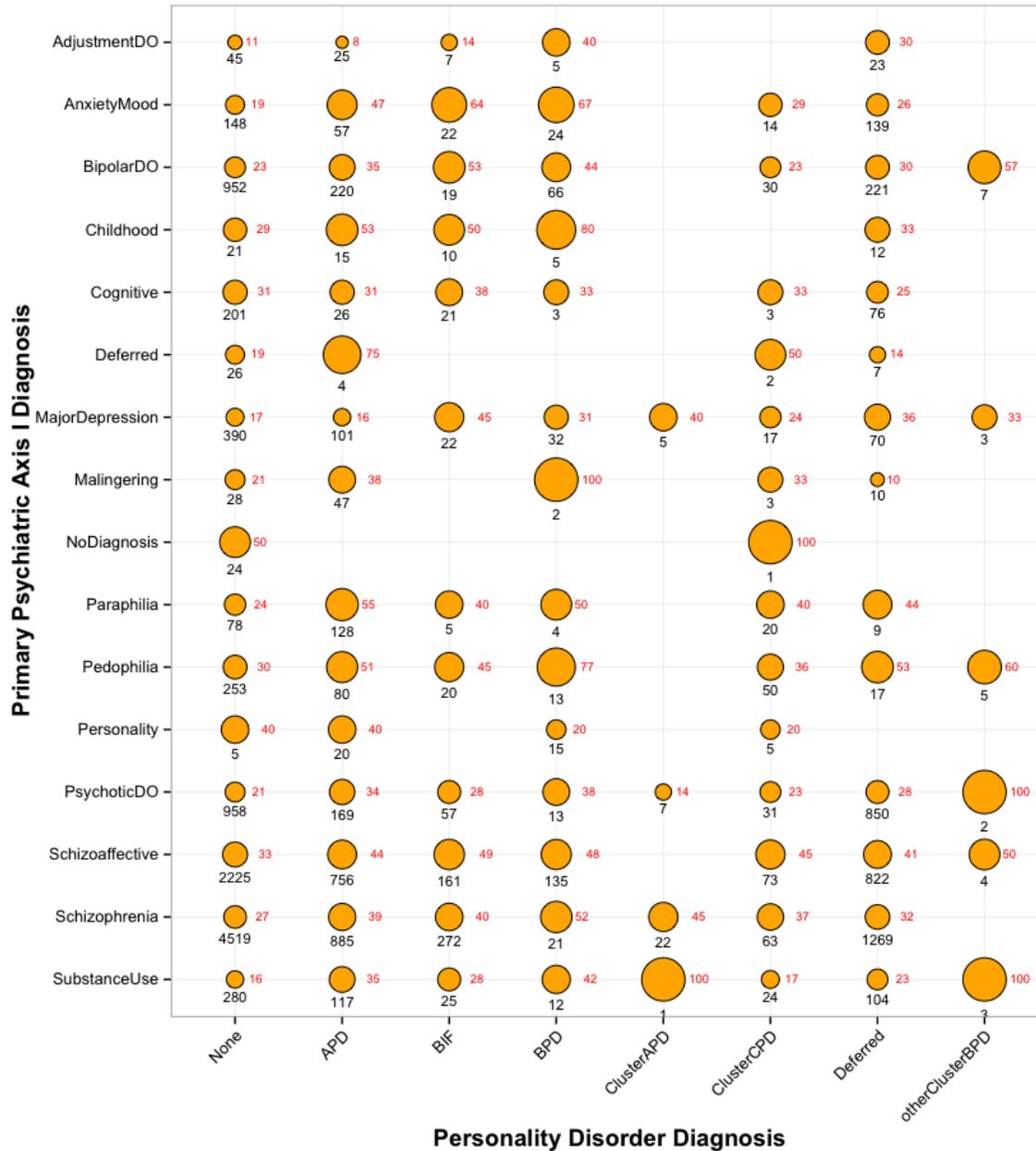


Figure 30 - Prevalence of violence by diagnosis. The number in black under each circle is the total count of patients with that diagnosis; the number in red to the right of each circle is the prevalence of A2 patient violence for that diagnostic group. Patient diagnostic groups with 0 (zero) prevalence of violence were omitted to make the chart easier to read.

ii. A4 Staff Assault

Count of Patients and Prevalence of Staff Violence by Diagnosis 2010-2014

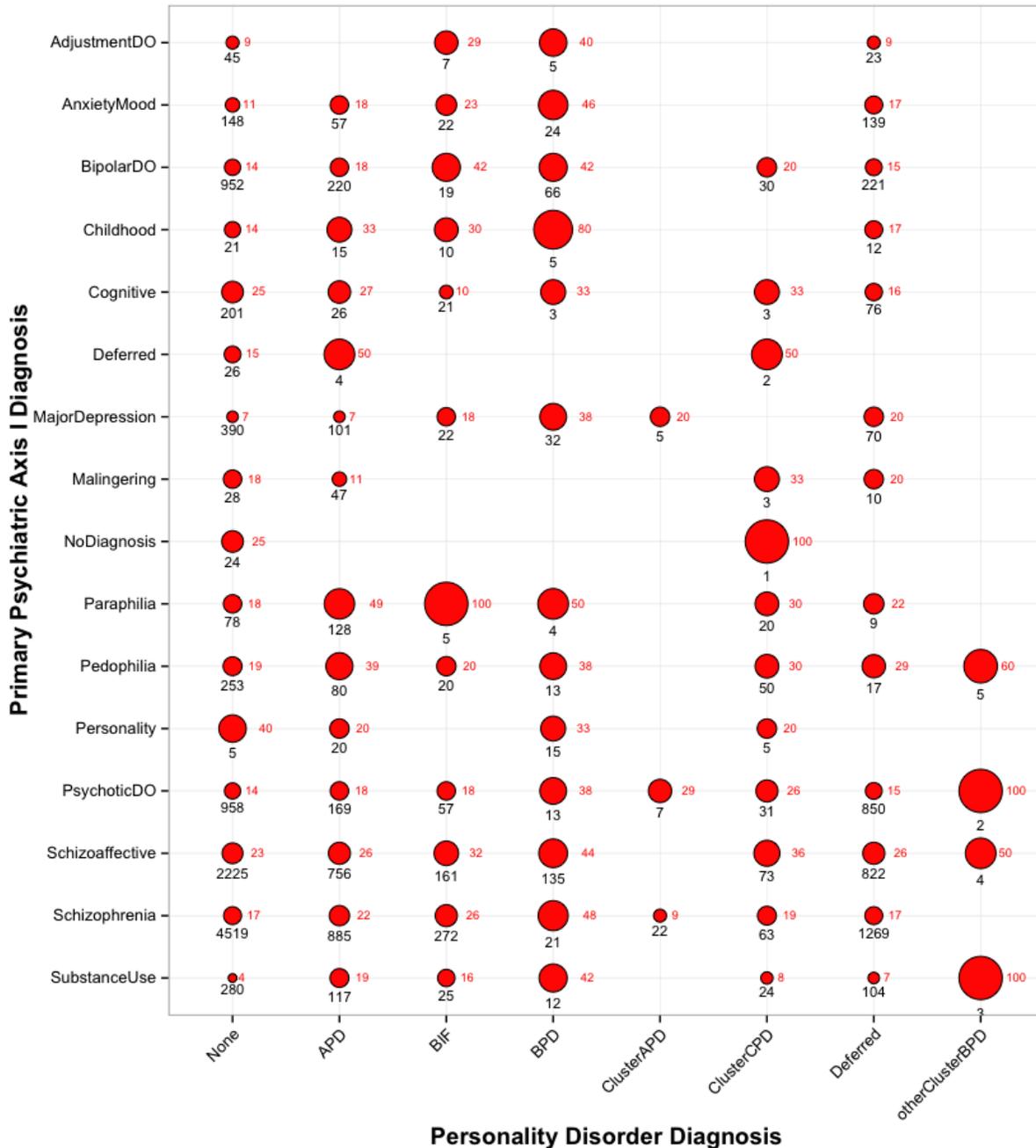


Figure 31 - Prevalence of violence by diagnosis. The number in black under each circle is the total count of patients with that diagnosis; the number in red to the right of each circle is the prevalence of A4 staff assault for that diagnostic group. Patient diagnostic groups with 0 (zero) prevalence of violence were omitted to make the chart easier to read.

- a. Further breakdown by largest patient groups: Schizophrenia and Schizoaffective Disorders
- i. *Patients diagnosed with Schizophrenia: Subtypes, and Personality Disorder Diagnoses, and Patient Assault (A2)*

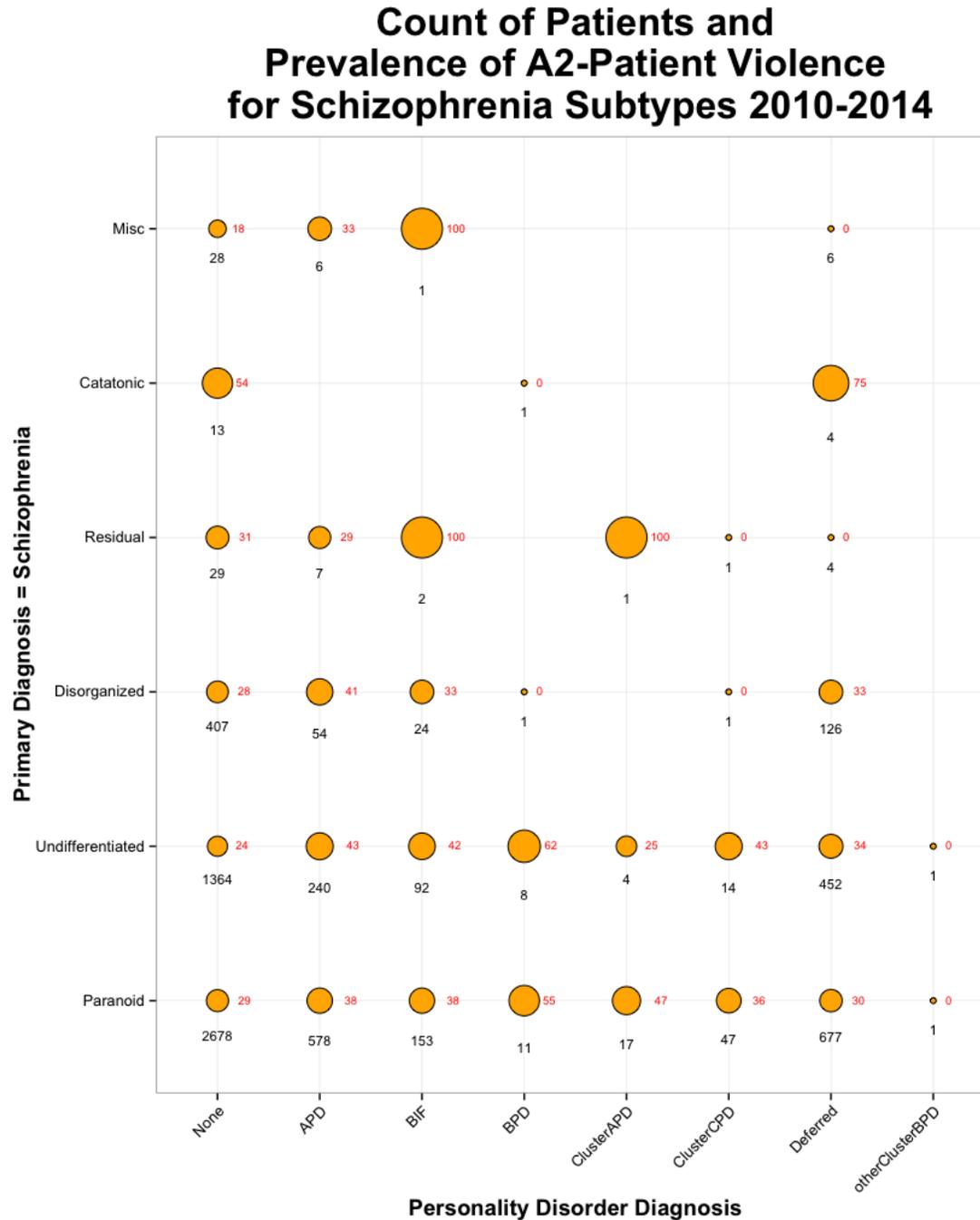


Figure 32 - Prevalence of patient violence for schizophrenia. The number in black under each circle is the total count of patients with that diagnosis; the number in red to the right of each circle is the prevalence of A2 patient violence for that diagnostic group.

- ii. Patients diagnosed with Schizophrenia: Subtypes, and Personality Disorder Diagnoses, and Staff Assault (A4)

Count of Patients and Prevalence of A4-Staff Violence for Schizophrenia Subtypes 2010-2014

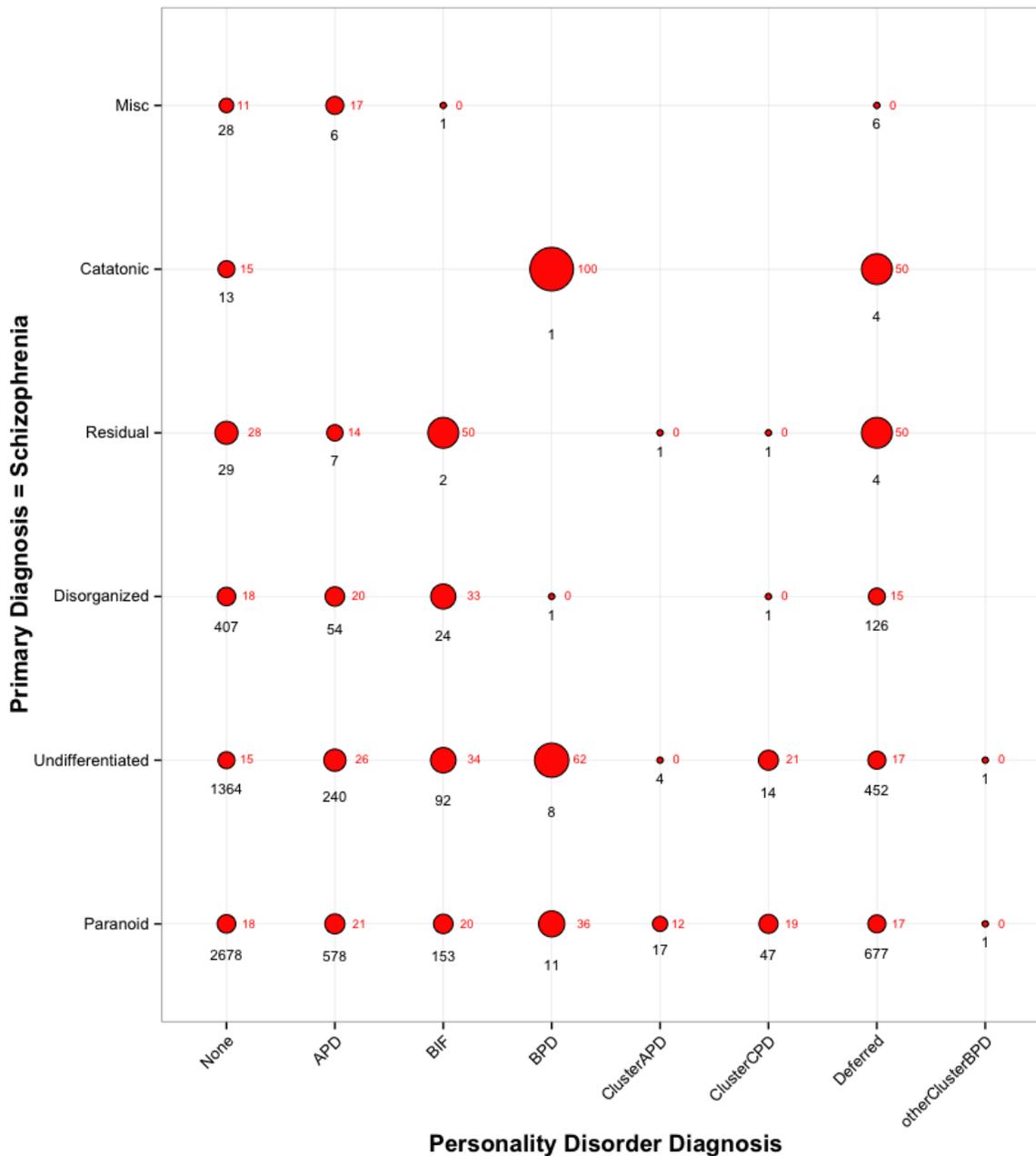


Figure 33- Prevalence of staff violence for schizophrenia. The number in black under each circle is the total count of patients with that diagnosis; the number in red to the right of each circle is the prevalence of A2 patient violence for that diagnostic group.

- iii. Patients diagnosed with Schizoaffective Disorder: Subtypes, and Personality Disorder Diagnoses, and Patient Assault (A2)

Count of Patients and Prevalence of A2-Patient Violence for Schizoaffective Subtypes 2010-2014

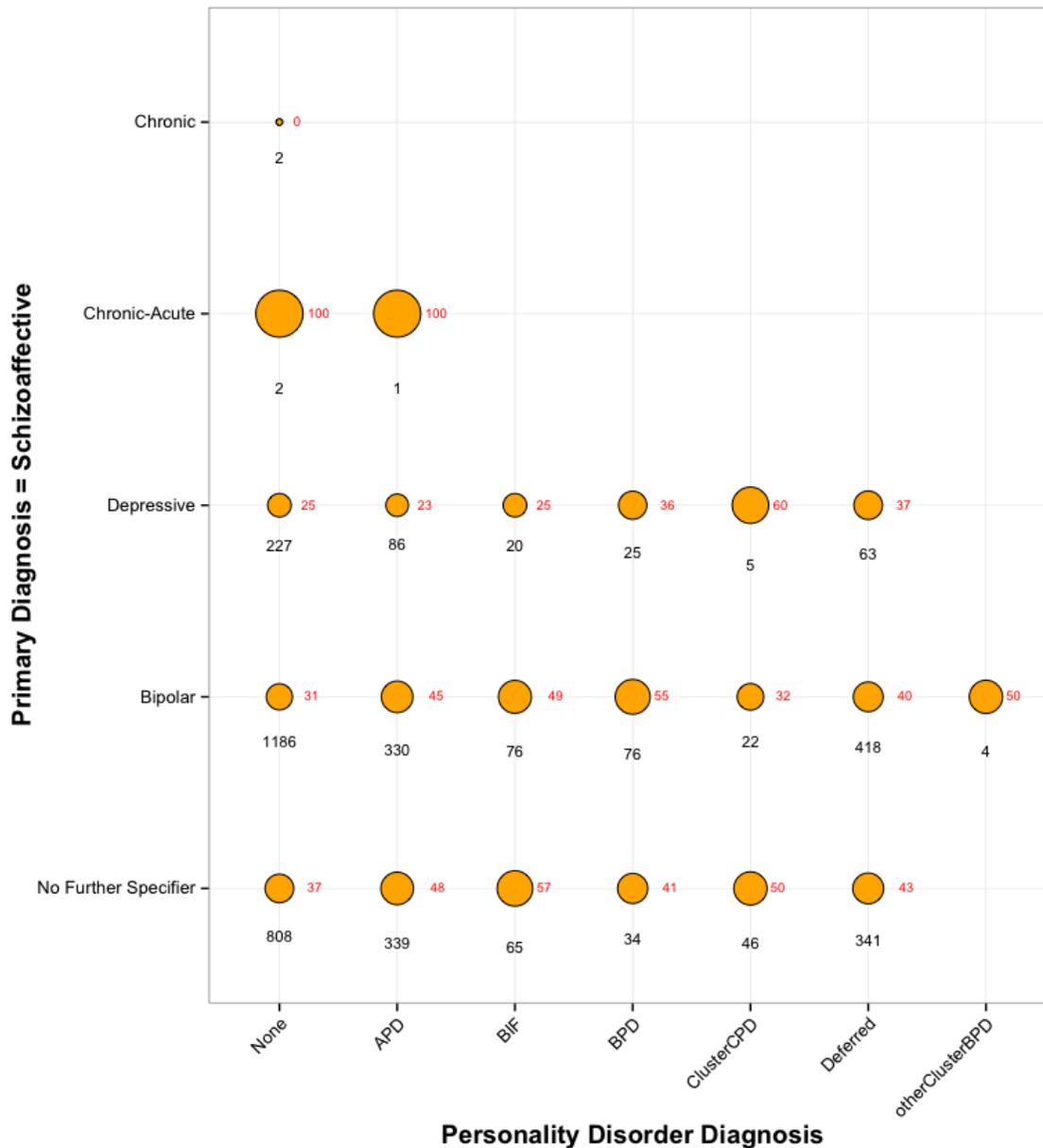


Figure 34 - Prevalence of patient violence for schizoaffective disorder. The number in black under each circle is the total count of patients with that diagnosis; the number in red to the right of each circle is the prevalence of A2 patient violence for that diagnostic group.

- iv. *Patients diagnosed with Schizoaffective Disorder: Subtypes, and Personality Disorder Diagnoses, and Staff Assault (A4)*

Count of Patients and Prevalence of A4-Staff Violence for Schizoaffective Subtypes 2010-2014

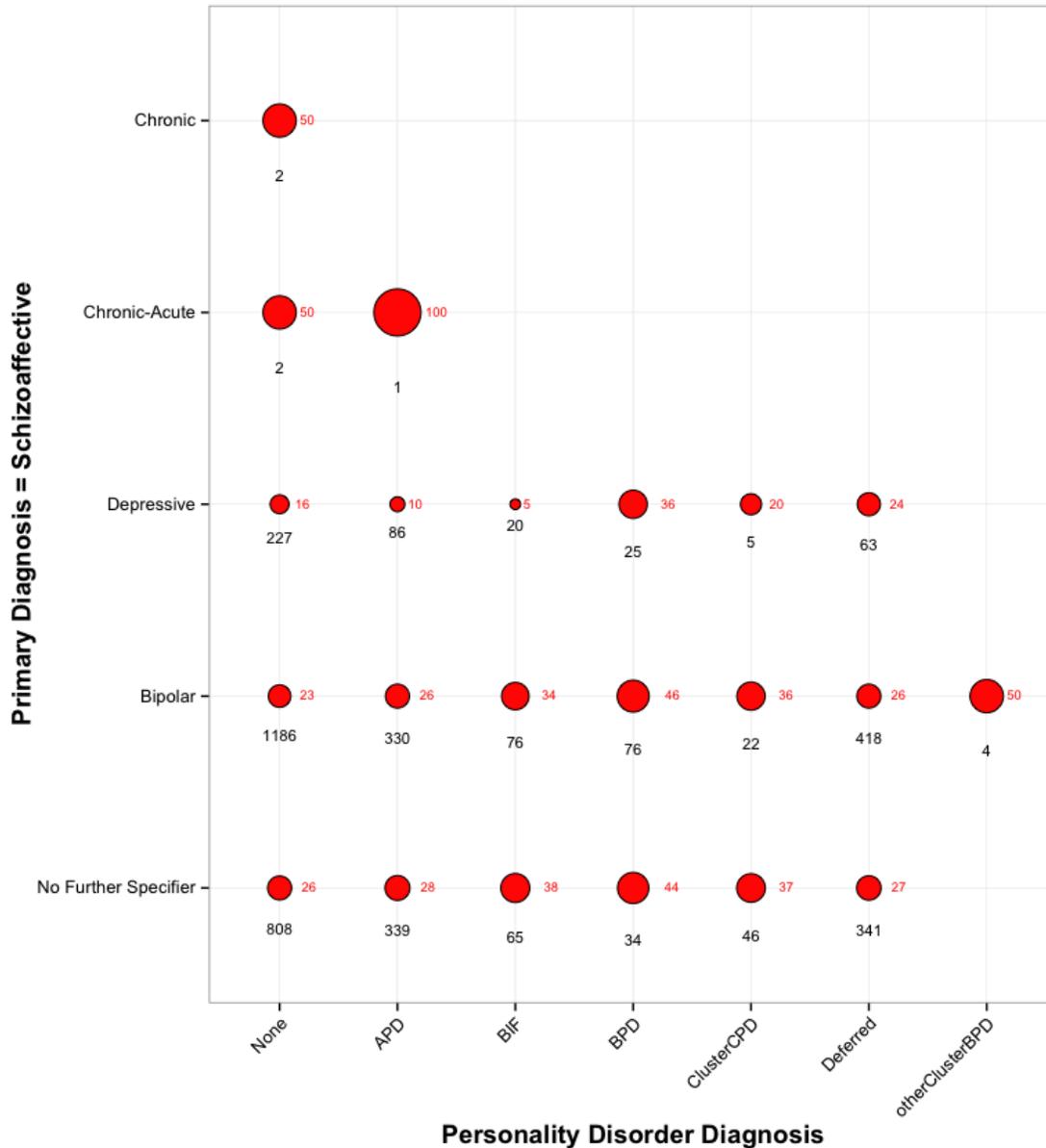


Figure 35- Prevalence of staff violence for schizoaffective disorder. The number in black under each circle is the total count of patients with that diagnosis; the number in red to the right of each circle is the prevalence of A2 patient violence for that diagnostic group.

i. Prevalence of violence of the patients residing in the DSH hospitals and relation of violence to length of stay

A key aspect of DSH's mission is not just treating mental illness, but also treating dangerousness, or violence risk. Consistent with this, the data show that non-violent patients are discharged more rapidly than patients who were violent in the DSH hospitals. Over time, this results in an accumulation of violent patients in the hospitals. Given this, the prevalence numbers of violent patients (23%, given in Fig. 1) understates the actual prevalence rates of violence of those patients residing in the hospitals at any given point in time.

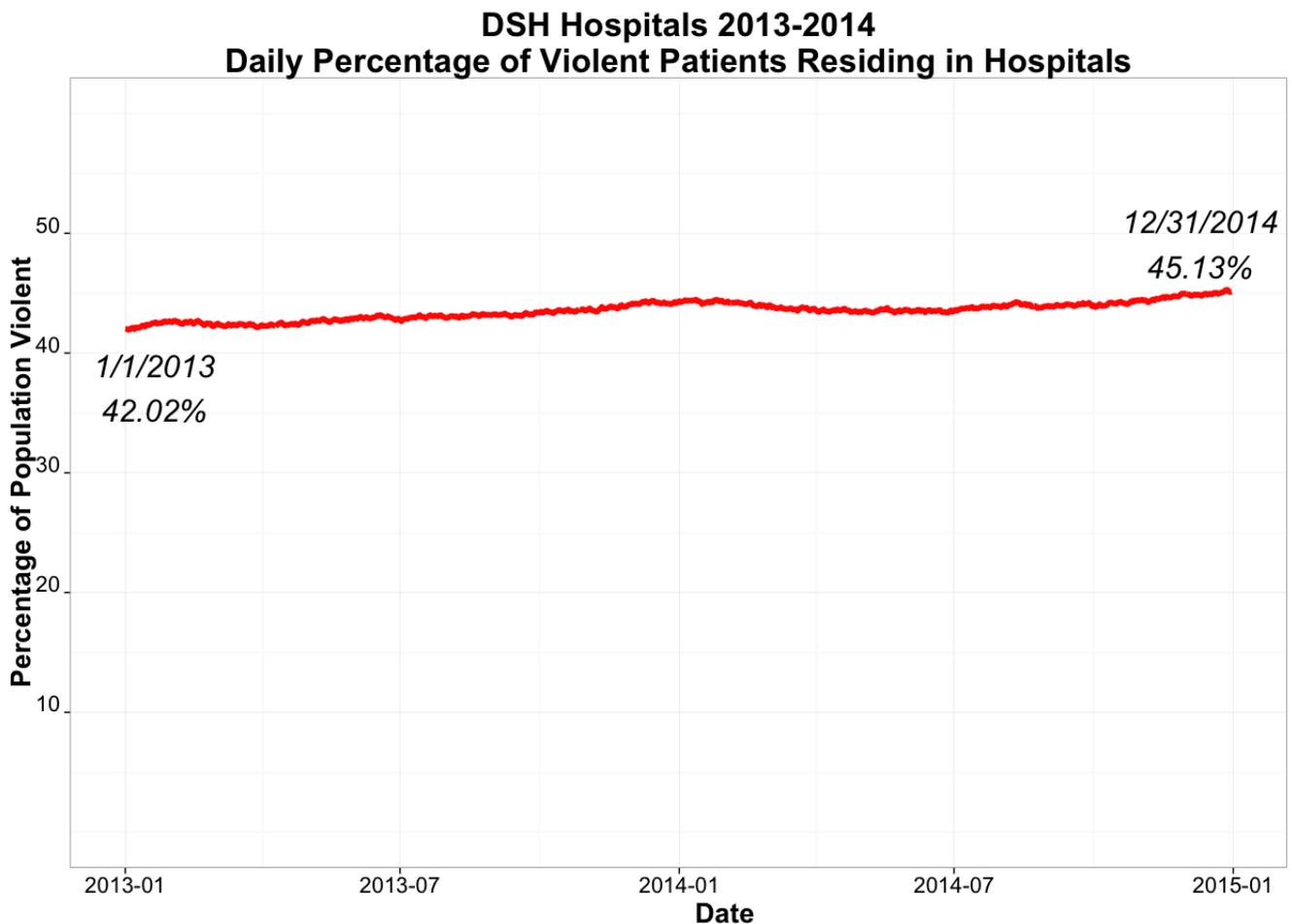


Figure 36 - Daily percentage of violent patients residing in DSH hospitals, as a proportion of overall patient census

Patients in DSH who were not violent in had a median length of stay of 139 days during 2010-2014. However, patients who were violent had a median length of stay of 413 days. In other words patients who committed any act of physical violence in DSH remained hospitalized 3 times longer (on average) than non-violent patients.

When the repeatedly violent patients (those with 10 or more violent acts per year) were examined separately from the other violent patients, the differences were even more dramatic: the median length of stay for the repeatedly violent patients was 1081 days during 2010-2014. This meant that a repeatedly violent patient was hospitalized in DSH about 8 times longer, on average, than a non-violent patient.

The impact of having violent patients remain hospitalized longer is that, in the absence of any enhanced physical security for these repeatedly violent patients, other patients and staff members are exposed to an increased risk of violence.

In the opening of the violence report, it was shown that 23% of the approximately 9400 patients treated during 2014 in DSH were violent. This contrasts with the numbers presented above in Fig. 42, where over 45% of the patients residing in DSH hospitals at the end of 2014 had committed at least one violent act while hospitalized. A picture emerges where the non-violent patients who are responsive to treatment are rapidly discharged, while the patients who are violent and not as responsive to initial treatments are hospitalized longer, to ensure that their violence risk and associated factors related to dangerousness are successfully treated before being discharged back to the community.

2. Number of individual (unique) patient-aggressors

2010 DSH Patients and Aggressors

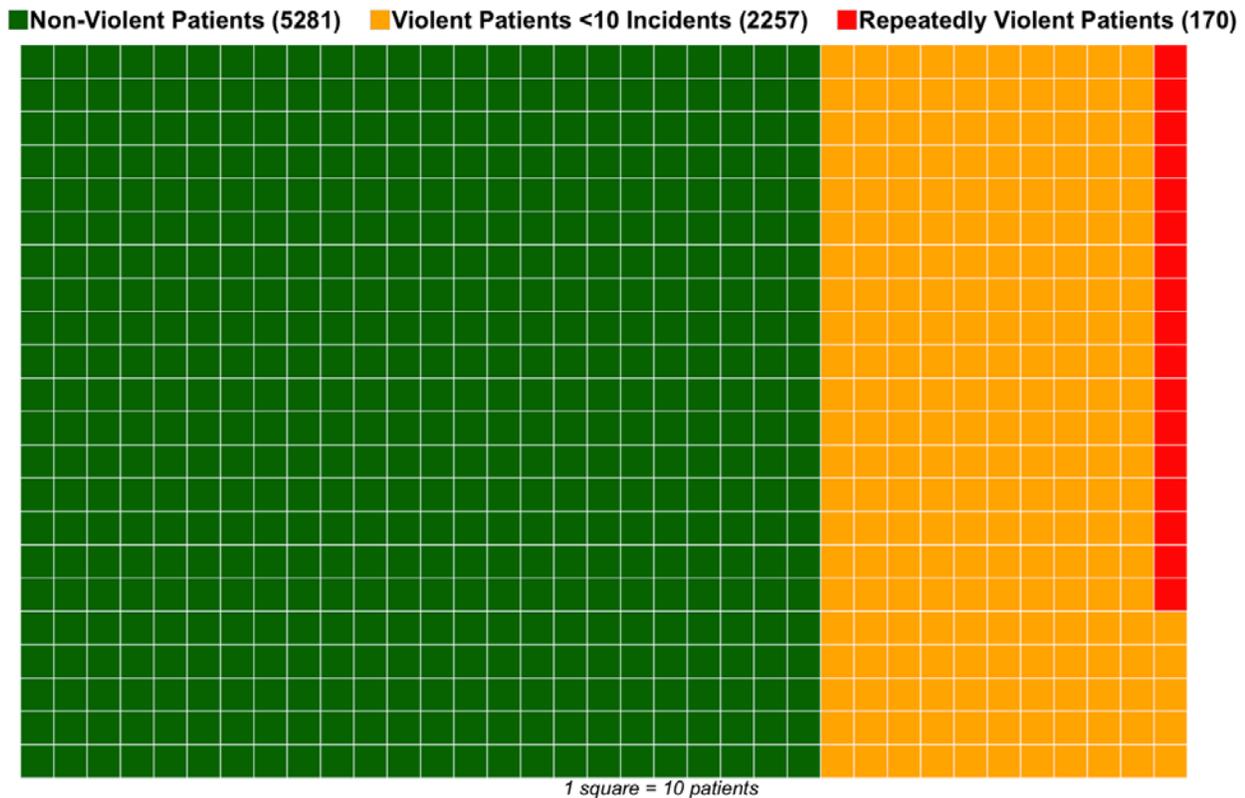


Figure 37- Graphic representation of all the patients treated in DSH during 2010, showing those not violent and those violent. Each square tile represents 10 patients.

As can be seen in Fig. 43, in 2010 the total number of patients treated in DSH hospitals numbered over 7,700. Of these, most patients were not violent, while a total of 2,427 were violent (the number of patients having 1-9 violent acts was 2,257, those with 10 or more violent acts numbered 170).

Thus, violent patients as a percentage of all patients treated were 31.5% of all those treated during 2010. As noted previously in Section II.1.i, because the hospitals will more rapidly discharge non-violent patients and retain violent patients for further treatment, at any given time, the hospital population had a much higher percentage of violent patients, usually around 43 to 44%.

In 2010, the 170 patients with 10 or more violent incidents in that year accounted for 35.2% of all violent patient and staff assault incidents; see Section II.5.i and II.5.iv of this report for more information on this.

2011 DSH Patients and Aggressors

■ Non-Violent Patients (6451) ■ Violent Patients <10 Incidents (2239) ■ Repeatedly Violent Patients (148)

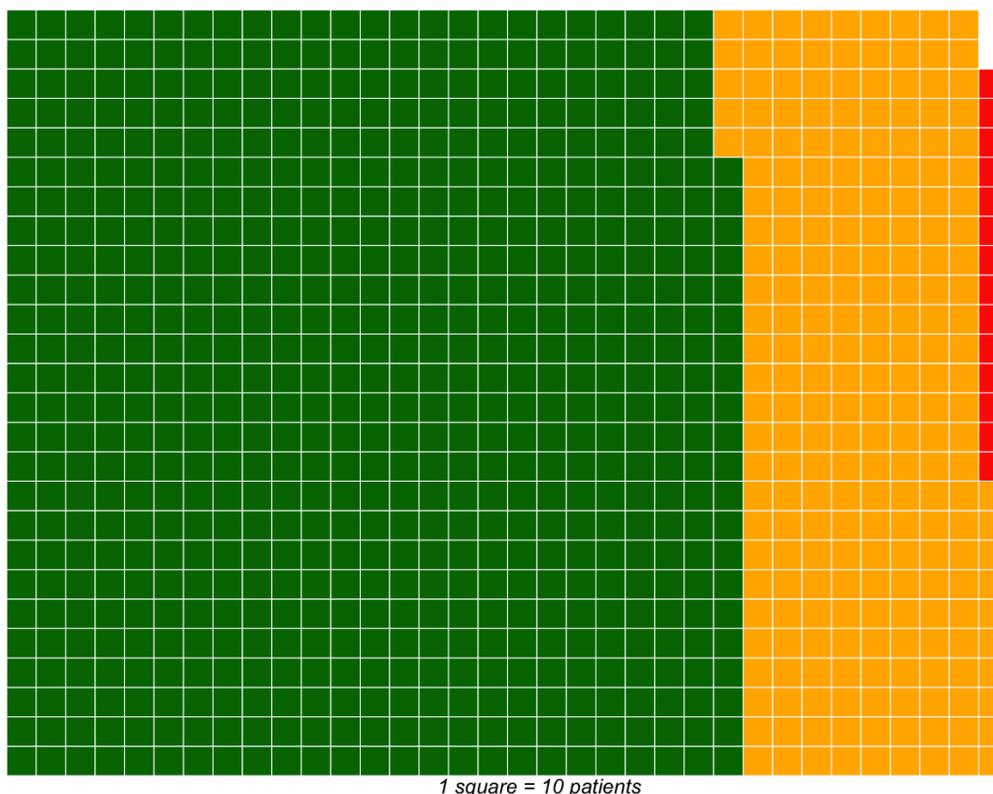


Figure 38 - Graphic representation of all the patients treated in DSH during 2011, showing those not violent and those violent. Each square tile represents 10 patients.

As can be seen in Fig. 44, in 2011 the total number of patients treated in DSH hospitals numbered over 8,800. Of these, most patients were not violent, while a total of 2,387 were violent (the number of patients having 1-9 violent acts was 2,239, those with 10 or more violent acts numbered 148).

Thus, violent patients as a percentage of all patients treated were about 27% of all those treated during 2011. As noted previously in Section II.1.i, because the hospitals will more rapidly discharge non-violent patients and retain violent patients for further treatment, at any given time, the hospital population had a much higher percentage of violent patients, usually around 43 to 44%.

In 2011, the 148 patients with 10 or more violent incidents in that year accounted for 33.4% of all violent patient and staff assault incidents; see Section II.5.i and II.5.iv of this report for more information on this.

2012 DSH Patients and Aggressors

■ Non-Violent Patients (6578) ■ Violent Patients <10 Incidents (2066) ■ Repeatedly Violent Patients (157)

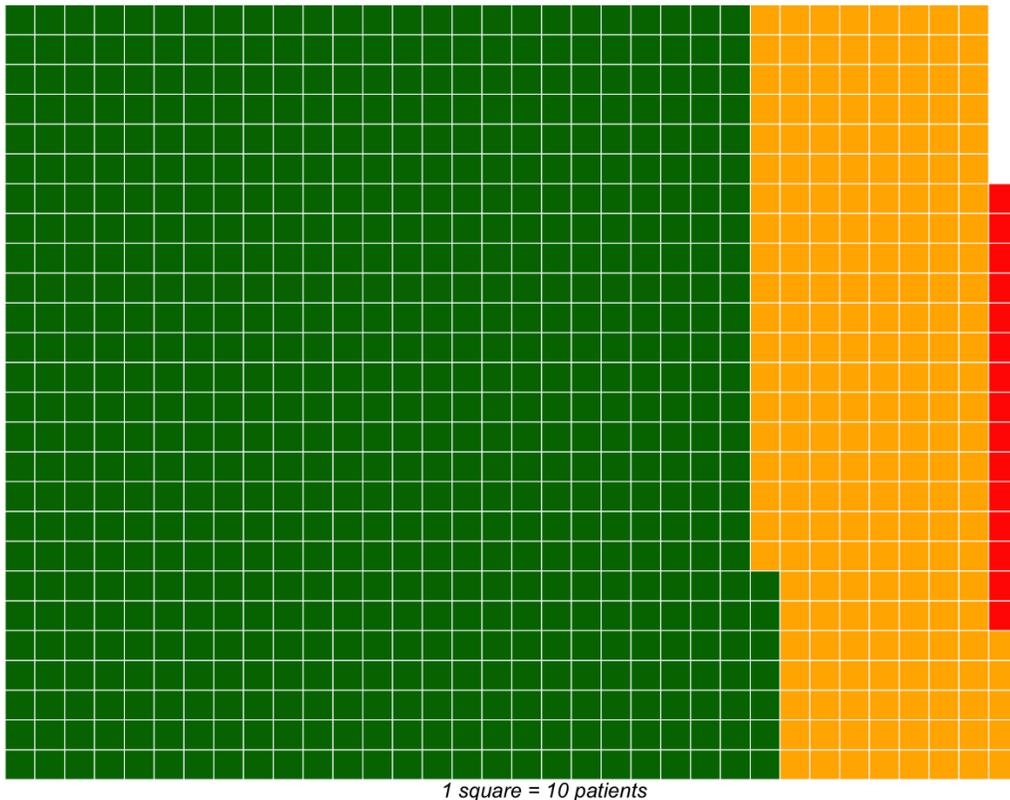


Figure 39 - Graphic representation of all the patients treated in DSH during 2012, showing those not violent and those violent. Each square tile represents 10 patients.

As can be seen in Fig. 45, in 2012 the total number of patients treated in DSH hospitals was over 8,800. Of these, most patients were not violent, but 2,223 patients were violent (the number of patients having 1-9 violent acts was 2,066, those with 10 or more violent acts numbered 157).

Thus, violent patients as a percentage of all patients treated were about 25.3% of all those treated during 2012. As noted previously in Section II.1.i, because the hospitals will more rapidly discharge non-violent patients and retain violent patients for further treatment, at any given time, the hospital population had a much higher percentage of violent patients, usually around 43 to 44%.

In 2012, the 157 patients with 10 or more violent incidents in that year accounted for 37.9% of all violent patient and staff assault incidents; see Section II.5.i and II.5.iv of this report for more information on this.

2013 DSH Patients and Aggressors

■ Non-Violent Patients (6931) ■ Violent Patients <10 Incidents (2004) ■ Repeatedly Violent Patients (128)

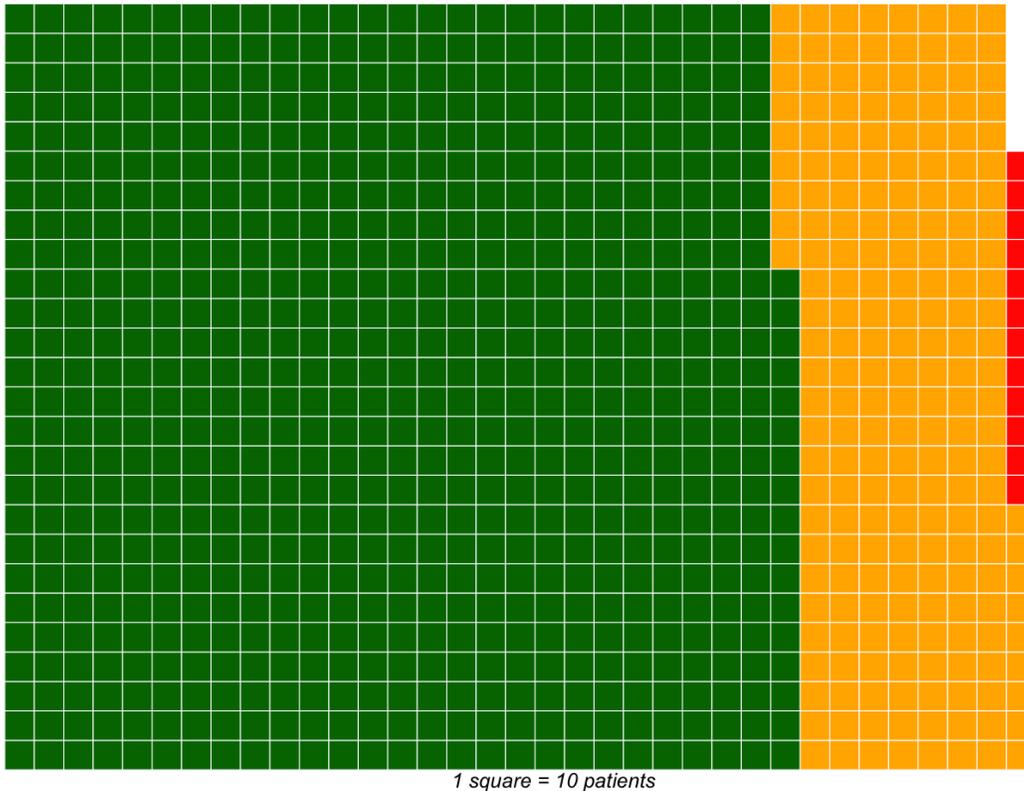


Figure 40 - Graphic representation of all the patients treated in DSH during 2013, showing those not violent and those violent. Each square tile represents 10 patients.

As can be seen in Fig. 46, in 2013 the total number of patients treated in DSH hospitals was over 9,000. Again, most patients were not violent, but 2,132 patients were violent (the number of patients having 1-9 violent acts was 2,004, those with 10 or more violent acts numbered 128).

Thus, violent patients as a percentage of all patients treated were about 23.7% of all those treated during 2013. As noted previously in Section II.1.i, because the hospitals will more rapidly discharge non-violent patients and retain violent patients for further treatment, at any given time, the hospital population had a much higher percentage of violent patients, usually around 43 to 44%.

In 2013, the 128 patients with 10 or more violent incidents in that year accounted for 36.8% of all violent patient and staff assault incidents; see Section II.5.i and II.5.iv of this report for more information on this.

2014 DSH Patients and Aggressors

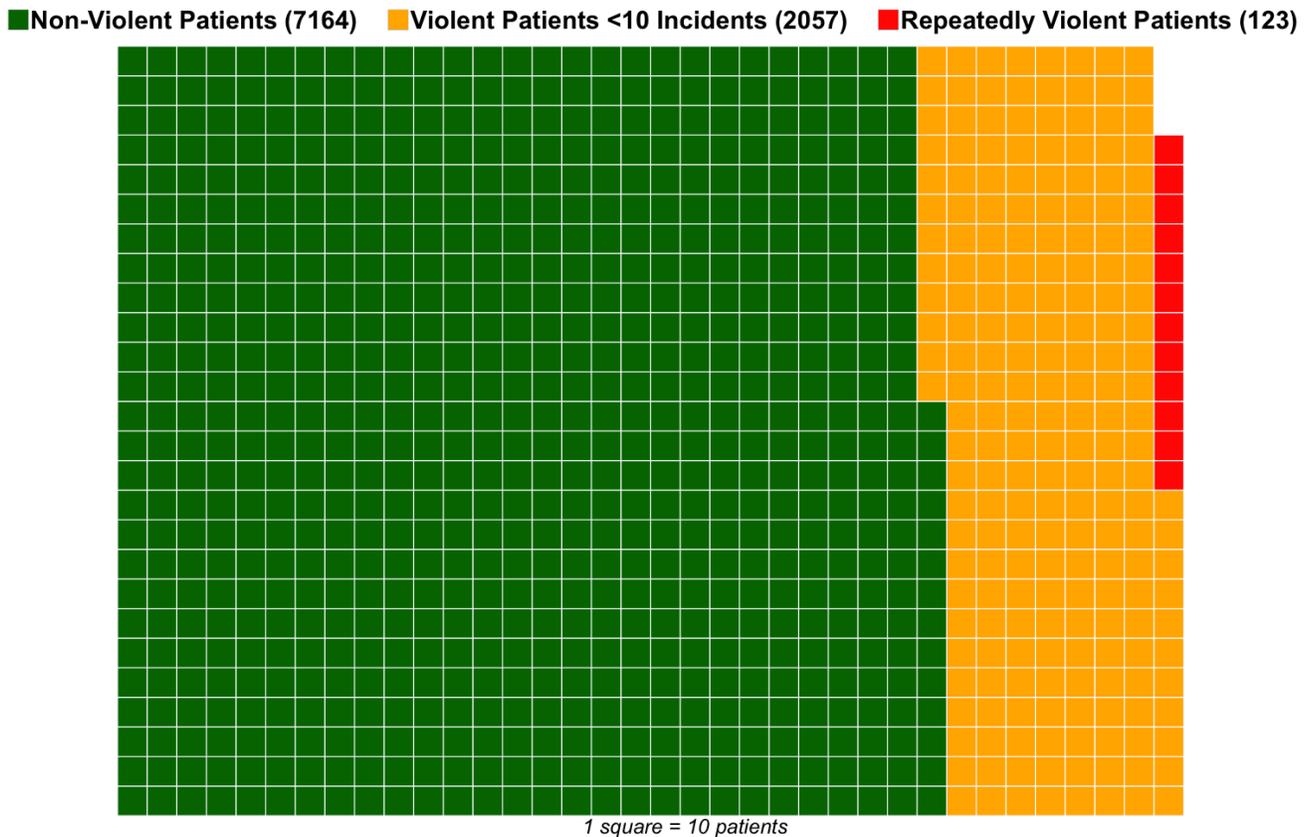


Figure 41 - Graphic representation of all the patients treated in DSH during 2014, showing those not violent and those violent. Each square tile represents 10 patients.

As can be seen in Fig. 47, in 2014 the total number of patients treated in DSH hospitals was over 9,300. Again, most patients were not violent, but 2,180 patients were violent (the number of patients having 1-9 violent acts was 2,057, those with 10 or more violent acts numbered 123).

Thus, violent patients as a percentage of all patients treated were about 23.3% of all those treated during 2014. As noted previously in Section II.1.i, because the hospitals will more rapidly discharge non-violent patients and retain violent patients for further treatment, at any given time, the hospital population had a much higher percentage of violent patients, usually around 43 to 44%.

In 2014, the 123 patients with 10 or more violent incidents in that year accounted for 36.6% of all violent patient and staff assault incidents; see Section II.5.i and II.5.iv of this report for more information on this.

3. Number of individual (unique) patient-victims

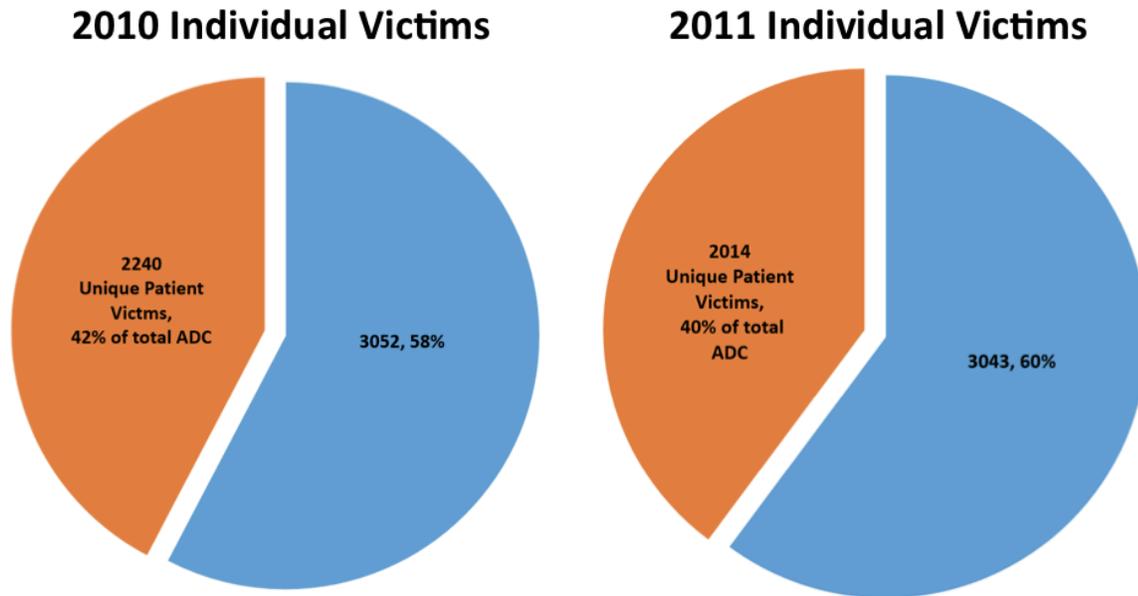


Figure 42 - Comparison of number and percent of unique patient-victims of assault in 2010 and 2011

Looking at the number of patient victims of assault, and using this number as a percent of ADC (Average Daily Census), it can be seen in Fig. 48, Fig. 49, and Fig. 50 on the following pages, there has been a decrease in the percentage of patients being assaulted by other patients over time.

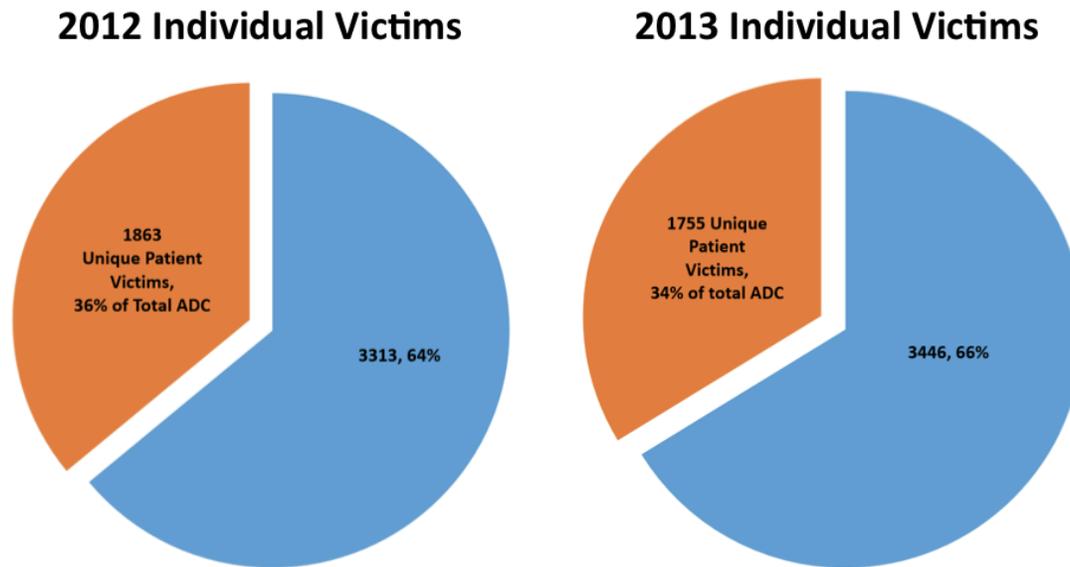


Figure 43 - Comparison of number and percentage of unique patient-victims of assault in 2012 and 2013*

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 DSH hospitals.

2014 Individual Victims

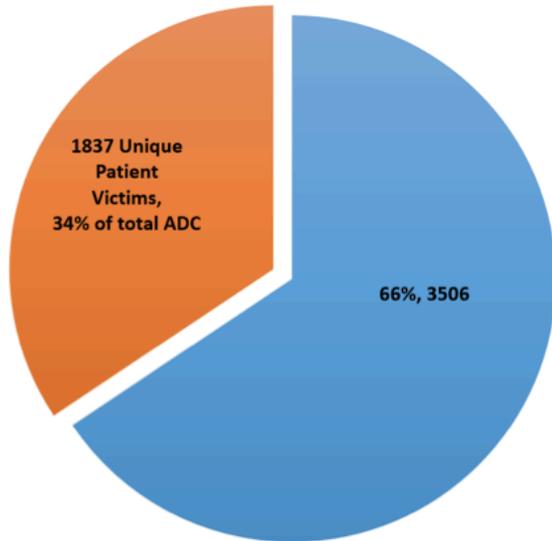


Figure 44 - Comparison of number and percentage of unique patient-victims of assault in 2014

The percentage of patients who are victims of assault has remained consistent from last year, even though the patient population has increased.

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.

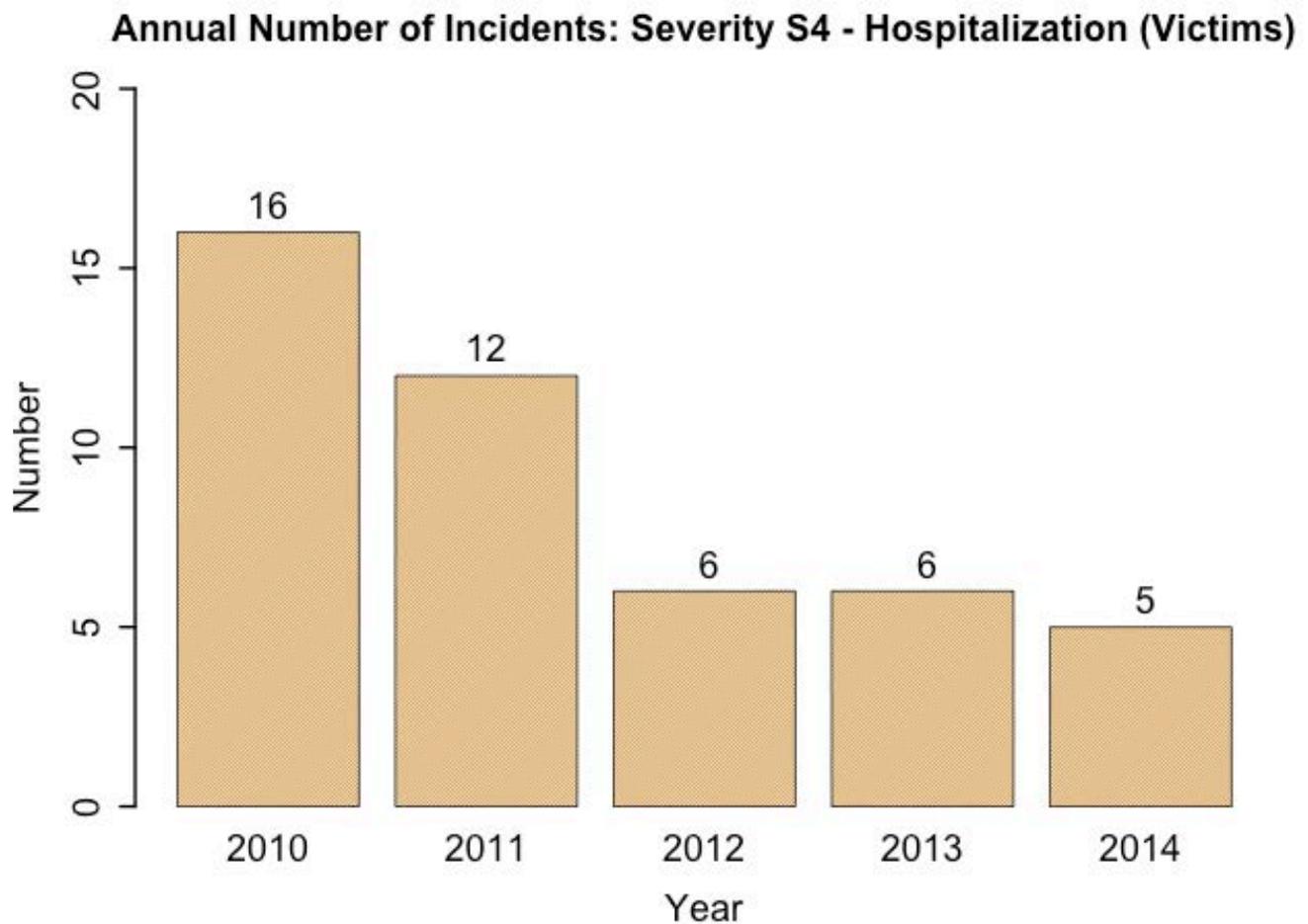


Figure 45- Number of patient assault victims requiring hospitalization, annually

“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.

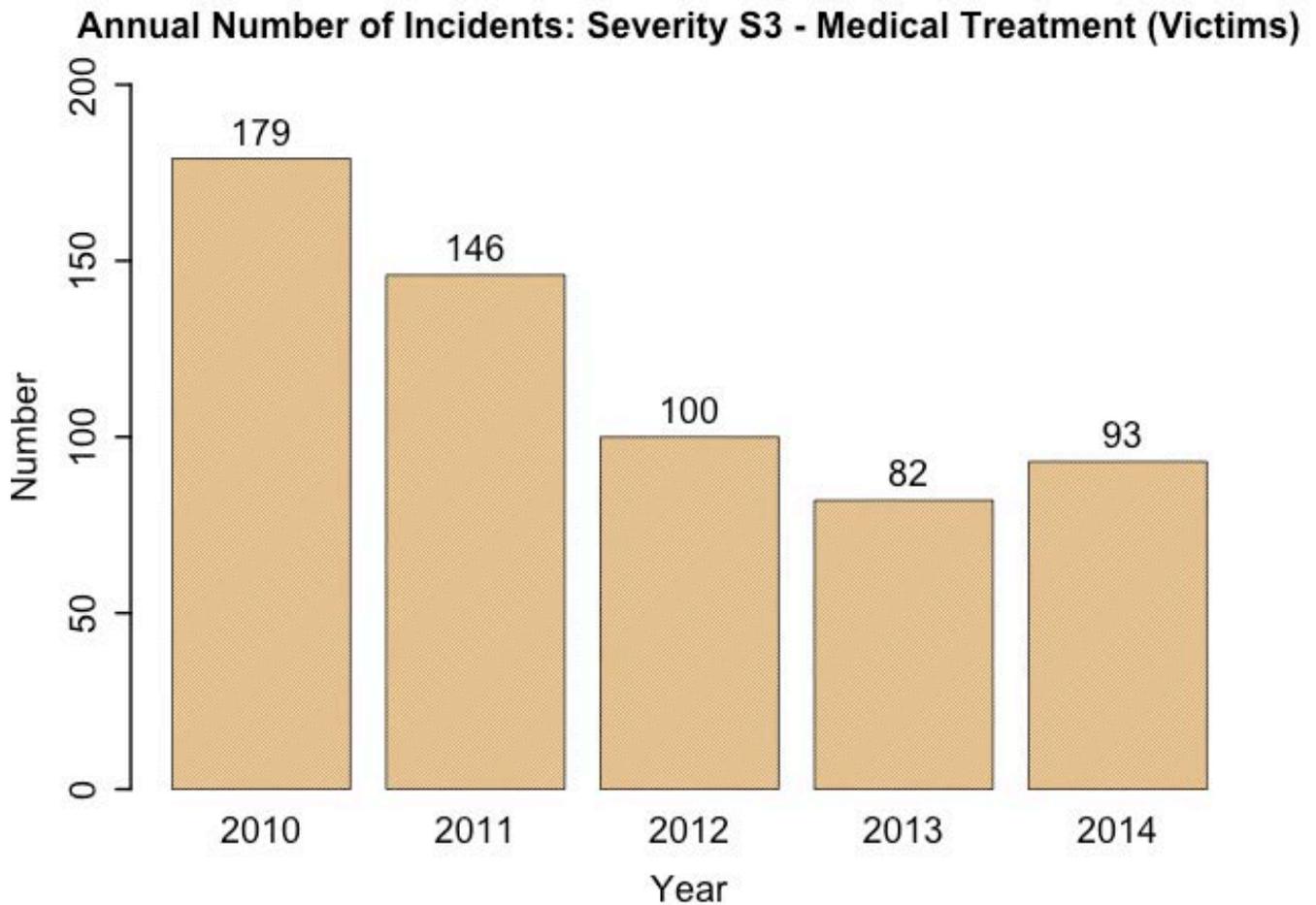


Figure 46 - Number of patient assault victims requiring some medical treatment, annually

“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 almost halved since 2010.

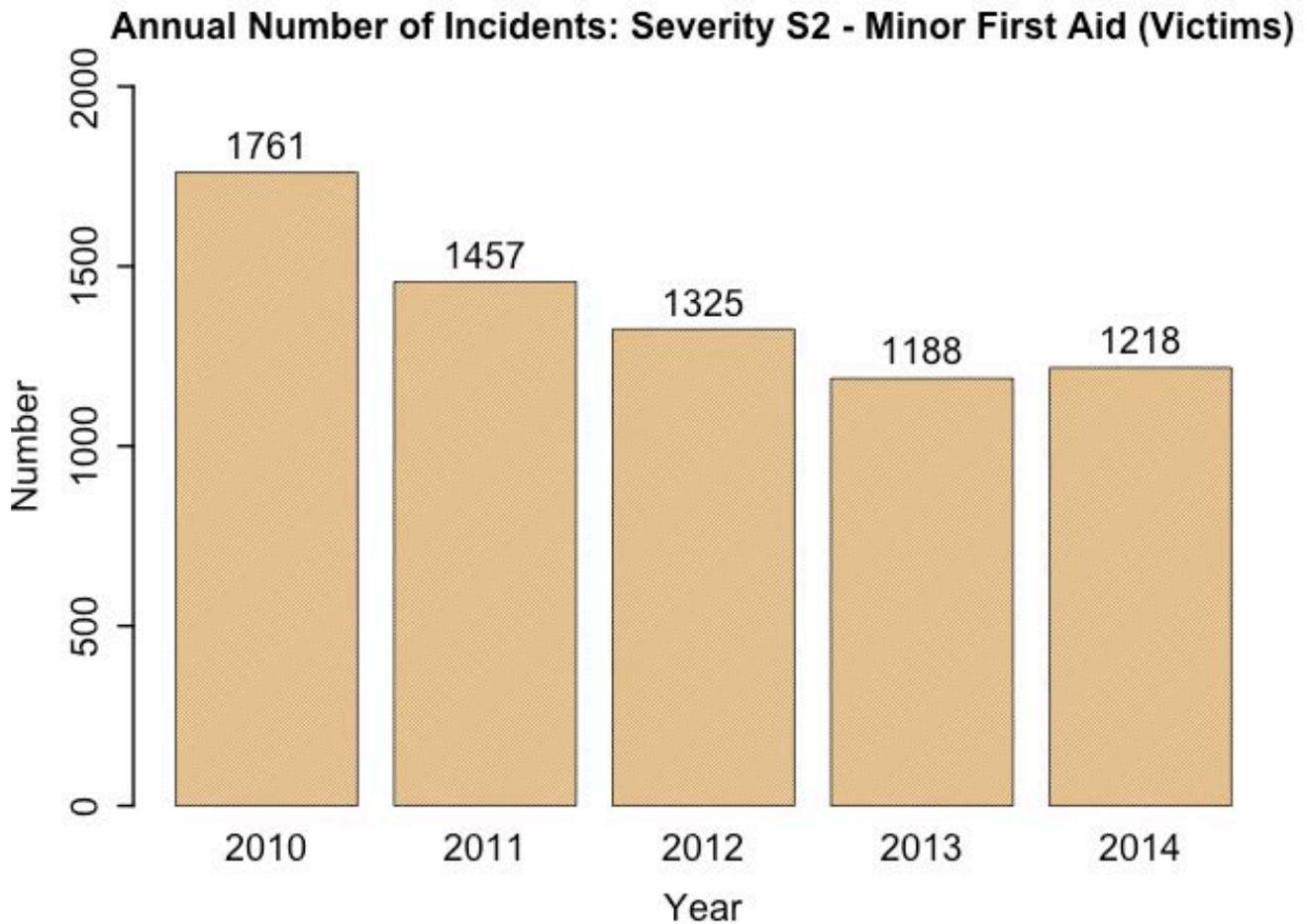


Figure 47 - Number of patient assault victims requiring first aid, annually

“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 reduced by about 30%.

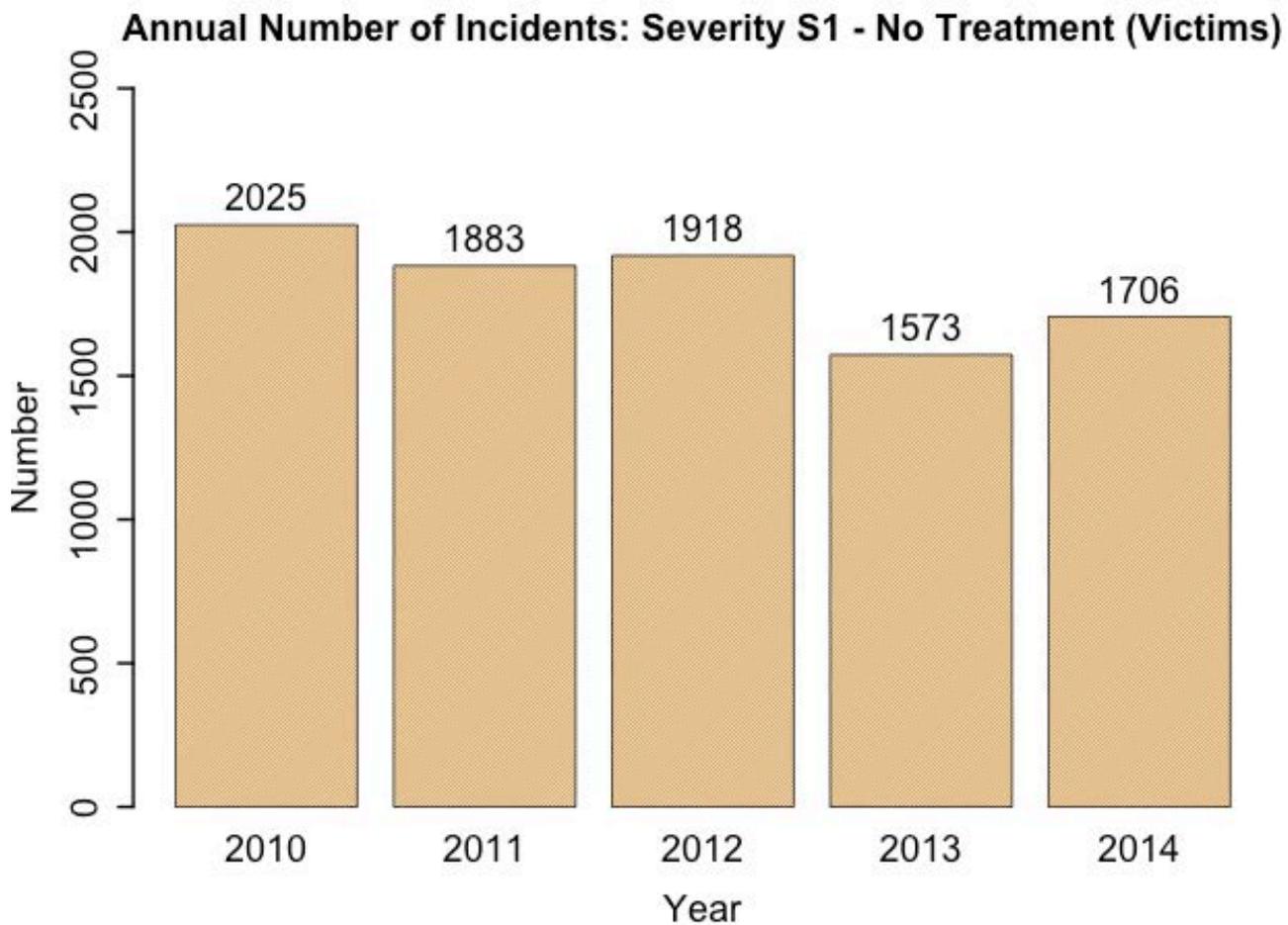


Figure 48 - Number of patient assault victims not requiring any treatment, annually

“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 15% over 2010 figures.

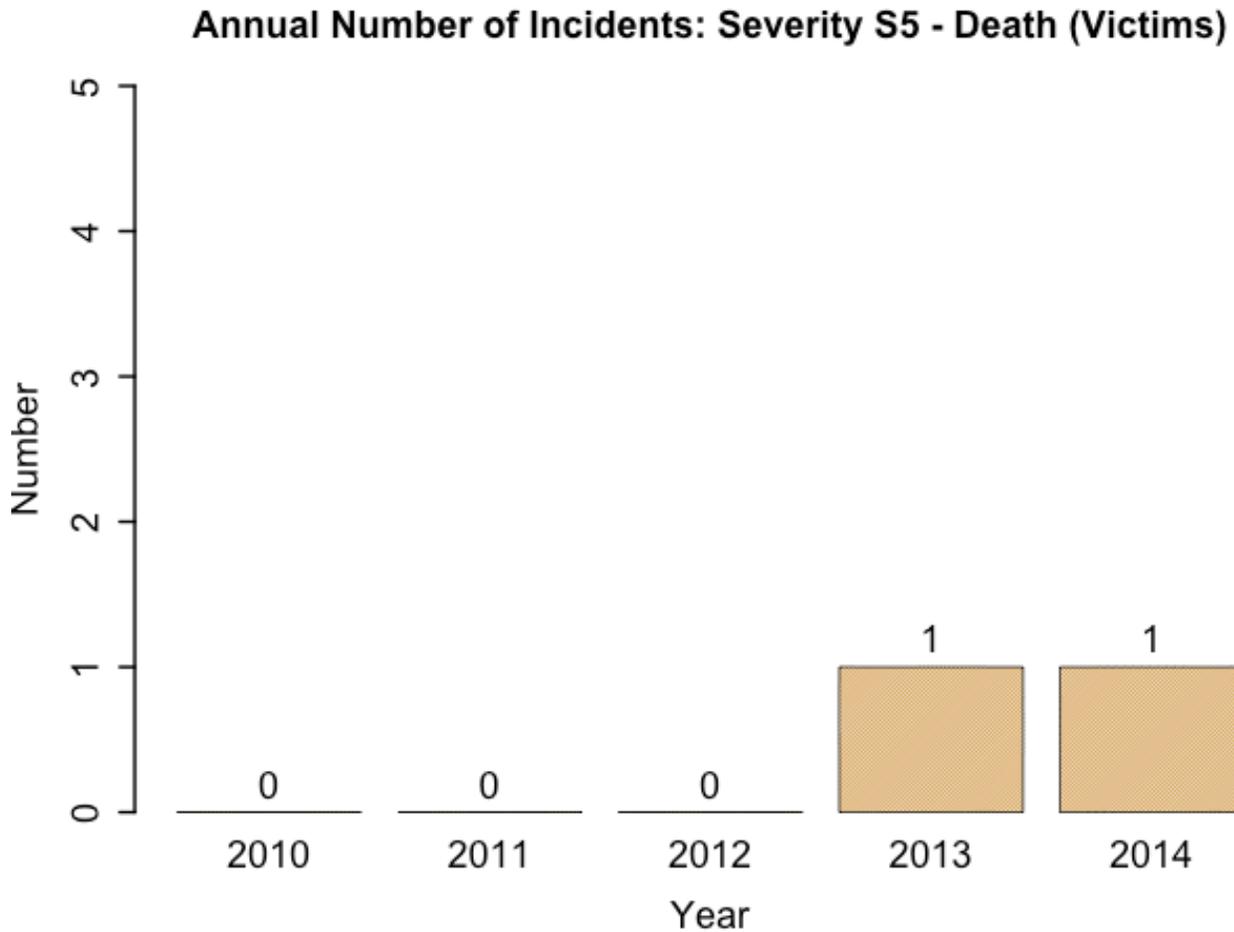


Figure 49 Number of patient assault victims dying as a result of injuries sustained from assault, annually

“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.

Based on the total population of DSH 2010-2014, these two homicides yield a rate of 7.2 homicides per 100,000 patients.

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.

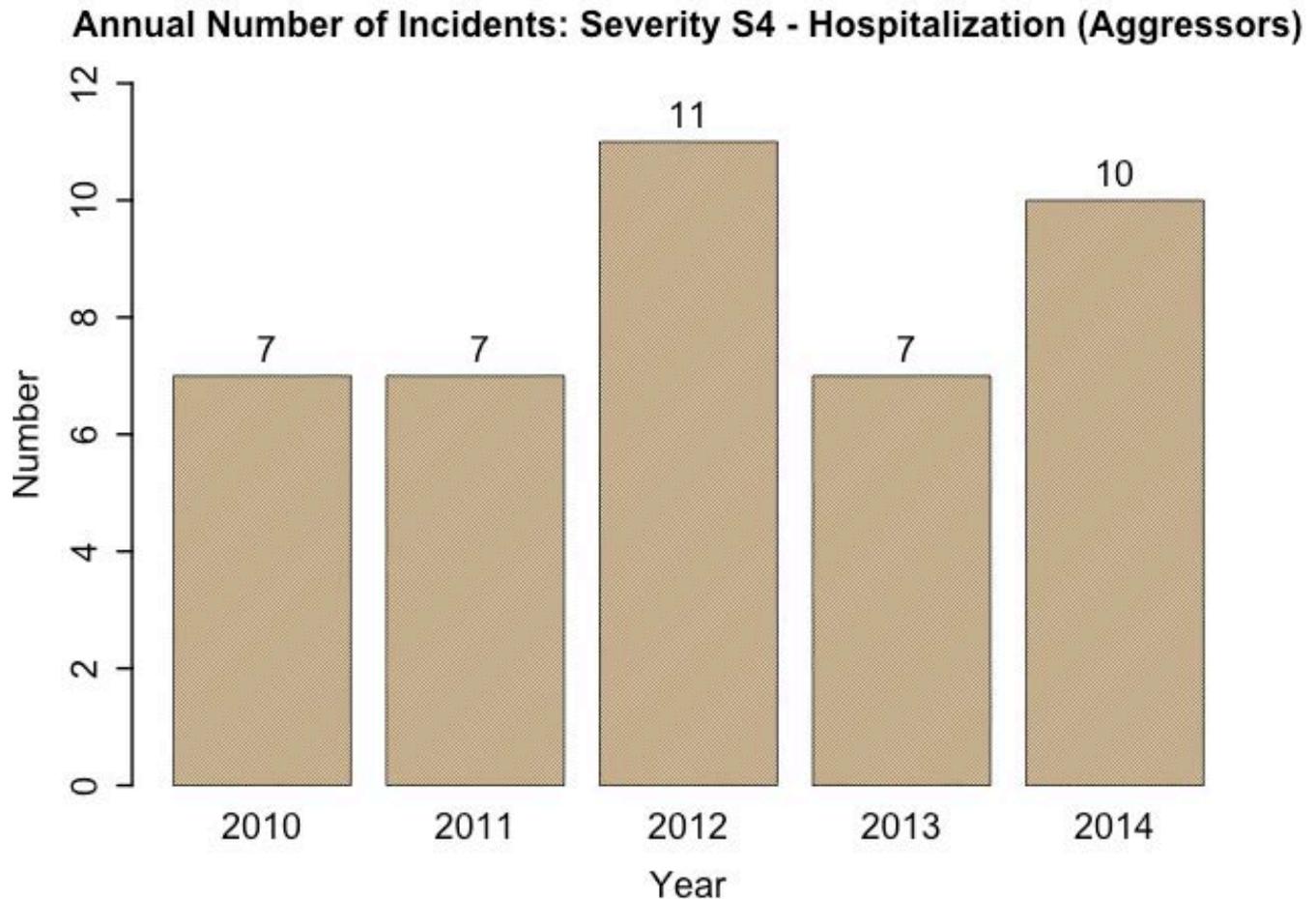


Figure 50 - Number of patient assault aggressors requiring hospitalization, annually

“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.

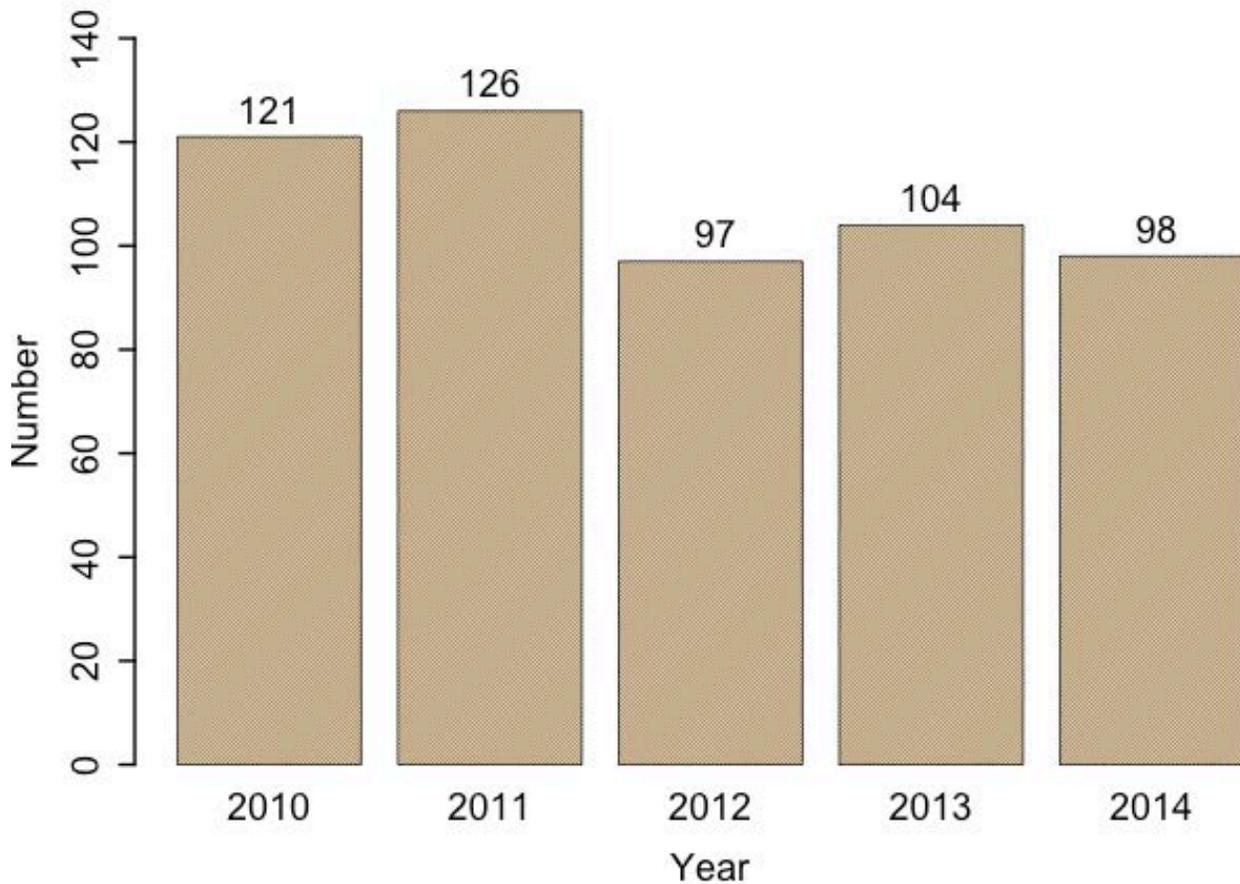
Annual Number of Incidents: Severity S3 - Medical Treatment (Aggressor:

Figure 51 - Number of patient assault aggressors requiring medical treatment, annually

“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%.

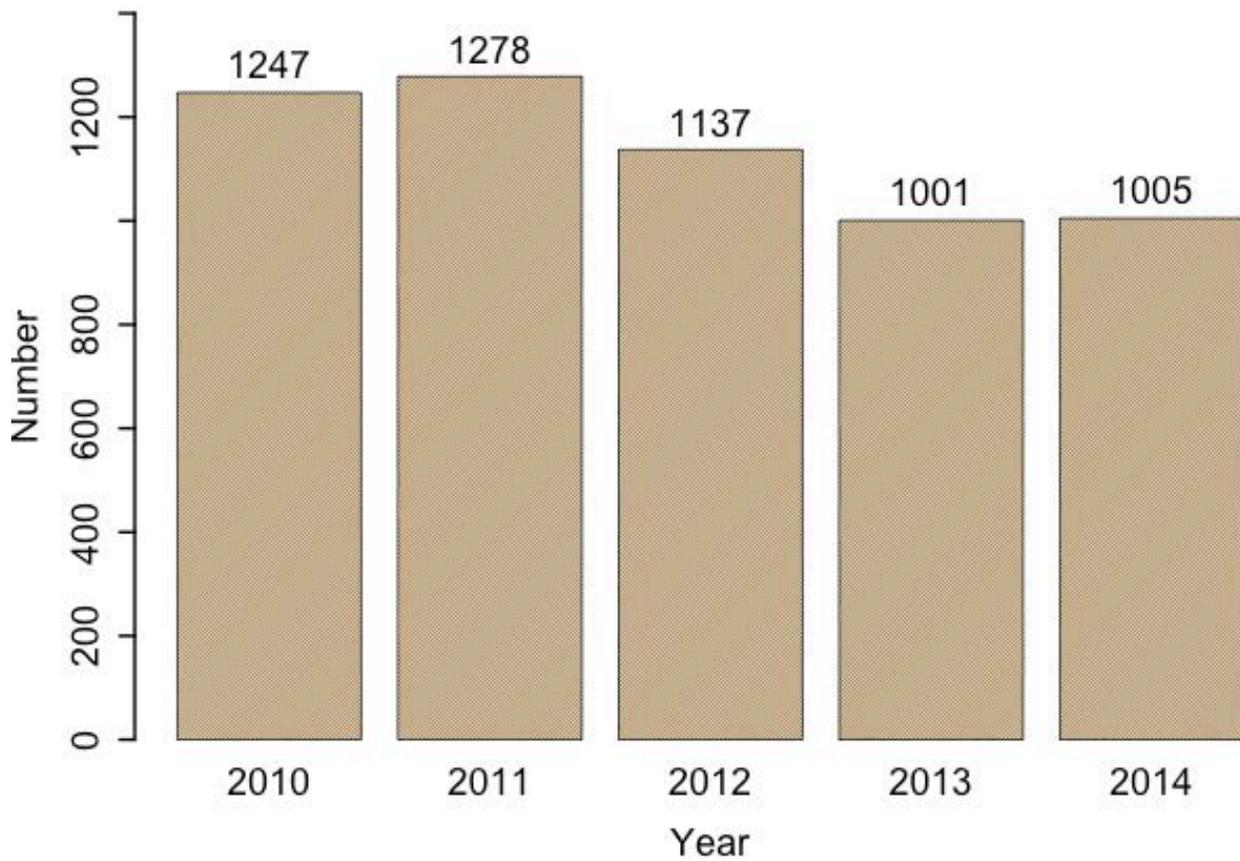
Annual Number of Incidents: Severity S2 - Minor First Aid (Aggressors)

Figure 52 - Number of patient assault aggressors requiring first aid, annually

“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.

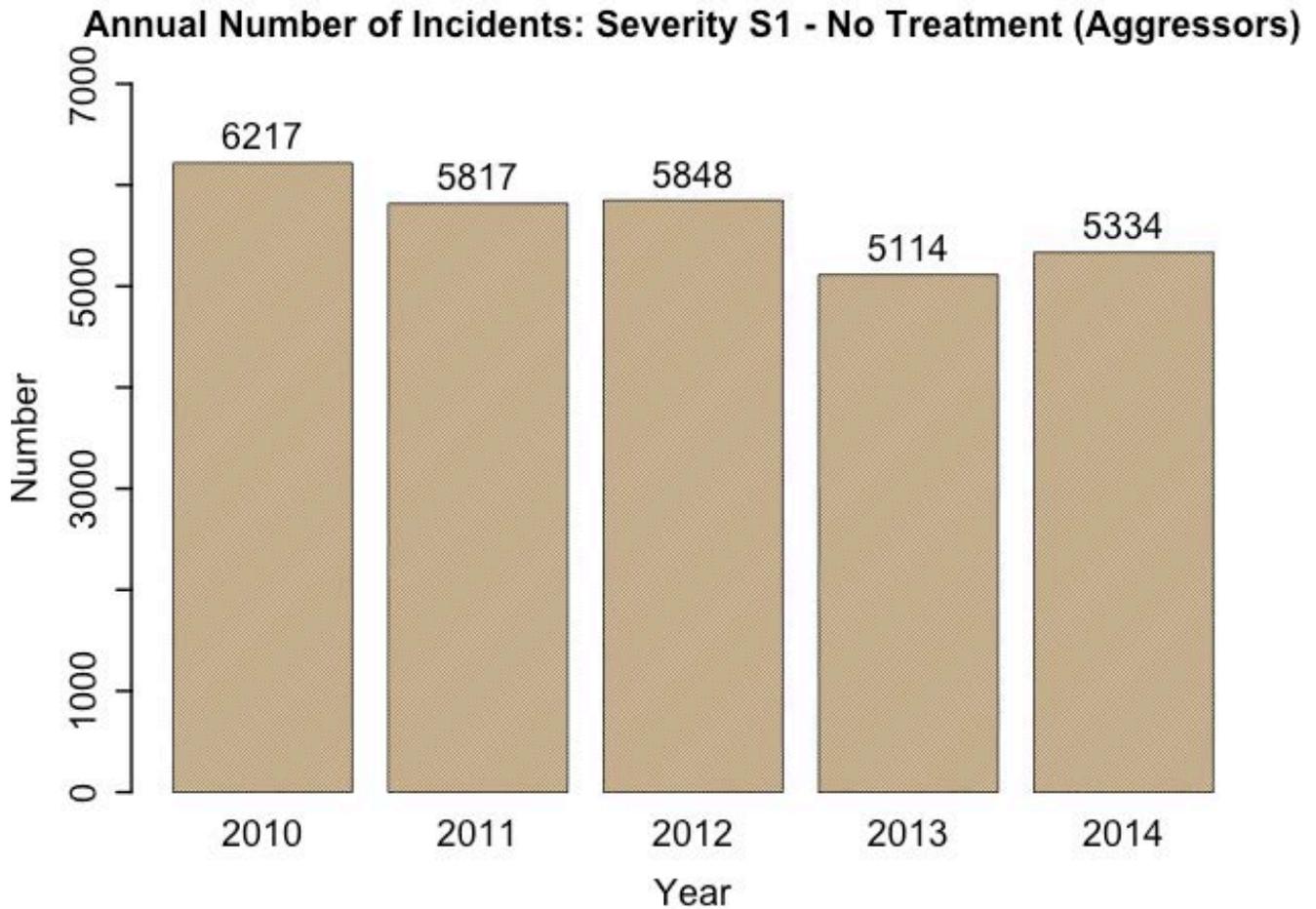


Figure 53 - Number of patient assault aggressors not requiring any treatment, annually

“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.

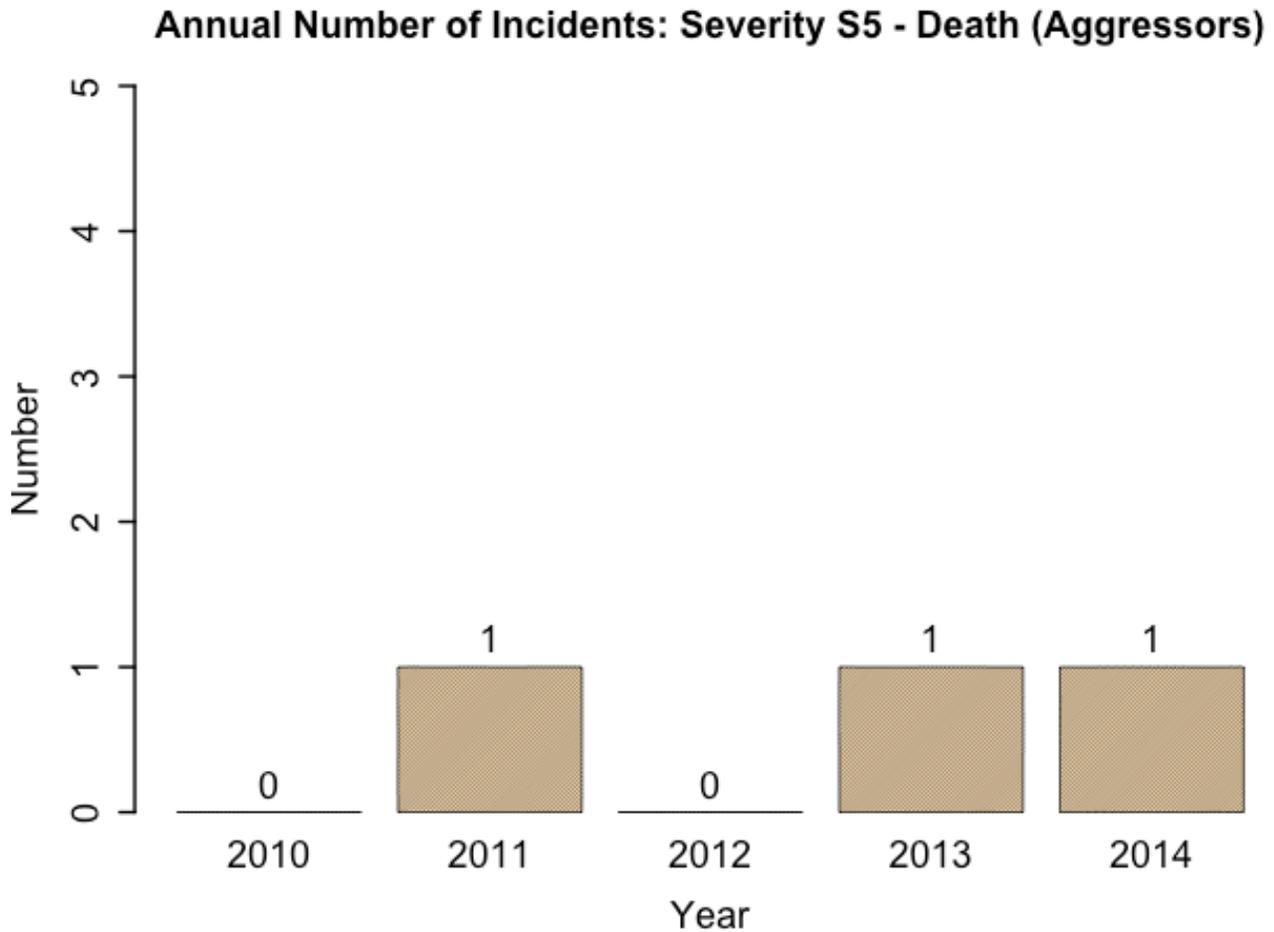


Figure 54 - Number of patient assault aggressors dying that can be attributed to initiating an assault, annually

“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. Number of patients with more than 10 assaults per year

i. 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 slightly, as can be seen in Fig. 61 below.

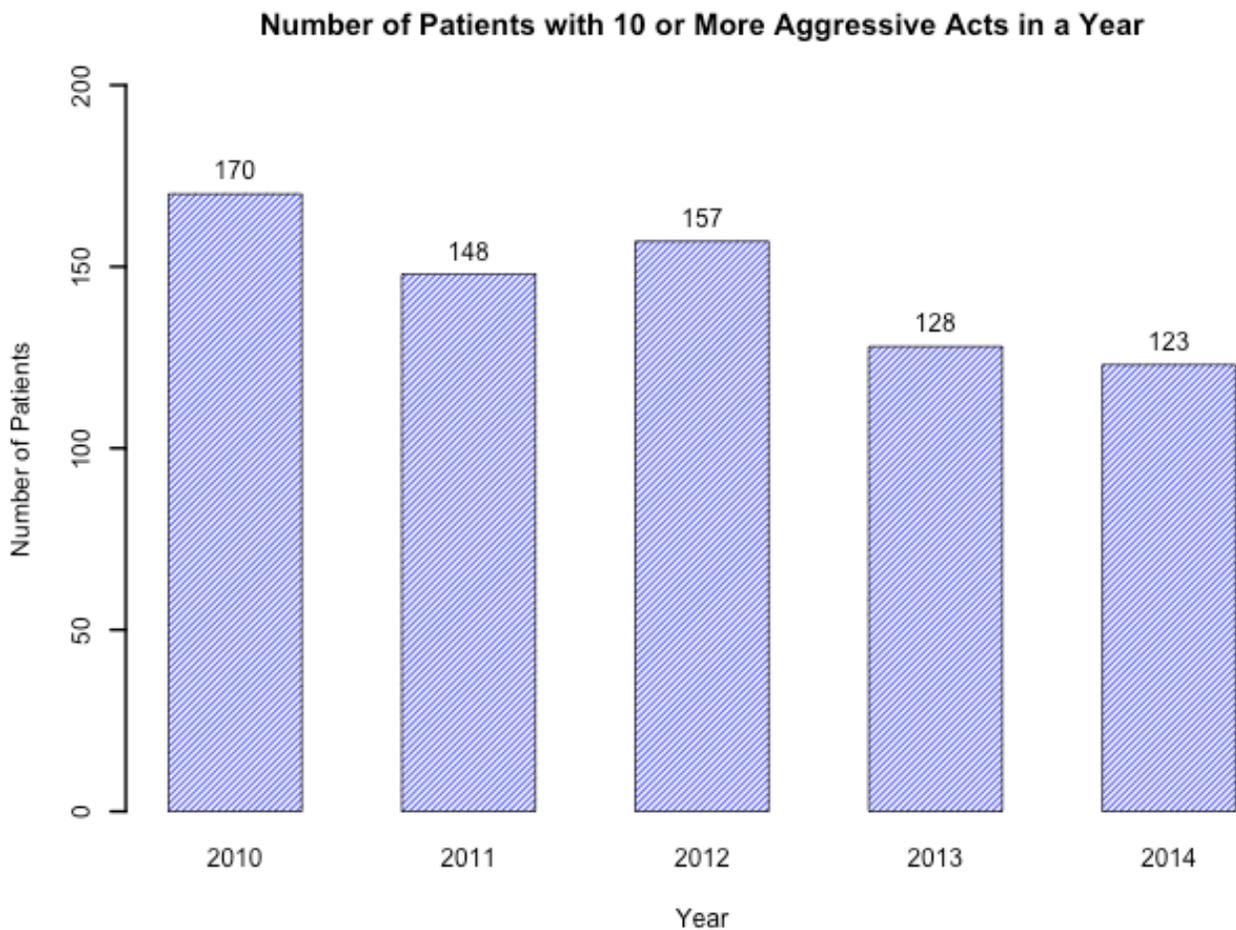


Figure 55 - Number of individual patients with more than 10 assaults in a calendar year

In 2010, the patients with 10 or more violent incidents in that year alone numbered 170 (about 3% of yearly ADC) and accounted for 35.2% of all violent patient and staff assault incidents; see Section II.5.iv of this report for more information on this.

In 2011, the patients with 10 or more violent incidents in that single year numbered 148 (again, about 3% of yearly ADC) and accounted for 33.4% of all violent patient and staff assault incidents; see Section II.5.iv 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 37.9% of all violent patient and staff assault incidents; see Section II.5.iv of this report for more information on this.

In 2013, the patients with 10 or more violent incidents that year numbered 128 (about 2% of the ADC) and have accounted for 36.8% of all violent patient and staff assault incidents; see Section II.5.iv of this report for more information on this.

In 2014, the patients with 10 or more violent incidents numbered 123 (about 2% of the ADC) and have accounted for 36.6% of all violent patient and staff assault incidents; see Section II.5.iv 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 the routine hospital environments. These patients may highlight the need for an enhanced security program or enhanced treatment units.

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

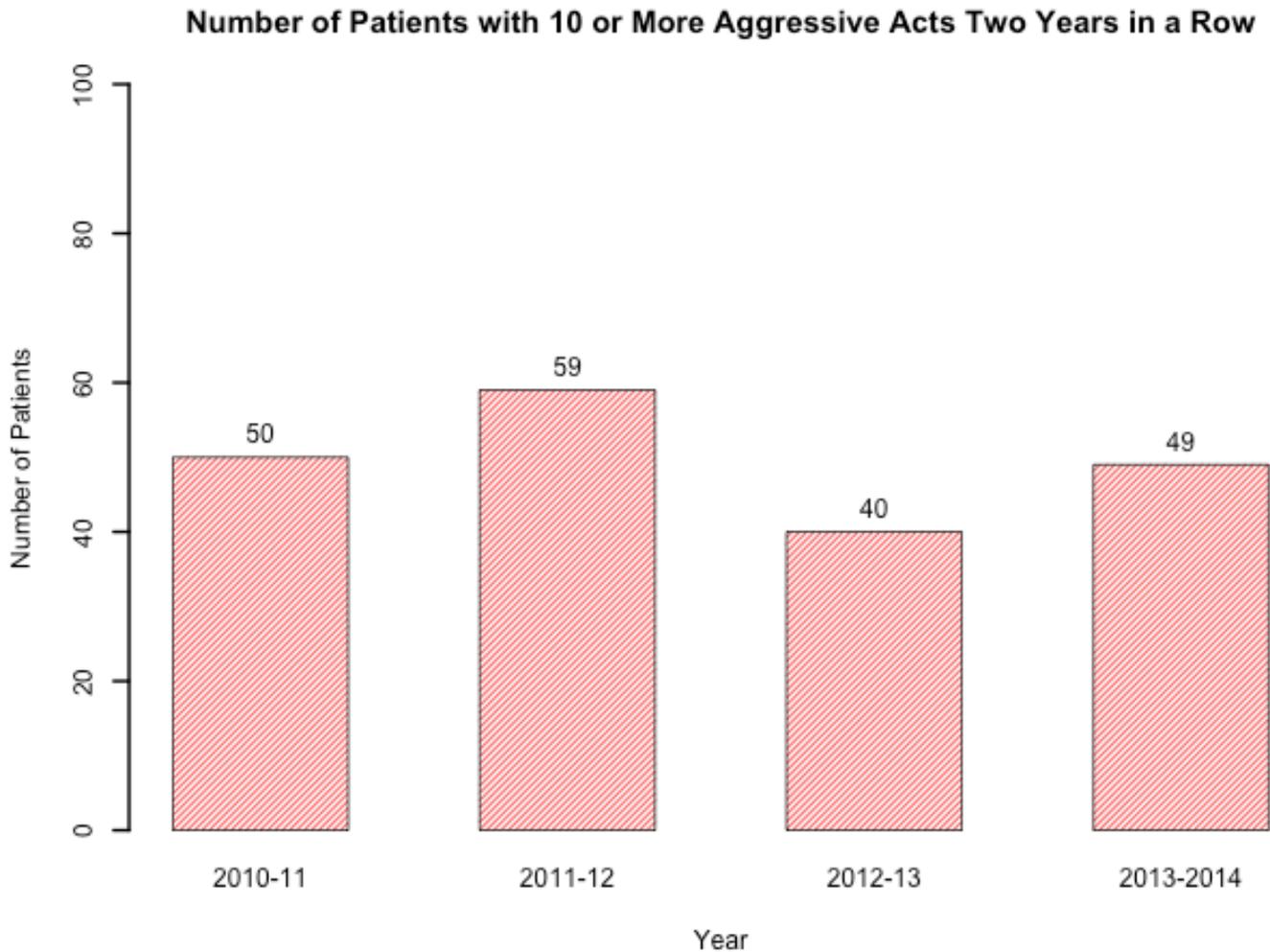


Figure 56 - Patients with 10 or more violent acts, across two consecutive years

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. 62 above shows, there was a consistent number of patients with 10 or more violent incidents across two consecutive years during 2010-2015.

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

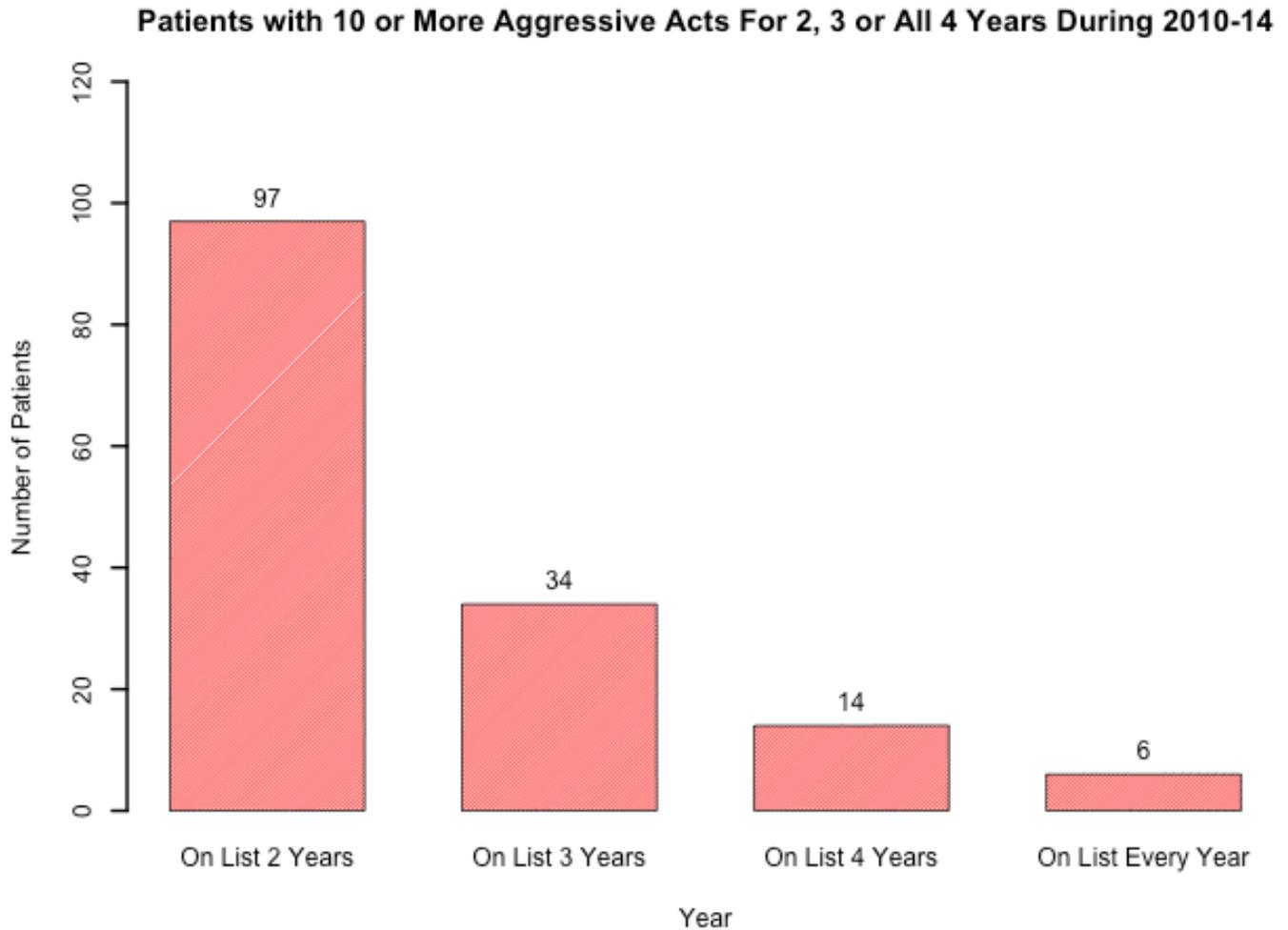


Figure 57 - Patients with 10 or more violent incidents across any two or three years, or for all five years during 2010-14

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 6 patients on the list of patients with 10 or more violent acts, for all five years during 2010-2014, accounted for 1164 incidents, or 194 violent acts for each individual patient, on average

- the 14 patients who were on the list of patients with 10 or more violent incidents, for all four years during 2010-13, accounted for 1288 aggressive/violent incidents, or 92 violent acts per patient, on average.
- The 34 patients on the list for three or more years accounted for 2267 aggressive/violent incidents, or about 67 violent acts per patient, on average.
- the 97 patients on the list for any two (not necessarily consecutive) years accounted for 4553 violent incidents, or about 47 violent acts per individual patient, on average.

By way of comparison, this small group of patients (numbering 151, or about 2.6% of ADC) were involved as aggressors in 9272 violent physical patient or staff assaults (approximately 24.7% of all the violent incidents recorded) during this five year period 2010-2014. It is clear that if this small group of patients (with apparently highly intensive treatment needs) could be segmented from the rest of patient population and provided enhanced treatment, a significant and immediate reduction 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 the routine hospital environments. These patients may highlight the need for an enhanced security program or enhanced treatment units.

To better understand the needs and clinical care issues of this group of patients, DSH has been developing a chronic aggressor survey project, in which these patients (and patients committing serious assaults) will undergo organized, clinical chart reviews with the aim of identifying common diagnostic and treatment themes. DSH then will work with hospital clinicians to further develop and refine treatment recommendations based on the unique clinical needs of these repeatedly violent patients.

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iv. Further comparisons of patients: all patients (non-violent or violent) and patients with 10 or more violent acts in a calendar year, 2010-14

2010: Non-violent patients, aggressive patients with less than 10 acts, and patients with more than 10 aggressive acts

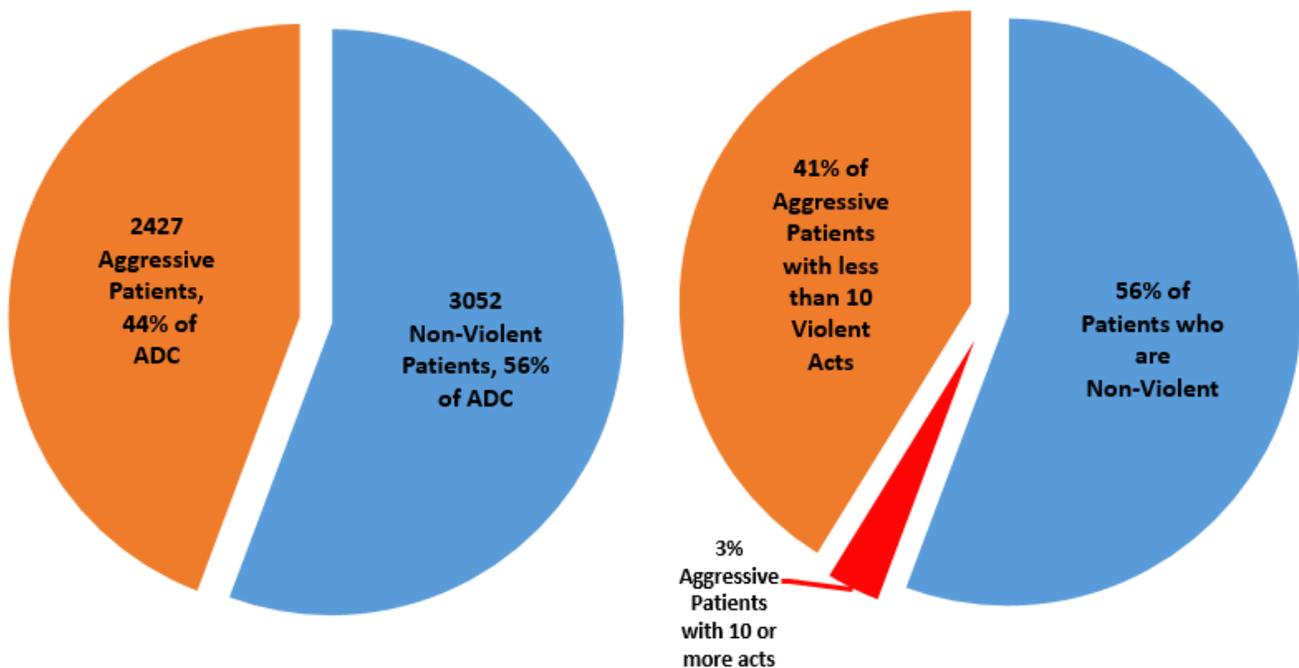


Figure 58 - Analysis of 2010 individual aggressors

“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.

2010: Comparison between aggressive patients with less than 10 acts, and those with 10 or more acts

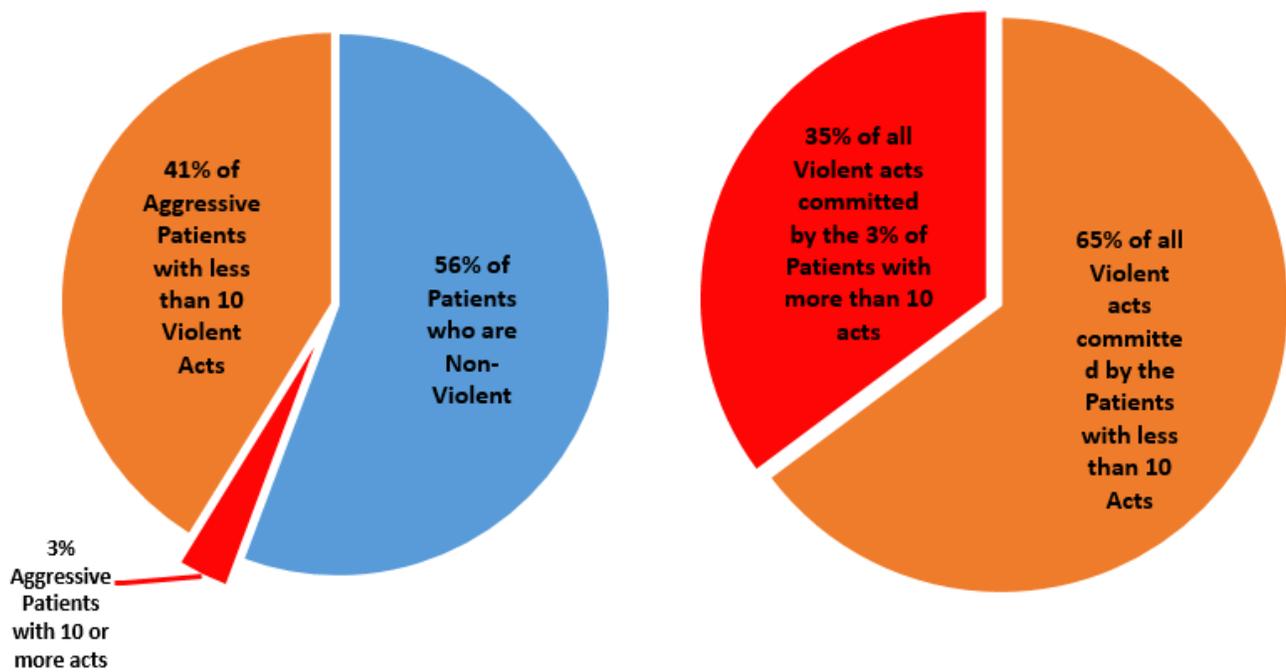


Figure 59 - Analysis of 2010 individual aggressors: breakdown by aggressors with more than 10 incidents in a year

“Takeaway” Summary: 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 35.2% of all the violent acts in that year.

2011: Non-violent patients, aggressive patients with less than 10 acts, and patients with more than 10 aggressive acts

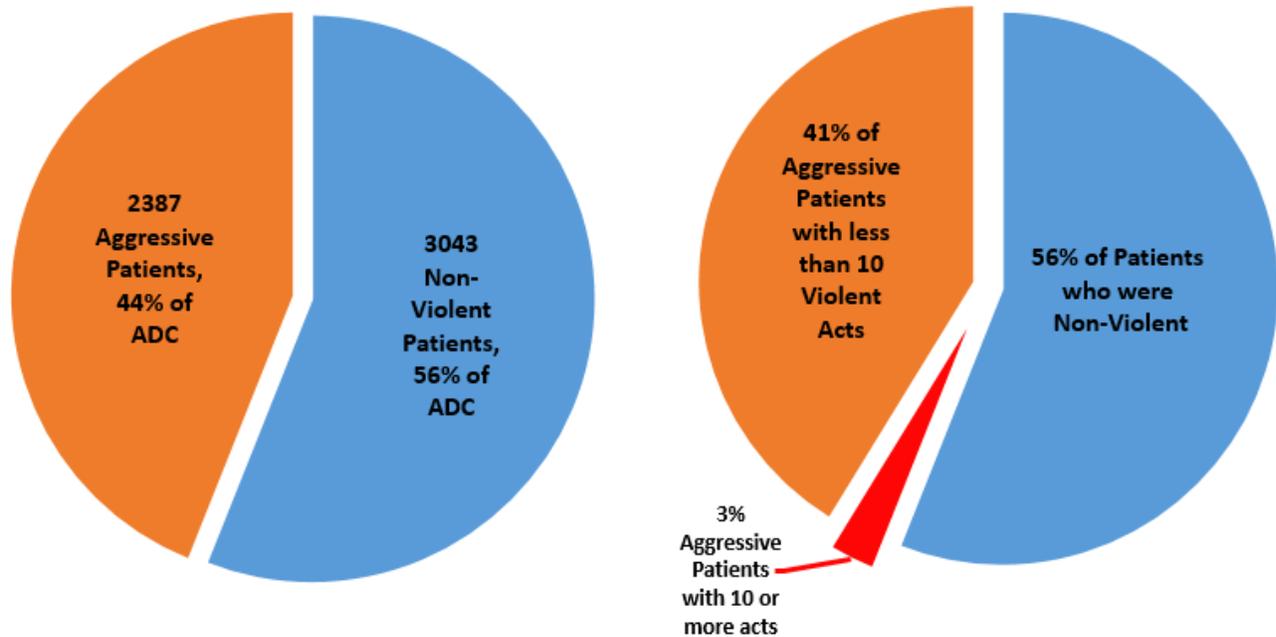


Figure 60 - Analysis of 2011 individual aggressors

“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.

2011: Comparison between aggressive patients with less than 10 acts, and those with 10 or more acts

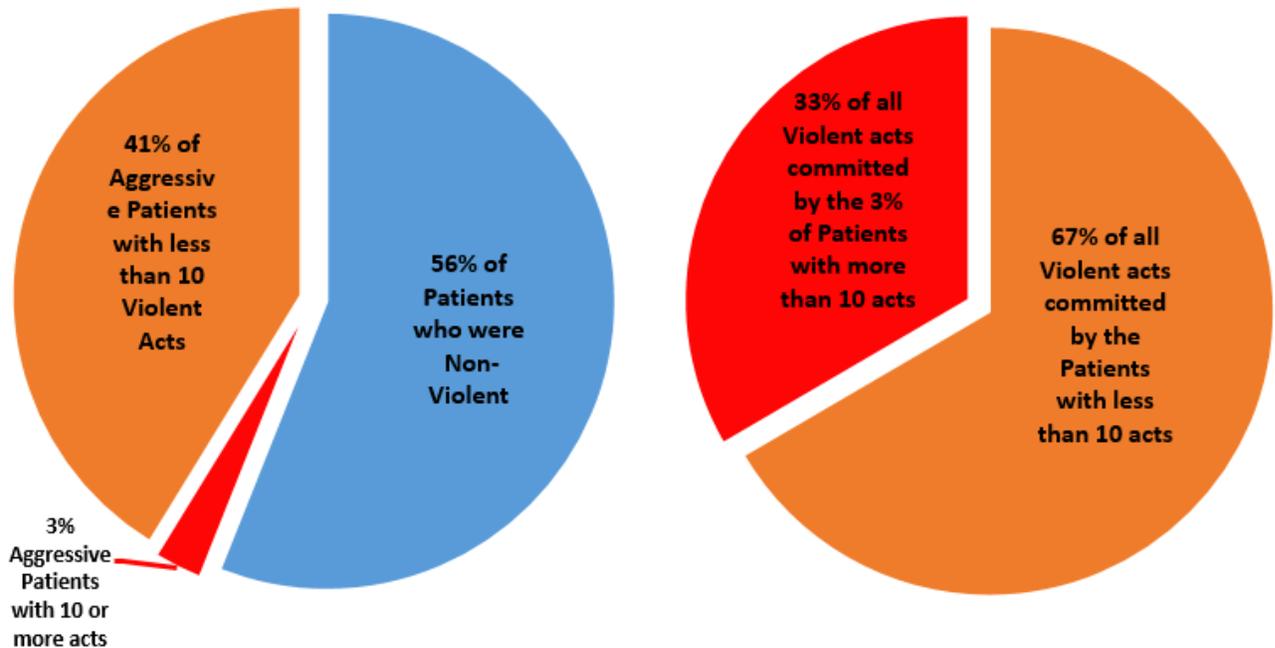


Figure 61 - Analysis of 2011 individual aggressors: breakdown by aggressors with more than 10 incidents in a year

“Takeaway” Summary: 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 33.4% of all the violent acts in that year.

2012: Non-violent patients, aggressive patients with less than 10 acts, and patients with more than 10 aggressive acts

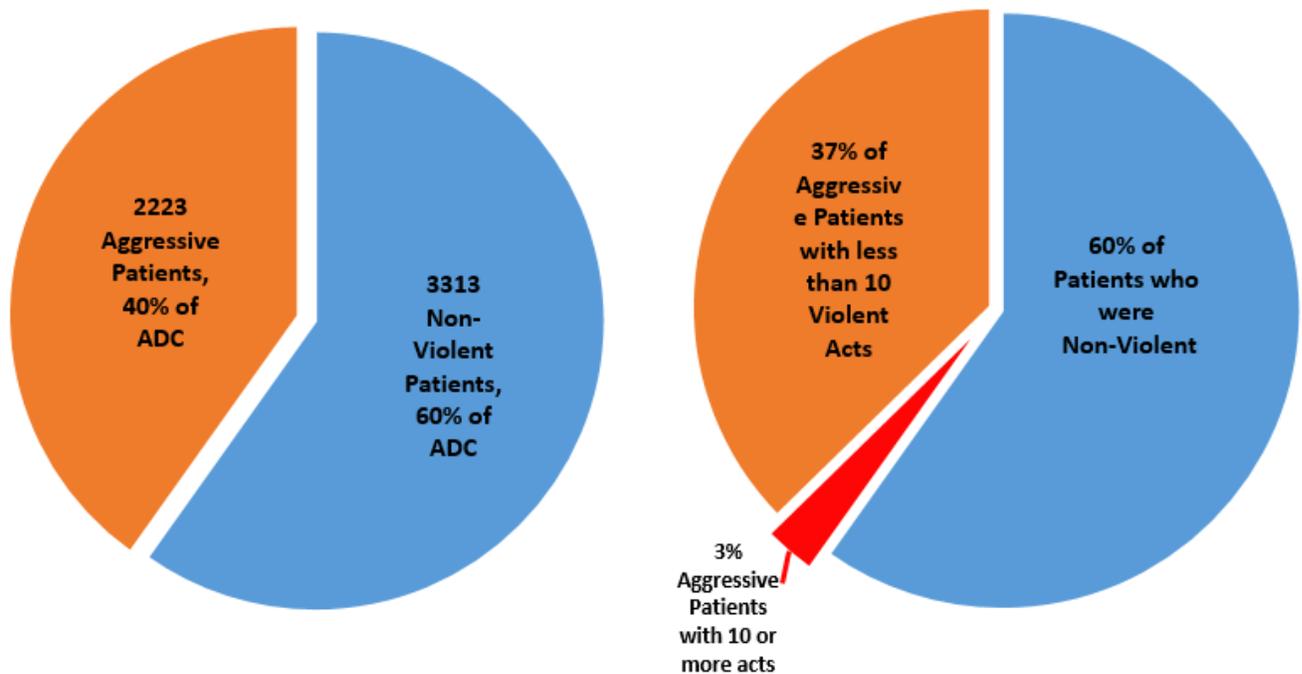


Figure 62 - Analysis of 2012 individual aggressors

“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.

2012: Comparison between aggressive patients with less than 10 acts, and those with 10 or more acts

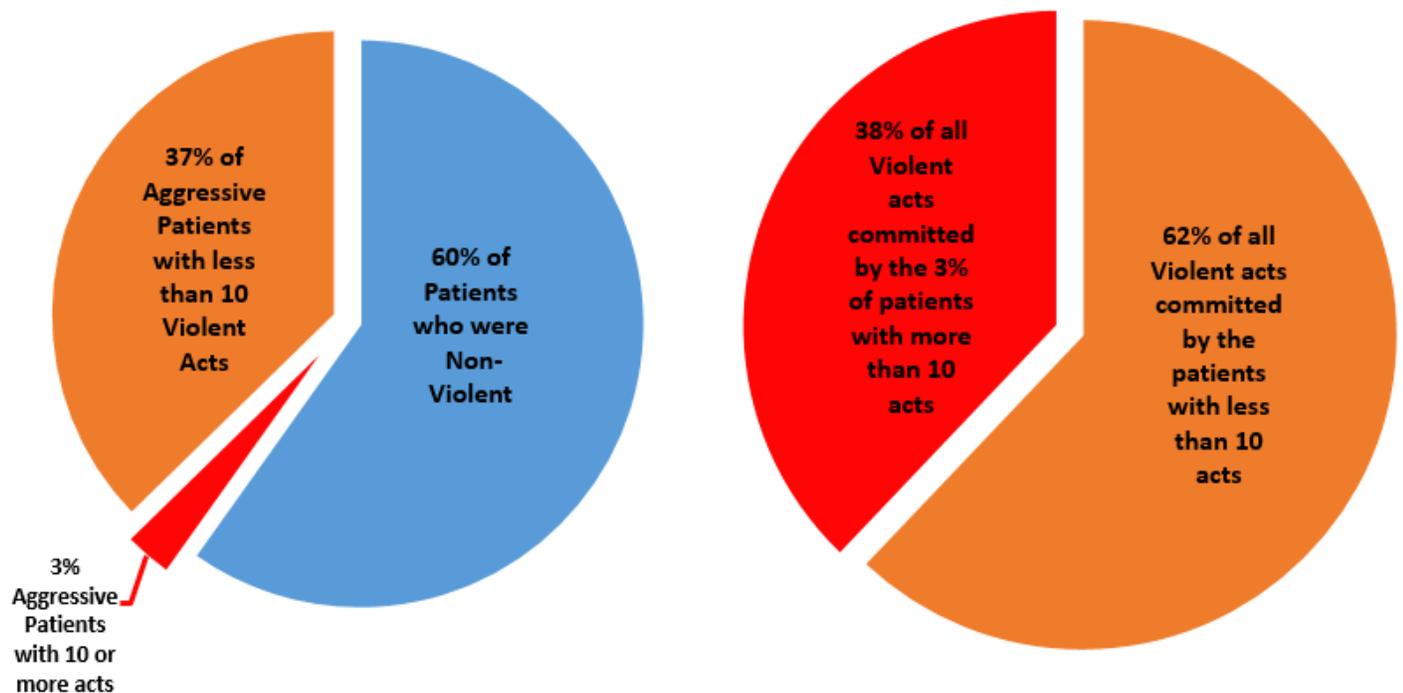


Figure 63 - Analysis of 2012 individual aggressors: breakdown by aggressors with more than 10 incidents in a year

“Takeaway” Summary: 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 37.9% of all the violent acts in that year.

2013: Non-violent patients, aggressive patients with less than 10 acts, and patients with more than 10 aggressive acts

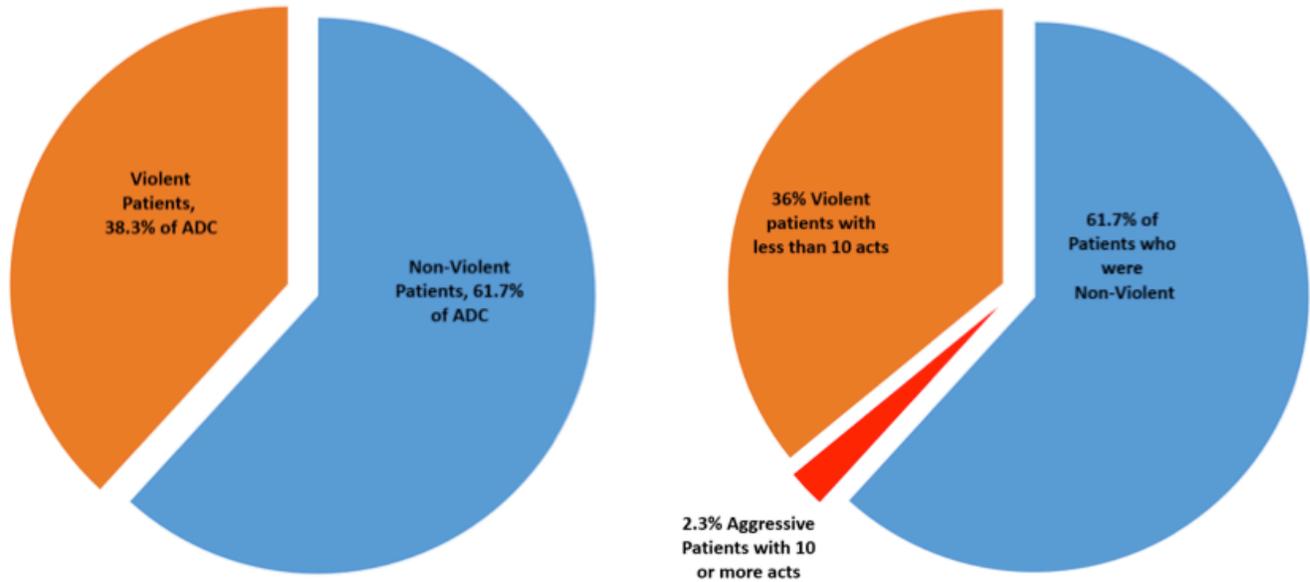


Figure 64 - Analysis of 2013 individual aggressors

“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 2.3% of the average daily census.

2013: Comparison between aggressive patients with less than 10 acts, and those with 10 or more acts

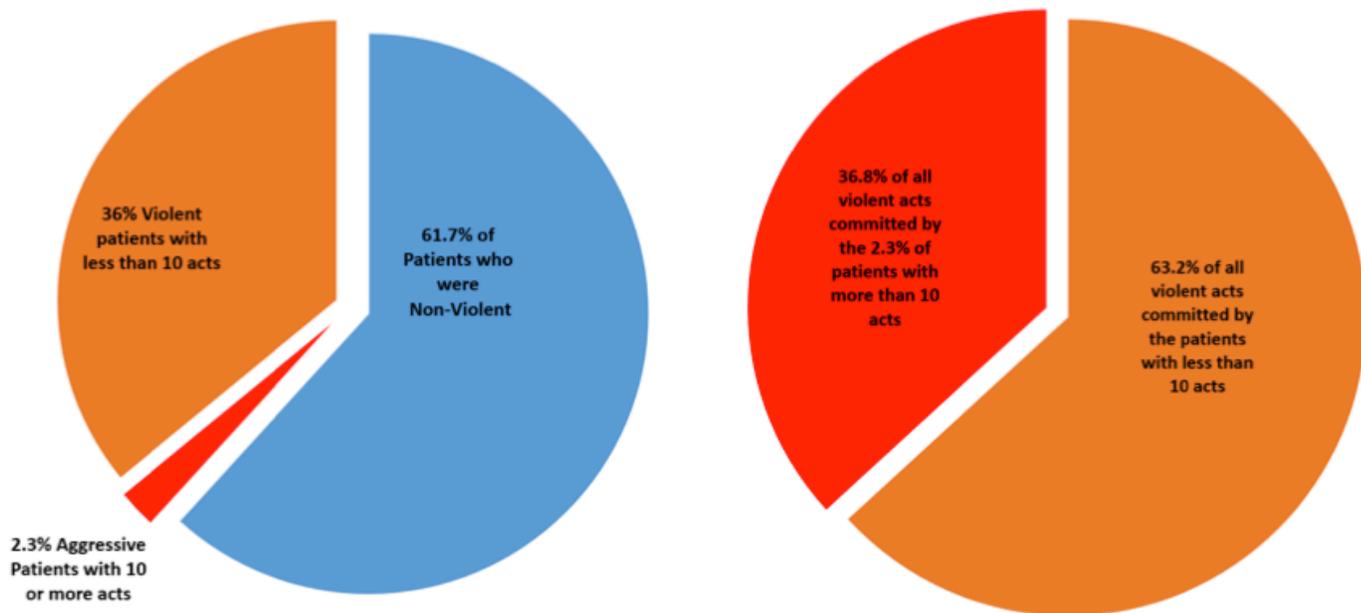


Figure 65 - Analysis of 2013 individual aggressors: breakdown by aggressors with more than 10 incidents in a year

“Takeaway” Summary: 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 2.3% of patients with 10 violent acts or more in a calendar year were responsible for committing 36.8% of all the violent acts in that year.

2014: Non-violent patients, aggressive patients with less than 10 acts, and patients with more than 10 aggressive acts

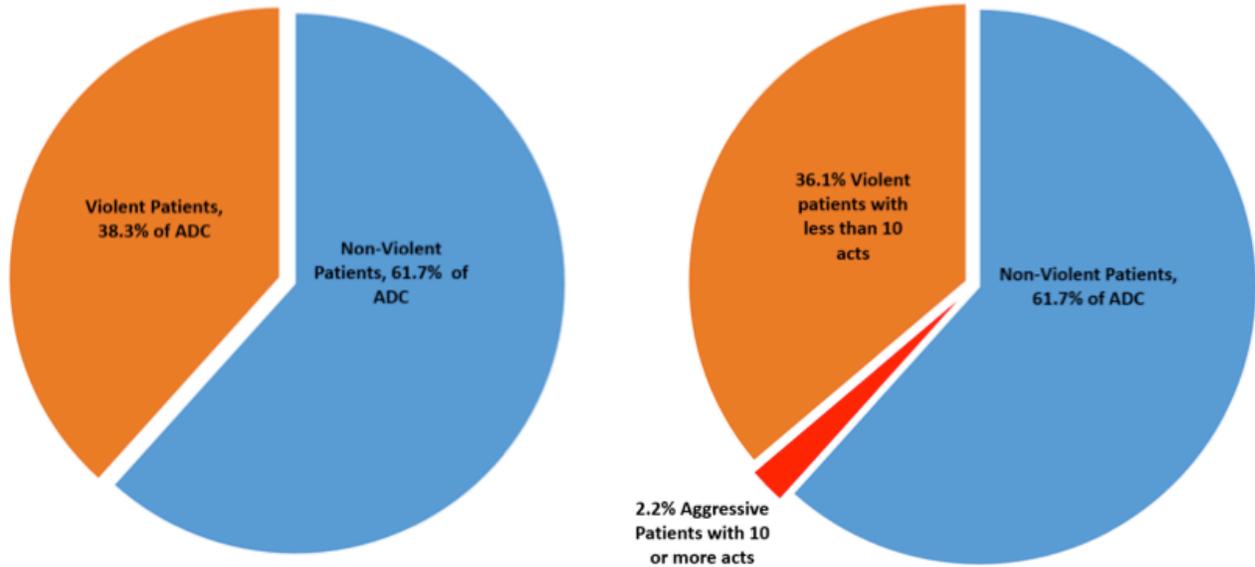


Figure 66 - Analysis of 2014 individual aggressors

“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.

In Fig. 72, we can see that in 2014, the patients with more than 10 aggressive acts that year comprised only 2.2% of the 2014 Hospital Average Daily Census (ADC).

2014: Comparison between aggressive patients with less than 10 acts, and those with 10 or more acts

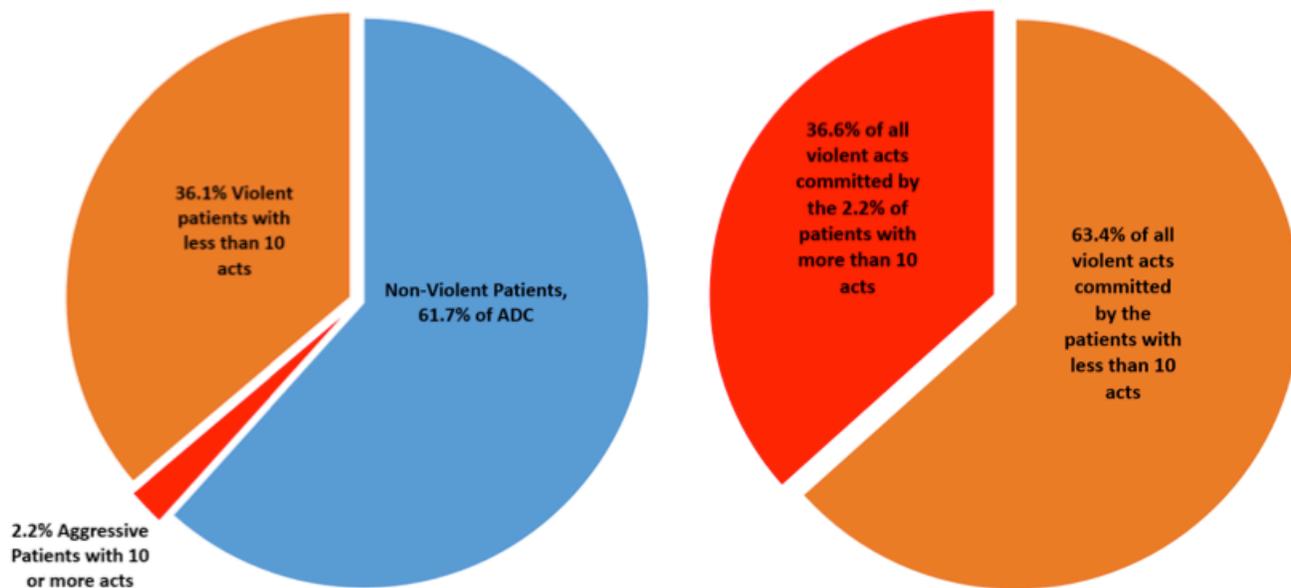


Figure 67 - Analysis of 2014 individual aggressors: breakdown by aggressors with more than 10 incidents in a year

“Takeaway” Summary: 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, Fig. 73 above shows that in 2014, the 2.2% of patients with 10 violent acts or more in a calendar year (during 2014) were responsible for committing 36.6% of all the violent acts in that year.

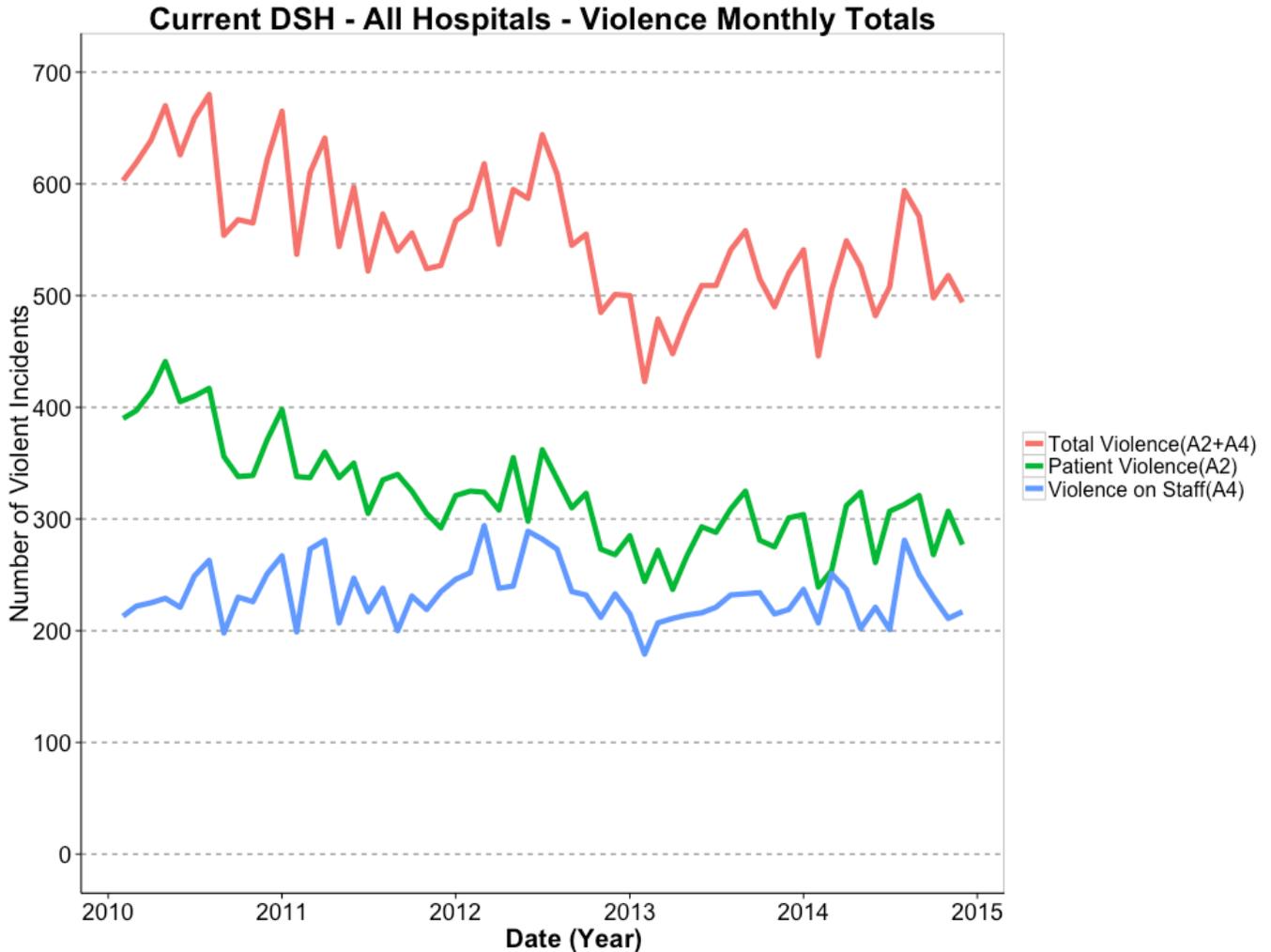
Looking at the data from 2010-2014, there is a clear pattern: a small percentage of patients are responsible for a disproportionate amount of the violence in the DSH hospitals. In contrast with the other patients (most of whom are not violent), these repetitively violent patients do not appear to respond to the treatments that are effective in the other 97% of patients.

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.

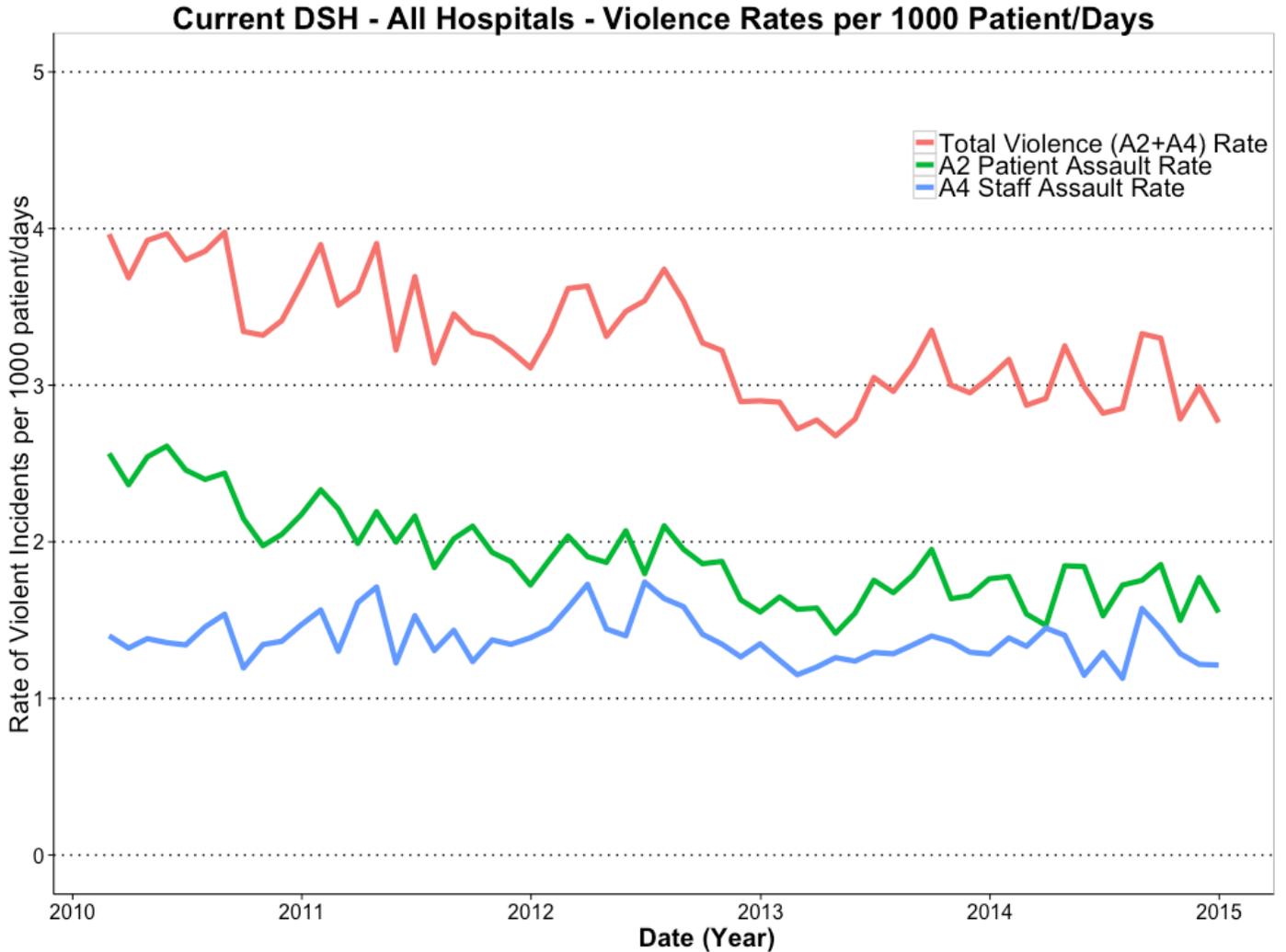
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Appendix A: Analysis of DSH aggression/violence



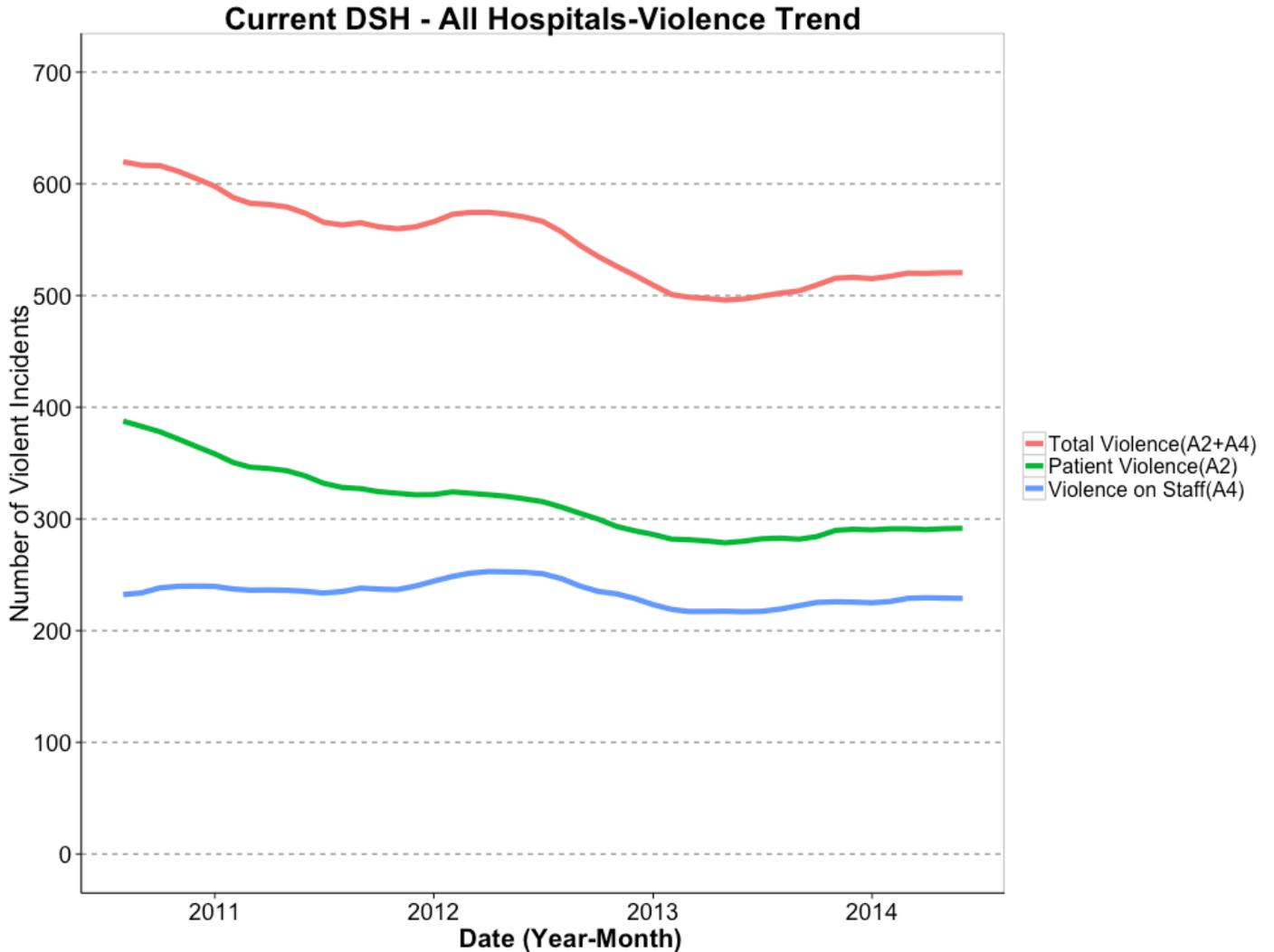
“Takeaway” Summary: This first graph shows that the raw totals of monthly violence in the DSH hospitals have, with some monthly variation, decreased. It is important to note that these raw, monthly totals do not take into account the increase in DSH population in the hospitals (see the table in Appendix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



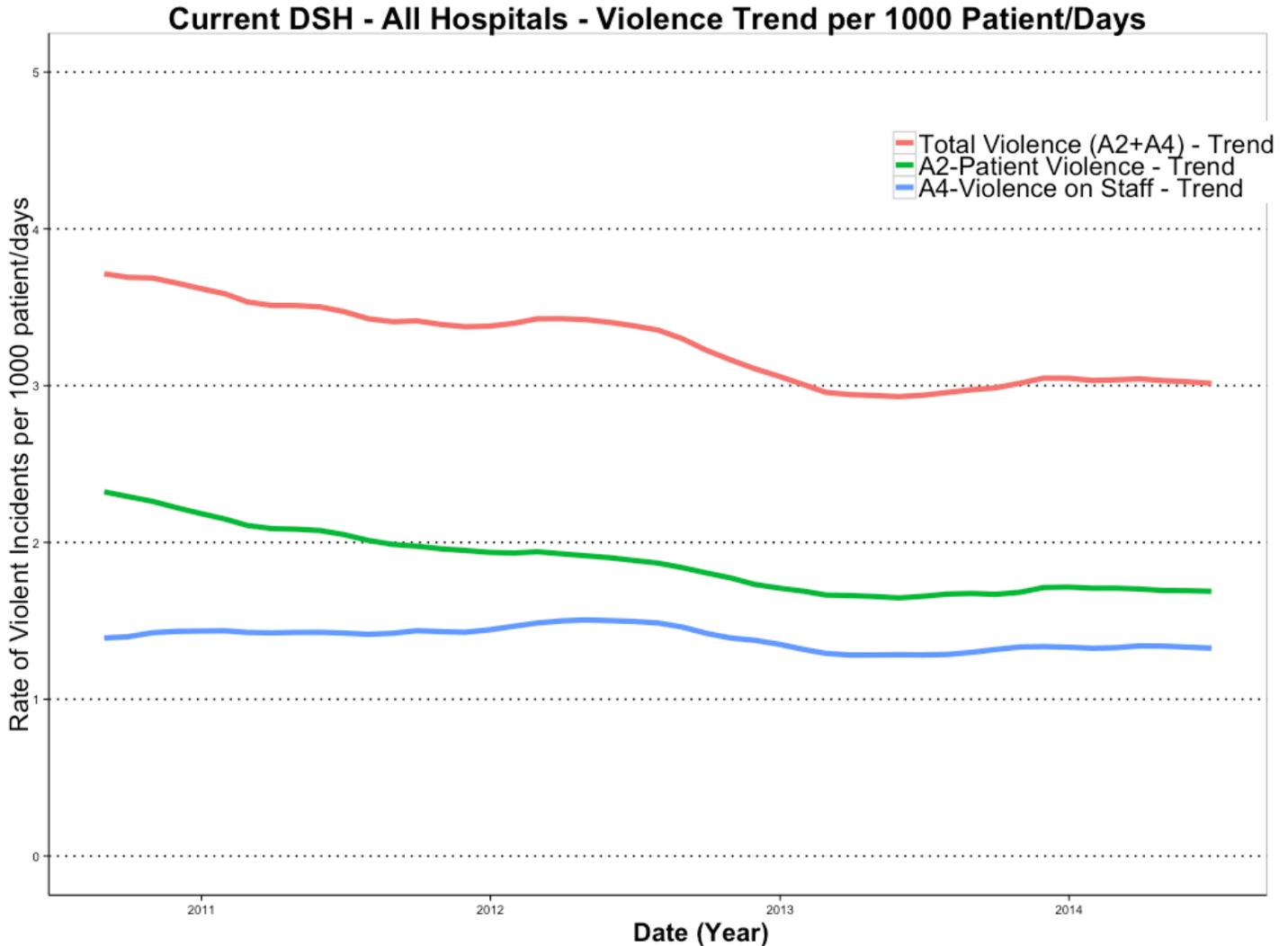
“Takeaway” Summary: This second graph shows the monthly rate of violence, per 1000 patient days. This measure (1000 patient days) does take into account the changes in DSH population. As shown here, with some monthly variability, overall DSH violence rates have declined.

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 50,000 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, staff injuries were 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 be 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.

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1. DSH Census Tables

a. DSH census

=====		
	Date	DSH Hospital-only Average Daily Census (ADC)
1	2010-01-31	5,429.860
2	2010-02-28	5,432.330
3	2010-03-31	5,417.740
4	2010-04-30	5,427.500
5	2010-05-31	5,448.030
6	2010-06-30	5,491.220
7	2010-07-31	5,514.290
8	2010-08-31	5,516.630
9	2010-09-30	5,524.350
10	2010-10-31	5,520.650
11	2010-11-30	5,519.450
12	2010-12-31	5,507.490
13	2011-01-31	5,504.970
14	2011-02-28	5,462.500
15	2011-03-31	5,464.530
16	2011-04-30	5,473.640
17	2011-05-31	5,441.450
18	2011-06-30	5,388.090
19	2011-07-31	5,360.010
20	2011-08-31	5,349.890
21	2011-09-30	5,396.790
22	2011-10-31	5,425.440
23	2011-11-30	5,425.690
24	2011-12-31	5,464.440
25	2012-01-31	5,484
26	2012-02-29	5,501.050
27	2012-03-31	5,487.340
28	2012-04-30	5,495
29	2012-05-31	5,529.410
30	2012-06-30	5,528.680
31	2012-07-31	5,554.530
32	2012-08-31	5,554.070
33	2012-09-30	5,554.910
34	2012-10-31	5,557.570
35	2012-11-30	5,584.030
36	2012-12-31	5,572.400
37	2013-01-31	5,578.590
38	2013-02-28	5,553.110
39	2013-03-31	5,563.670
40	2013-04-30	5,579.340
41	2013-05-31	5,575.440
42	2013-06-30	5,564.880
43	2013-07-31	5,547.100
44	2013-08-31	5,578.290
45	2013-09-30	5,551.790
46	2013-10-31	5,538.450
47	2013-11-30	5,533.860
48	2013-12-31	5,504.280
49	2014-01-31	5,514.620
50	2014-02-28	5,546.050
51	2014-03-31	5,587.010
52	2014-04-30	5,630.100
53	2014-05-31	5,674.910
54	2014-06-30	5,695.990

55	2014-07-31	5,745.470
56	2014-08-31	5,757
57	2014-09-30	5,768.140
58	2014-10-31	5,769.900
59	2014-11-30	5,775.720
60	2014-12-31	5,770.190

Yearly ADC Summary Table

<u>Year(Date)</u>	<u>AvgADC</u>	<u>Change</u>
2010	5479.128	NA
2011	5429.787	-0.90
2012	5533.582	+1.91
2013	5555.733	+0.40
2014	5686.258	+2.35

"Takeaway" Summary: DSH population has been increasing over the last 3 years.

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

	Date	DJJ	IST	LPS	MDO	MDSO	NGI	PC2684	SVP
1	2010-01-31	20.770	1,131.740	512.320	1,270.650	27.680	1,333.060	277.230	856.410
2	2010-02-28	21.680	1,119.610	511.540	1,272.820	26.360	1,335.460	291.180	853.680
3	2010-03-31	22.320	1,103.620	514.610	1,271.900	26	1,338.640	286.160	854.490
4	2010-04-30	24.200	1,114.300	511.040	1,275.690	26	1,333.700	286.230	856.340
5	2010-05-31	22.650	1,140.910	502.320	1,286.030	26	1,334.580	277.740	857.800
6	2010-06-30	18.930	1,195.770	497.400	1,295.150	26	1,337.100	262.570	858.300
7	2010-07-31	22.800	1,193.470	494.430	1,295.100	26	1,346.410	276.780	859.300
8	2010-08-31	19.030	1,197.940	493.320	1,304.460	26	1,346.780	270.100	859
9	2010-09-30	15.670	1,210.860	493.240	1,295.660	26	1,353.760	269.860	859.300
10	2010-10-31	17.060	1,214.180	501.260	1,295.160	26	1,358.020	250.390	858.580
11	2010-11-30	16.830	1,223.570	498.400	1,289.360	27.030	1,362.160	244.370	857.730
12	2010-12-31	17	1,207.190	493.550	1,300.030	28	1,365.970	236.710	859.040
13	2011-01-31	15.390	1,202.030	500.240	1,309.450	28	1,368.900	224.610	856.350
14	2011-02-28	15.710	1,163.970	505.720	1,307.680	28	1,364.070	216.680	860.670
15	2011-03-31	14	1,130.190	513.740	1,317.530	28	1,372.170	226.770	862.130
16	2011-04-30	14.400	1,135.060	514.700	1,317.270	28	1,376.080	223.730	864.400
17	2011-05-31	14.220	1,105	516.180	1,317.400	28	1,374.550	217.100	869
18	2011-06-30	14.870	1,074.530	514.190	1,313.670	28	1,365.560	205.870	871.400
19	2011-07-31	14.870	1,052.030	514.840	1,318.050	28	1,361.450	197.550	873.220
20	2011-08-31	13.940	1,047.030	515.600	1,323.800	28.290	1,356.970	192.330	871.930
21	2011-09-30	11	1,074.190	521.460	1,327.730	28	1,360.240	200.500	873.670
22	2011-10-31	7.610	1,090.840	519.810	1,327.360	28	1,366.890	211.640	873.290
23	2011-11-30	7	1,079.930	521.480	1,306.430	28	1,374.320	236	872.530
24	2011-12-31	7	1,089.030	522.340	1,304.290	28	1,363.230	275.320	875.230
25	2012-01-31	7	1,099.670	521.880	1,309.680	28	1,360.030	279.160	878.580
26	2012-02-29	7.760	1,121.830	526.200	1,305.980	28	1,355.310	271.210	884.760
27	2012-03-31	7.230	1,131.580	533.070	1,296.140	27.900	1,349.450	253.290	888.680
28	2012-04-30	7.340	1,155.460	542.110	1,287.360	27	1,348.070	239.060	888.600
29	2012-05-31	8	1,180.260	548.040	1,273.750	27	1,348.830	254.850	888.680
30	2012-06-30	7.800	1,174.600	554.010	1,261.970	27	1,349.030	265.070	889.200
31	2012-07-31	7	1,170.610	566.770	1,255.150	27	1,355.940	278.130	893.930
32	2012-08-31	7	1,168.480	567.040	1,247.310	26.290	1,361.790	278.550	897.610
33	2012-09-30	6.100	1,163.240	565.740	1,245.060	26	1,363.030	283.770	901.970
34	2012-10-31	5	1,174.190	564.670	1,229.040	26	1,367.060	290.190	901.420
35	2012-11-30	5	1,205.070	561.910	1,232.230	26	1,362.330	288.160	903.330
36	2012-12-31	5.940	1,205.350	563	1,227.270	26	1,364.460	277.380	903
37	2013-01-31	6.490	1,227.200	563.980	1,229.870	26	1,367.140	253.750	904.160
38	2013-02-28	6	1,216.820	559.410	1,231.260	26	1,371.610	235.360	906.650
39	2013-03-31	6.580	1,223.710	556.810	1,228.710	26	1,378.730	234.710	908.420
40	2013-04-30	7	1,226.780	548.670	1,241.530	26	1,380.900	237.560	910.900
41	2013-05-31	7	1,238.380	539.170	1,225.970	26	1,377.990	243	917.930
42	2013-06-30	7.430	1,238.340	537.910	1,214.370	26	1,372.630	243.630	924.570
43	2013-07-31	7.710	1,241.540	543.160	1,193.490	26	1,367.480	238.940	928.780
44	2013-08-31	7	1,247.620	547.460	1,195.160	26	1,367.320	256.670	931.060
45	2013-09-30	6.100	1,229.750	541.430	1,196.680	25.700	1,364.600	253.430	934.100
46	2013-10-31	5	1,203.540	543.940	1,192.220	25	1,374.690	259.770	934.290
47	2013-11-30	5	1,205.570	545.140	1,188.590	25	1,373.360	258.170	933.030
48	2013-12-31	5	1,204.180	534.780	1,182.220	25	1,364.740	253.910	934.450
49	2014-01-31	5	1,196.280	543.240	1,188.200	25	1,363.510	256.900	936.490
50	2014-02-28	5	1,217.650	552.430	1,191.530	25	1,364.360	254.900	935.180
51	2014-03-31	5.680	1,246.460	562.970	1,192.580	25	1,369.480	249.360	935.480
52	2014-04-30	5.730	1,257.680	572.080	1,200.230	25	1,374.310	263.130	931.940
53	2014-05-31	5.130	1,291.490	575.940	1,197.990	25	1,381.720	266.960	930.680
54	2014-06-30	5	1,314.960	581.260	1,200.240	25	1,385	251.700	932.830
55	2014-07-31	5.940	1,351.120	585.330	1,205.470	25	1,392.650	248.160	931.800

56	2014-08-31	6	1,362.510	590.570	1,206.540	25	1,399	240.510	926.870
57	2014-09-30	5.870	1,360.440	591.230	1,222.200	25	1,406.530	230.700	926.100
58	2014-10-31	4.870	1,354.090	588.900	1,229.880	25	1,411.330	229.800	925.030
59	2014-11-30	3.170	1,359.740	589.240	1,235.900	25	1,408.370	229.260	924.240
60	2014-12-31	3.190	1,353.640	583.350	1,245.460	25	1,408.430	227.190	923.930

“Takeaway” Summary: The population increase has not been uniform, but has been most pronounced among the IST’s, LPS patients, 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
1	2010-01-31	644	35,375	15,882	39,390	858	41,325	23,180	26,549
2	2010-02-28	607	31,592	14,323	35,639	738	37,393	21,633	23,903
3	2010-03-31	692	34,426	15,953	39,429	806	41,498	24,320	26,489
4	2010-04-30	726	33,665	15,331	38,271	780	40,011	23,378	25,690
5	2010-05-31	702	35,605	15,572	39,867	806	41,372	23,623	26,592
6	2010-06-30	568	36,083	14,922	38,855	780	40,113	22,736	25,749
7	2010-07-31	707	37,183	15,327	40,148	806	41,739	23,949	26,638
8	2010-08-31	590	37,322	15,293	40,438	806	41,750	23,699	26,629
9	2010-09-30	470	36,506	14,797	38,870	780	40,613	22,740	25,779
10	2010-10-31	529	37,769	15,539	40,150	806	42,099	24,039	26,616
11	2010-11-30	505	36,810	14,952	38,681	811	40,865	24,447	25,732
12	2010-12-31	527	37,526	15,300	40,301	868	42,345	25,636	26,630
13	2011-01-31	477	37,418	15,507	40,593	868	42,436	25,257	26,547
14	2011-02-28	440	32,731	14,160	36,615	784	38,194	23,047	24,099
15	2011-03-31	434	35,200	15,926	40,843	868	42,537	26,393	26,726
16	2011-04-30	432	34,241	15,441	39,518	840	41,282	25,365	25,932
17	2011-05-31	441	34,441	16,002	40,839	868	42,611	26,249	26,939
18	2011-06-30	446	32,461	15,426	39,410	840	40,967	25,121	26,142
19	2011-07-31	461	32,880	15,960	40,860	868	42,205	25,693	27,070
20	2011-08-31	432	32,791	15,984	41,038	877	42,066	25,766	27,030
21	2011-09-30	330	32,625	15,644	39,832	840	40,807	25,116	26,210
22	2011-10-31	236	34,250	16,114	41,148	868	42,374	26,602	27,072
23	2011-11-30	210	32,813	15,645	39,193	840	41,230	26,273	26,176
24	2011-12-31	217	34,285	16,192	40,433	868	42,260	28,740	27,132
25	2012-01-31	217	34,646	16,179	40,600	868	42,161	28,443	27,236
26	2012-02-29	225	32,980	15,260	37,874	812	39,304	26,317	25,658
27	2012-03-31	224	35,506	16,525	40,181	865	41,833	28,077	27,549
28	2012-04-30	220	35,126	16,263	38,621	810	40,442	27,219	26,658
29	2012-05-31	248	37,064	16,989	39,486	837	41,814	28,257	27,549
30	2012-06-30	234	35,928	16,621	37,859	810	40,471	27,494	26,676
31	2012-07-31	217	36,936	17,570	38,909	837	42,034	29,286	27,712
32	2012-08-31	217	36,831	17,579	38,667	815	42,216	30,186	27,826
33	2012-09-30	183	35,473	16,972	37,352	780	40,891	29,185	27,059
34	2012-10-31	155	36,990	17,505	38,100	806	42,379	30,540	27,944
35	2012-11-30	150	36,670	16,857	36,967	780	40,870	29,649	27,100
36	2012-12-31	184	37,905	17,453	38,045	806	42,298	30,523	27,993
37	2013-01-31	201	38,665	17,483	38,126	806	42,381	29,969	28,029
38	2013-02-28	168	34,647	15,664	34,475	728	38,405	26,850	25,386
39	2013-03-31	204	38,585	17,261	38,090	806	42,741	29,807	28,161
40	2013-04-30	210	37,354	16,460	37,246	780	41,427	29,364	27,327
41	2013-05-31	217	38,878	16,714	38,005	806	42,717	30,733	28,456
42	2013-06-30	223	37,682	16,137	36,431	780	41,179	30,133	27,737
43	2013-07-31	239	39,033	16,838	36,998	806	42,392	31,076	28,792
44	2013-08-31	217	39,090	16,971	37,050	806	42,387	33,721	28,863
45	2013-09-30	183	37,247	16,243	35,900	771	40,938	33,755	28,023
46	2013-10-31	155	37,697	16,862	36,959	775	42,615	35,237	28,963
47	2013-11-30	150	36,541	16,354	35,658	750	41,201	34,613	27,991
48	2013-12-31	155	37,760	16,578	36,649	775	42,307	35,557	28,968
49	2014-01-31	155	37,475	16,840	36,834	775	42,269	36,135	29,031
50	2014-02-28	140	34,445	15,468	33,363	700	38,202	32,724	26,185
51	2014-03-31	176	39,013	17,452	36,970	775	42,454	36,335	29,000
52	2014-04-30	172	38,060	17,162	36,007	750	41,229	35,072	27,958
53	2014-05-31	159	40,371	17,854	37,138	775	42,833	35,820	28,851
54	2014-06-30	150	39,771	17,438	36,007	750	41,550	34,826	27,985
55	2014-07-31	184	42,223	18,145	37,369	775	43,174	36,144	28,886
56	2014-08-31	186	42,603	18,308	37,403	775	43,400	36,969	28,733
57	2014-09-30	176	41,157	17,737	36,666	750	42,226	36,439	27,783

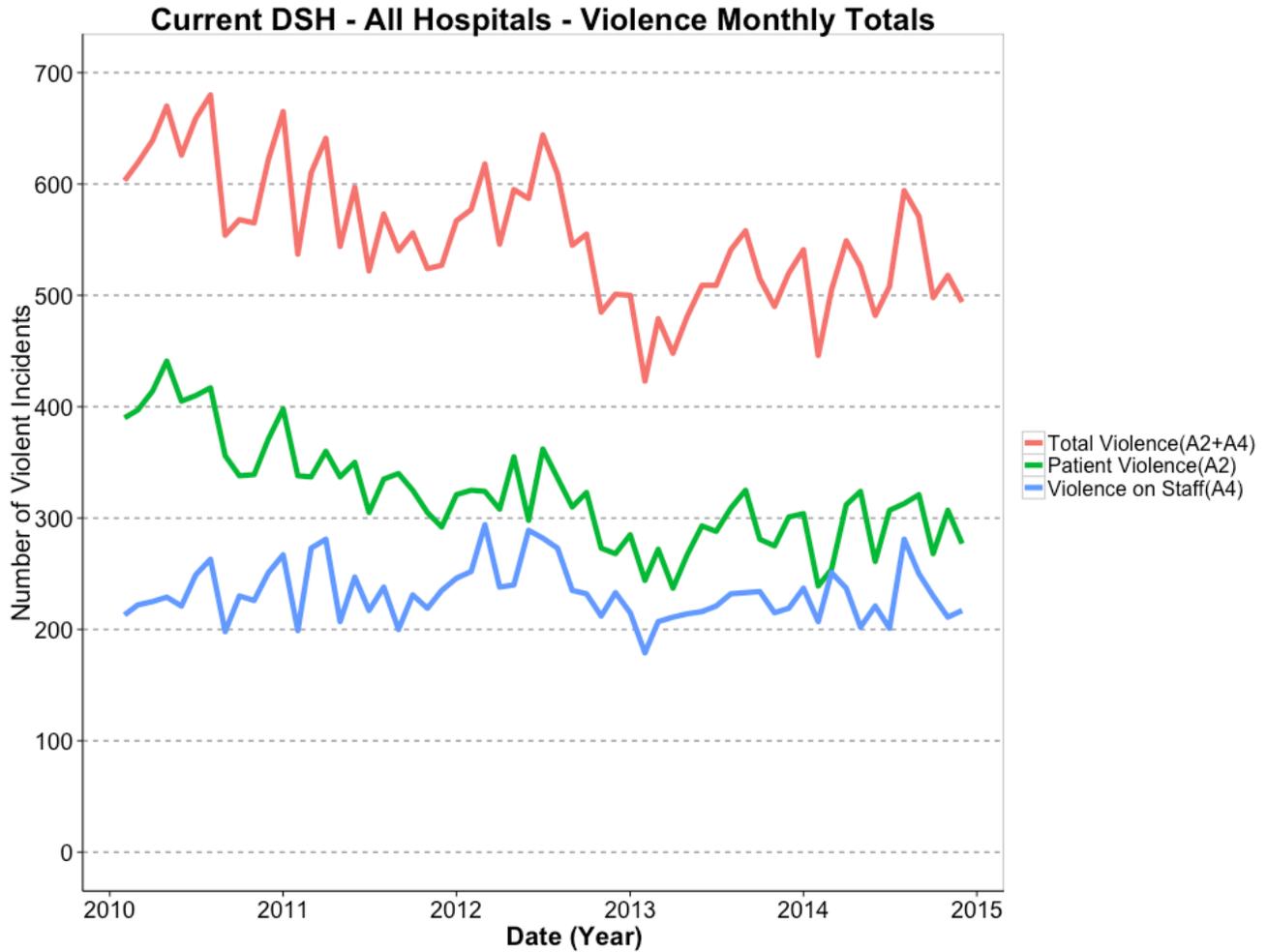
58	2014-10-31	151	42,365	18,256	38,127	775	43,782	37,769	28,676
59	2014-11-30	95	41,145	17,677	37,077	750	42,281	36,616	27,727
60	2014-12-31	99	42,325	18,084	38,609	775	43,692	37,884	28,642

“Takeaway” Summary: The population increase has not been uniform, but has been most pronounced among the IST’s, LPS patients, and the PC2684’s.

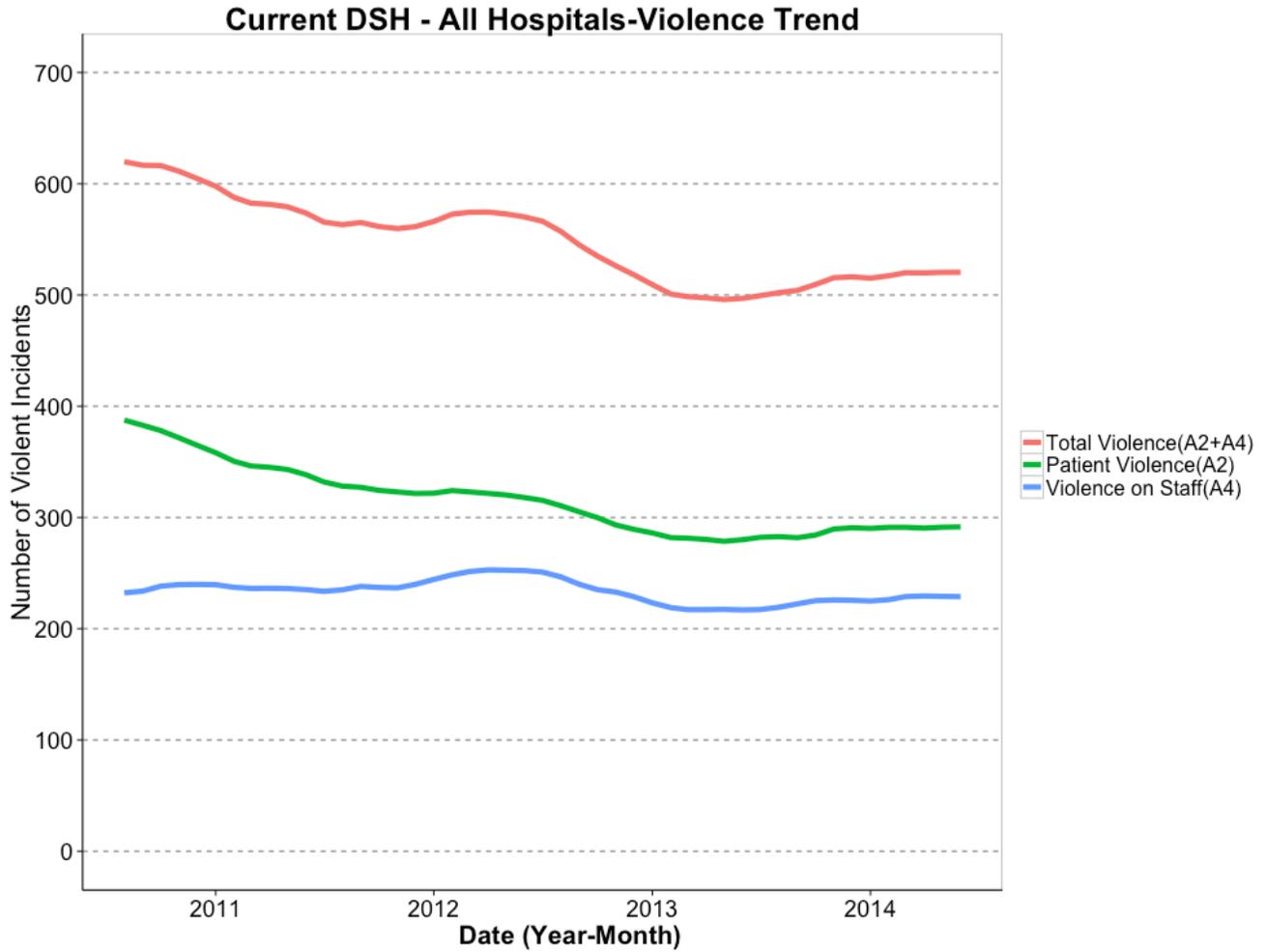
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2. DSH Violence Graphs and Tables:

i. Graph of Monthly Totals of Violent Incidents 2010-2014



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)
2	February	2010	390	213	603
3	March	2010	397	222	619
4	April	2010	414	225	639
5	May	2010	441	229	670
6	June	2010	405	221	626
7	July	2010	410	249	659
8	August	2010	417	263	680
9	September	2010	356	198	554
10	October	2010	338	230	568
11	November	2010	339	226	565
12	December	2010	371	251	622
13	January	2011	398	267	665
14	February	2011	338	199	537
15	March	2011	337	273	610
16	April	2011	360	281	641
17	May	2011	337	207	544
18	June	2011	350	247	597
19	July	2011	305	217	522
20	August	2011	335	238	573
21	September	2011	340	200	540
22	October	2011	325	231	556
23	November	2011	305	219	524
24	December	2011	292	235	527
25	January	2012	321	246	567
26	February	2012	325	252	577
27	March	2012	324	294	618
28	April	2012	308	238	546
29	May	2012	355	240	595
30	June	2012	298	289	587
31	July	2012	362	282	644
32	August	2012	336	273	609
33	September	2012	310	235	545
34	October	2012	323	232	555
35	November	2012	273	212	485
36	December	2012	268	233	501
37	January	2013	285	215	500
38	February	2013	244	179	423
39	March	2013	272	207	479
40	April	2013	237	211	448
41	May	2013	267	214	481
42	June	2013	293	216	509
43	July	2013	288	221	509
44	August	2013	309	232	541
45	September	2013	325	233	558
46	October	2013	281	234	515
47	November	2013	275	215	490
48	December	2013	301	219	520
49	January	2014	304	237	541
50	February	2014	239	207	446
51	March	2014	254	251	505
52	April	2014	312	237	549
53	May	2014	324	202	526
54	June	2014	261	221	482
55	July	2014	307	201	508
56	August	2014	313	281	594
57	September	2014	321	250	571

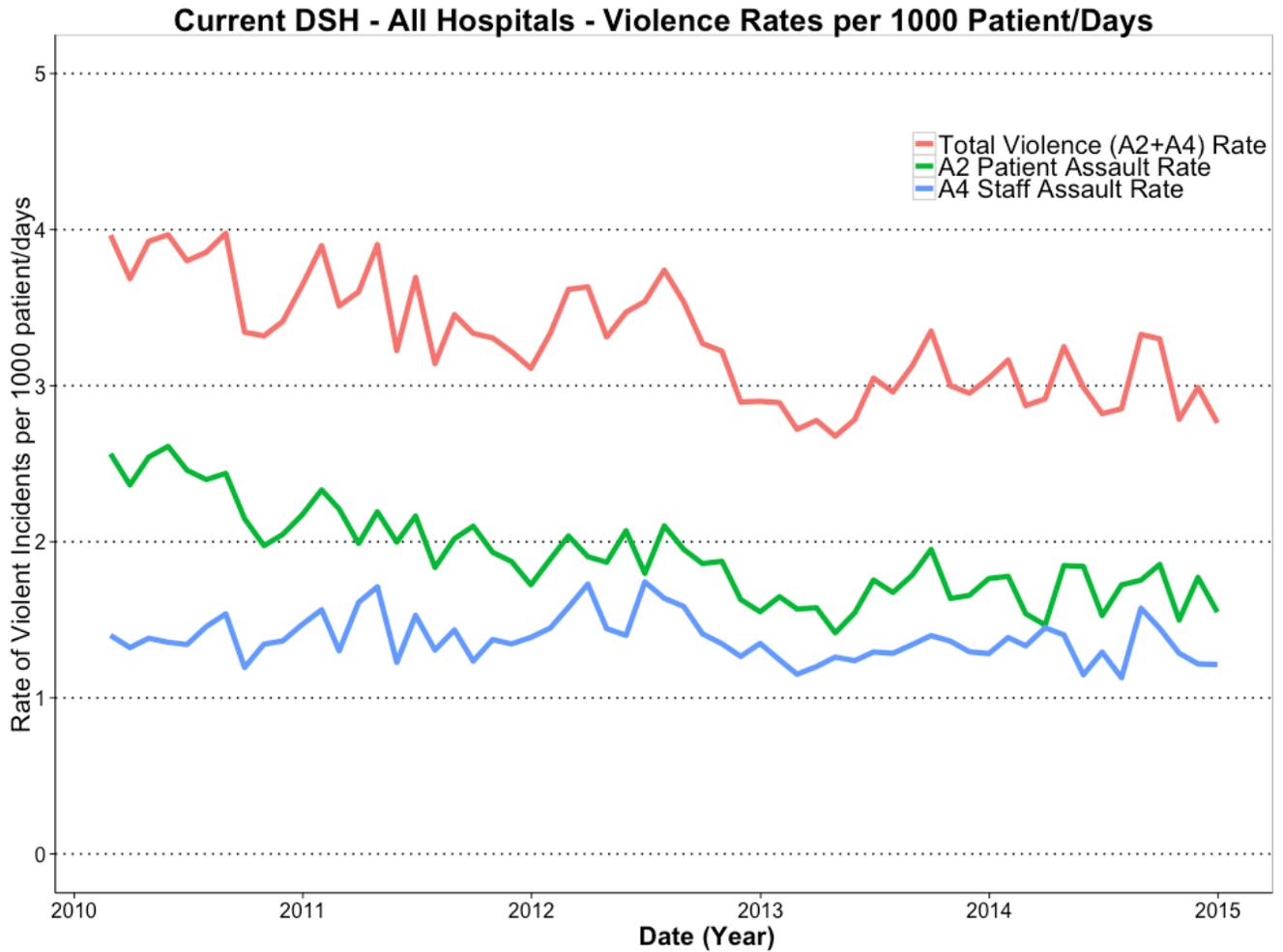
58	October	2014	268	230	498
59	November	2014	307	211	518
60	December	2014	277	217	494

“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.

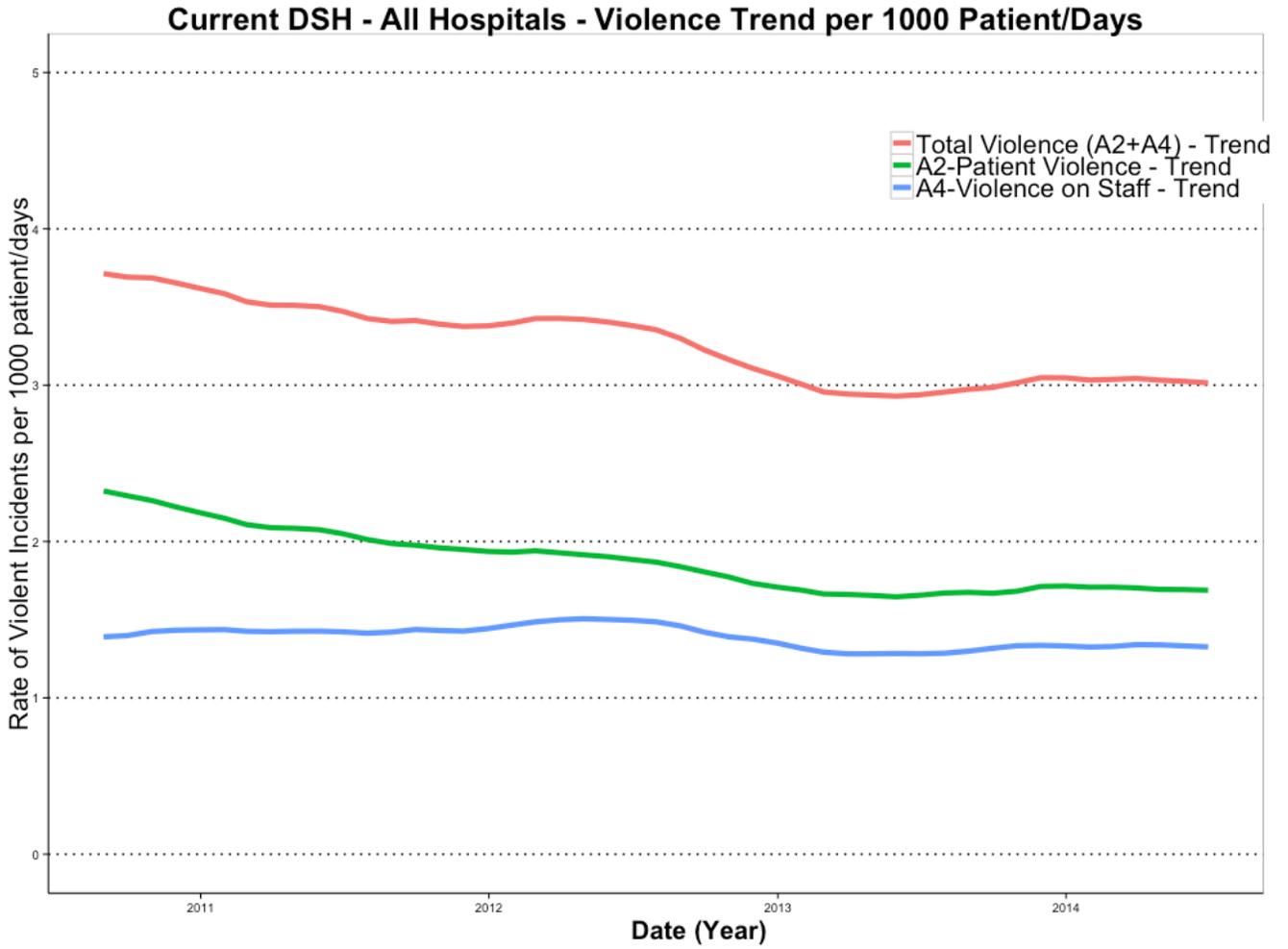
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e. DSH Violence: Overall Rates per 1000 patient days

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 2010-2014

	Date	Year	A2 Patient Assault Rate	A4 Staff Assault Rate	Total Violence (A2+A4) Rate
2	2010-02-28	2010	2.564	1.400	3.964
3	2010-03-31	2010	2.364	1.322	3.686
4	2010-04-30	2010	2.543	1.382	3.924
5	2010-05-31	2010	2.611	1.356	3.967
6	2010-06-30	2010	2.458	1.342	3.800
7	2010-07-31	2010	2.398	1.457	3.855
8	2010-08-31	2010	2.438	1.538	3.976
9	2010-09-30	2010	2.148	1.195	3.343
10	2010-10-31	2010	1.975	1.344	3.319
11	2010-11-30	2010	2.047	1.365	3.412
12	2010-12-31	2010	2.173	1.470	3.643
13	2011-01-31	2011	2.332	1.565	3.897
14	2011-02-28	2011	2.210	1.301	3.511
15	2011-03-31	2011	1.989	1.612	3.601
16	2011-04-30	2011	2.192	1.711	3.904
17	2011-05-31	2011	1.998	1.227	3.225
18	2011-06-30	2011	2.165	1.528	3.693
19	2011-07-31	2011	1.836	1.306	3.142
20	2011-08-31	2011	2.020	1.435	3.455
21	2011-09-30	2011	2.100	1.235	3.335
22	2011-10-31	2011	1.932	1.373	3.306
23	2011-11-30	2011	1.874	1.345	3.219
24	2011-12-31	2011	1.724	1.387	3.111
25	2012-01-31	2012	1.888	1.447	3.335
26	2012-02-29	2012	2.037	1.580	3.617
27	2012-03-31	2012	1.905	1.728	3.633
28	2012-04-30	2012	1.868	1.444	3.312
29	2012-05-31	2012	2.071	1.400	3.471
30	2012-06-30	2012	1.797	1.742	3.539
31	2012-07-31	2012	2.102	1.638	3.740
32	2012-08-31	2012	1.951	1.586	3.537
33	2012-09-30	2012	1.860	1.410	3.270
34	2012-10-31	2012	1.875	1.347	3.221
35	2012-11-30	2012	1.630	1.266	2.895
36	2012-12-31	2012	1.551	1.349	2.900
37	2013-01-31	2013	1.648	1.243	2.891
38	2013-02-28	2013	1.569	1.151	2.720
39	2013-03-31	2013	1.577	1.200	2.777
40	2013-04-30	2013	1.416	1.261	2.677
41	2013-05-31	2013	1.545	1.238	2.783
42	2013-06-30	2013	1.755	1.294	3.049
43	2013-07-31	2013	1.675	1.285	2.960
44	2013-08-31	2013	1.787	1.342	3.128
45	2013-09-30	2013	1.951	1.399	3.350
46	2013-10-31	2013	1.637	1.363	3.000
47	2013-11-30	2013	1.656	1.295	2.952
48	2013-12-31	2013	1.764	1.283	3.047
49	2014-01-31	2014	1.778	1.386	3.165
50	2014-02-28	2014	1.539	1.333	2.872
51	2014-03-31	2014	1.467	1.449	2.916
52	2014-04-30	2014	1.847	1.403	3.250
53	2014-05-31	2014	1.842	1.148	2.990
54	2014-06-30	2014	1.527	1.293	2.821
55	2014-07-31	2014	1.724	1.129	2.852

56	2014-08-31	2014	1.754	1.575	3.328
57	2014-09-30	2014	1.855	1.445	3.300
58	2014-10-31	2014	1.498	1.286	2.784
59	2014-11-30	2014	1.772	1.218	2.990
60	2014-12-31	2014	1.549	1.213	2.762

Yearly Summary Rate Tables

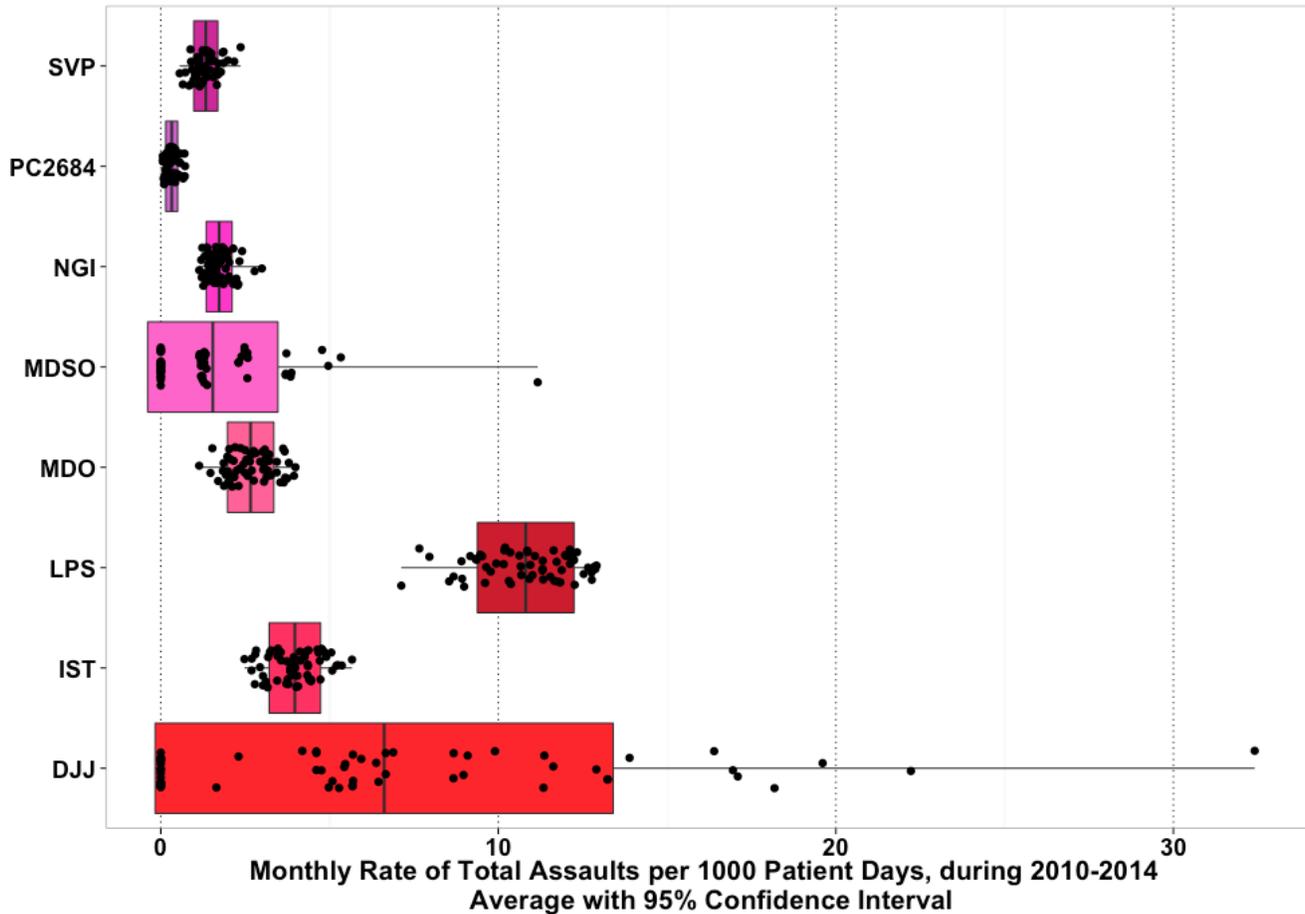
Year	MeanA2	MeanA4
2010	2.338	1.379
2011	2.031	1.419
2012	1.878	1.495
2013	1.665	1.280
2014	1.679	1.323

“Takeaway” Summary: Violence rates, which take into account the increase in DSH census, have shown an overall decrease. With a daily population of over 5,700, a decrease in 1.000 assaults/per 1000 patient days would translate into about 177 fewer assaults over a typical month (31 days); a decrease in the rate by 0.100 assaults/per 1000 patient days would translate into about 17 fewer assaults (17.7) over a typical month.

f. DSH Violence Rates by Legal Commitment

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

DSH Total Violence (A2+A4) Rates by Legal Description

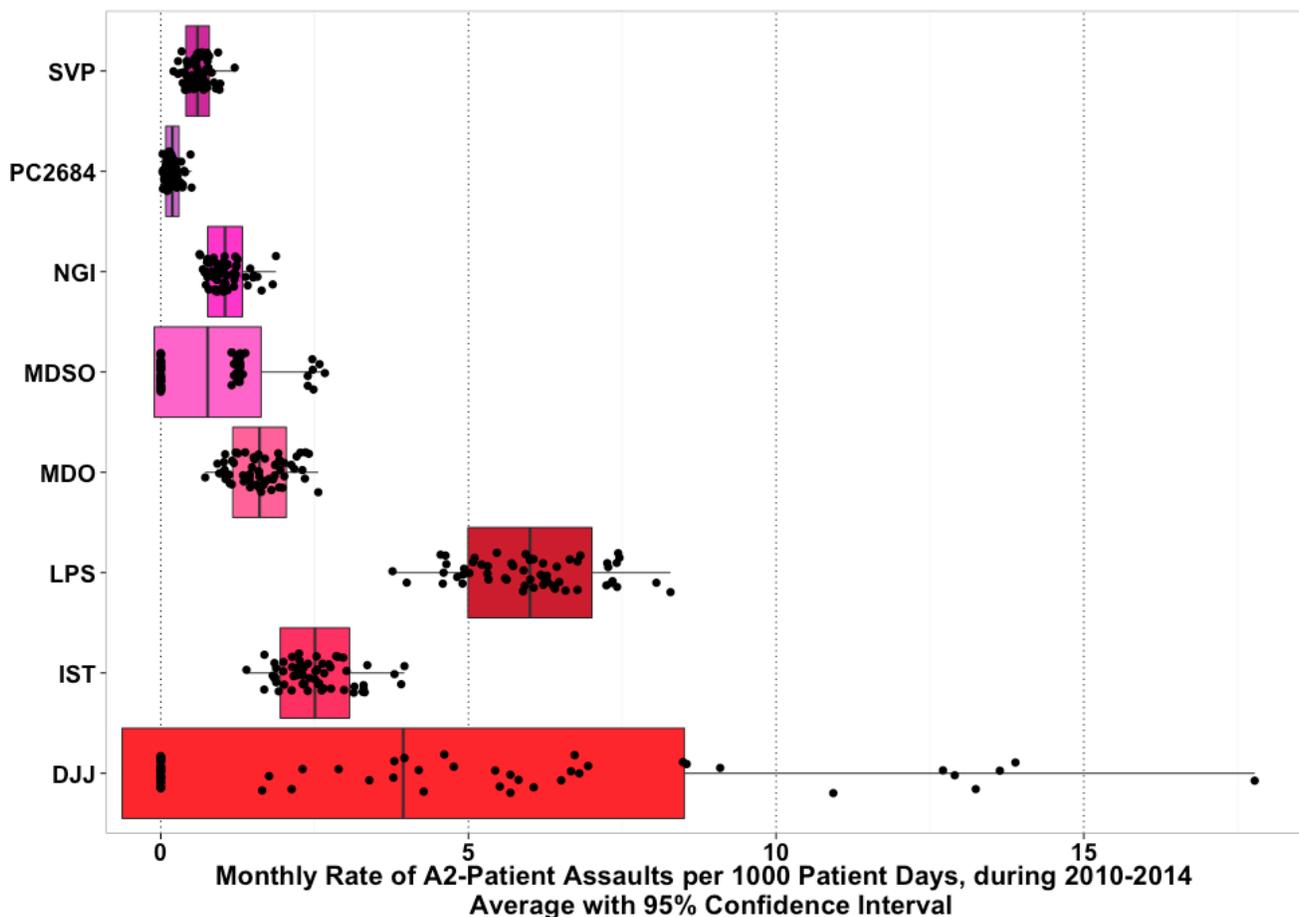


How to read this chart:

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

- The black vertical bar inside each box represents the average rate of violence during 2010-2014.
- The left and right vertical line of each box represents the 25th and 75th percentiles, respectively.
- 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;
- Each dot represents a monthly rate from the tables on total violence by legal class.

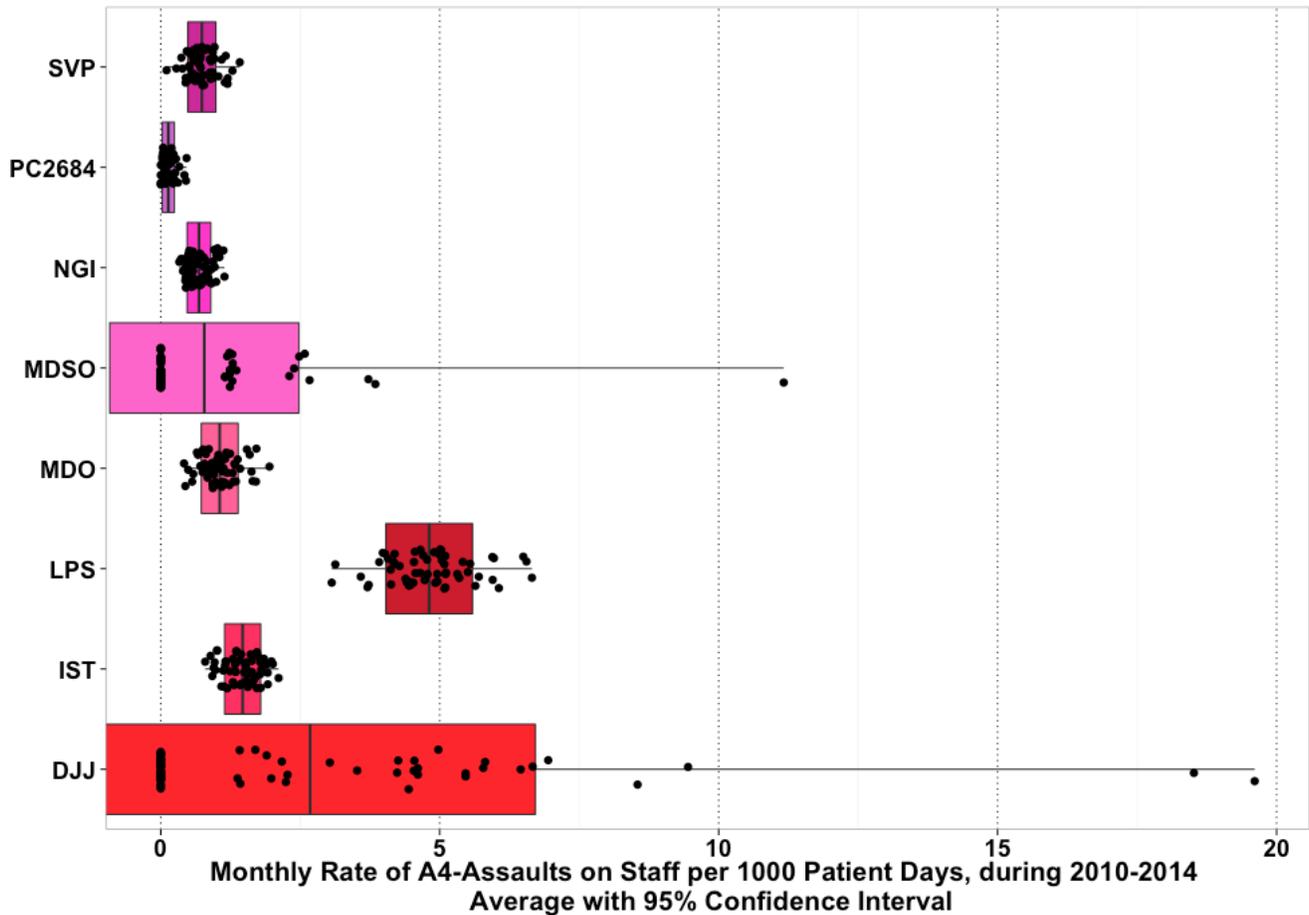
ii. Comparison Graph – Patient Violence (A2), All Legal Commitments

DSH A2 (Patient Assaults) Violence Rates by Legal DescriptionHow to read this chart:

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

- The black vertical bar inside each box represents the average rate of violence during 2010-2014.
- The left and right vertical line of each box represents the 25th and 75th percentiles, respectively.
- 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;
- 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

DSH A4 (Assaults on Staff) Violence Rates by Legal DescriptionHow to read this chart:

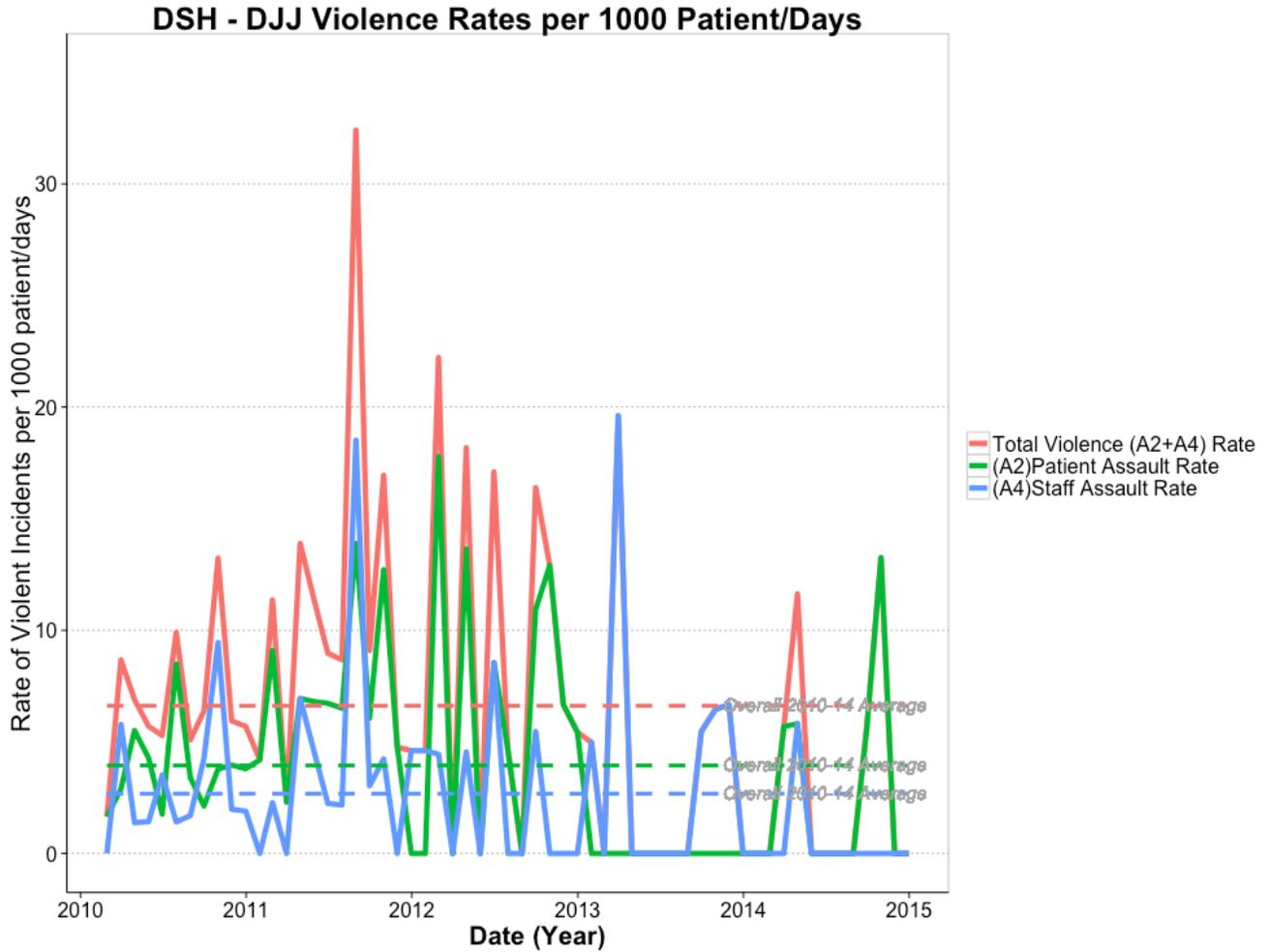
Beside each legal class, there is a colored box plotted, with various points and lines.

- The black vertical bar inside each box represents the average rate of violence during 2010-2014.
- The left and right vertical line of each box represents the 25th and 75th percentiles, respectively.
- 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;
- Each dot represents a monthly rate from the tables on total violence by legal class.

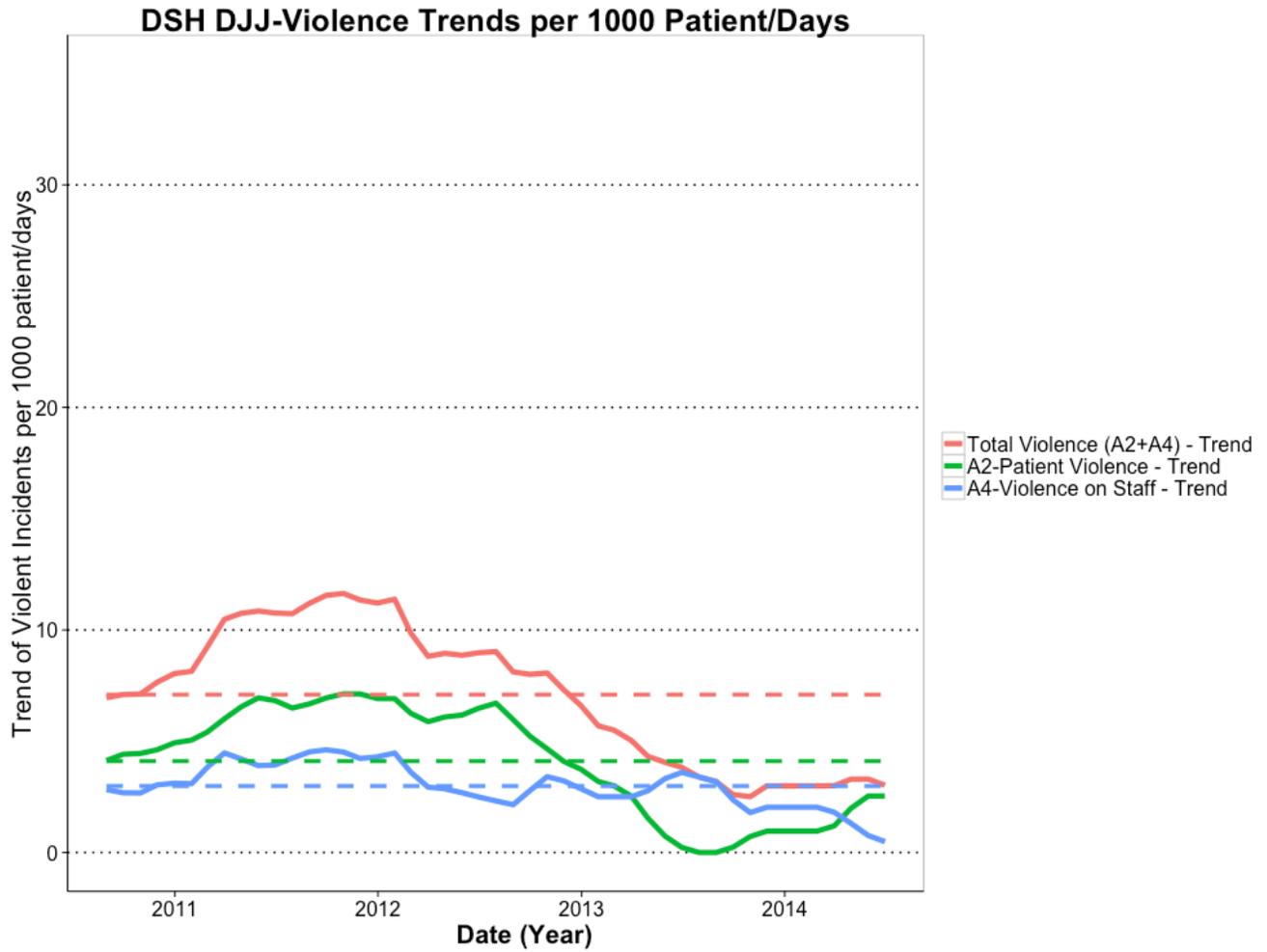
iv. Violence by Legal Class: Juveniles committed to DSH from DJJ (DJJ/CYA)

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
2010-02-28	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
2014-01-31	0	0	0
2014-02-28	0	0	0
2014-03-31	5.682	0	5.682
2014-04-30	5.814	5.814	11.628
2014-05-31	0	0	0
2014-06-30	0	0	0
2014-07-31	0	0	0
2014-08-31	0	0	0
2014-09-30	5.682	0	5.682

2014-10-31	13.245	0	13.245
2014-11-30	0	0	0
2014-12-31	0	0	0

c. DJJ A2 Patient Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
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
2014-01-31	2014	0	155	0
2014-02-28	2014	0	140	0
2014-03-31	2014	1	176	5.682
2014-04-30	2014	1	172	5.814
2014-05-31	2014	0	159	0
2014-06-30	2014	0	150	0
2014-07-31	2014	0	184	0

2014-08-31 2014	0	186	0
2014-09-30 2014	1	176	5.682
2014-10-31 2014	2	151	13.245
2014-11-30 2014	0	95	0
2014-12-31 2014	0	99	0

d. DJJ A4 Staff Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
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	4.97
2013-02-28	2013	0	168	0
2013-03-31	2013	4	204	19.60
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	5.46
2013-10-31	2013	1	155	6.45
2013-11-30	2013	1	150	6.66
2013-12-31	2013	0	155	0
2014-01-31	2014	0	155	0
2014-02-28	2014	0	140	0
2014-03-31	2014	0	176	0
2014-04-30	2014	1	172	5.81
2014-05-31	2014	0	159	0
2014-06-30	2014	0	150	0
2014-07-31	2014	0	184	0

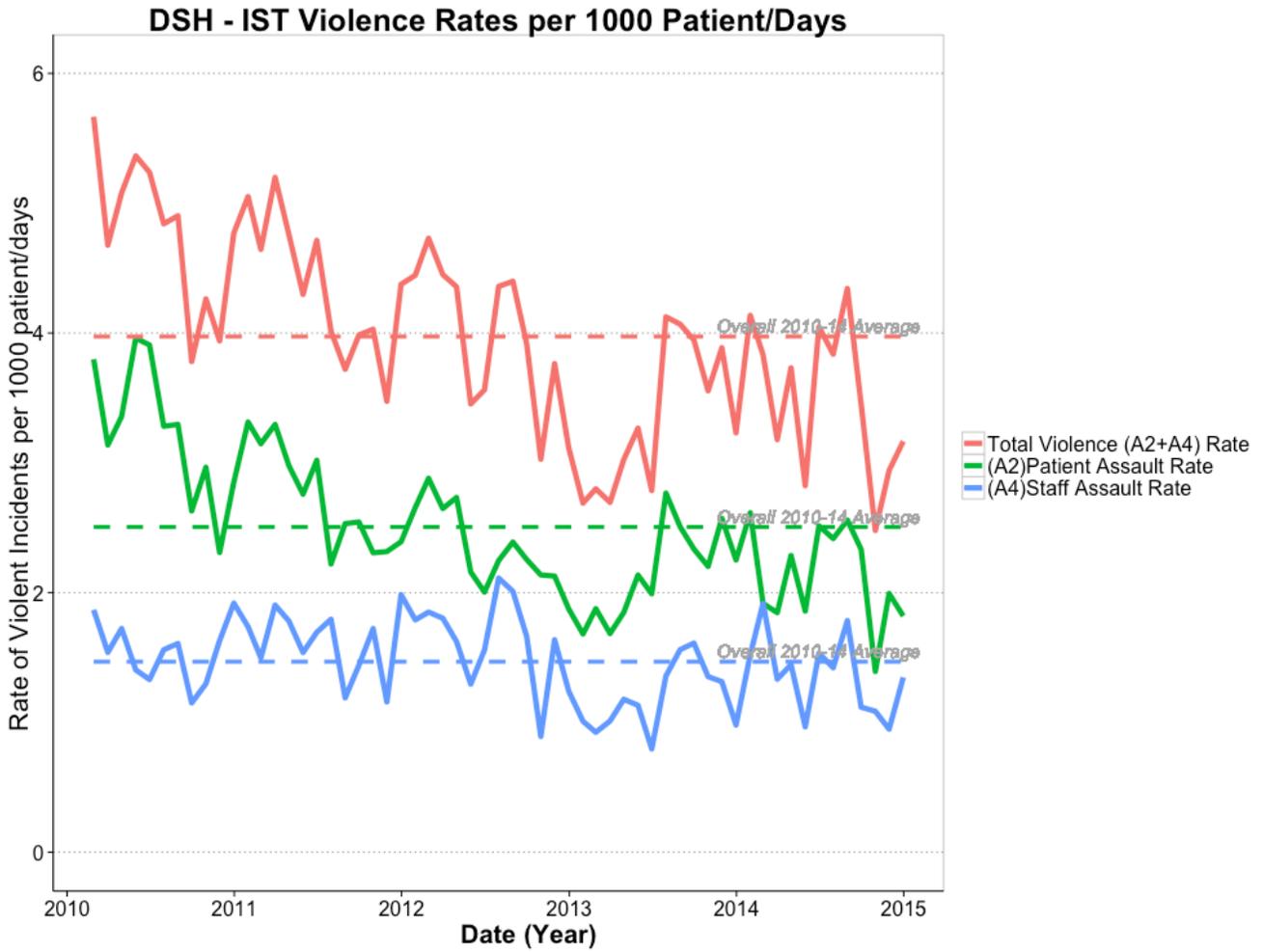
2014-08-31 2014	0	186	0
2014-09-30 2014	0	176	0
2014-10-31 2014	0	151	0
2014-11-30 2014	0	95	0
2014-12-31 2014	0	99	0

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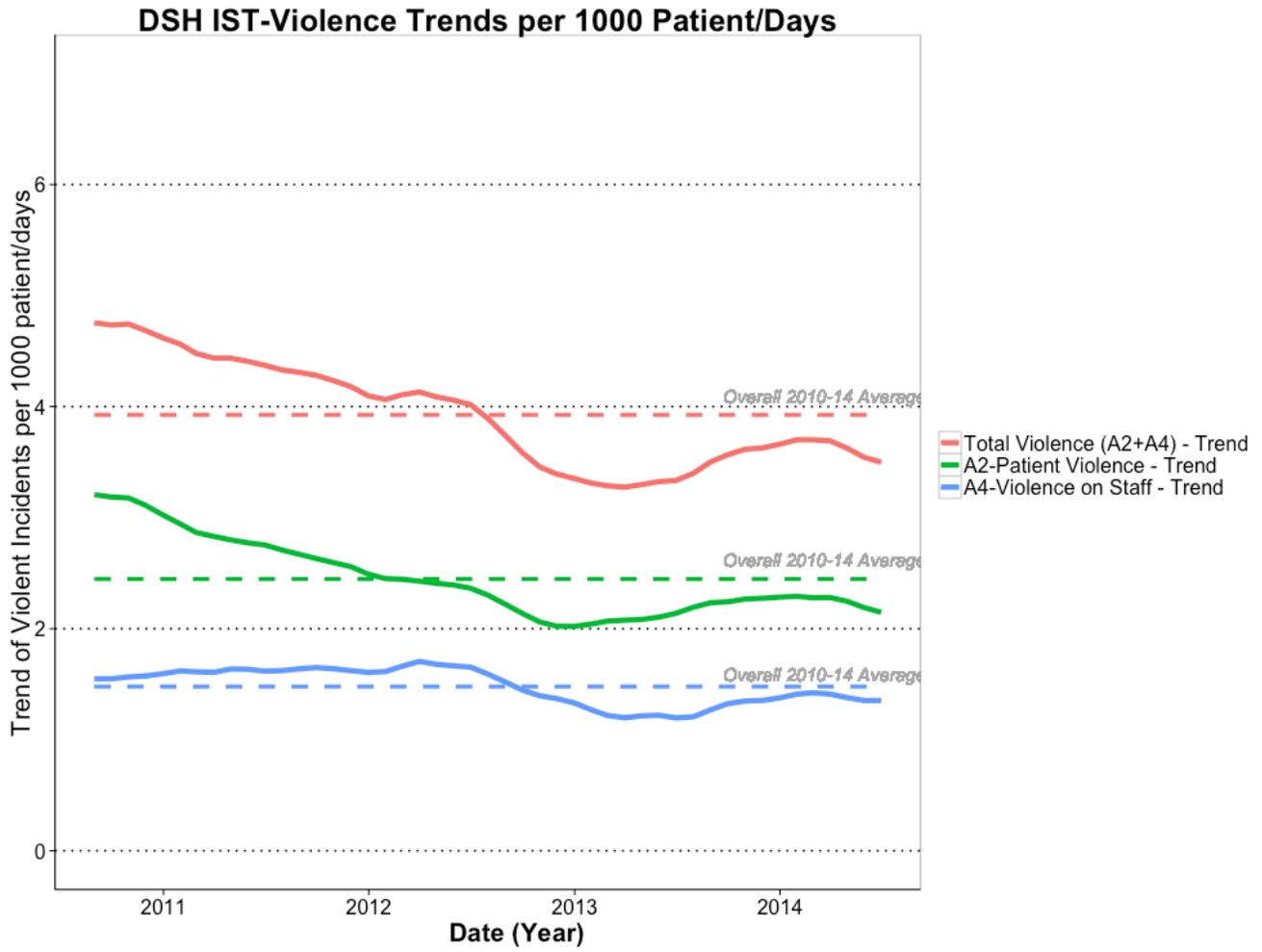
ii. Jail Inmates Found Incompetent to Stand Trial (IST's, or PC1370's)

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
2010-02-28	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	1.681	1.009	2.690
2013-02-28	1.876	0.924	2.800
2013-03-31	1.685	1.011	2.695
2013-04-30	1.847	1.178	3.025
2013-05-31	2.135	1.132	3.267
2013-06-30	1.990	0.796	2.786
2013-07-31	2.767	1.358	4.125
2013-08-31	2.507	1.561	4.068
2013-09-30	2.336	1.611	3.947
2013-10-31	2.202	1.353	3.555
2013-11-30	2.572	1.314	3.886
2013-12-31	2.251	0.980	3.231
2014-01-31	2.615	1.521	4.136
2014-02-28	1.916	1.916	3.832
2014-03-31	1.846	1.333	3.178
2014-04-30	2.286	1.445	3.731
2014-05-31	1.858	0.966	2.824
2014-06-30	2.514	1.534	4.048
2014-07-31	2.416	1.421	3.837
2014-08-31	2.559	1.784	4.342

2014-09-30	2.333	1.118	3.450
2014-10-31	1.393	1.086	2.478
2014-11-30	1.993	0.948	2.941
2014-12-31	1.819	1.347	3.166

c. IST A2 Patient Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
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	65	38,665	1.681
2013-02-28	2013	65	34,647	1.876
2013-03-31	2013	65	38,585	1.685
2013-04-30	2013	69	37,354	1.847
2013-05-31	2013	83	38,878	2.135
2013-06-30	2013	75	37,682	1.990
2013-07-31	2013	108	39,033	2.767
2013-08-31	2013	98	39,090	2.507
2013-09-30	2013	87	37,247	2.336
2013-10-31	2013	83	37,697	2.202
2013-11-30	2013	94	36,541	2.572
2013-12-31	2013	85	37,760	2.251
2014-01-31	2014	98	37,475	2.615
2014-02-28	2014	66	34,445	1.916
2014-03-31	2014	72	39,013	1.846
2014-04-30	2014	87	38,060	2.286
2014-05-31	2014	75	40,371	1.858
2014-06-30	2014	100	39,771	2.514
2014-07-31	2014	102	42,223	2.416
2014-08-31	2014	109	42,603	2.559

2014-09-30	2014	96	41,157	2.333
2014-10-31	2014	59	42,365	1.393
2014-11-30	2014	82	41,145	1.993
2014-12-31	2014	77	42,325	1.819

d. IST A4 Staff Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
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	38,665	1.009
2013-02-28	2013	32	34,647	0.924
2013-03-31	2013	39	38,585	1.011
2013-04-30	2013	44	37,354	1.178
2013-05-31	2013	44	38,878	1.132
2013-06-30	2013	30	37,682	0.796
2013-07-31	2013	53	39,033	1.358
2013-08-31	2013	61	39,090	1.561
2013-09-30	2013	60	37,247	1.611
2013-10-31	2013	51	37,697	1.353
2013-11-30	2013	48	36,541	1.314
2013-12-31	2013	37	37,760	0.980
2014-01-31	2014	57	37,475	1.521
2014-02-28	2014	66	34,445	1.916
2014-03-31	2014	52	39,013	1.333
2014-04-30	2014	55	38,060	1.445
2014-05-31	2014	39	40,371	0.966
2014-06-30	2014	61	39,771	1.534
2014-07-31	2014	60	42,223	1.421
2014-08-31	2014	76	42,603	1.784

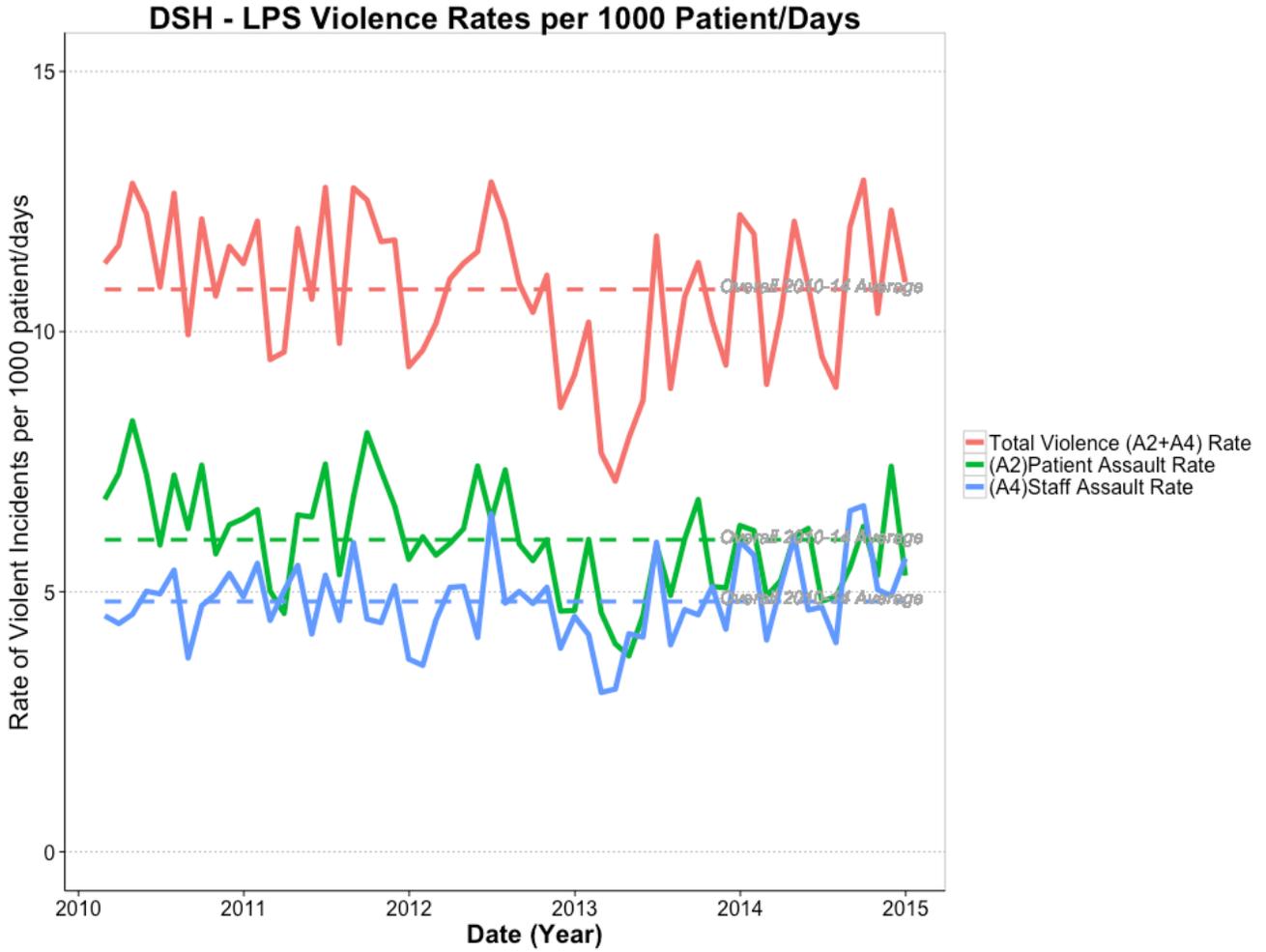
2014-09-30	2014	46	41,157	1.118
2014-10-31	2014	46	42,365	1.086
2014-11-30	2014	39	41,145	0.948
2014-12-31	2014	57	42,325	1.347

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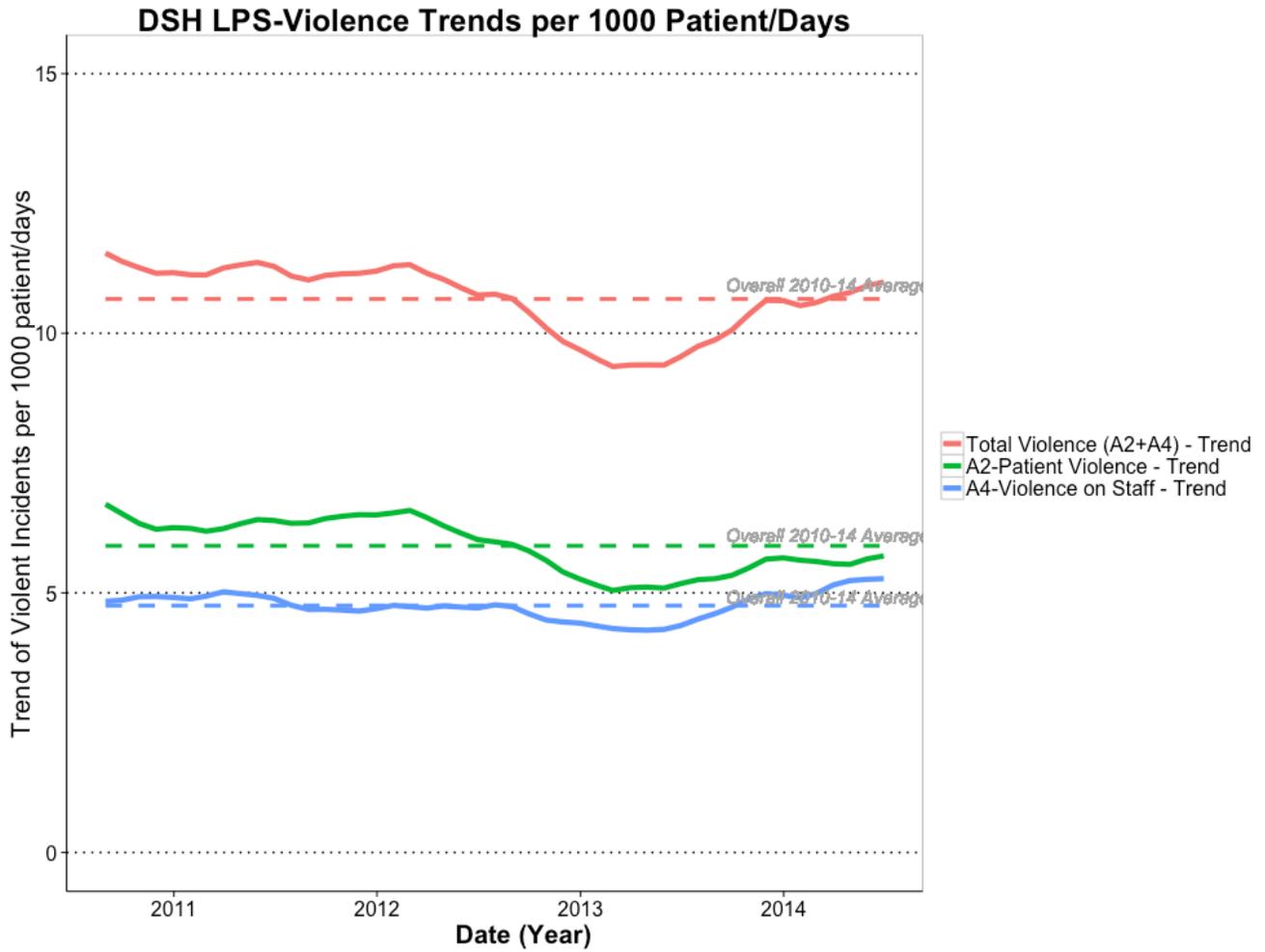
iii. Patients Involuntarily Held as DTO, DTS, or Gravely Disabled (LPS's)

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
2010-02-28	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	6.006	4.175	10.181
2013-02-28	4.597	3.064	7.661
2013-03-31	3.997	3.128	7.126
2013-04-30	3.767	4.192	7.959
2013-05-31	4.547	4.128	8.675
2013-06-30	5.887	5.949	11.836
2013-07-31	4.929	3.979	8.908
2013-08-31	6.010	4.655	10.665
2013-09-30	6.772	4.556	11.328
2013-10-31	5.100	5.100	10.200
2013-11-30	5.075	4.280	9.356
2013-12-31	6.273	5.972	12.245
2014-01-31	6.176	5.701	11.876
2014-02-28	4.913	4.073	8.986
2014-03-31	5.214	5.100	10.314
2014-04-30	6.060	6.060	12.120
2014-05-31	6.217	4.649	10.866
2014-06-30	4.817	4.702	9.519
2014-07-31	4.905	4.023	8.928

2014-08-31	5.462	6.555	12.017
2014-09-30	6.258	6.653	12.911
2014-10-31	5.313	5.039	10.353
2014-11-30	7.411	4.922	12.332
2014-12-31	5.309	5.640	10.949

c. LPS A2 Patient Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
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	105	17,483	6.006
2013-02-28	2013	72	15,664	4.597
2013-03-31	2013	69	17,261	3.997
2013-04-30	2013	62	16,460	3.767
2013-05-31	2013	76	16,714	4.547
2013-06-30	2013	95	16,137	5.887
2013-07-31	2013	83	16,838	4.929
2013-08-31	2013	102	16,971	6.010
2013-09-30	2013	110	16,243	6.772
2013-10-31	2013	86	16,862	5.100
2013-11-30	2013	83	16,354	5.075
2013-12-31	2013	104	16,578	6.273
2014-01-31	2014	104	16,840	6.176
2014-02-28	2014	76	15,468	4.913
2014-03-31	2014	91	17,452	5.214
2014-04-30	2014	104	17,162	6.060
2014-05-31	2014	111	17,854	6.217
2014-06-30	2014	84	17,438	4.817
2014-07-31	2014	89	18,145	4.905
2014-08-31	2014	100	18,308	5.462

2014-09-30	2014	111	17,737	6.258
2014-10-31	2014	97	18,256	5.313
2014-11-30	2014	131	17,677	7.411
2014-12-31	2014	96	18,084	5.309

d. LPS A4 Staff Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
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	73	17,483	4.175
2013-02-28	2013	48	15,664	3.064
2013-03-31	2013	54	17,261	3.128
2013-04-30	2013	69	16,460	4.192
2013-05-31	2013	69	16,714	4.128
2013-06-30	2013	96	16,137	5.949
2013-07-31	2013	67	16,838	3.979
2013-08-31	2013	79	16,971	4.655
2013-09-30	2013	74	16,243	4.556
2013-10-31	2013	86	16,862	5.100
2013-11-30	2013	70	16,354	4.280
2013-12-31	2013	99	16,578	5.972
2014-01-31	2014	96	16,840	5.701
2014-02-28	2014	63	15,468	4.073
2014-03-31	2014	89	17,452	5.100
2014-04-30	2014	104	17,162	6.060
2014-05-31	2014	83	17,854	4.649
2014-06-30	2014	82	17,438	4.702
2014-07-31	2014	73	18,145	4.023
2014-08-31	2014	120	18,308	6.555

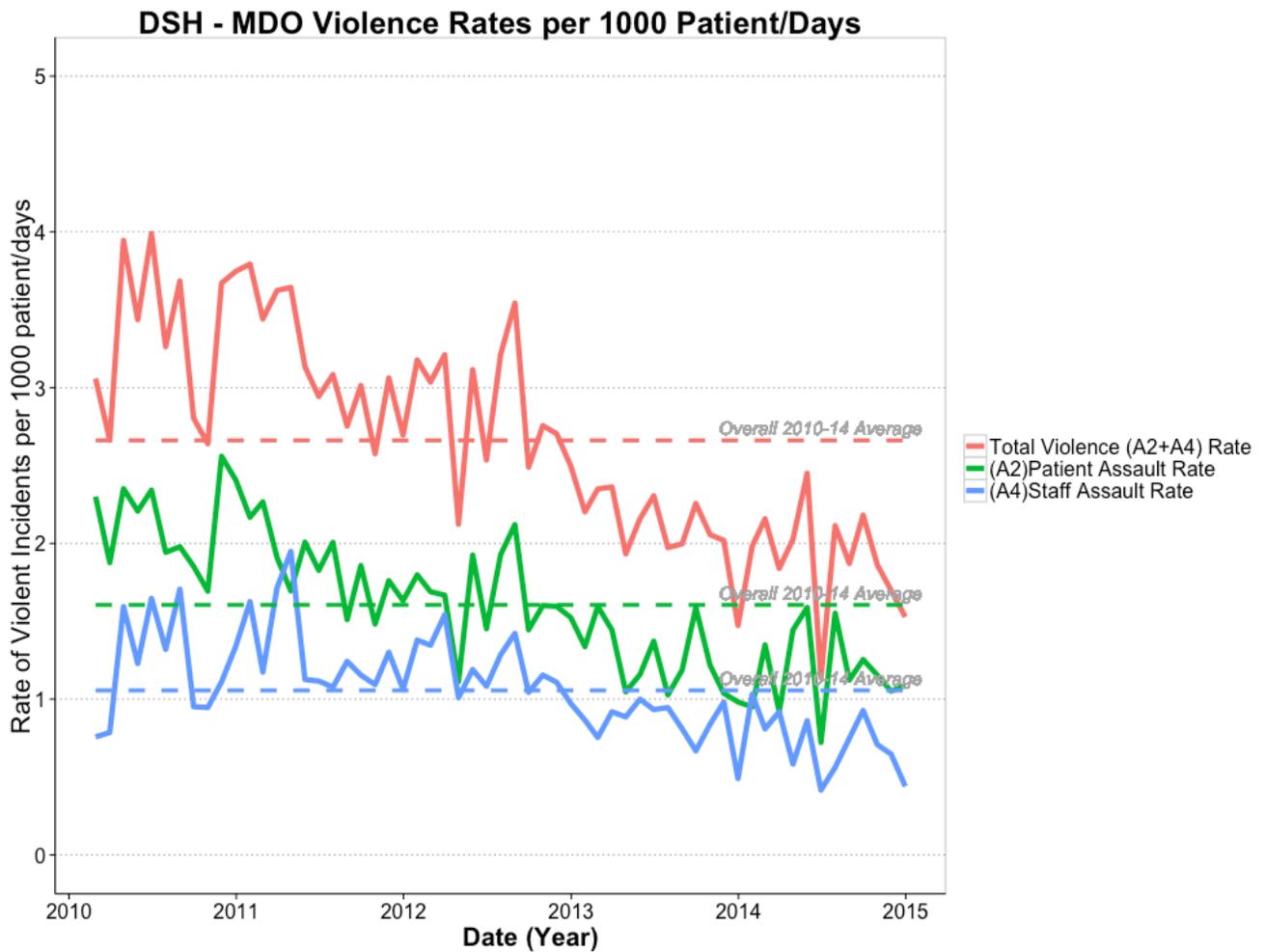
2014-09-30	2014	118	17,737	6.653
2014-10-31	2014	92	18,256	5.039
2014-11-30	2014	87	17,677	4.922
2014-12-31	2014	102	18,084	5.640

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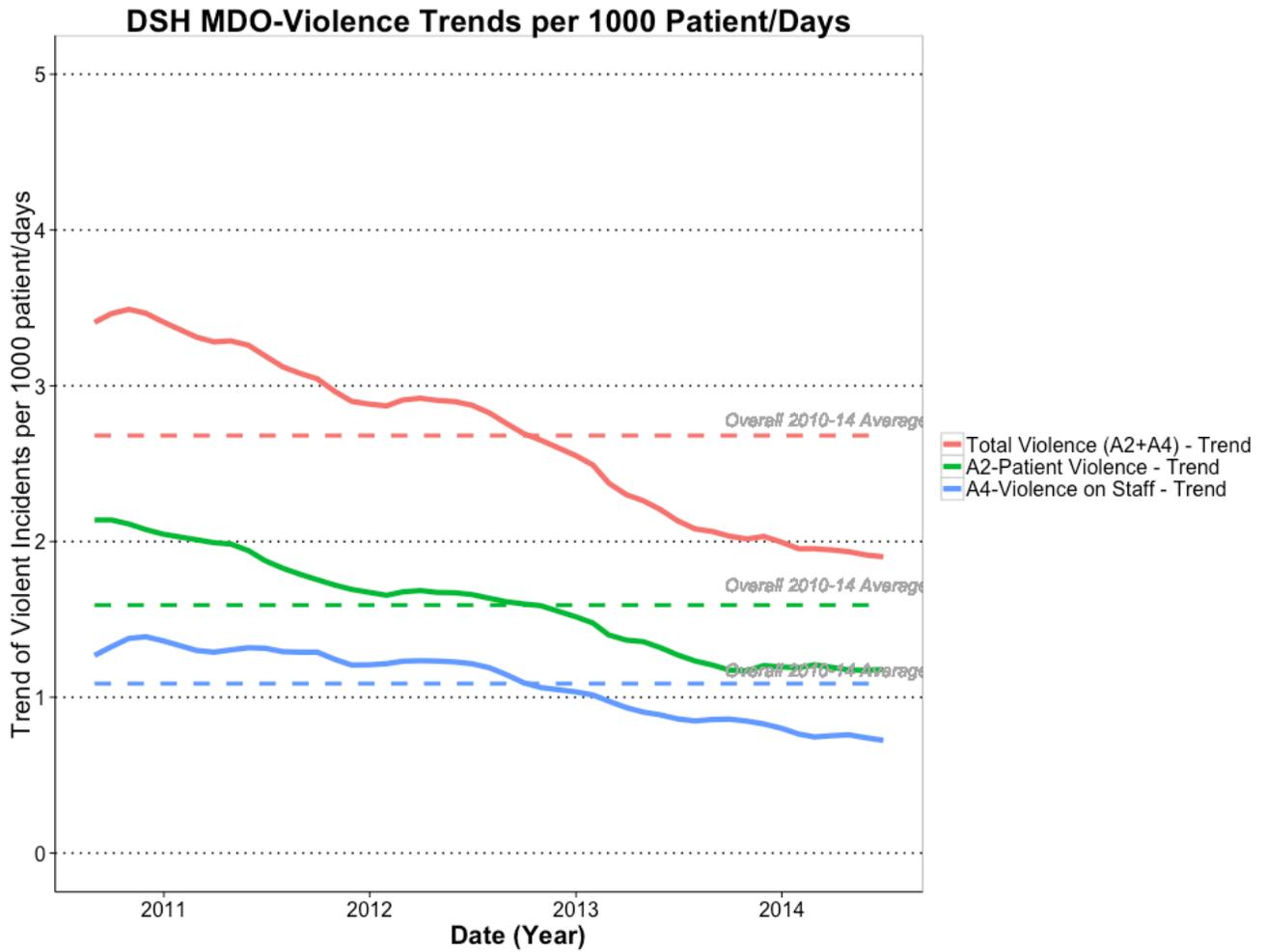
iv. Prison Inmates Paroled to DSH Because of Dangerousness (MDO's) –

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
2010-02-28	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	1.338	0.866	2.203
2013-02-28	1.595	0.754	2.350
2013-03-31	1.444	0.919	2.363
2013-04-30	1.047	0.886	1.933
2013-05-31	1.158	1.000	2.158
2013-06-30	1.372	0.933	2.306
2013-07-31	1.027	0.946	1.973
2013-08-31	1.188	0.810	1.997
2013-09-30	1.588	0.669	2.256
2013-10-31	1.218	0.839	2.056
2013-11-30	1.038	0.982	2.019
2013-12-31	0.982	0.491	1.473
2014-01-31	0.950	1.032	1.982
2014-02-28	1.349	0.809	2.158
2014-03-31	0.920	0.920	1.839
2014-04-30	1.444	0.583	2.027
2014-05-31	1.589	0.862	2.450
2014-06-30	0.722	0.417	1.139
2014-07-31	1.552	0.562	2.114

2014-08-31	1.123	0.749	1.872
2014-09-30	1.255	0.927	2.182
2014-10-31	1.154	0.708	1.862
2014-11-30	1.052	0.647	1.699
2014-12-31	1.088	0.440	1.528

c. MDO A2 Patient Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
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	51	38,126	1.338
2013-02-28	2013	55	34,475	1.595
2013-03-31	2013	55	38,090	1.444
2013-04-30	2013	39	37,246	1.047
2013-05-31	2013	44	38,005	1.158
2013-06-30	2013	50	36,431	1.372
2013-07-31	2013	38	36,998	1.027
2013-08-31	2013	44	37,050	1.188
2013-09-30	2013	57	35,900	1.588
2013-10-31	2013	45	36,959	1.218
2013-11-30	2013	37	35,658	1.038
2013-12-31	2013	36	36,649	0.982
2014-01-31	2014	35	36,834	0.950
2014-02-28	2014	45	33,363	1.349
2014-03-31	2014	34	36,970	0.920
2014-04-30	2014	52	36,007	1.444
2014-05-31	2014	59	37,138	1.589
2014-06-30	2014	26	36,007	0.722
2014-07-31	2014	58	37,369	1.552
2014-08-31	2014	42	37,403	1.123

2014-09-30	2014	46	36,666	1.255
2014-10-31	2014	44	38,127	1.154
2014-11-30	2014	39	37,077	1.052
2014-12-31	2014	42	38,609	1.088

d. MDO A4 Staff Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
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	38,126	0.866
2013-02-28	2013	26	34,475	0.754
2013-03-31	2013	35	38,090	0.919
2013-04-30	2013	33	37,246	0.886
2013-05-31	2013	38	38,005	1.000
2013-06-30	2013	34	36,431	0.933
2013-07-31	2013	35	36,998	0.946
2013-08-31	2013	30	37,050	0.810
2013-09-30	2013	24	35,900	0.669
2013-10-31	2013	31	36,959	0.839
2013-11-30	2013	35	35,658	0.982
2013-12-31	2013	18	36,649	0.491
2014-01-31	2014	38	36,834	1.032
2014-02-28	2014	27	33,363	0.809
2014-03-31	2014	34	36,970	0.920
2014-04-30	2014	21	36,007	0.583
2014-05-31	2014	32	37,138	0.862
2014-06-30	2014	15	36,007	0.417
2014-07-31	2014	21	37,369	0.562
2014-08-31	2014	28	37,403	0.749

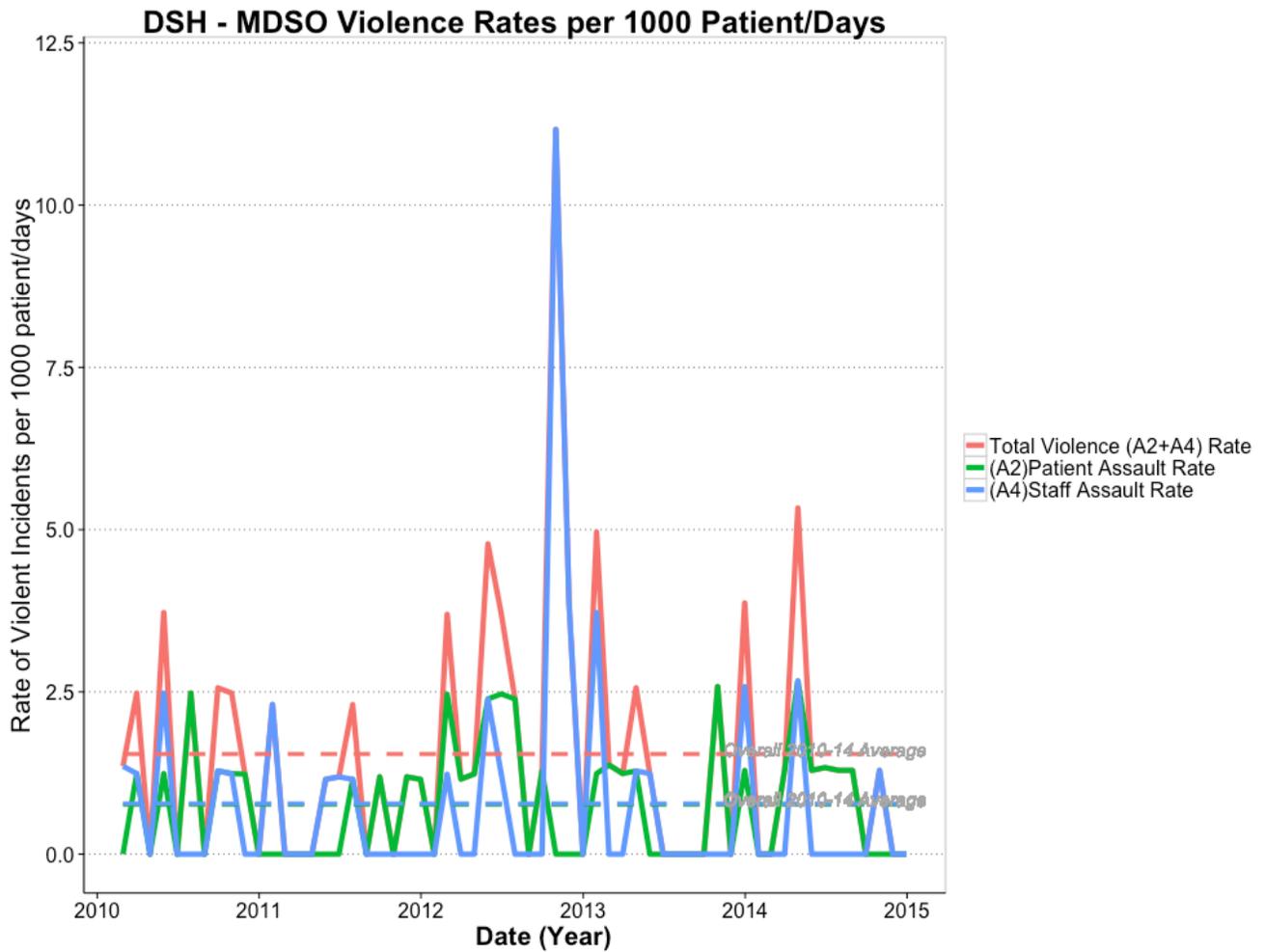
2014-09-30	2014	34	36,666	0.927
2014-10-31	2014	27	38,127	0.708
2014-11-30	2014	24	37,077	0.647
2014-12-31	2014	17	38,609	0.440

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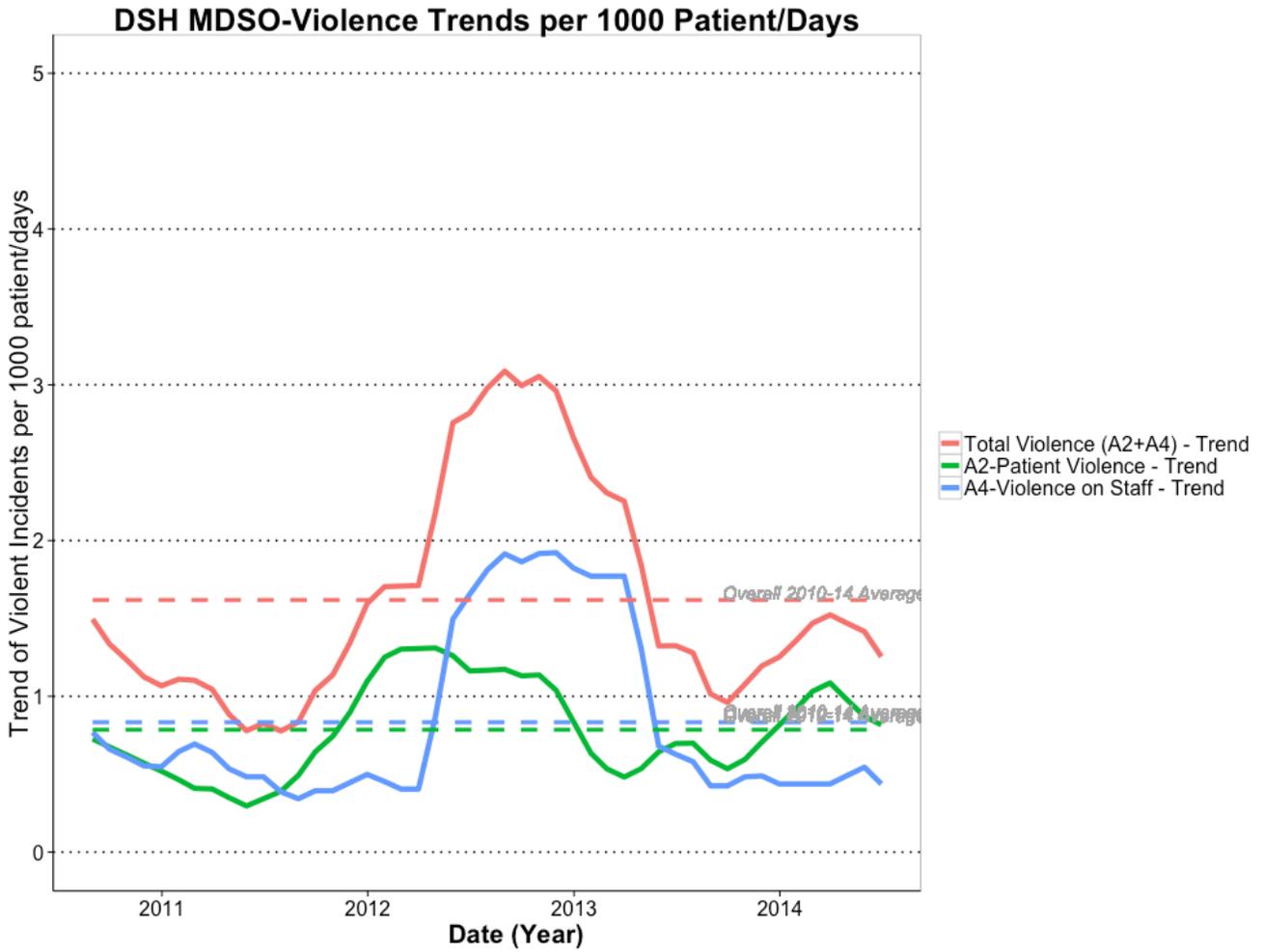
v. Mentally Disordered Sex Offenders (MDSO's)

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
2010-02-28	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	1.241	0	1.241
2013-04-30	1.282	1.282	2.564
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
2014-01-31	0	0	0
2014-02-28	0	0	0
2014-03-31	1.290	0	1.290
2014-04-30	2.667	2.667	5.333
2014-05-31	1.290	0	1.290
2014-06-30	1.333	0	1.333
2014-07-31	1.290	0	1.290
2014-08-31	1.290	0	1.290

2014-09-30	0	0	0
2014-10-31	0	1.290	1.290
2014-11-30	0	0	0
2014-12-31	0	0	0

c. MDSO A2 Patient Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
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	1	806	1.241
2013-04-30	2013	1	780	1.282
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
2014-01-31	2014	0	775	0
2014-02-28	2014	0	700	0
2014-03-31	2014	1	775	1.290
2014-04-30	2014	2	750	2.667
2014-05-31	2014	1	775	1.290
2014-06-30	2014	1	750	1.333
2014-07-31	2014	1	775	1.290
2014-08-31	2014	1	775	1.290

2014-09-30 2014	0	750	0
2014-10-31 2014	0	775	0
2014-11-30 2014	0	750	0
2014-12-31 2014	0	775	0

d. MDSO A4 Staff Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
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
2014-01-31	2014	0	775	0
2014-02-28	2014	0	700	0
2014-03-31	2014	0	775	0
2014-04-30	2014	2	750	2.667
2014-05-31	2014	0	775	0
2014-06-30	2014	0	750	0
2014-07-31	2014	0	775	0
2014-08-31	2014	0	775	0

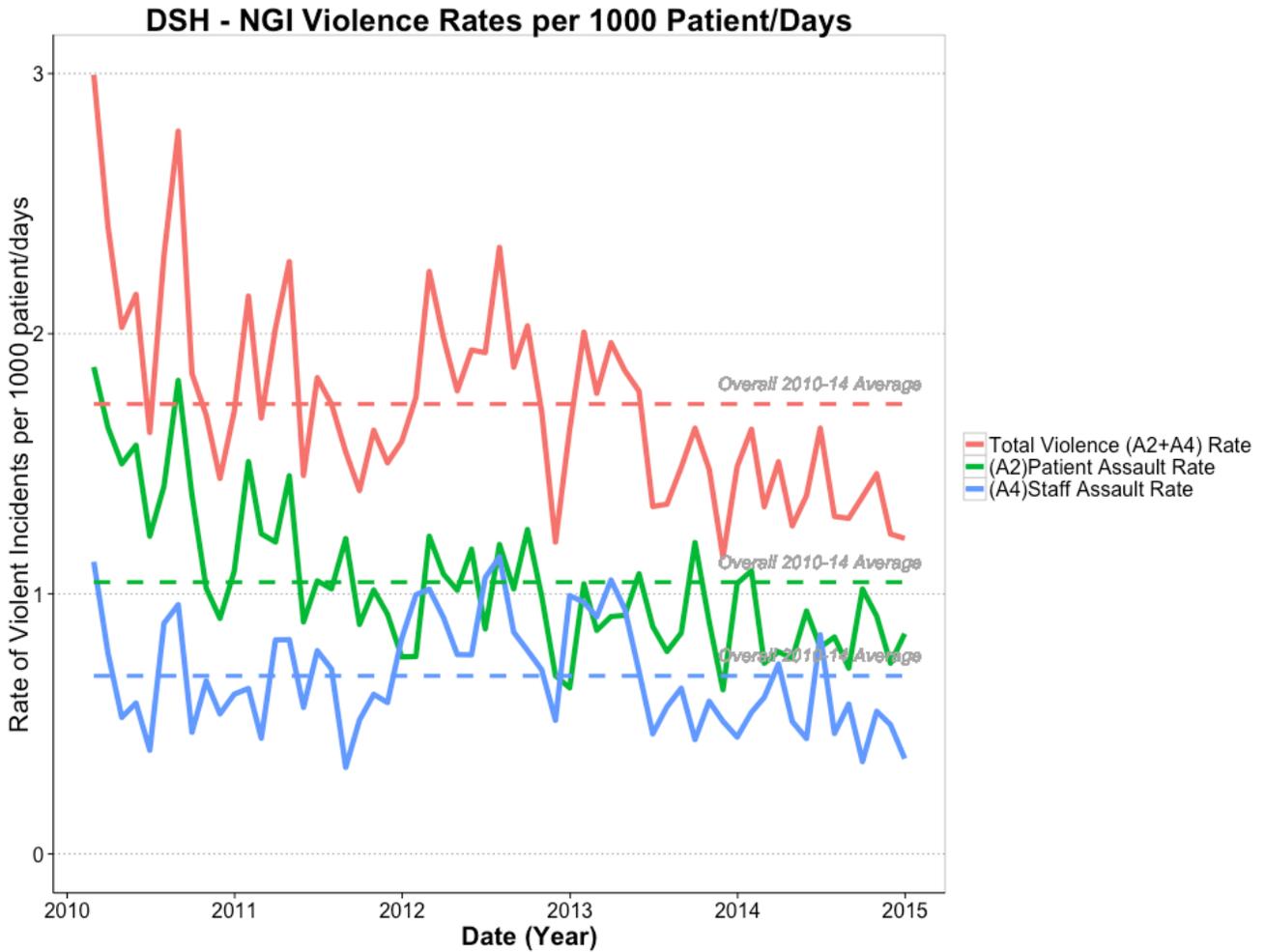
2014-09-30 2014	0	750	0
2014-10-31 2014	1	775	1.290
2014-11-30 2014	0	750	0
2014-12-31 2014	0	775	0

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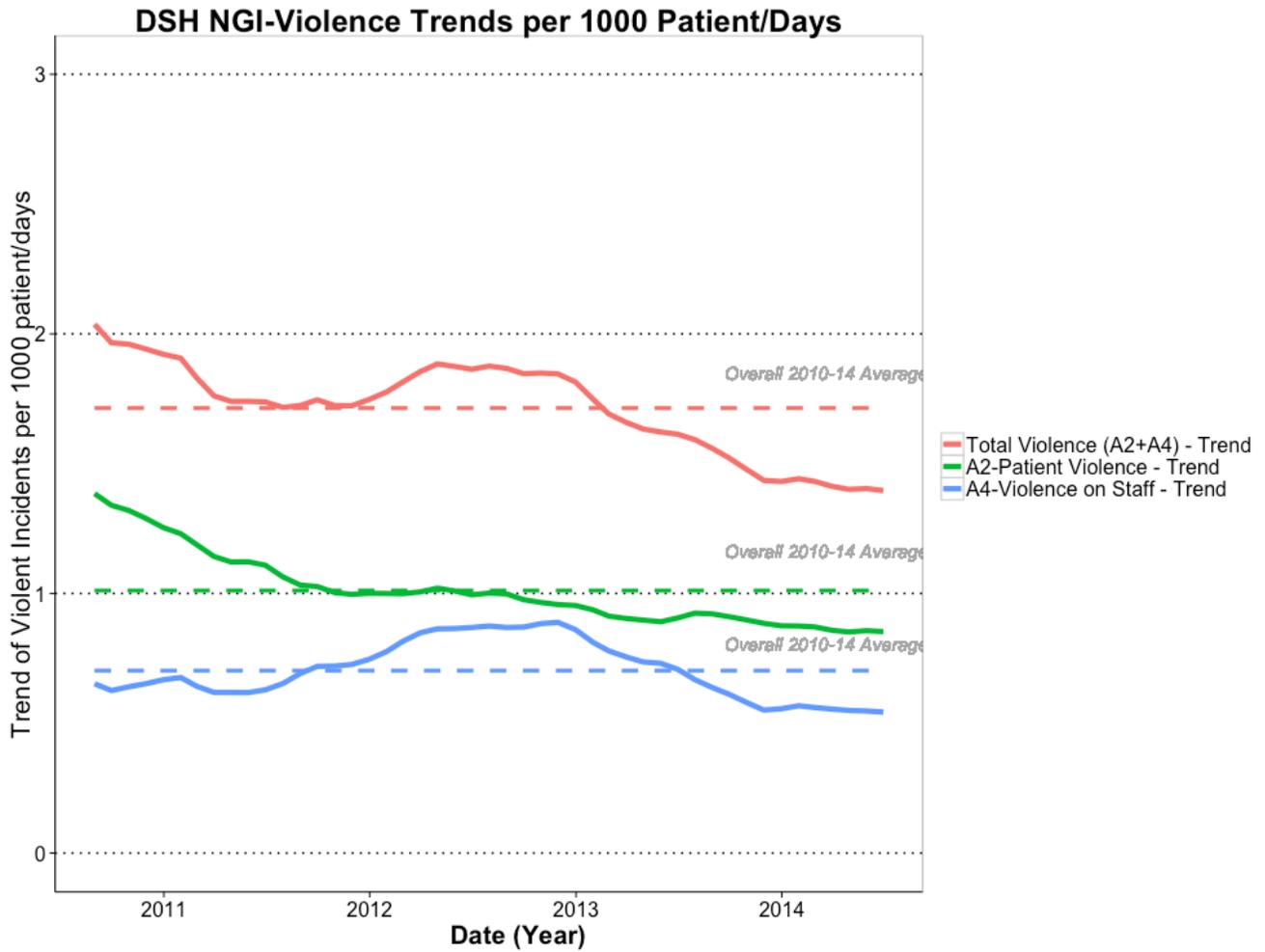
vi. Patients found Not Guilty of Crimes by Reason of Insanity (NGI's)

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
2010-02-28	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	1.038	0.967	2.006
2013-02-28	0.859	0.911	1.771
2013-03-31	0.912	1.053	1.965
2013-04-30	0.917	0.941	1.859
2013-05-31	1.077	0.702	1.779
2013-06-30	0.874	0.461	1.336
2013-07-31	0.778	0.566	1.345
2013-08-31	0.849	0.637	1.486
2013-09-30	1.197	0.440	1.637
2013-10-31	0.892	0.587	1.478
2013-11-30	0.631	0.510	1.141
2013-12-31	1.040	0.449	1.489
2014-01-31	1.088	0.544	1.632
2014-02-28	0.733	0.602	1.335
2014-03-31	0.777	0.730	1.508
2014-04-30	0.752	0.509	1.261
2014-05-31	0.934	0.444	1.377
2014-06-30	0.794	0.842	1.637
2014-07-31	0.834	0.463	1.297
2014-08-31	0.714	0.576	1.290

2014-09-30	1.018	0.355	1.374
2014-10-31	0.914	0.548	1.462
2014-11-30	0.733	0.497	1.230
2014-12-31	0.847	0.366	1.213

c. NGI A2 Patient Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
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	44	42,381	1.038
2013-02-28	2013	33	38,405	0.859
2013-03-31	2013	39	42,741	0.912
2013-04-30	2013	38	41,427	0.917
2013-05-31	2013	46	42,717	1.077
2013-06-30	2013	36	41,179	0.874
2013-07-31	2013	33	42,392	0.778
2013-08-31	2013	36	42,387	0.849
2013-09-30	2013	49	40,938	1.197
2013-10-31	2013	38	42,615	0.892
2013-11-30	2013	26	41,201	0.631
2013-12-31	2013	44	42,307	1.040
2014-01-31	2014	46	42,269	1.088
2014-02-28	2014	28	38,202	0.733
2014-03-31	2014	33	42,454	0.777
2014-04-30	2014	31	41,229	0.752
2014-05-31	2014	40	42,833	0.934
2014-06-30	2014	33	41,550	0.794
2014-07-31	2014	36	43,174	0.834
2014-08-31	2014	31	43,400	0.714

2014-09-30	2014	43	42,226	1.018
2014-10-31	2014	40	43,782	0.914
2014-11-30	2014	31	42,281	0.733
2014-12-31	2014	37	43,692	0.847

d. NGI A4 Staff Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
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	41	42,381	0.967
2013-02-28	2013	35	38,405	0.911
2013-03-31	2013	45	42,741	1.053
2013-04-30	2013	39	41,427	0.941
2013-05-31	2013	30	42,717	0.702
2013-06-30	2013	19	41,179	0.461
2013-07-31	2013	24	42,392	0.566
2013-08-31	2013	27	42,387	0.637
2013-09-30	2013	18	40,938	0.440
2013-10-31	2013	25	42,615	0.587
2013-11-30	2013	21	41,201	0.510
2013-12-31	2013	19	42,307	0.449
2014-01-31	2014	23	42,269	0.544
2014-02-28	2014	23	38,202	0.602
2014-03-31	2014	31	42,454	0.730
2014-04-30	2014	21	41,229	0.509
2014-05-31	2014	19	42,833	0.444
2014-06-30	2014	35	41,550	0.842
2014-07-31	2014	20	43,174	0.463
2014-08-31	2014	25	43,400	0.576

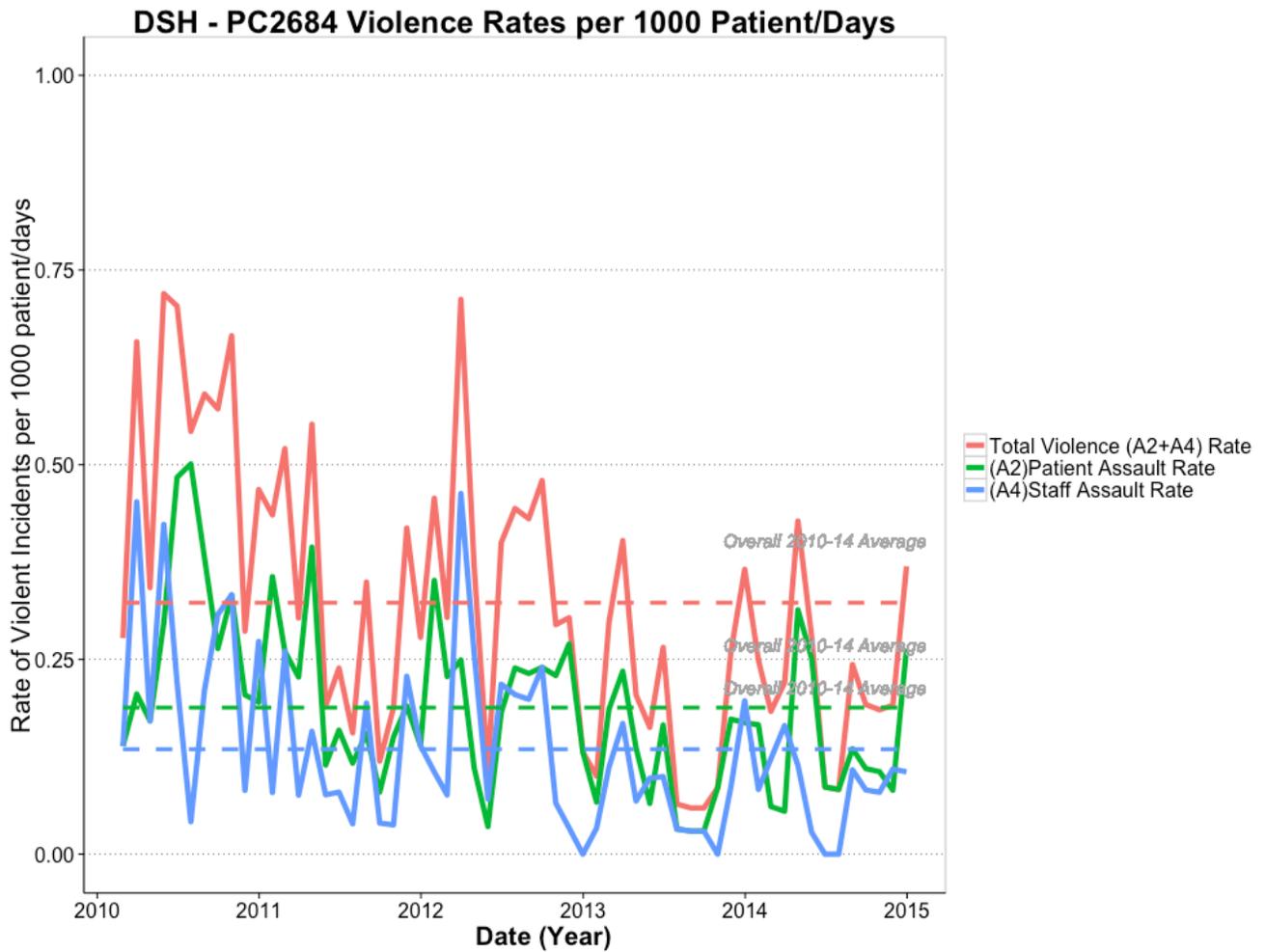
2014-09-30	2014	15	42,226	0.355
2014-10-31	2014	24	43,782	0.548
2014-11-30	2014	21	42,281	0.497
2014-12-31	2014	16	43,692	0.366

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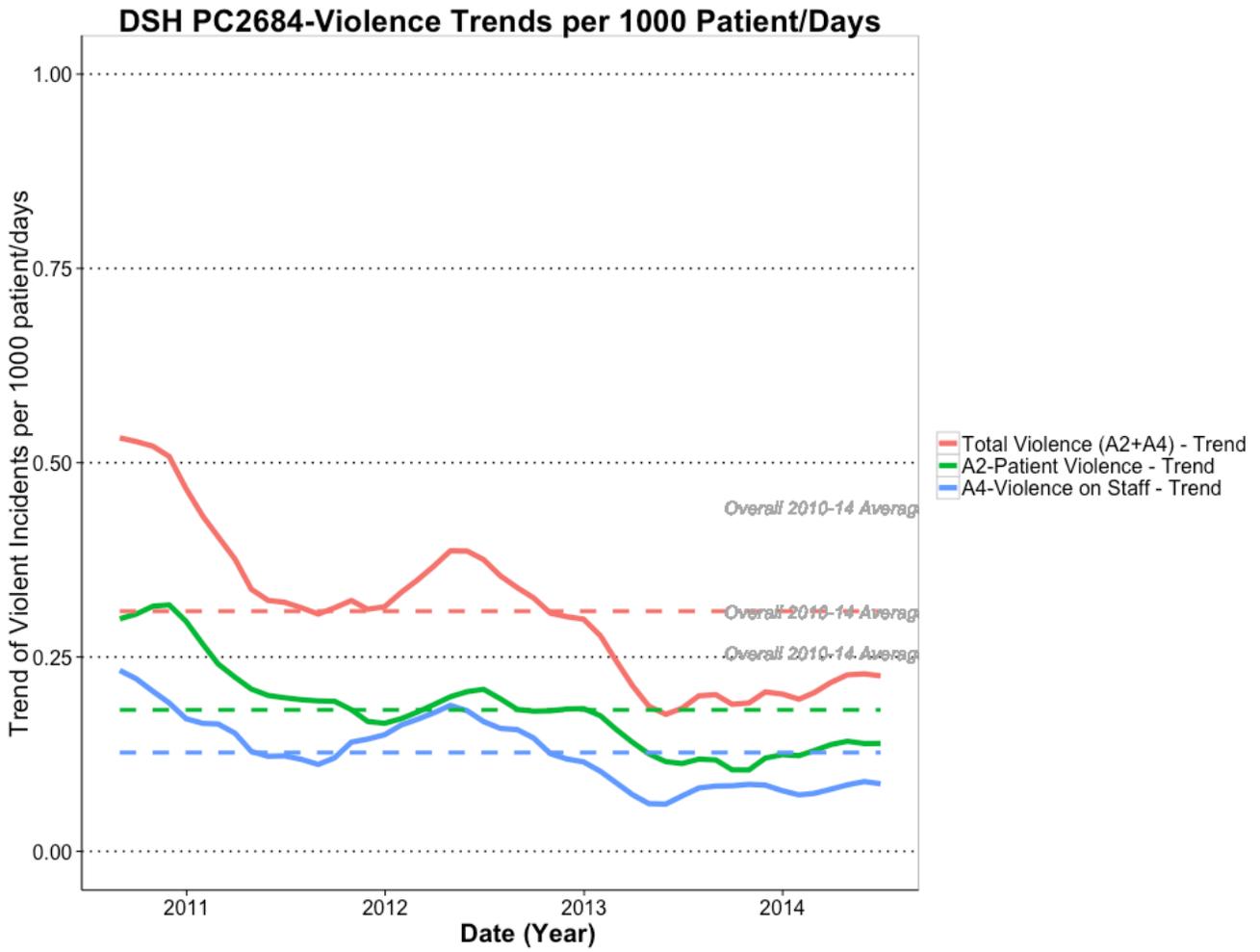
vii. Prison Inmates too mentally ill to be treated in CDCR (PC2684's)

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
2010-02-28	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	0.235	0.168	0.403
2013-04-30	0.136	0.068	0.204
2013-05-31	0.065	0.098	0.163
2013-06-30	0.166	0.100	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	0.085
2013-11-30	0.173	0.087	0.260
2013-12-31	0.169	0.197	0.366
2014-01-31	0.166	0.083	0.249
2014-02-28	0.061	0.122	0.183
2014-03-31	0.055	0.165	0.220
2014-04-30	0.314	0.114	0.428
2014-05-31	0.251	0.028	0.279
2014-06-30	0.086	0	0.086
2014-07-31	0.083	0	0.083
2014-08-31	0.135	0.108	0.243

2014-09-30	0.110	0.082	0.192
2014-10-31	0.106	0.079	0.185
2014-11-30	0.082	0.109	0.191
2014-12-31	0.264	0.106	0.370

C. PC2684 A2 Patient Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
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	26,850	0.186
2013-03-31	2013	7	29,807	0.235
2013-04-30	2013	4	29,364	0.136
2013-05-31	2013	2	30,733	0.065
2013-06-30	2013	5	30,133	0.166
2013-07-31	2013	1	31,076	0.032
2013-08-31	2013	1	33,721	0.030
2013-09-30	2013	1	33,755	0.030
2013-10-31	2013	3	35,237	0.085
2013-11-30	2013	6	34,613	0.173
2013-12-31	2013	6	35,557	0.169
2014-01-31	2014	6	36,135	0.166
2014-02-28	2014	2	32,724	0.061
2014-03-31	2014	2	36,335	0.055
2014-04-30	2014	11	35,072	0.314
2014-05-31	2014	9	35,820	0.251
2014-06-30	2014	3	34,826	0.086
2014-07-31	2014	3	36,144	0.083

2014-08-31	2014	5	36,969	0.135
2014-09-30	2014	4	36,439	0.110
2014-10-31	2014	4	37,769	0.106
2014-11-30	2014	3	36,616	0.082
2014-12-31	2014	10	37,884	0.264

d. PC2684 A4 Staff Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
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	26,850	0.112
2013-03-31	2013	5	29,807	0.168
2013-04-30	2013	2	29,364	0.068
2013-05-31	2013	3	30,733	0.098
2013-06-30	2013	3	30,133	0.100
2013-07-31	2013	1	31,076	0.032
2013-08-31	2013	1	33,721	0.030
2013-09-30	2013	1	33,755	0.030
2013-10-31	2013	0	35,237	0
2013-11-30	2013	3	34,613	0.087
2013-12-31	2013	7	35,557	0.197
2014-01-31	2014	3	36,135	0.083
2014-02-28	2014	4	32,724	0.122
2014-03-31	2014	6	36,335	0.165
2014-04-30	2014	4	35,072	0.114
2014-05-31	2014	1	35,820	0.028
2014-06-30	2014	0	34,826	0
2014-07-31	2014	0	36,144	0
2014-08-31	2014	4	36,969	0.108

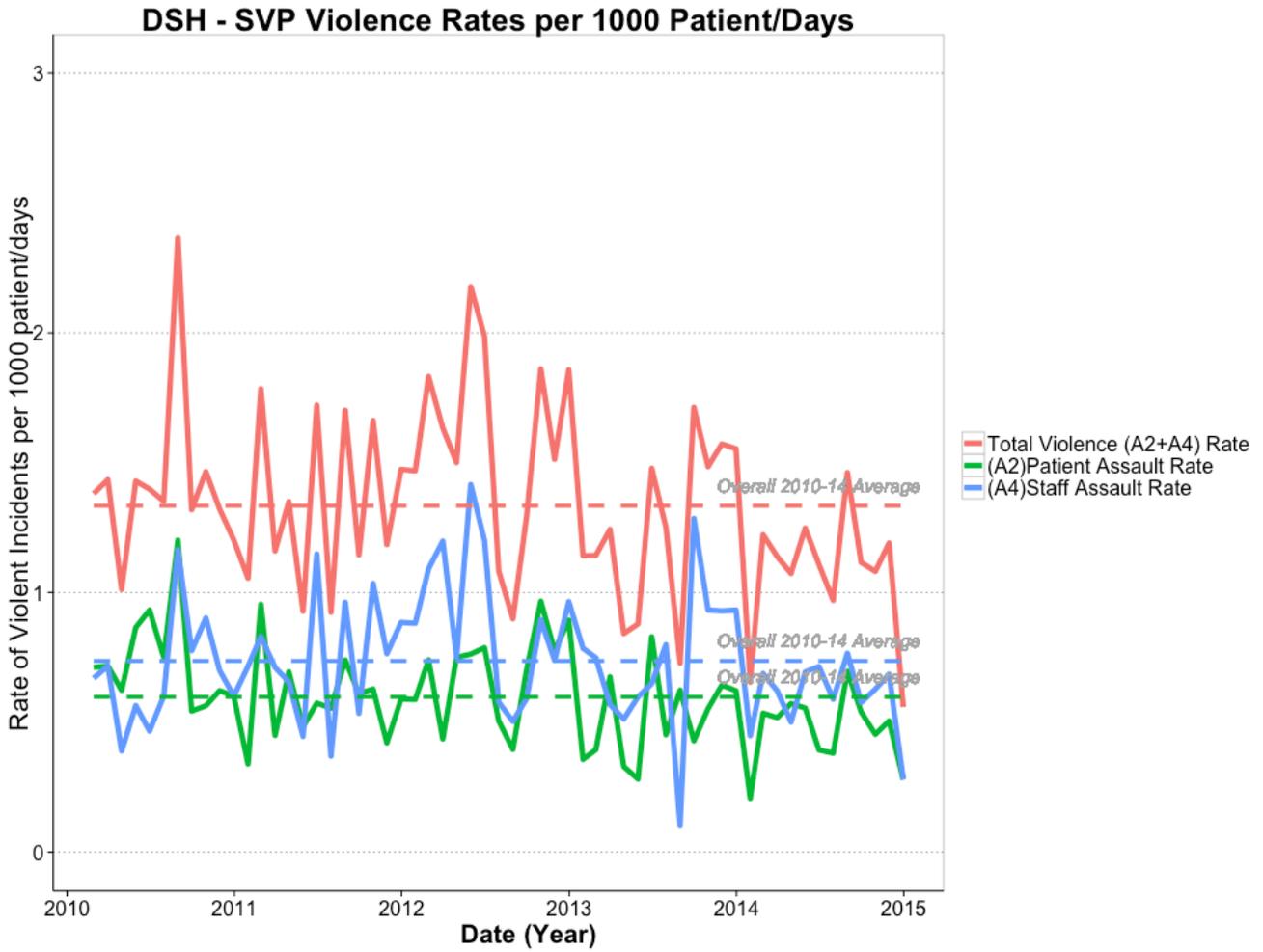
2014-09-30 2014	3	36,439	0.082
2014-10-31 2014	3	37,769	0.079
2014-11-30 2014	4	36,616	0.109
2014-12-31 2014	4	37,884	0.106

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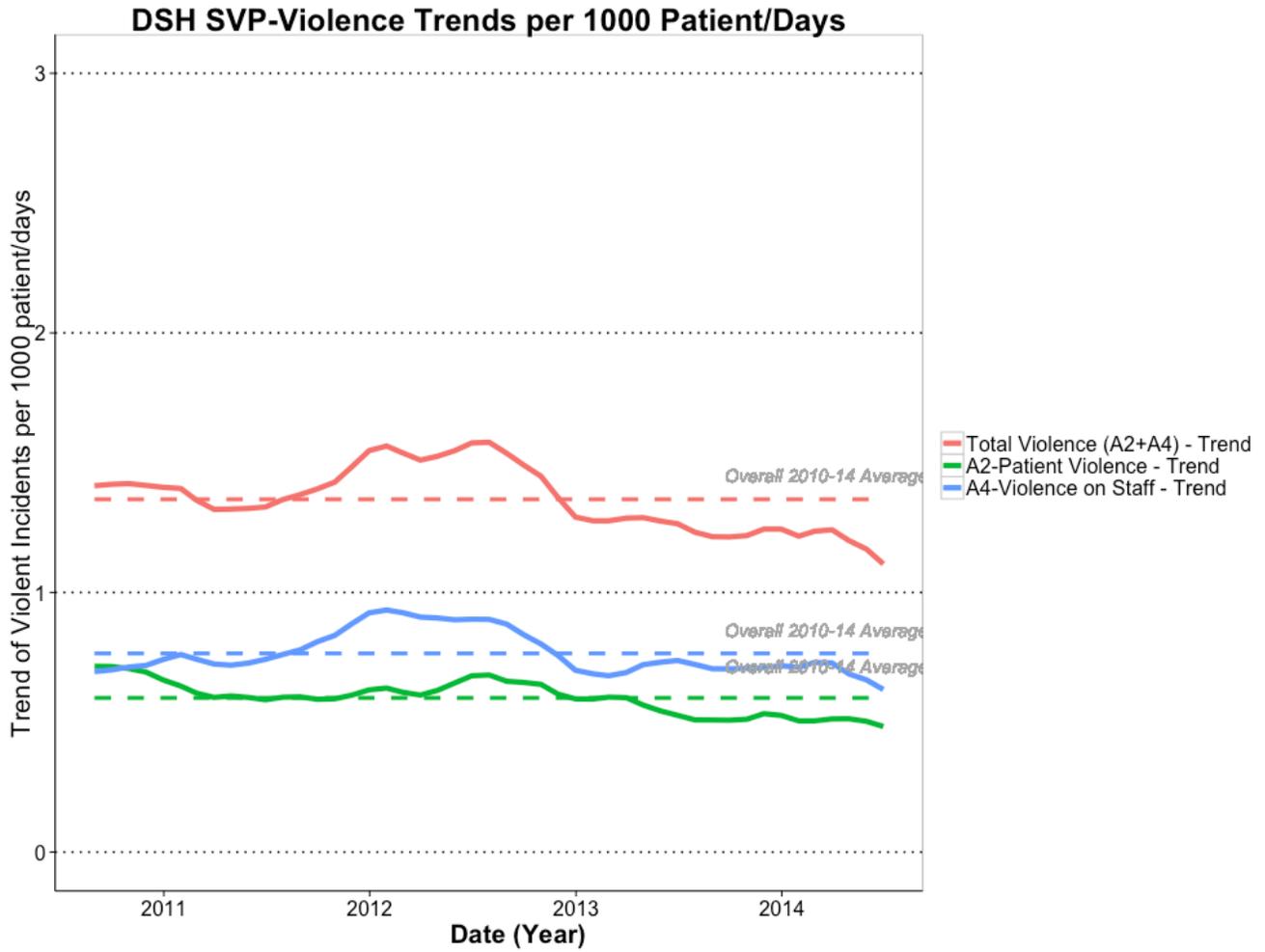
viii. Sexually Violent Prisoners (SVP's)

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
2010-02-28	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	0.357	0.785	1.142
2013-02-28	0.394	0.748	1.142
2013-03-31	0.675	0.568	1.243
2013-04-30	0.329	0.512	0.842
2013-05-31	0.281	0.597	0.879
2013-06-30	0.829	0.649	1.478
2013-07-31	0.452	0.799	1.250
2013-08-31	0.624	0.104	0.728
2013-09-30	0.428	1.285	1.713
2013-10-31	0.552	0.932	1.485
2013-11-30	0.643	0.929	1.572
2013-12-31	0.621	0.932	1.553
2014-01-31	0.207	0.448	0.654
2014-02-28	0.535	0.687	1.222
2014-03-31	0.517	0.621	1.138
2014-04-30	0.572	0.501	1.073
2014-05-31	0.555	0.693	1.248
2014-06-30	0.393	0.715	1.108

2014-07-31	0.381	0.589	0.969
2014-08-31	0.696	0.766	1.462
2014-09-30	0.540	0.576	1.116
2014-10-31	0.453	0.628	1.081
2014-11-30	0.505	0.685	1.190
2014-12-31	0.279	0.279	0.559

c. SVP A2 Patient Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
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	10	28,029	0.357
2013-02-28	2013	10	25,386	0.394
2013-03-31	2013	19	28,161	0.675
2013-04-30	2013	9	27,327	0.329
2013-05-31	2013	8	28,456	0.281
2013-06-30	2013	23	27,737	0.829
2013-07-31	2013	13	28,792	0.452
2013-08-31	2013	18	28,863	0.624
2013-09-30	2013	12	28,023	0.428
2013-10-31	2013	16	28,963	0.552
2013-11-30	2013	18	27,991	0.643
2013-12-31	2013	18	28,968	0.621
2014-01-31	2014	6	29,031	0.207
2014-02-28	2014	14	26,185	0.535
2014-03-31	2014	15	29,000	0.517
2014-04-30	2014	16	27,958	0.572
2014-05-31	2014	16	28,851	0.555
2014-06-30	2014	11	27,985	0.393
2014-07-31	2014	11	28,886	0.381
2014-08-31	2014	20	28,733	0.696

2014-09-30	2014	15	27,783	0.540
2014-10-31	2014	13	28,676	0.453
2014-11-30	2014	14	27,727	0.505
2014-12-31	2014	8	28,642	0.279

d. SVP A4 Staff Assault Violence Rates

Date	Year	Incidents	Total_Patient_Days	rate.per.1000
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	22	28,029	0.785
2013-02-28	2013	19	25,386	0.748
2013-03-31	2013	16	28,161	0.568
2013-04-30	2013	14	27,327	0.512
2013-05-31	2013	17	28,456	0.597
2013-06-30	2013	18	27,737	0.649
2013-07-31	2013	23	28,792	0.799
2013-08-31	2013	3	28,863	0.104
2013-09-30	2013	36	28,023	1.285
2013-10-31	2013	27	28,963	0.932
2013-11-30	2013	26	27,991	0.929
2013-12-31	2013	27	28,968	0.932
2014-01-31	2014	13	29,031	0.448
2014-02-28	2014	18	26,185	0.687
2014-03-31	2014	18	29,000	0.621
2014-04-30	2014	14	27,958	0.501
2014-05-31	2014	20	28,851	0.693
2014-06-30	2014	20	27,985	0.715
2014-07-31	2014	17	28,886	0.589
2014-08-31	2014	22	28,733	0.766

2014-09-30	2014	16	27,783	0.576
2014-10-31	2014	18	28,676	0.628
2014-11-30	2014	19	27,727	0.685
2014-12-31	2014	8	28,642	0.279

Appendix D – Aggregation of Clinical Diagnoses for Violence and Diagnosis Graphs

As mentioned in [Section II.1.h](#), the patients in the DSH hospitals during 2010-2014 had over 300 unique Axis I diagnoses and over 140 unique entries for Axis II diagnoses (understandable, given that there were over 18,000 unique patients treated in DSH during this time period).

In order to present this information in an easy to read manner, some amount of aggregating of diagnoses was needed. In general, the principle followed was to (as best as possible) follow the DSM-IV-TR chapter groupings. However, this resulted in grouping together diagnoses that DSH likely would examine individually (i.e., the chapter on psychotic disorders includes schizophrenia, schizoaffective disorder, and psychotic disorder NOS, while the chapter on mood disorders includes both major depression and bipolar disorder). The individual diagnoses and the general categories are detailed in the next section; below is the key to the chart abbreviations:

Primary Axis I Diagnosis	General Category Abbreviation
Adjustment or Misc. Disorders	AdjustmentDO
Anxiety/Mood Disorders	AnxietyMood
Bipolar Disorders	BipolarDO
Childhood Disorders	Childhood
Cognitive Disorders	Cognitive
Deferred	Deferred
Major Depressive Disorders	MajorDepression
Malingering	Malingering
No Diagnosis	NoDiagnosis
Paraphilic Disorders	Paraphilia
Pedophilic Disorders	Pedophilia
Personality Disorder Primary	Personality
Misc. Psychotic Disorders	PsychoticDO
Schizoaffective Disorders	Schizoaffective
Schizophrenia Disorders	Schizophrenia
Substance Use Disorders	SubstanceUse

Axis I Diagnoses – WaRMSS Entry and General Categories – Alphabetic Listing

<u>WaRMSS Axis I Diagnosis</u>	<u>General Category</u>
ALCOHOL INDUCED DISORDERS	SubstanceUse
ACADEMIC UNDERACHIEVMENT DISORDER	Childhood
ACUTE PARANOID REACTION	PsychoticDO
ACUTE SCHIZOPHRENIC EPISODE, CHRONIC WITH ACUTE EXACERBATION	Schizophrenia
ACUTE STRESS DISORDER	AnxietyMood
ADJUSTMENT DISORDER UNSPECIFIED	AdjustmentDO
ADJUSTMENT DISORDER W DISTRB CONDUCT	AdjustmentDO
ADJUSTMENT DISORDER W MIXED DISTRB	AdjustmentDO
ADJUSTMENT DISORDER WITH ANXIETY	AdjustmentDO
ADJUSTMENT DISORDER WITH DEPRESSED MOOD	AdjustmentDO
ADJUSTMENT DISORDER WITH MIXED MOOD	AdjustmentDO
ADJUSTMENT REACTION WITH PREDOMINANT DISTURBANCE OF OTHER EMOTIONS	AdjustmentDO
ADJUSTMENT REACTION WITH PREDOMINANT DISTURBANCE OF OTHER EMOTIONS, OTHER	AdjustmentDO
ADULT ANTISOCIAL BEHAVIOR	Personality
ALCOHOL ABUSE	SubstanceUse
ALCOHOL DEPENDENCE	SubstanceUse
ALCOHOL INTOXICATION	SubstanceUse
ALCOHOL-INDUCED PERSISTING AMNESIA	SubstanceUse
ALCOHOL-INDUCED PERSISTING DEMENTIA	SubstanceUse
ALCOHOL-INDUCED PSYCHOTIC DISORDER, WITH DELUSIONS	SubstanceUse
ALCOHOL-INDUCED PSYCHOTIC DISORDER, WITH HALLUCINATIONS	SubstanceUse
ALCOHOL-RELATED DISORDER NOS	SubstanceUse
AMNESTIC DISORDER	Cognitive
AMNESTIC DISORDER NOS	Cognitive
AMPHETAMINE - INDUCED PSYCHOTIC DISORDER, WITH DELUSIONS	SubstanceUse
AMPHETAMINE - INDUCED PSYCHOTIC DISORDER, WITH HALLUCINATIONS	SubstanceUse
AMPHETAMINE - RELATED DISORDER NOS	SubstanceUse
AMPHETAMINE ABUSE	SubstanceUse
AMPHETAMINE DEPENDENCE	SubstanceUse
AMPHETAMINE INTOXICATION DELIRIUM	SubstanceUse
AMPHETAMINE OR SIMILARLY ACTING SYMPATHOMIMETIC INTOXICATION/ABUSE-UNSPECIFIED	SubstanceUse
ANOREXIA NERVOSA	AdjustmentDO
ANTISOCIAL PERSONALITY, DISORDER	Personality
ANXIETY DISORDER	AnxietyMood

WaRMSS Axis I Diagnosis

<u>WaRMSS Axis I Diagnosis</u>	<u>General Category</u>
ASPERGER'S DISORDER	Childhood
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER NOS	Childhood
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER, COMBINED TYPE	Childhood
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER, HYPERACTIVE-IMPULSIVE TYPE	Childhood
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER, INATTENTIVE TYPE	Childhood
ATYPICAL BIPOLAR DISORDER	BipolarDO
ATYPICAL DEPRESSIVE DISORDER	AnxietyMood
ATYPICAL OR MIXED ORGANIC MENTAL DISORDER	Cognitive
ATYPICAL PARAPHILIA	Paraphilia
AUTISTIC DISORDER	Childhood
BEREAVEMENT	AnxietyMood
BIPOLAR DISORDER NOS	BipolarDO
BIPOLAR DISORDER, MIXED, WITH PSYCHOTIC FEATURES	BipolarDO
BIPOLAR I DISORDER, DEPRESSED, IN FULL REMISSION	BipolarDO
BIPOLAR I DISORDER, DEPRESSED, IN PARTIAL REMISSION	BipolarDO
BIPOLAR I DISORDER, DEPRESSED, MILD	BipolarDO
BIPOLAR I DISORDER, DEPRESSED, MODERATE	BipolarDO
BIPOLAR I DISORDER, DEPRESSED, SEVERE WITH PSYCHOTIC FEATURES	BipolarDO
BIPOLAR I DISORDER, DEPRESSED, SEVERE WITHOUT PSYCHOTIC FEATURES	BipolarDO
BIPOLAR I DISORDER, DEPRESSED, UNSPECIFIED	BipolarDO
BIPOLAR I DISORDER, HYPO MANIC, UNSPECIFIED	BipolarDO
BIPOLAR I DISORDER, MANIC, IN FULL REMISSION	BipolarDO
BIPOLAR I DISORDER, MANIC, IN PARTIAL REMISSION	BipolarDO
BIPOLAR I DISORDER, MANIC, MILD	BipolarDO
BIPOLAR I DISORDER, MANIC, MODERATE	BipolarDO
BIPOLAR I DISORDER, MANIC, SEVERE WITH PSYCHOTIC FEATURES	BipolarDO
BIPOLAR I DISORDER, MANIC, SEVERE WITHOUT PSYCHOTIC FEATURES	BipolarDO
BIPOLAR I DISORDER, MANIC, UNSPECIFIED	BipolarDO
BIPOLAR I DISORDER, MIXED, IN FULL REMISSION	BipolarDO
BIPOLAR I DISORDER, MIXED, IN PARTIAL REMISSION	BipolarDO
BIPOLAR I DISORDER, MIXED, MILD	BipolarDO
BIPOLAR I DISORDER, MIXED, MODERATE	BipolarDO
BIPOLAR I DISORDER, MIXED, SEVERE WITH PSYCHOTIC FEATURES	BipolarDO
BIPOLAR I DISORDER, MIXED, UNSPECIFIED	BipolarDO
BIPOLAR I DISORDER, SEVERE WITHOUT PSYCHOTIC FEATURES	BipolarDO
BIPOLAR I DISORDER, UNSPECIFIED	BipolarDO
BIPOLAR I, SINGLE MANIC EPISODE, IN PARTIAL REMISSION	BipolarDO
BIPOLAR I, SINGLE MANIC EPISODE, MILD	BipolarDO
BIPOLAR I, SINGLE MANIC EPISODE, MODERATE	BipolarDO
BIPOLAR I, SINGLE MANIC EPISODE, SEVERE WITH PSYCHOTIC	BipolarDO

WaRMSS Axis I Diagnosis**FEATURES**

BIPOLAR I, SINGLE MANIC EPISODE, SEVERE WITHOUT PSYCHOTIC

FEATURES

BIPOLAR I, SINGLE MANIC EPISODE, UNSPECIFIED

BIPOLAR II DISORDER

BIPOLAR II DISORDER, DEPRESSED

BIPOLAR II DISORDER, HYPOMANIC

BORDERLINE INTELLECTUAL FUNCTIONING

BORDERLINE PERSONALITY DISORDER

BRIEF PSYCHOTIC DISORDER

BRIEF PSYCHOTIC DISORDER, WITH MARKED STRESSOR(S)

BULIMIA NERVOSA

CANNABIS - INDUCED PSYCHOTIC DISORDER, WITH DELUSIONS

CANNABIS - INDUCED PSYCHOTIC DISORDER, WITH HALLUCINATIONS

CANNABIS ABUSE

CANNABIS DEPENDENCE

CANNABIS DEPENDENCE, IN REMISSION

CANNABIS INTOXICATION/ABUSE

CATATONIC TYPE SCHIZOPHRENIA, SUBCHRONIC

COCAINE - INDUCED PSYCHOTIC DISORDER, WITH DELUSIONS

COCAINE - INDUCED PSYCHOTIC DISORDER, WITH HALLUCINATIONS

COCAINE ABUSE

COCAINE DEPENDENCE

COGNITIVE DISORDER NOS

COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE

DRUG, IN REMISSION

CONDUCT DISORDER

CONDUCT DISORDER CHILDHOOD ONSET

CONDUCT DISORDER UNSPECIFIED ONSET

CONVERSION DISORDER

CYCLOTHYMIC DISORDER

DELIRIUM

DELUSIONAL (PARANOID) DISORDER

DELUSIONAL DISORDER

DELUSIONAL DISORDER, EROTOMANIC TYPE

DELUSIONAL DISORDER, GRANDIOSE TYPE

DELUSIONAL DISORDER, JEALOUS TYPE

DELUSIONAL DISORDER, MIXED TYPE

DELUSIONAL DISORDER, PERSECUTOR TYPE

DELUSIONAL DISORDER, SOMATIC TYPE

DELUSIONAL DISORDER, UNSPECIFIED

DEMENTIA

General Category

BipolarDO

BipolarDO

BipolarDO

BipolarDO

BipolarDO

Cognitive

Personality

PsychoticDO

PsychoticDO

AdjustmentDO

SubstanceUse

SubstanceUse

SubstanceUse

SubstanceUse

SubstanceUse

SubstanceUse

Schizophrenia

SubstanceUse

SubstanceUse

SubstanceUse

SubstanceUse

Cognitive

SubstanceUse

Childhood

Childhood

Childhood

AnxietyMood

AnxietyMood

Cognitive

Paraphilia

PsychoticDO

PsychoticDO

PsychoticDO

PsychoticDO

PsychoticDO

PsychoticDO

PsychoticDO

PsychoticDO

Cognitive

WaRMSS Axis I Diagnosis**General Category**

DEMENTIA DISORDER DUE TO HEAD TRAUMA	Cognitive
DEMENTIA DUE TO GENERAL MEDICAL CONDITION, WITH BEHAVIORAL DISTURBANCE	Cognitive
DEMENTIA DUE TO GENERAL MEDICAL CONDITION, WITHOUT BEHAVIORAL DISTURBANCE	Cognitive
DEMENTIA DUE TO MEDICAL CONDITION	Cognitive
DEMENTIA IN OTH DISEASES	Cognitive
DEMENTIA NOS	Cognitive
DEMENTIA OF THE ALZHEIMER'S TYPE, WITH EARLY ONSET, WITH DEPRESSED MOOD	Cognitive
DEMENTIA OF THE ALZHEIMER'S TYPE, WITH LATE ONSET, WITH DELIRIUM	Cognitive
DEMENTIA OF THE ALZHEIMER'S TYPE, WITH LATE ONSET, WITH DEPRESSED MOOD	Cognitive
DEMENTIA, UNSPECIFIED, WITH BEHAVIORAL DISTURBANCE	Cognitive
DEMENTIA, UNSPECIFIED, WITHOUT BEHAVIORAL DISTURBANCE	Cognitive
DEPENDENT PERSONALITY DISORDER	Personality
DEPRESSIVE DISORDER NOS	AnxietyMood
DEPRESSIVE TYPE PSYCHOSIS	PsychoticDO
DIAGNOSIS DEFERRED	Deferred
DIAGNOSIS DEFERRED ON AXIS II	Deferred
DIAGNOSIS OR CONDITION DEFERRED	Deferred
DIAGNOSIS OR CONDITION DEFERRED ON AXIS I	Deferred
DISORGANIZED TYPE SCHIZOPHRENIA, CHRONIC	Schizophrenia
DISRUPTIVE BEHAVIOR DISORDER NOS	Childhood
DISSOCIATIVE DISORDER NOS	AnxietyMood
DISSOCIATIVE IDENTITY DISORDER	AnxietyMood
DRUG INTOXICATION/ABUSE	SubstanceUse
DRUG-INDUCED DISORDER NEC	SubstanceUse
DRUG-INDUCED MOOD DISORDER	SubstanceUse
DRUG-INDUCED PERSISTING AMNESTIC DISORDER	SubstanceUse
DRUG-INDUCED PERSISTING DEMENTIA	SubstanceUse
DRUG-INDUCED PSYCHOTIC DISORDER, WITH DELUSIONS	SubstanceUse
DRUG-INDUCED PSYCHOTIC DISORDER, WITH HALLUCINATIONS	SubstanceUse
DRUG-RELATED DISORDER NOS	SubstanceUse
DYSTHYMIC DISORDER	AnxietyMood
EXHIBITIONISM	Paraphilia
EXPLOSIVE PERSONALITY DISORDER	Personality
FACTITIOUS DISORDER	Malingering
FACTITIOUS DISORDER NOS	Malingering
FACTITIOUS DISORDER PSYCHOLOGICAL	Malingering
FACTITIOUS DISORDER WITH PREDOMINANTLY PHYSICAL SIGN AND	Malingering

WaRMSS Axis I Diagnosis

SYMPTOMS

FETISHISM

FROTTEURISM

GENDER IDENTITY DISORDER

GENERALIZED ANXIETY DISORDER

IMPULSE CONTROL DISORDER NOS/TRICHOTILLOMANIA

IMPULSE-CONTROL DISORDER NOS

INHALANT OR PHENCYCLIDINE DEPENDENCE

INTERMITTENT EXPLOSIVE DISORDER

KLEPTOMANIA

LANGUAGE DISORDER

LATENT SCHIZOPHRENIA, UNSPECIFIED

LEARNING DISORDER NOS

MAJOR DEPRESSION, RECURRENT, IN PARTIAL REMISSION

MAJOR DEPRESSION, RECURRENT, IN REMISSION

MAJOR DEPRESSION, RECURRENT, MILD

MAJOR DEPRESSION, RECURRENT, MODERATE

MAJOR DEPRESSION, RECURRENT, SEVERE W/O PSYCHOTIC FEATURES

MAJOR DEPRESSION, RECURRENT, SEVERE WITH PSYCHOTIC FEATURES

MAJOR DEPRESSION, RECURRENT, UNSPECIFIED

MAJOR DEPRESSION, RECURRENT, WITH PSYCHOTIC FEATURES

MAJOR DEPRESSION, SINGLE EPISODE, IN PARTIAL REMISSION

MAJOR DEPRESSION, SINGLE EPISODE, IN REMISSION

MAJOR DEPRESSION, SINGLE EPISODE, MILD

MAJOR DEPRESSION, SINGLE EPISODE, MODERATE

MAJOR DEPRESSION, SINGLE EPISODE, SEVERE WITH PSYCHOTIC
FEATURESMAJOR DEPRESSION, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC
FEATURES

MAJOR DEPRESSION, SINGLE EPISODE, UNSPECIFIED

MALINGERING

MANIC DISORDER, RECURRENT EPISODE, SEVERE, SPECIFIED AS WITH
PSYCHOTIC BEHAVIORMANIC DISORDER, RECURRENT EPISODE, SEVERE, WITHOUT MENTION
OF PSYCHOTIC BEHAVIOR

MANIC DISORDER, RECURRENT EPISODE, UNSPECIFIED

MENTAL DISORDER

MENTAL DISORDER NOS

MENTAL RETARDATION, SEVERITY UNSPECIFIED

MILD MENTAL RETARDATION

MILD MENTAL RETARDATION WITHOUT OTHER BEHAVIORAL
SYMPTOMS**General Category**

Paraphilia

Paraphilia

AdjustmentDO

AnxietyMood

Childhood

Childhood

SubstanceUse

Childhood

AnxietyMood

Childhood

Schizophrenia

Childhood

MajorDepression

MajorDepression

MajorDepression

MajorDepression

MajorDepression

MajorDepression

MajorDepression

MajorDepression

MajorDepression

MajorDepression

MajorDepression

MajorDepression

MajorDepression

MajorDepression

MajorDepression

Malingering

BipolarDO

BipolarDO

BipolarDO

Deferred

Deferred

Personality

Personality

Personality

WaRMSS Axis I Diagnosis

<u>WaRMSS Axis I Diagnosis</u>	<u>General Category</u>
MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISOER	Childhood
MOOD DISORDER	AnxietyMood
MOOD DISORDER NOS	AnxietyMood
MOOD DISORDER WITH DEPRESSIVE FEATURES	AnxietyMood
MOOD DISORDER WITH MIXED FEATURES	AnxietyMood
NARCISSISTIC PERSONALITY DISORDER	Personality
NO DIAGNOSIS	NoDiagnosis
NO DIAGNOSIS ON AXIS II	NoDiagnosis
NO DIAGNOSIS OR CONDITION	NoDiagnosis
NO DIAGNOSIS OR CONDITION ON AXIS I	NoDiagnosis
NONCOMPLIANCE WITH TREATMENT	Malingering
NULL	NoDiagnosis
OBSESSIVE COMPULSIVE DISORDER (OR OBSESSIVE COMPULSIVE NEUROSIS)	AdjustmentDO
OBSESSIVE-COMPULSIVE DISORDER	AnxietyMood
OBSESSIVE-COMPULSIVE PERSONALITY DISORDER	AnxietyMood
OPIOID - INDUCED PSYCHOTIC DISORDER, WITH DELUSIONS	SubstanceUse
OPIOID ABUSE	SubstanceUse
OPIOID DEPENDENCE	SubstanceUse
OPIOID INDUCED MOOD DISORDER	SubstanceUse
OPIOID TYPE DEPENDENCE, IN REMISSION	SubstanceUse
OPPOSITIONAL DEFIANT DISORDER	Childhood
ORGANIC MENTAL DISORDER NOS	Cognitive
ORGANIC PERSONALITY DISORDER	Cognitive
ORGANIC PERSONALITY DISORDER DUE TO MEDICAL CONDITION, DISINHIBITED TYPE	Cognitive
ORGANIC PERSONALITY SYNDROME	Cognitive
OTHER (OR UNKNOWN) SUBSTANCE - INDUCED PERSISTING AMNESTIC DISORDER	SubstanceUse
OTHER (OR UNKNOWN) SUBSTANCE - INDUCED PSYCHOTIC DISORDER, WITH DELUSIONS	SubstanceUse
OTHER (OR UNKNOWN) SUBSTANCE - INDUCED PSYCHOTIC DISORDER, WITH HALLUCINATIONS	SubstanceUse
OTHER (OR UNKNOWN) SUBSTANCE ABUSE	SubstanceUse
OTHER (OR UNKNOWN) SUBSTANCE DEPENDENCE	SubstanceUse
OTHER (OR UNKNOWN) SUBSTANCE INDUCED MOOD DISORDER	SubstanceUse
OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE, IN REMISSION	SubstanceUse
OTHER SPECIFIED ADJUSTMENT REACTIONS	AdjustmentDO
OTHER SPECIFIED AFFECTIVE PSYCHOSES	PsychoticDO
OTHER SPECIFIED TYPES OF SCHIZOPHRENIA, CHRONIC	Schizophrenia
OTHER SPECIFIED TYPES OF SCHIZOPHRENIA, UNSPECIFIED	Schizophrenia
PAIN DISORDER /PSYCH. & MEDICAL CONDITON	NoDiagnosis

WaRMSS Axis I Diagnosis

WaRMSS Axis I Diagnosis	General Category
PANIC DISORDER WITH AGORAPHOBIA	AnxietyMood
PANIC DISORDER WITHOUT AGORAPHOBIA	AnxietyMood
PARANOID STATE, SIMPLE	PsychoticDO
PARANOID TYPE SCHIZOPHRENIA, CHRONIC	Schizophrenia
PARANOID TYPE SCHIZOPHRENIA, CHRONIC WITH ACUTE EXACERBATION	Schizophrenia
PARANOID TYPE SCHIZOPHRENIA, IN REMISSION	Schizophrenia
PARANOID TYPE SCHIZOPHRENIA, SUBCHRONIC WITH ACUTE EXACERBATION	Schizophrenia
PARAPHILIA NOS	Paraphilia
PEDOPHILIA	Pedophilia
PEDOPHILIA, SEXUALLY ATTRACTED TO BOTH, EXCLUSIVE TYPE	Pedophilia
PEDOPHILIA, SEXUALLY ATTRACTED TO BOTH, NON-EXCLUSIVE TYPE	Pedophilia
PEDOPHILIA, SEXUALLY ATTRACTED TO FEMALES, EXCLUSIVE TYPE	Pedophilia
PEDOPHILIA, SEXUALLY ATTRACTED TO FEMALES, NON-EXCLUSIVE TYPE	Pedophilia
PEDOPHILIA, SEXUALLY ATTRACTED TO MALES, EXCLUSIVE TYPE	Pedophilia
PEDOPHILIA, SEXUALLY ATTRACTED TO MALES, NON-EXCLUSIVE TYPE	Pedophilia
PERSONALITY CHANGE	Cognitive
PERSONALITY DISORDER NOS	Personality
PERVASIVE DEVELOPMENTAL DISORDER NOS	Childhood
PHENCYCLIDINE - INDUCED PSYCHOTIC DISORDER, WITH DELUSIONS	SubstanceUse
PICA	Childhood
POLYSUBSTANCE DEPENDENCE	SubstanceUse
POSTTRAUMATIC STRESS DISORDER	AnxietyMood
PSYCHOTIC DISORDER DUE TO (GENERAL MEDICAL CONDITION), WITH DELUSIONS	PsychoticDO
PSYCHOTIC DISORDER NOS	PsychoticDO
PSYCHOTIC DISORDER NOS (ATYPICAL PSYCHOSIS)	PsychoticDO
PSYCHOTIC DISORDER WITH DELUSIONS	PsychoticDO
PSYCHOTIC DISORDER WITH HALLUCINATIONS	PsychoticDO
PYROMANIA	Childhood
R/O *ALCOHOL INDUCED DISORDERS	SubstanceUse
R/O BIPOLAR DISORDER NOS	BipolarDO
R/O BIPOLAR I DISORDER, DEPRESSED, SEVERE WITH PSYCHOTIC FEATURES	BipolarDO
R/O BIPOLAR I DISORDER, HYPO MANIC, UNSPECIFIED	BipolarDO
R/O BIPOLAR I DISORDER, MANIC, SEVERE WITH PSYCHOTIC FEATURES	BipolarDO
R/O BIPOLAR I DISORDER, MANIC, SEVERE WITHOUT PSYCHOTIC FEATURES	BipolarDO
R/O BIPOLAR I DISORDER, UNSPECIFIED	BipolarDO
R/O BIPOLAR I, SINGLE MANIC EPISODE, UNSPECIFIED	BipolarDO
R/O BIPOLAR II DISORDER	BipolarDO

WaRMSS Axis I Diagnosis

<u>WaRMSS Axis I Diagnosis</u>	<u>General Category</u>
R/O COGNITIVE DISORDER NOS	Cognitive
R/O DELUSIONAL DISORDER	PsychoticDO
R/O DEMENTIA	Cognitive
R/O DEMENTIA DUE TO GENERAL MEDICAL CONDITION, WITH BEHAVIORAL DISTURBANCE	Cognitive
R/O DEMENTIA NOS	Cognitive
R/O DRUG-INDUCED MOOD DISORDER	SubstanceUse
R/O DRUG-INDUCED PSYCHOTIC DISORDER, WITH DELUSIONS	SubstanceUse
R/O DRUG-RELATED DISORDER NOS	SubstanceUse
R/O INTERMITTENT EXPLOSIVE DISORDER	Childhood
R/O LEARNING DISORDER NOS	Childhood
R/O MAJOR DEPRESSION, RECURRENT, SEVERE WITH PSYCHOTIC FEATURES	MajorDepression
R/O MALINGERING	Malingering
R/O MOOD DISORDER	AnxietyMood
R/O MOOD DISORDER NOS	AnxietyMood
R/O MOOD DISORDER WITH MAJOR DEPRESSIVE-LIKE EPISODE	MajorDepression
R/O OTHER (OR UNKNOWN) SUBSTANCE ABUSE	SubstanceUse
R/O PARANOID TYPE SCHIZOPHRENIA, CHRONIC	Schizophrenia
R/O PARAPHILIA NOS	Paraphilia
R/O PEDOPHILIA	Pedophilia
R/O PERVASIVE DEVELOPMENTAL DISORDER NOS	Childhood
R/O POSTTRAUMATIC STRESS DISORDER	AnxietyMood
R/O PSYCHOTIC DISORDER NOS	PsychoticDO
R/O PSYCHOTIC DISORDER WITH HALLUCINATIONS	PsychoticDO
R/O SCHIZOAFFECTIVE DISORDER	Schizoaffective
R/O SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE	Schizoaffective
R/O SCHIZOAFFECTIVE DISORDER, DEPRESSIVE TYPE	Schizoaffective
R/O SCHIZOPHRENIA, DISORGANIZED TYPE	Schizophrenia
R/O SCHIZOPHRENIA, PARANOID TYPE	Schizophrenia
R/O SCHIZOPHRENIA, RESIDUAL TYPE	Schizophrenia
R/O SCHIZOPHRENIA, UNDIFFERENTIATED TYPE	Schizophrenia
R/O TOURETTE'S DISORDER	Childhood
R/O UNSPECIFIED MENTAL DISORDER (NONPSYCHOTIC)	Deferred
R/O VASCULAR DEMENTIA, WITH DEPRESSED MOOD	Cognitive
REACTIVE CONFUSION	Deferred
READING DISORDER	Childhood
RELATIONAL PROBLEM NOS	AdjustmentDO
SCHIZOAFFECTIVE DISORDER	Schizoaffective
SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE	Schizoaffective
SCHIZOAFFECTIVE DISORDER, DEPRESSIVE TYPE	Schizoaffective
SCHIZO-AFFECTIVE, CHRONIC	Schizoaffective

<u>WaRMSS Axis I Diagnosis</u>	<u>General Category</u>
SCHIZO-AFFECTIVE, CHRONIC WITH ACUTE EXACERBATION	Schizoaffective
SCHIZO-AFFECTIVE, IN REMISSION	Schizoaffective
SCHIZOID PERSONALITY DISORDER	Personality
SCHIZOPHRENIA UNDIFFERENTIATED CHRONIC W/ACUTE EXACERBATION	Schizophrenia
SCHIZOPHRENIA, CATATONIC TYPE	Schizophrenia
SCHIZOPHRENIA, CATATONIC, UNSPECIFIED	Schizophrenia
SCHIZOPHRENIA, DISORGANIZED TYPE	Schizophrenia
SCHIZOPHRENIA, DISORGANIZED TYPE, CONTINUOUS	Schizophrenia
SCHIZOPHRENIA, DISORGANIZED TYPE, EPISODIC W/INTEREPISODE RESIDUAL SYMPTOMS	Schizophrenia
SCHIZOPHRENIA, DISORGANIZED, CHRONIC	Schizophrenia
SCHIZOPHRENIA, DISORGANIZED, CHRONIC WITH ACUTE EXACERBATION	Schizophrenia
SCHIZOPHRENIA, PARANOID TYPE	Schizophrenia
SCHIZOPHRENIA, PARANOID TYPE, CONTINUOUS	Schizophrenia
SCHIZOPHRENIA, PARANOID TYPE, EPISODIC WITH INTEREPISODE RESIDUAL SYMPTOMS	Schizophrenia
SCHIZOPHRENIA, PARANOID TYPE, OTHER SPECIFIED PATTERN	Schizophrenia
SCHIZOPHRENIA, PARANOID, CHRONIC	Schizophrenia
SCHIZOPHRENIA, PARANOID, CHRONIC WITH ACUTE EXACERBATION	Schizophrenia
SCHIZOPHRENIA, PARANOID, IN REMISSION	Schizophrenia
SCHIZOPHRENIA, PARANOID, UNSPECIFIED	Schizophrenia
SCHIZOPHRENIA, RESIDUAL TYPE	Schizophrenia
SCHIZOPHRENIA, RESIDUAL, CHRONIC	Schizophrenia
SCHIZOPHRENIA, UNDIFFERENTIATED TYPE	Schizophrenia
SCHIZOPHRENIA, UNDIFFERENTIATED TYPE, CONTINUOUS	Schizophrenia
SCHIZOPHRENIA, UNDIFFERENTIATED TYPE, CONTINUOUS, W/PROMINENT NEGATIVE SYMPTOMS	Schizophrenia
SCHIZOPHRENIA, UNDIFFERENTIATED TYPE, EPISODIC W/INTEREPISODE RESIDUAL SYMPTOMS	Schizophrenia
SCHIZOPHRENIA, UNDIFFERENTIATED TYPE, OTHER SPECIFIED PATTERN	Schizophrenia
SCHIZOPHRENIA, UNDIFFERENTIATED, CHRONIC	Schizophrenia
SCHIZOPHRENIA, UNDIFFERENTIATED, CHRONIC WITH ACUTE EXACERBATION	Schizophrenia
SCHIZOPHRENIA, UNDIFFERENTIATED, IN REMISSION	Schizophrenia
SCHIZOPHRENIA, UNDIFFERENTIATED, UNSPECIFIED	Schizophrenia
SCHIZOPHRENIA, PARANOID TYPE, EPISODIC W/INTEREPISODE RESIDUAL SYMPTOMS, W/PROMINEN	Schizophrenia
SCHIZOPHRENIA, UNDIFFERENTIATED TYPE, EPISODIC W/NO INTEREPISOERESIDUAL SYMPTOMS	Schizophrenia
SCHIZOPHRENIC DISORDER, SIMPLE TYPE, CHRONIC	Schizophrenia

WaRMSS Axis I Diagnosis

SCHIZOPHRENIC DISORDER, SIMPLE TYPE, SUBCHRONIC
 SCHIZOPHRENIC DISORDER, SIMPLE TYPE, UNSPECIFIED
 SCHIZOPHRENIFORM DISORDER
 SCHIZOPHRENIFORM DISORDER (WITHOUT GOOD PROGNOSTIC
 FEATURES)
 SCHIZOTYPAL PERSONALITY DISORDER
 SEXUAL DYSFUNCTION NOS
 SEXUAL SADISM
 SOCIAL PHOBIA
 SOCIALIZED CONDUCT DISORDER, MILD
 SOCIALIZED CONDUCT DISORDER, SEVERE
 SOMATOFORM DISORDER
 TOURETTE'S DISORDER
 UNSPECIFIED MENTAL DISORDER (NONPSYCHOTIC)
 UNSPECIFIED NONPSYCHOTIC MENTAL DISORDER FOLLOWING
 ORGANIC BRAIN DAMAGE
 UNSPECIFIED PARANOID STATE
 UNSPECIFIED SCHIZOPHRENIA, CHRONIC
 UNSPECIFIED SCHIZOPHRENIA, CHRONIC WITH ACUTE EXACERBATION
 UNSPECIFIED SCHIZOPHRENIA, SUBCHRONIC WITH ACUTE
 EXACERBATION
 UNSPECIFIED TRANSIENT ORGANIC MENTAL DISORDER
 VASCULAR DEMENTIA, UNCOMPLICATED
 VASCULAR DEMENTIA, WITH DELIRIUM
 VASCULAR DEMENTIA, WITH DELUSIONS
 VASCULAR DEMENTIA, WITH DELUSIONS, WITH BEHAVIORAL
 DISTURBANCES
 VASCULAR DEMENTIA, WITH DEPRESSED MOOD
 VASCULAR DEMENTIA, WITH DEPRESSED MOOD, WITH BEHAVIORAL
 DISTURBANCES
 VOYEURISM

General Category

Schizophrenia
 Schizophrenia
 Schizophrenia

 Schizophrenia
 Personality
 AdjustmentDO
 Paraphilia
 AnxietyMood
 Childhood
 Childhood
 AnxietyMood
 Childhood
 Deferred

 Cognitive
 PsychoticDO
 Schizophrenia
 Schizophrenia

 Schizophrenia
 Cognitive
 Cognitive
 Cognitive
 Cognitive

 Cognitive
 Cognitive

 Cognitive
 Paraphilia

Axis II Diagnoses – WaRMS Entry and General Categories – Alphabetical Listing

As mentioned in [Section II.1.h](#), the patients in the DSH hospitals during 2010-2014 had over 300 unique Axis I diagnoses and over 140 unique diagnostic entries on Axis II (understandable, given that there were over 18,000 unique patients treated in DSH during this time period).

In order to present this information in an easy to read manner, some amount of aggregating of diagnoses was needed. In general, the principle followed was to (as best as possible) follow the DSM-IV-TR chapter groupings. However, this resulted in grouping together diagnoses that DSH likely would to examine individually (i.e., the chapter on psychotic disorders includes schizophrenia, schizoaffective disorder, and psychotic disorder NOS, while the chapter on mood disorders includes both major depression and bipolar disorder). Collapsing all the diagnoses in a single chapter all into one group would not be informative for DSH as much as maintaining these disorders as separate categories, so a categorization was developed that would break out the disorders that were of most interest to DSH clinicians, yet would also follow DSM chapter categories as much as possible.

The individual diagnoses and the general categories are detailed in the next section; below is the key to the chart abbreviations:

Axis II or Personality Disorders	General Category
Antisocial Personality Disorder	APD
Intellectual Disabilities	BIF
Borderline Personality Disorder	BPD
All Cluster A Personality Disorders	ClusterAPD
All Cluster C Personality Disorders	ClusterCPD
Deferred Axis II Diagnosis	Deferred
No Personality Disorder Diagnosis	None
Other Cluster B Disorders	otherClusterBPD

WaRMSS Axis II Diagnosis Entry

<u>WaRMSS Axis II Diagnosis Entry</u>	<u>General Category</u>
(Blank)	None
ADJUSTMENT DISORDER UNSPECIFIED	None
ADJUSTMENT DISORDER W MIXED DISTRB	None
ADJUSTMENT DISORDER WITH DEPRESSED MOOD	None
ADULT ANTISOCIAL BEHAV	APD
ADULT ANTISOCIAL BEHAVIOR	APD
AFFECTIVE PERSONALITY DISORDER, UNSPECIFIED	ClusterCPD
ALCOHOL ABUSE	None
ALCOHOL DEPENDENCE	None
AMPHETAMINE ABUSE	None
AMPHETAMINE DEPENDENCE	None
ANOREXIA NERVOSA	None
ANTISOCIAL PERSONALITY DISORDER	APD
ANTISOCIAL PERSONALITY, DISORDER	APD
ANXIETY DISORDER	None
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER, HYPERACTIVE-IMPULSIVE TYPE	None
ATYPICAL DEPRESSIVE DISORDER	None
ATYPICAL, MIXED OR OTHER PERSONALITY DISORDER	ClusterCPD
AVOIDANT PERSONALITY DISORDER	ClusterCPD
BEREAVEMENT	None
BIPOLAR DISORDER NOS	None
BIPOLAR I DISORDER, DEPRESSED, UNSPECIFIED	None
BIPOLAR I DISORDER, MANIC, SEVERE WITHOUT PSYCHOTIC FEATURES	None
BIPOLAR I DISORDER, SEVERE WITHOUT PSYCHOTIC FEATURES	None
BIPOLAR I DISORDER, UNSPECIFIED	None
BIPOLAR I, SINGLE MANIC EPISODE, MILD	None
BIPOLAR I, SINGLE MANIC EPISODE, UNSPECIFIED	None
BIPOLAR II DISORDER	None
BORDERLINE INTELLECTUAL FUNCTIONING	BIF
BORDERLINE PERSONALITY DISORDER	BPD
BULIMIA NERVOSA	None
CANNABIS ABUSE	None
CANNABIS DEPENDENCE	None
CHILD OR ADOLESCENT ANTISOCIAL BEHAVIOR	APD
CHILDHOOD ONSET PERVASIVE DEVELOPMENTAL DISORDER, FULL SYNDROME PRESENT	BIF
COCAINE ABUSE	None
COCAINE DEPENDENCE	None
COGNITIVE DISORDER NOS	BIF

WaRMSS Axis II Diagnosis Entry

<u>WaRMSS Axis II Diagnosis Entry</u>	<u>General Category</u>
COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG, CONTINUOUS	None
COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG, IN REMISSION	None
COMMUNICATION DISORDER NOS	BIF
CONDUCT DISORDER ADOLESCENT ONSET	APD
CONDUCT DISORDER CHILDHOOD ONSET	APD
CONDUCT DISORDER UNSPECIFIED ONSET	APD
CONDUCT DISORDER, ADOLESCENT-ONSET TYPE DEFERRED	APD
DEFERRED	Deferred
DELUSIONAL DISORDER	None
DEMENTIA DUE TO GENERAL MEDICAL CONDITION, WITHOUT BEHAVIORAL DISTURBANCE	None
DEMENTIA NOS	None
DEPENDENT PERSONALITY DISORDER	ClusterCPD
DEPRESSIVE DISORDER NOS	None
DEVELOPMENTAL COORDINATION DISORDER	BIF
DIAGNOSIS DEFERRED	Deferred
DIAGNOSIS DEFERRED ON AXIS II	Deferred
DIAGNOSIS OR CONDITION DEFERRED	Deferred
DIAGNOSIS OR CONDITION DEFERRED ON AXIS I	Deferred
DRUG-INDUCE DELIRIUM	None
DRUG-RELATED DISORDER NOS	None
DYSTHYMIC DISORDER	None
ENCOPRESIS, W/O CONSTIPATION & INCONTINENCE	None
EXHIBITIONISM	None
HISTRIONIC PERSONALITY DISORDER	otherClusterBPD
HYPERKINESIS WITH DEVELOPMENTAL DELAY	BIF
INTERMITTENT EXPLOSIVE DISORDER	None
LEARNING DISORDER NOS	BIF
MAJOR DEPRESSION, RECURRENT, MODERATE	None
MAJOR DEPRESSION, RECURRENT, SEVERE WITH PSYCHOTIC FEATURES	None
MAJOR DEPRESSION, SINGLE EPISODE, IN PARTIAL REMISSION	None
MAJOR DEPRESSION, SINGLE EPISODE, IN REMISSION	None
MALINGERING	None
MATHEMATICS DISORDER	None
MENTAL DISORDER NOS	None
MENTAL RETARDATION, SEVERITY UNSPECIFIED	BIF
MILD MENTAL RETARDATION	BIF
MODERATE MENTAL RETARDATION	BIF

WaRMSS Axis II Diagnosis Entry

<u>WaRMSS Axis II Diagnosis Entry</u>	<u>General Category</u>
MOOD DISORDER NOS	None
NARCISSISTIC PERSONALITY DISORDER	otherClusterBPD
NEUROLEPTIC-INDUCED PARKINSONISM	None
NEUROLEPTIC-INDUCED TARDIVE DYSKINESIA	None
NICOTINE DEPENDENCE	None
NO DIAGNOSIS	None
NO DIAGNOSIS ON AXIS II	None
NO DIAGNOSIS OR CONDITION	None
NO DIAGNOSIS OR CONDITION ON AXIS I	None
NONCOMPLIANCE WITH TREATMENT	None
NULL	None
OBSESSIVE COMPULSIVE PERSONALITY DISORDER	ClusterCPD
OBSESSIVE-COMPULSIVE PERSONALITY DISORDER	ClusterCPD
OCCUPATIONAL PROBLEM	None
OPIOID DEPENDENCE	None
OTHER (OR UNKNOWN) SUBSTANCE ABUSE	None
OTHER (OR UNKNOWN) SUBSTANCE DEPENDENCE	None
PARANOID PERSONALITY DISORDER	ClusterAPD
PARAPHILIA NOS	None
PASSIVE-AGGRESSIVE PERSONALITY DISORDER	ClusterCPD
PEDOPHILIA	None
PERSONALITY CHANGE	ClusterCPD
PERSONALITY DISORDER NOS	ClusterCPD
PERVASIVE DEVELOPMENTAL DISORDER NOS	BIF
PHONOLOGICAL DISORDER	None
POLYSUBSTANCE DEPENDENCE	None
POSTTRAUMATIC STRESS DISORDER	None
PROFOUND MENTAL RETARDATION	BIF
PSYCHOSEXUAL DISORDER NEC	None
PSYCHOTIC DISORDER NOS	None
R/O ADJUSTMENT DISORDER W MIXED DISTRB	None
R/O ADULT ANTISOCIAL BEHAVIOR	APD
R/O ALCOHOL DEPENDENCE	None
R/O ANTISOCIAL PERSONALITY, DISORDER	APD
R/O BIPOLAR DISORDER NOS	None
R/O BORDERLINE INTELLECTUAL FUNCTIONING	BIF
R/O BORDERLINE PERSONALITY DISORDER	BPD
R/O COGNITIVE DISORDER NOS	BIF
R/O CONDUCT DISORDER UNSPECIFIED ONSET	APD
R/O DEMENTIA NOS	None
R/O DEPENDENT PERSONALITY DISORDER	ClusterCPD
R/O DIAGNOSIS DEFERRED ON AXIS II	Deferred

WaRMSS Axis II Diagnosis Entry

R/O HISTRIONIC PERSONALITY DISORDER
R/O LEARNING DISORDER NOS
R/O MAJOR DEPRESSION, RECURRENT, UNSPECIFIED
R/O MALINGERING
R/O MENTAL RETARDATION, SEVERITY UNSPECIFIED
R/O MILD MENTAL RETARDATION
R/O MODERATE MENTAL RETARDATION
R/O NARCISSISTIC PERSONALITY DISORDER
R/O PANIC DISORDER WITH AGORAPHOBIA
R/O PARANOID PERSONALITY DISORDER
R/O PERSONALITY DISORDER NOS
R/O PERVASIVE DEVELOPMENTAL DISORDER NOS
R/O POLYSUBSTANCE DEPENDENCE
R/O POSTTRAUMATIC STRESS DISORDER
R/O SCHIZOAFFECTIVE DISORDER
R/O SCHIZOID PERSONALITY DISORDER
R/O SCHIZOTYPAL PERSONALITY DISORDER
READING DISORDER
RELATIONAL PROBLEM NOS
SCHIZOAFFECTIVE DISORDER
SCHIZOID PERSONALITY DISORDER
SCHIZOPHRENIA, UNDIFFERENTIATED TYPE
SCHIZOTYPAL PERSONALITY DISORDER
SEDATIVE, HYPNOTIC, OR ANXIOLYTIC DEPENDENCE
SELECTIVE MUTISM
SEXUAL SADISM
TOURETTE'S DISORDER

General Category

otherClusterBPD
BIF
None
None
BIF
BIF
BIF
otherClusterBPD
None
ClusterAPD
ClusterCPD
BIF
None
None
None
ClusterAPD
ClusterAPD
None
None
None
ClusterAPD
None
ClusterAPD
None
None
None
None

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 /	Legal	Legal Code	

Census Group	Class Text	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