

# The Forensic Population



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# A Brief History of State Hospitals

WHAT ASYLUMS WERE, ARE, AND OUGHT TO BE:

BEING THE SUBSTANCE OF

FIVE LECTURES

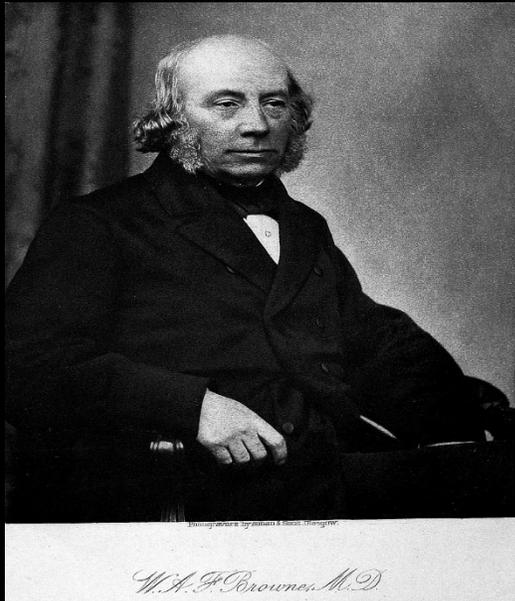
DELIVERED BEFORE

THE MANAGERS

OF THE

MONTROSE ROYAL LUNATIC ASYLUM.

- WAF Browne
- Royal Medical Society, Edinburgh
- 1837



- “The darkest chapter in the history of the human heart might be compiled from the recorded sufferings of the insane.”

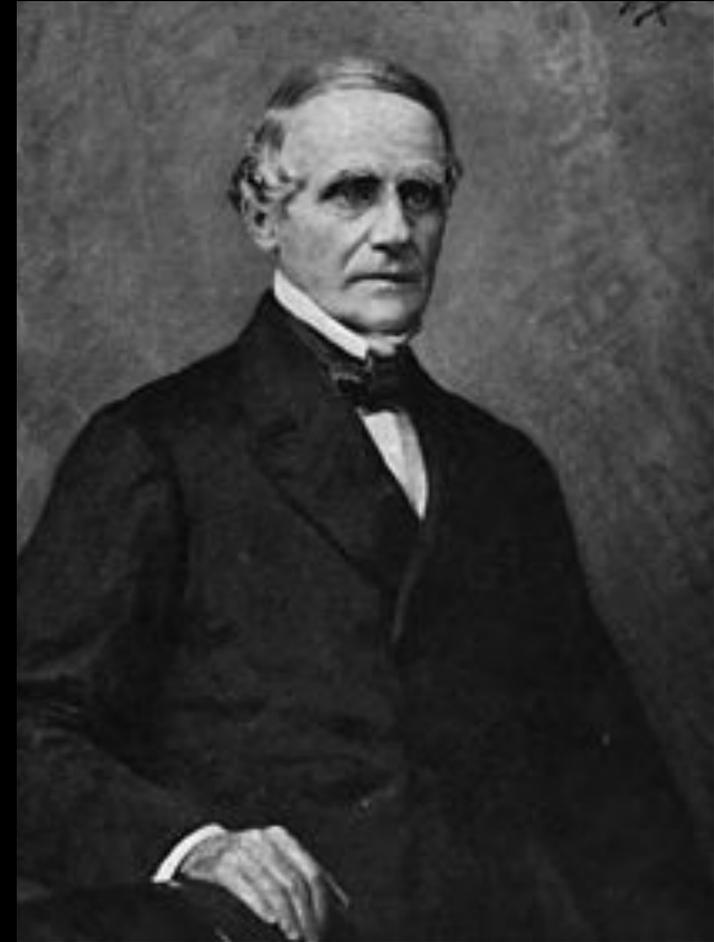
# A Brief History of State Hospitals



- Dorothea Dix
- Advocated to create asylums
- 1840s
- Movement of people with mental illness out of inhumane conditions in prisons

# A Brief History of State Hospitals

- Moral Treatment
- Kirkbride Buildings – Asylums



# Napa State Hospital - 1875



2005

Napa State  
Hospital



KATE  
WARBURTON  
UC DAVIS "FELLOW"



FIRST BIENNIAL REPORT

CALIF. DEPT. OF MENTAL HYGIENE  
OF THE  
LIBRARY

STATE COMMISSION IN LUNACY

FOR THE

TWO YEARS ENDING JUNE 30, 1898.



SACRAMENTO:

JOHNSTON & COMPANY, SUPERINTENDENT STATE PRINTING.

1898

PRINTING.

TABLE No. 15.

*Products of Farm and Garden for the Fiscal Year Ending June 30, 1898,  
with the Market Value of Same.*

Articles.	Amount.	Value.
Asparagus.....	133 lbs.	\$6 75
Apples.....	3,244 lbs.	32 44
Beans, string.....	1,811 lbs.	54 33
Beets, table.....	3,492 lbs.	24 91
Beets, cow.....	32,780 lbs.	208 73
Cabbage.....	7,241 lbs.	72 41
Carrots.....	2,954 lbs.	19 43
Cauliflower.....	210 lbs.	4 82
Celery.....	3,217 lbs.	65 14
Corn.....	1,280 doz.	113 36
Cucumbers.....	280 doz.	20 80
Gooseberries.....	683 lbs.	19 30
Horse-radish.....	220 lbs.	4 15
Kohlrabi.....	260 lbs.	2 60
Lettuce.....	2,692 lbs.	44 32
Melons, musk.....	2,772	114 50
Melons, water.....	1,213	100 00
Onions.....	4,320 lbs.	43 20
Pears.....	1,062 lbs.	9 99
Potatoes.....	61,655 lbs.	586 71
Peppers, green.....	143 lbs.	6 59
Parsnips.....	5,492 lbs.	40 11
Peas.....	1,291 lbs.	38 73
Radishes.....	2,390 lbs.	47 00
Rhubarb.....	720 lbs.	15 95
Rutabaga.....	4,363 lbs.	32 56
Squash.....	434 lbs.	2 13
Spinach.....	1,110 lbs.	22 20
Strawberries.....	140 lbs.	14 00
Turnips.....	11,608 lbs.	95 30
Tomatoes.....	9,627 lbs.	73 64
Pork, killed.....	12,620 lbs.	785 09
Wood, cut on farm.....	72 cds.	229 00
Eggs.....	41 doz.	4 10
Hay, alfalfa.....	25 tons	143 50
Hay, grain.....	40 tons	400 00
Total.....		\$3,498 79

# Overcrowding

- 1850 – Less than 2,500 patients in state hospitals
- 1905 ~ 150,000
- 1955 – over 500,000

# 1900-1950

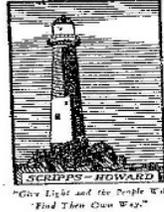
## the Snake Pit





Circa 1947

# Reference



STAFF LIBRARY  
Patton State Hospital  
3102 E. Highland Ave.  
Patton, CA 92369

## The San Francisco News

*A Scripps-Howard Newspaper*

presents a  
reprint of

# People in the Dark

A Series of Articles on California's Hospital System  
for the Mentally Sick

Written by Al Ostrow—Photographs by Robert J. Warren

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A SUMMARY

# Shortage of Doctors, Attendants Appalling in California's Mental Hospitals



**NO ROOM TO SPARE**—This view shows how patients are jammed together in the state mental hospitals. Dr. Walter Hammond, medical superintendent of Mendocino State Hospital, shows how a "maximum capacity" of 50, where 95 patients are at present, is not enough beds to go around. Note the patients on the floor. Mrs. Harold Brown, night matron, looks on.

Continued from page 1. Complicated feeding, recreation and exercise.

Way of all, it gives the individual patient too little attention and develops a state of mind characterized by disorientation and loss of effect to help himself.

Mrs. Harlow, in her annual report to the governor. "One of the dangers of overcrowding state institutions is the increased possibility of the spread of contagious and infectious diseases. This possibility is further heightened because the inmates in an overcrowded institution are not so readily isolated as in a sanatorium. In 1931 a pneumococcus meningitis epidemic spread such diseases.

Dr. Randolph B. Tupper, medical superintendent of Mendocino State Hospital, "overcrowding and understaffing details indicate permanent deterioration in the quality of care. It is scarcely able to handle more patients which requires an increase in the overcrowding was stimulated, and the number is probably considerable.

**OVERCROWDING INCREASES THE COST OF CARE**—Overcrowding increases the cost of care because of the extra attention required for the extra patients.

Dr. Webster: "If overcrowding and other bad conditions are to be overcome, we could have the average state hospital for every 100,000 people."

State them, in a very real sense, in a mental hospital, and the average who may ever require the services of a mental hospital, and the average, literally, everyone to complete.

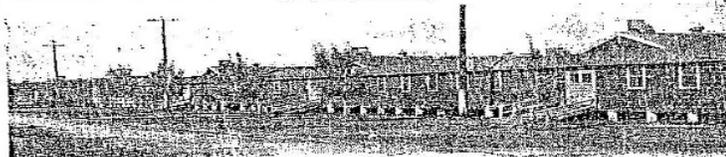
Overcrowding of mental hospitals is a result of thousands of persons being committed to the state hospitals, and the state hospitals are not able to handle them in their own right.

There is a fact for every taxpayer. Overcrowding increases the cost of care because of the extra attention required for the extra patients.

**IN THE HALL**—Here block a corridor of Stockton State Hospital.



**HOME BUILDINGS**—The main entrance of Hammond General Hospital, near Modesto, which has stood idle for about a year while the state and federal governments negotiated its purchase. While the talks continued, the Army moved out most of the hospital's equipment. The state will take over the former Army hospital building.



**THE GRASS MAT**—Most of the beds and shoulders at Hammond General Hospital, situated near Modesto, were used for patients. The grass area was used for patients of the Army. The state will take over the former Army hospital building.

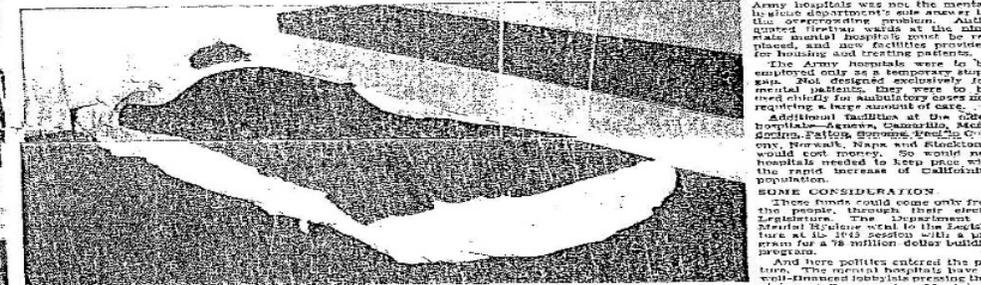


**PACKED BY PRISONERS OF WAR**—Aerial view of DeWitt General Hospital, near Auburn, before sending the post over to the state to receive overcrowding of mental hospitals. The Army sent to Germany prisoners to strip out most of the equipment, leaving a long delay to get the institution into full operation.



**REIN VASSER**—Dr. Tom Barker, one of two physicians at the DeWitt State Hospital, points to a sign left by the German prisoners of war who stripped most equipment from the institution under Army direction before it was turned over to the state.

**EMPTY BARRACKS**—Dr. O. Dean Gibson, DeWitt State Hospital medical superintendent, shows what the Army left to meet war-time needs. Most beds, blankets, and even spare beds were removed before the state hospital was turned over to the state.



**SLEEPING IN SHOWER ROOM**—This is the only accommodation available for one patient at Camanche State Hospital. The mattress is spread on the floor of a shower dressing room.

**DR. TITON AND MR. RICHARDS**—Dr. Tilton and Mr. Richards, medical superintendent, show the state hospital's equipment, which was removed by the Army. The state will take over the former Army hospital building.

It is believed that the San Francisco office had "exceeded its authority" in asking the De Witt Hospital equipment and ordered it to be returned to the hospital. The state will take over the former Army hospital building.

Dr. Tilton and Mr. Richards estimated that the state hospital's equipment, which was removed by the Army, would cost the state at least \$200,000 to replace. The state will take over the former Army hospital building.

Army hospitals were not the mental hospital department's sole answer to the overcrowding problem. Additional facilities at the state hospitals, such as the state hospital at Modesto, would not meet the need. The state will take over the former Army hospital building.

**STATE CONSIDERATION**—These funds could come only from the state, through their elected Legislature. The Department of Mental Health is to be reorganized at the 1943 session with a program for a 75 million dollar building program.

And here patients entered the picture. The mental hospitals have no well-financed hospitals treating their claims at Sacramento. Mental patients have the right to vote until they are cured. Their relatives, especially parents, are most reluctant to discuss their treatment and even within the family circle. This is unfortunate and undesirable. Mental illness is no more dangerous than any other illness. Mental patients deserve the same treatment and consideration as all other patients. Their illness should not make them the victims of discrimination in employment.

# A SUMMARY

To provide the public and Legislature with a possible guide to constructive improvement of California's care of its mentally ill, The News sent Reporter Al Ostrow and Photographer Robert J. Warren on a 2000-mile tour. They made a complete inspection of each state mental hospital in the most thorough informal investigation of this type ever attempted. They set up a problem of tremendous importance, which the people of California must solve.

Here is a summary of their findings, as disclosed in a series of articles entitled "People in the Dark":

**OVERCROWDING.**—About 7000 more patients than their "rated capacity" are jammed into the state hospitals. As a result, beds are packed into wards only a few inches apart, and many patients sleep in dreary hallways and on the floor. Dining rooms cannot accommodate the excess, and eating conditions are often unpleasant.

**TREATMENT.**—Most state hospitals were designed chiefly as housing units, and have few facilities for treating patients. Even with such facilities as are available, the small but competent staffs are inadequate to give all patients the amount of personal attention required to assure maximum improvement. As a result, thousands of patients sit around and deteriorate. Their support becomes a permanent charge against the state.

**EXPENSES.**—The state spends only a little more than a dollar a day for each mental hospital patient, as contrasted with expenditures of \$5 to \$10 a day for the physically ill in general hospitals—this in spite of medical opinion that ailments of the mind require greater care and attention if cures are to be effected.

**BUILDINGS.**—Many state hospital buildings are antiquated, long condemned firetraps. Mental patients can recover more quickly in pleasant surroundings, but the atmosphere of most mental hospitals is drab and unpleasant.

**THE AGED.**—Thousands of senile old people sit about the hospitals in rags and tatters because the state has been unable to purchase proper clothing for them. Little or no treatment is provided for them.

**ALCOHOLICS.**—Alcoholic patients are also sent to mental hospitals, where the program for them is very limited. Some public health authorities advocate establishment of separate institutions for cure of alcoholism.

**COMMITMENT LAW.**—Psychiatrists consider California's commitment law, which requires legal hearings and the making of a court record before most patients can be admitted to a mental hospital, to be archaic and injurious. They want the law changed to permit two doctors to commit a patient without court action if relatives agree. On the other hand, some judges believe such an amendment might deprive citizens of their freedom without "due process of law," since most patients are kept behind locked doors at a mental hospital and many may be there for life. This conflict must be resolved if all who need care are to have it.

**PREVENTION.**—The recently established Langley Porter Clinic has proved that much mental illness may be checked in early stages, before a patient requires hospitalization. California's mental health program is inadequate. Clinic facilities are not available in most parts of the state, thus providing no "out patient" care for persons discharged from the hospitals, but who need further help for complete recovery.

**RESEARCH.**—Research should be a major function of a mental hospital, being the only hope for many otherwise "hopeless" cases. State hospitals are conducting no research projects of any consequence.

**NEGLECT.**—The state hospitals have been neglected for decades. Legislators have been more concerned with political matters, so hospital appropriations have been ruthlessly trimmed.

**PROGRAM.**—Governor Earl Warren, who calls these conditions "a shame to the State of California," has made vigorous efforts to correct the situation. He obtained a 57-million-dollar appropriation from the Legislature for new buildings, beating down powerful opposition of interests wanting to earmark the funds for more political purposes. However, the building program has been blocked by the sharp rise in construction costs. Another 28 million dollars will be needed if the projects are to be completed. More money is needed to provide larger staffs, nursing, and other facilities.

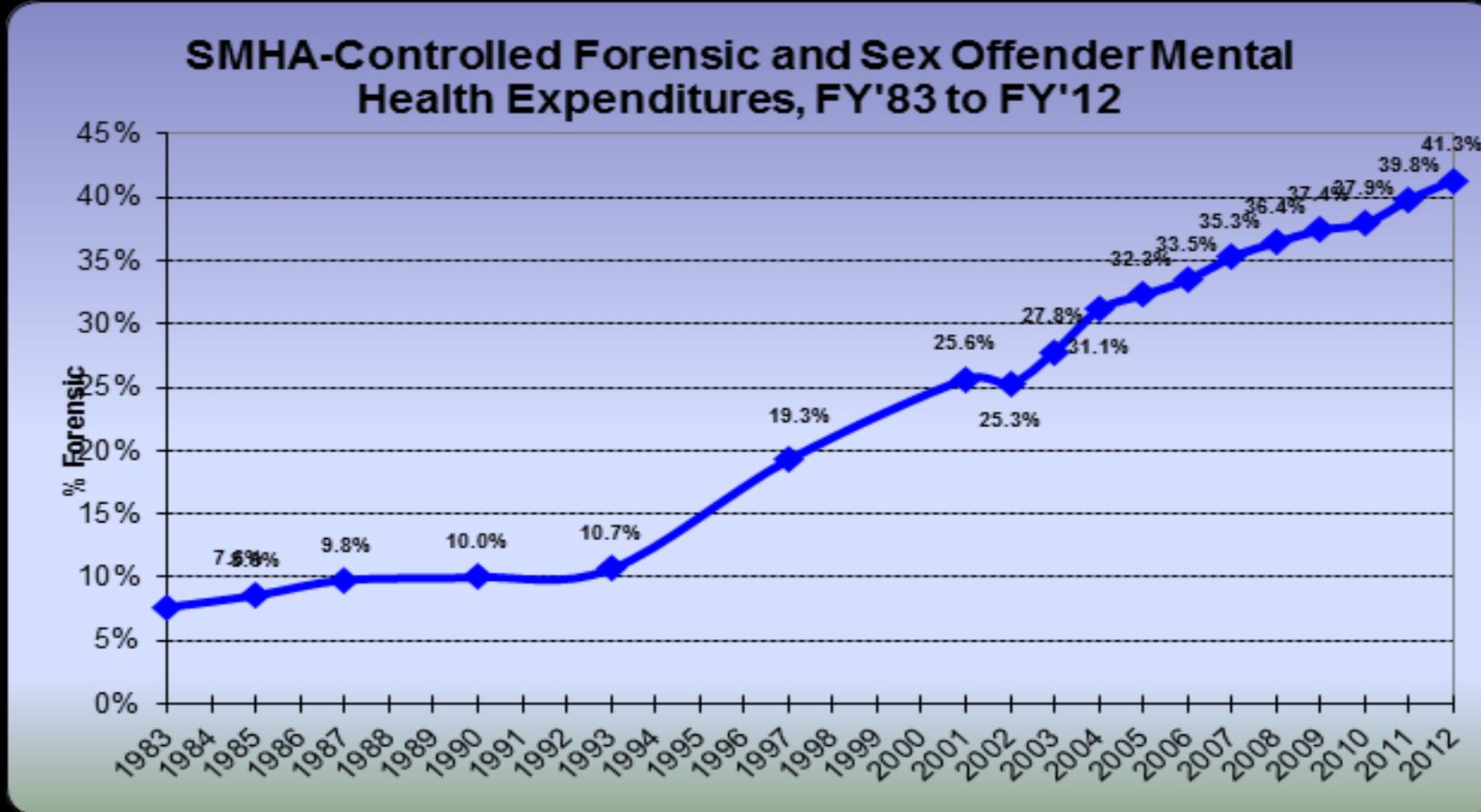
**FUTURE.**—Only enlightened public interest in the welfare of the mentally ill can insure improvement of deplorable conditions in the state hospitals and overcome the general disinterest of politicians in the subject.

**IMPORTANCE.**—Mental illness is steadily increasing. Like physical disease, it may affect any one. Being mentally sick should carry no more stigma than physical illness. The U. S. Public Health Service estimates that one out of every 20 Americans will spend part of his life in a mental hospital. Therefore, conditions in mental hospitals are a vital concern to every one.

**PRIVATE SANITARIUMS.**—Officials of the State Department of Mental Hygiene declare that private institutions which permitted admittedly objectionable features found in state hospitals would be promptly closed. Private sanitariums charge such high fees that most mentally ill persons who require hospitalization must be sent to the state institutions, where many are treated free and the families of others are charged up to \$40 a month for their care. There are many charity patients.

- 1960s - Deinstitutionalization

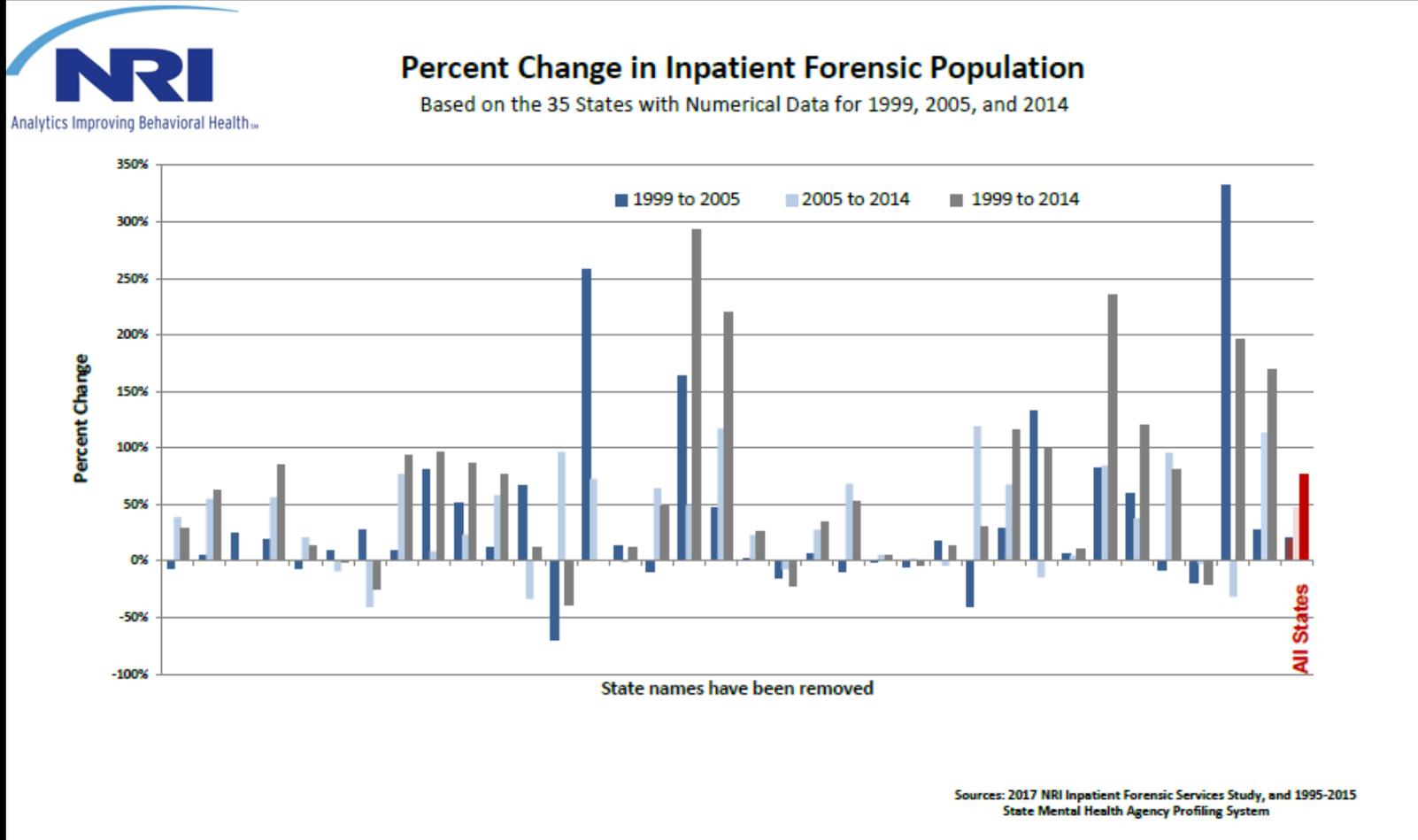
# National % Forensic Spending



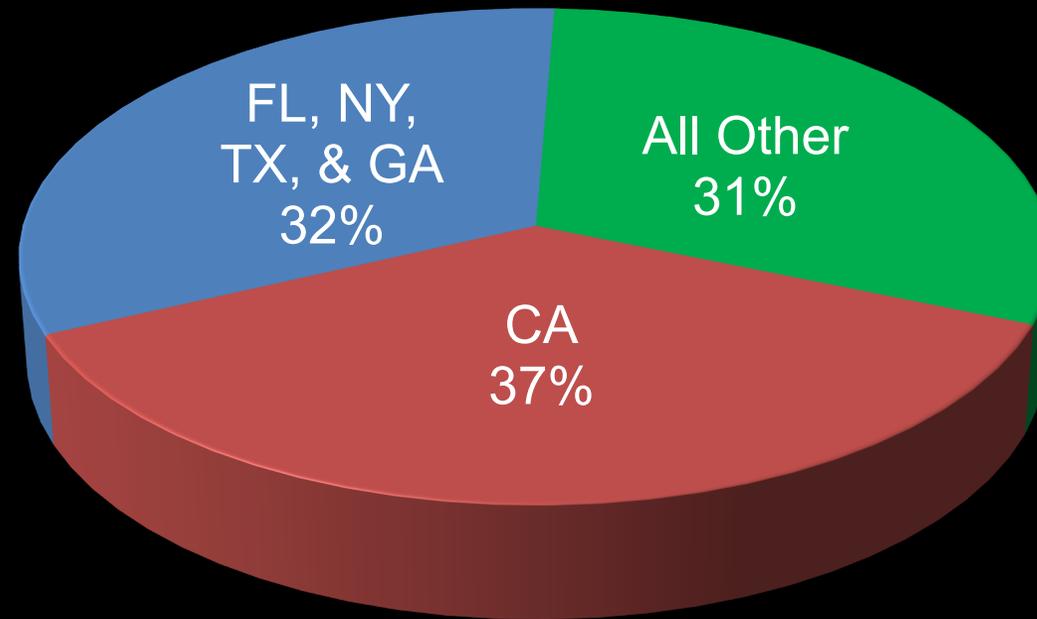
# NASMHPD Forensic Survey

- **75%** demand for forensic services has increased (a lot 54%, moderately 21%)
- **78%** of states responding report that increased demand for forensic services has required that they maintain waiting lists for admission
- **Half** of states responding report that they have been threatened with or found in contempt of court for failing to admit court ordered patients in a timely manner

# All Forensic Commitments



# California's Forensic Population



Source: 2013 NASMHPD State Profiles

# Forensic Commitments in California

- Not Guilty by Reason of Insanity
- Incompetent to Stand Trial
- Offender with Mental Disorder
- Sexually Violent Predator
- Mentally Ill Inmate
- Conserved Civil Patients?\*

\* Bloom JD, Krishnan, B, Lockey C. 2008

# IST Problem

- Colorado to hire consultant to ensure speedy competency ...[Colorado Springs Gazette](#)-Aug 2, 2016
- With state hospitals packed, mentally ill inmates wait in county jails ...[Dallas Morning News \(blog\)](#)-Apr 21, 2016
- Jail wait times are inhumane for the mentally ill The [Delaware County Daily Times](#)-Jul 18, 2016
- Federal trial to tackle Washington's mental competency wait lists. The [Seattle Times](#). March 14, 2015.
- Jails are becoming 'new psych hospitals' Jackson Hole ([Wyoming](#)) News & Guide-Aug 10, 2016
- ACLU revives lawsuit against Pa. over 'off the charts' delays to treat mentally ill defendants. [Pennlive.com](#) May 11, 2017
- Lawsuit alleges Utah agencies 'unconstitutionally delay' mentally ill inmates' treatment. [Deseret News Utah](#) September 9, 2015
- Long, Dangerous Wait for Hospital Beds for Those Incompetent to Stand Trial KQED [California](#) October 20, 2015
- New York plan aims to divert mentally ill people from jail's revolving door. The [New York Times](#). December 2, 2014.

## No one knows what's behind L.A. County's rise in mental competency cases

- Competency cases increased by nearly 50% in one year from 2014 to 2015
- "...the annual total ballooned from 944 to 3,528" in five years."
- One competency evaluator noted, "If anything, I feel the cases have been people who are more impaired than usual."

## Texas' highest courts launch review of mental health and incarceration

- "...the biggest problem the state faces with mental health is a **shortage of beds in mental hospitals**. As of about a week ago, **597** inmates who had been found incompetent to stand trial for major offenses were being forced to stay in jail while waiting for space to open at a mental health facility. The **average wait** is **139** days."

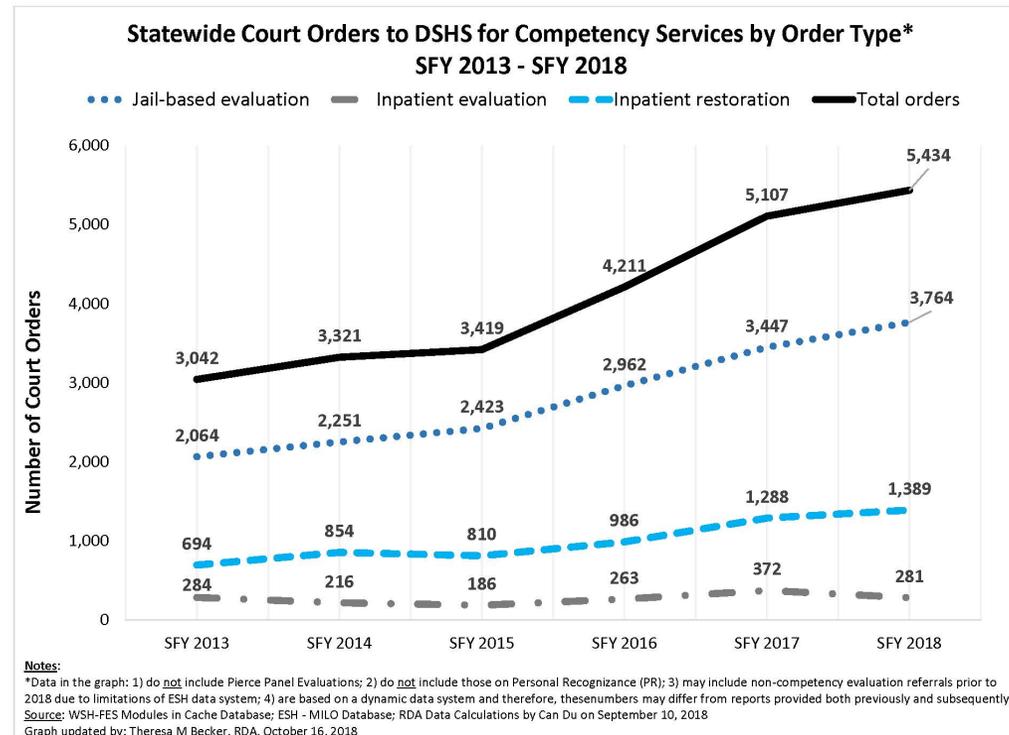
## Speedy trial? Not if you're mentally ill in Michigan

- The longest wait was **334 days** for an inmate in Eaton County.
- “Competency cases move through the criminal justice system at a **sluggish pace**, because of one major hurdle: **finding space at a state psychiatric facility.**”

## **Mentally ill waiting months in jail for beds at regional center**

- Average stay of 68 days before getting a bed
- “But there is no room at the regional center — often for months — so they remain in jail, local officials say.”
- “A jail environment is not designed to deal with these types of inmates on a long-term basis.”

# Trueblood v. Washington (2015)



# Trueblood v. Washington (2015)

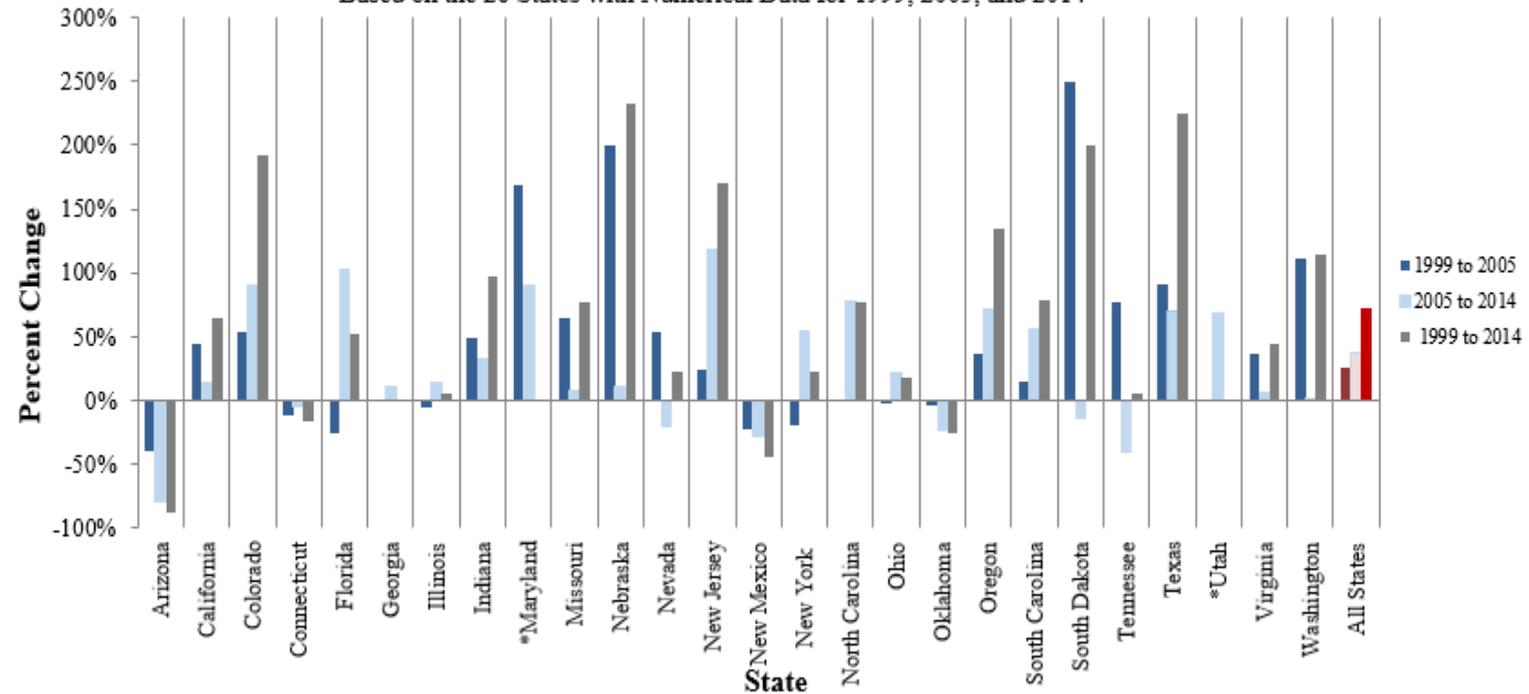
- Over \$80,000,000
- Now new settlement structure

# Inpatient Forensic Service Trends



## Percent Change in Inpatient Incompetent to Stand Trial Population, 1999-2014

Based on the 26 States with Numerical Data for 1999, 2005, and 2014



\*Notes: 27 states had numerical data. However, NH was removed since it had 0 IST patients for 1999, 2005, and 2014.  
 GA had a percent change of 302% for 1999-2005 and 344% for 1999-2014.  
 MD had a percent change of 409% for 1999-2014.  
 UT had a percent change of 629% for 1999-2005 and 1129% for 1999-2014.

Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

# Forensic Patients in State Hospitals



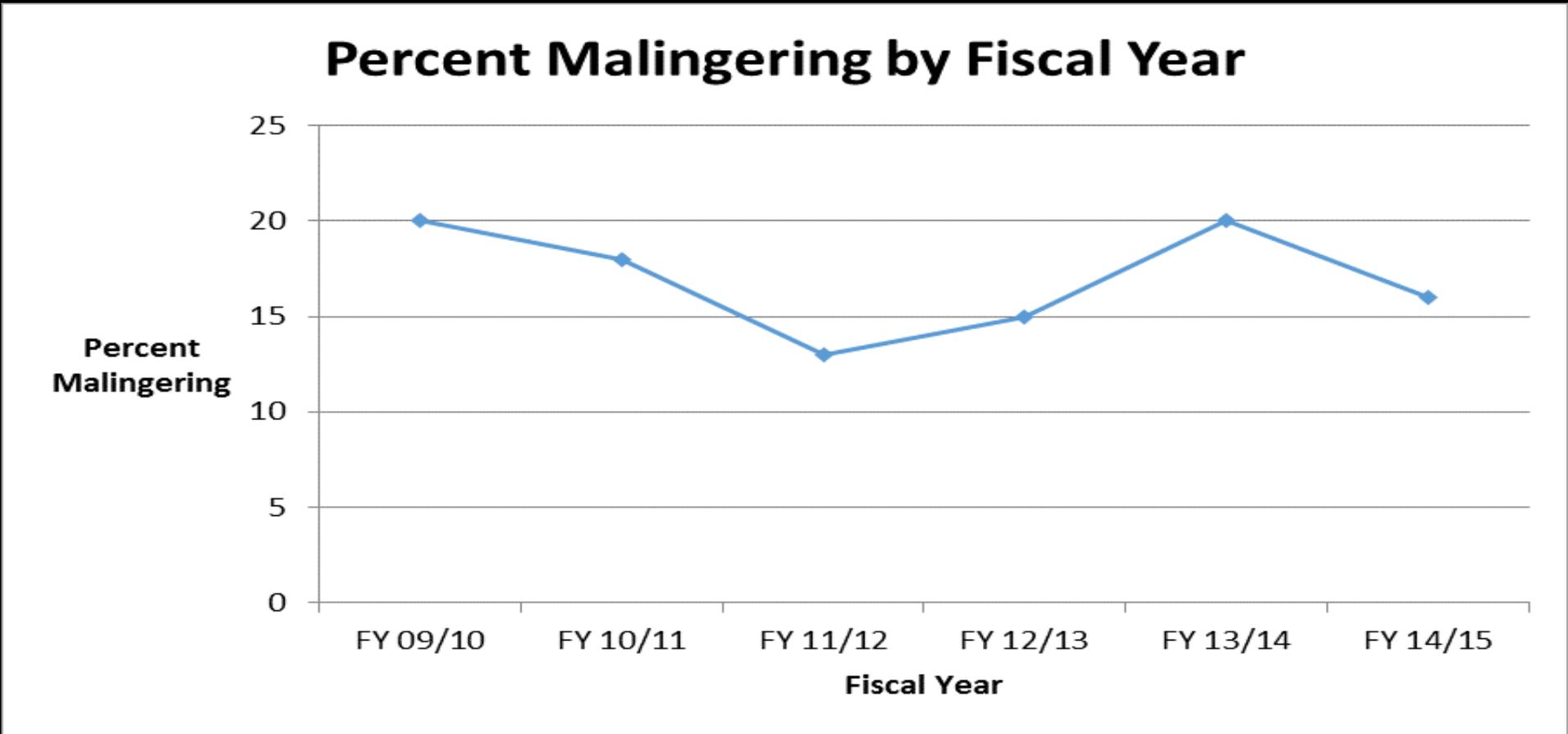
- 74%↑ in the number of forensic patients in state hospitals from 1999 to 2014
- 72%↑ the number of **IST** patients from 1999 to 2014

**WHY?**

# UC Davis Napa Research

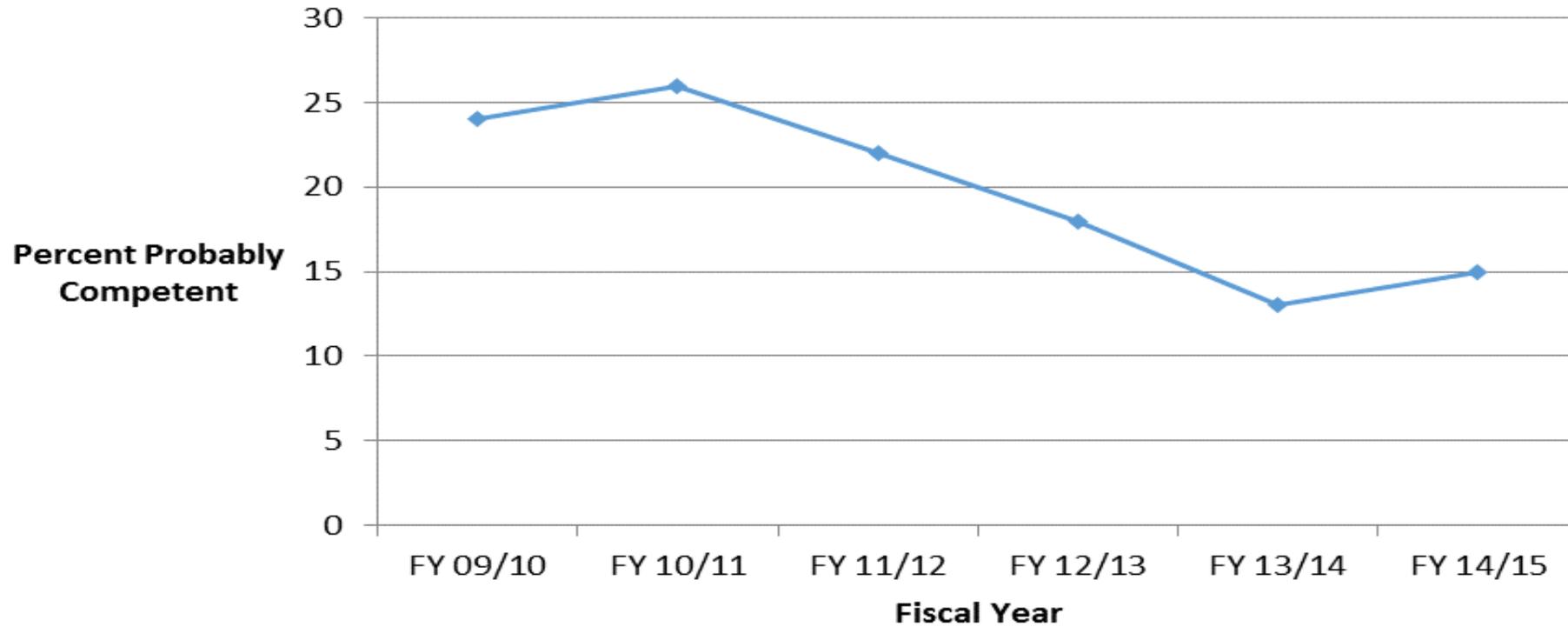
- Started in 2008
- Dr. Barbara McDermott
- $N > 4K$
- Napa specific
- Expanded into statewide protocol
- We started looking for answers in the longitudinal data...

# Malingering?



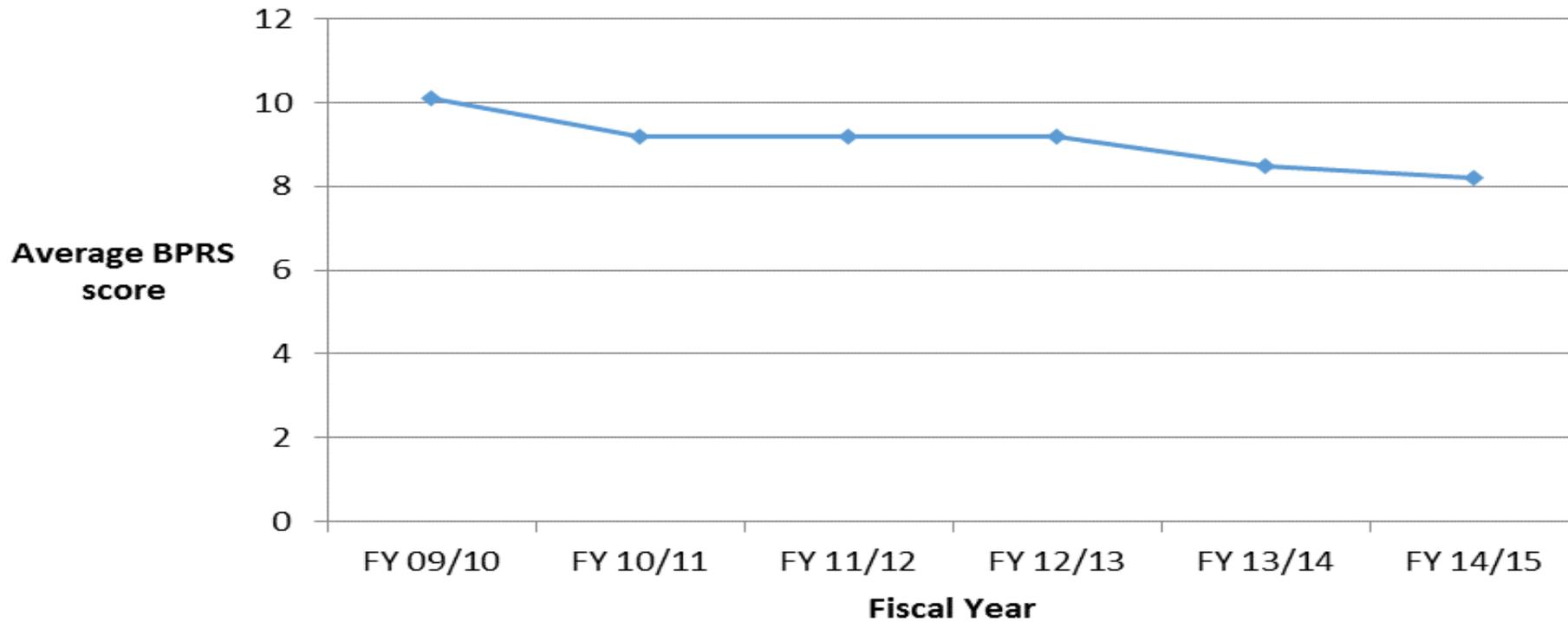
# Already Competent?

**Percent Probably Competent by Fiscal Year**



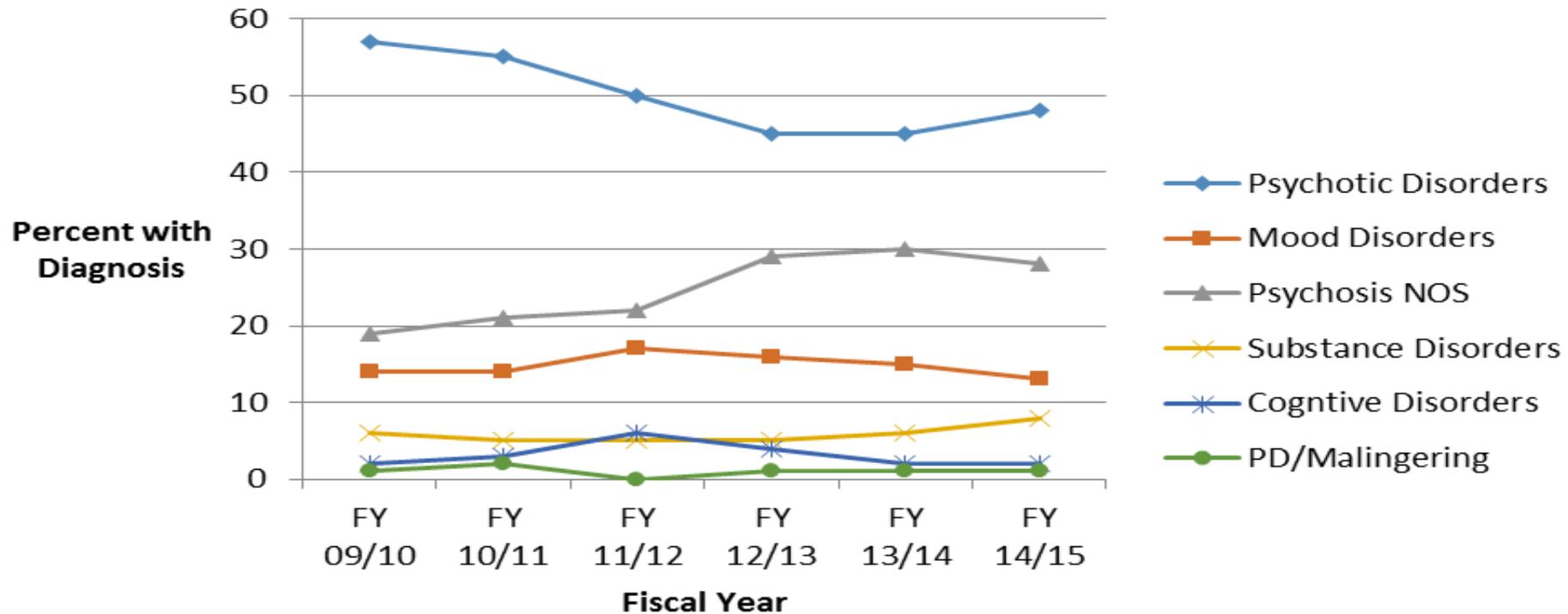
# More (or less) ill?

## Average BPRS Scores by Fiscal Year



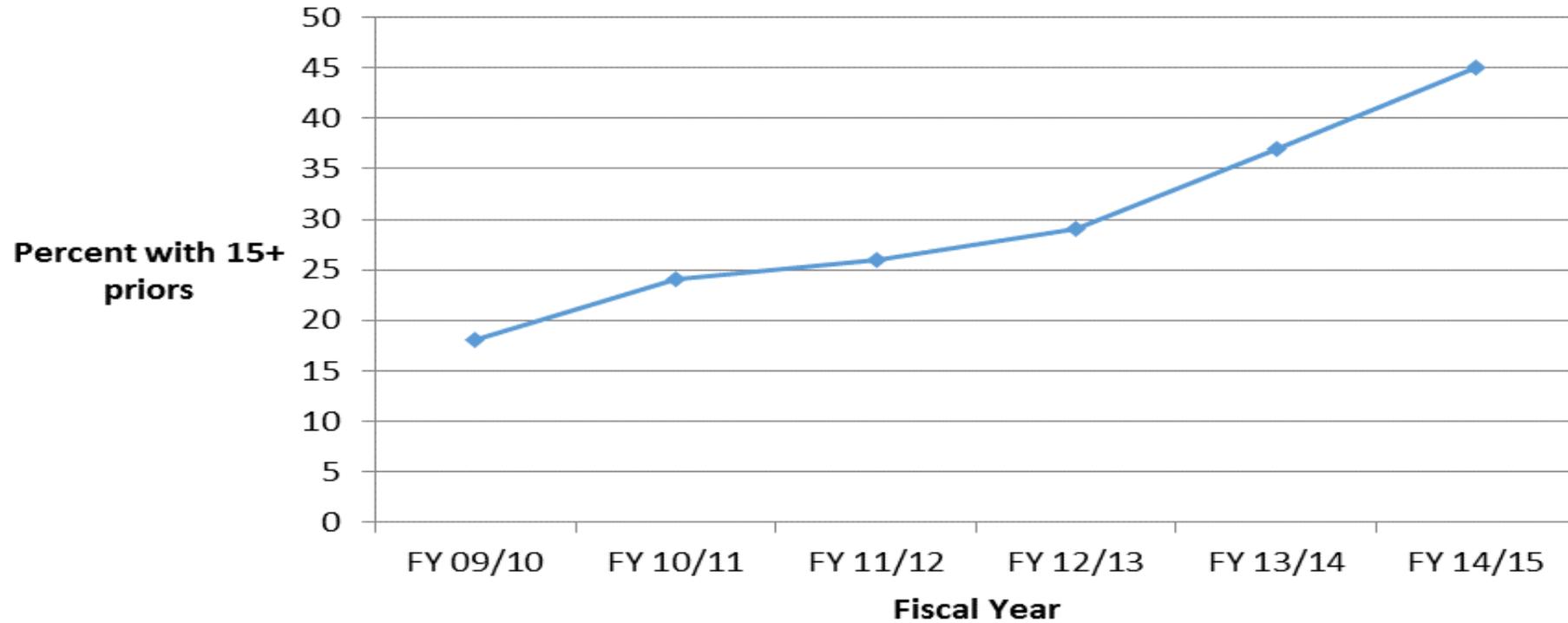
# More Substance Abuse?

## Primary Diagnosis by Fiscal Year



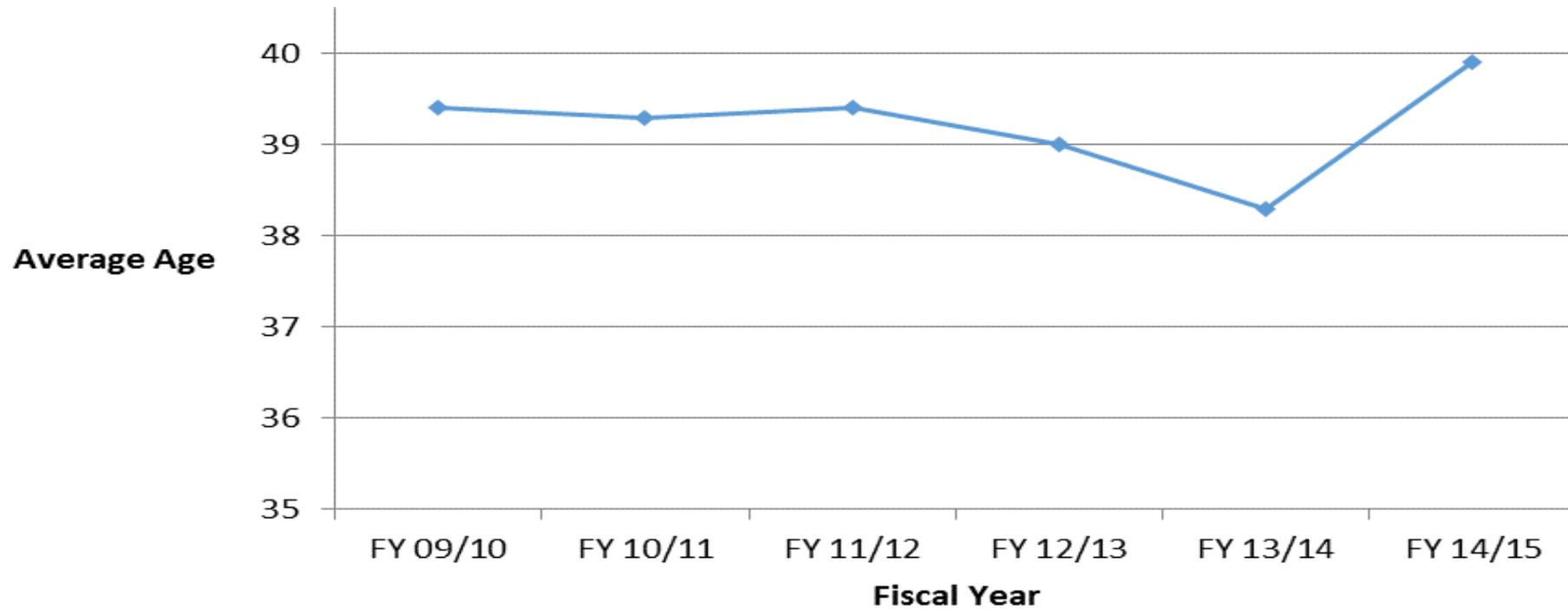
# More Criminal History?

**Percent with 15+ Prior Arrests by Fiscal Year**



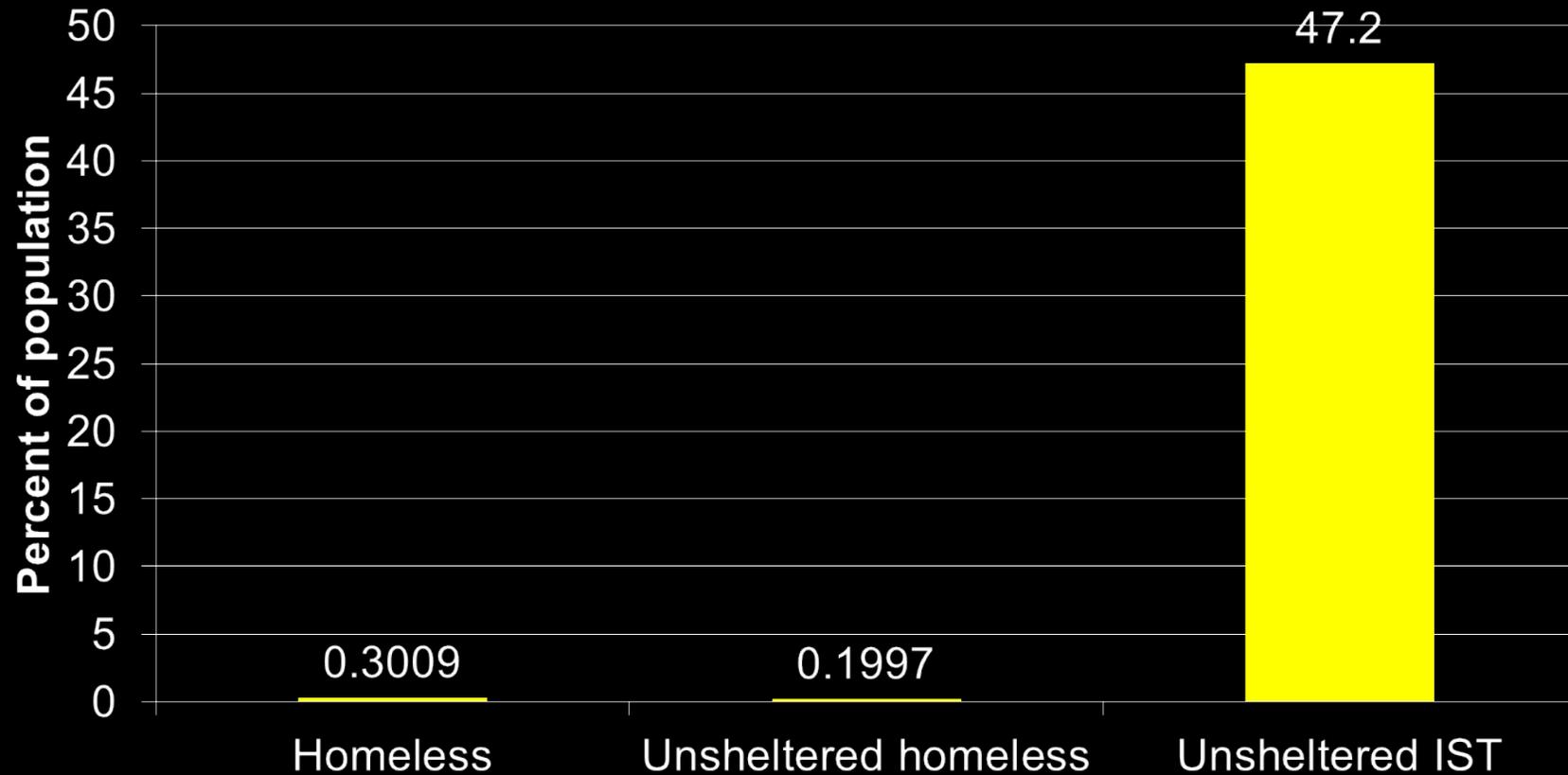
# Age Differences?

## Age on Admission by Fiscal Year

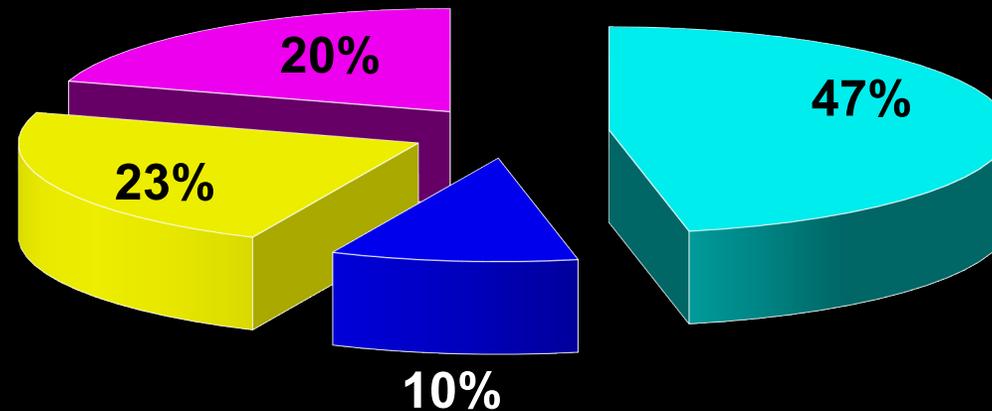


# Statewide - Admissions

## Percent Homeless in California



# Statewide - Admissions



■ No MH services in 6 months

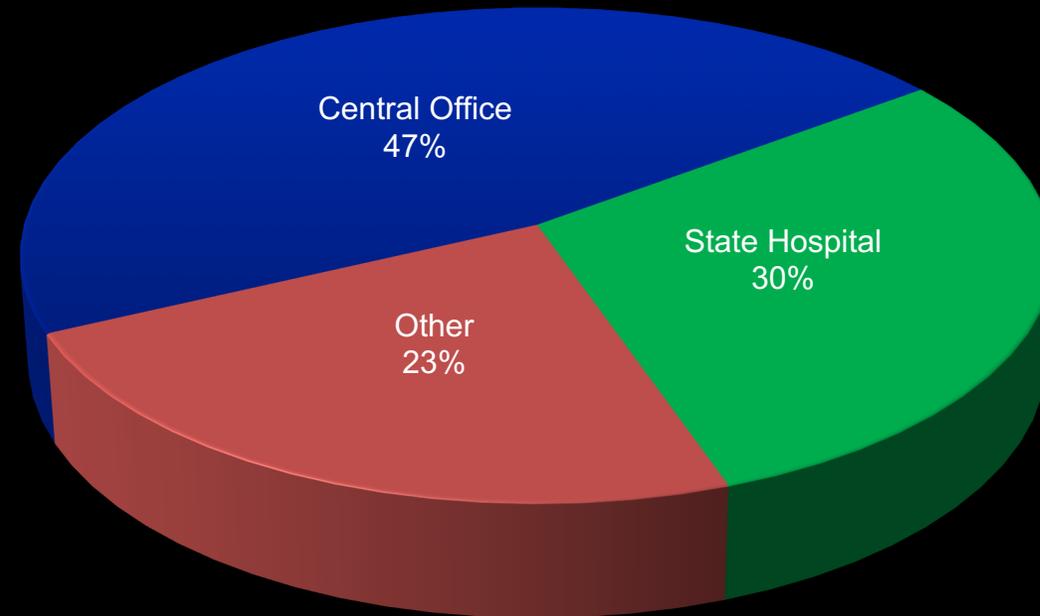
■ No MH ED services in 6 months

■ 1-2 MH ED services in 6 months

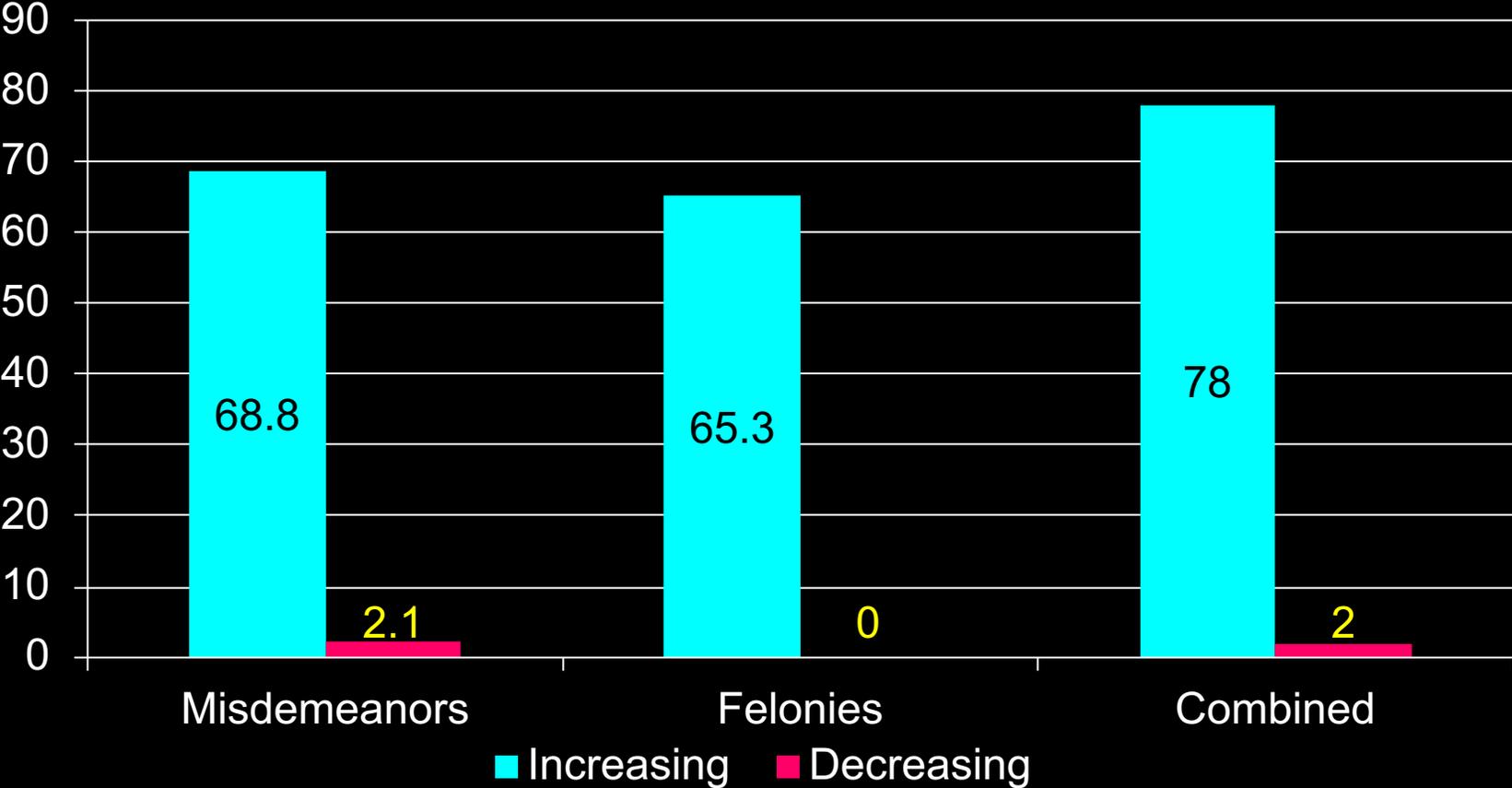
■ 3 or more MH ED services

**NATIONAL SURVEY**

# Who Completed Survey



# Referrals for Competency Restoration Increasing



# Waitlist/Litigation for Admitting IST Patients?



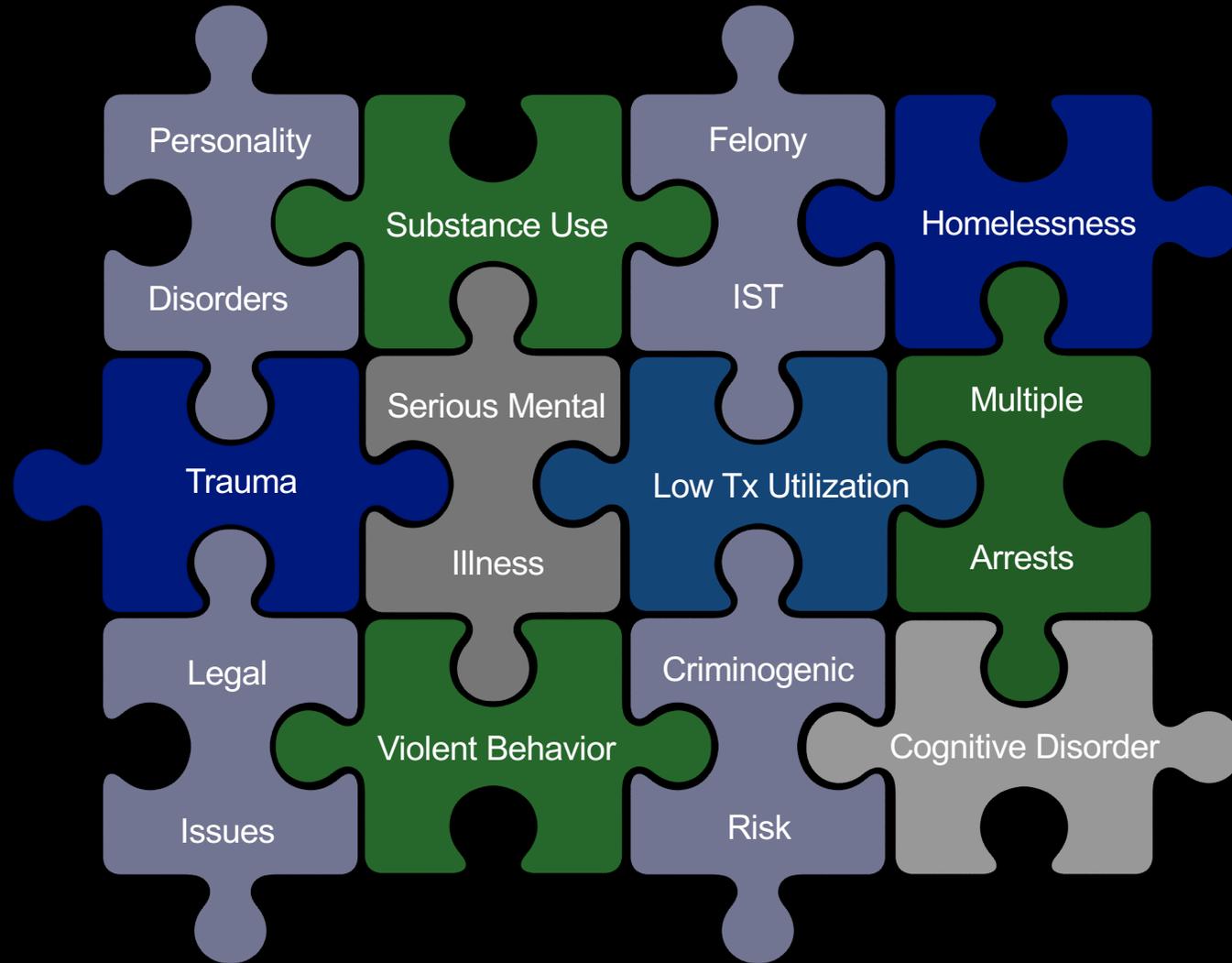
# Rankings

- Responses ranked high in importance\*:
  - Inadequate general mental health services (3.45)
  - Inadequate crisis services in community (3.71)
  - Inadequate number of inpatient psychiatric beds in community (3.78)
  - Inadequate ACT services in community (4.22)

\*Lower numbers means a higher (more important) ranking

# Is the Forensic Population a New Population?

- Who are we treating?
- What are we treating?
- How are we treating?



35-year-old male transient male. Police called, arrived as patient was on roof, pulling the roofing tiles off the residence and throwing roofing tiles off the roof. He took off his clothing. Officers stated patient then threw roofing tiles at them. One tile landed a foot from officers. Broke skylight, doused himself with water from spout. No response to taser. Ran away and was apprehended. Agitated and talking to himself. Charged with **felony aggravated assault** on a police officer (**AWDW** roof tile), and **felony vandalism**.

45-year-old transient male entered a sandwich shop. Believed he owned the establishment. Locked the back door and put crates in front of it, per his comments to secure it because it “was busted”, and asked for a sharpie and paper to put an out of order sign on the back door. Proceeded to bathroom, cleaned it, and expressed concern about someone slipping due to excess water on the floor. Asked the clerk for the money in the register stating, “Don’t worry I’m the owner.” Was denied without incident. Then asked for a sandwich. Clerk ran out and into the storefront adjacent for help. At the time of arrest was delusion about owning stores and talking about “Tony the Tiger”. Pt charged with **false imprisonment and attempted robbery.**

37-year-old. Police called when patient refused to leave Jack in the Box. Police asked him to step outside and he complied. During a search, the police informed patient he was not welcome at the Jack in the Box. He became upset and tried to get out of the grasp of the officer. He then tried to call the police on an imaginary phone. He was talking to himself about the devil. He was missing his left eye and informed police he took out his eye because the devil told him to. The police attempted to handcuff patient and the patient struggled, was tasered multiple times. Charged with **battery with Injury on a police officer and resisting executive officer.**

- 1923 Penrose
- 1972 Abramson, MF
  - 100% increase in mental health arrests from 1968 to 1970
- 1978 Sosowsky, L.
  - 301 former state hospital patients
  - “Markedly higher” incidence of arrest
- 1988 Arvantites, TM
  - “An examination of the nature and operation of an IST commitment reveals its potential to emerge as an alternative to civil hospitalization.”
- 2010 Torrey et al
  - *More mentally ill persons are in jails and prisons than hospitals : a survey of the states.*

# Capacity Increases

## FY 2012-13 to 2019-20

- 436 State Hospital Beds
- 227 Jail-Based Competency Tx Beds
- 60 Admission Evaluation Stabilization Beds
- 150 LA CBR Beds
- 236 SH Beds – Metropolitan State Hospital\*
- 78-Bed CONREP Step Down\*

*\*In Progress*

# Capacity & Systems Impact

## IST Referrals Outpaced Capacity Growth

(data through 17/18)...

- ***Increase in Felony IST Referrals***
  - 60% increase in referrals
  - 232 to 372 per month
- ***Increase in Pending Placements***
  - 139% increase
  - 343 to 819 per month

# Does an IST commitment help?

2014-15 IST Recidivism Rate...

...**69%**

# IST Diversion

- \$100M one-time investment over 3 years
- Increase diversion opportunities for individuals likely to be or found IST on felony charges
- Support counties through contracts to:
  - Expand existing diversion programs
  - Establish new diversion programs
  - Focus on post-booking
- Flexible funding source

# DSH Diversion - Target Population

## WIC § 4361(c)(1) Describes eligibility criteria

- “diagnosed with schizophrenia, schizoaffective disorder, or bipolar disorder” [(c)(1)(A)]
- “who have the potential to be found incompetent to stand trial for felony charges. . . Or who have been found [IST] for felony charges” [(c)(1)(A)]
- “significant relationship between the individual’s serious mental disorder and the charged offense OR between the individual’s conditions of homelessness and the charged offense” [(c)(1)(B)]
- “does not pose an unreasonable danger to public safety” [(c)(1)(C)]

# Diversion Target Population – Our Population

- Majority have a diagnosis of **Schizophrenia, Schizoaffective Disorder, Bipolar Disorder**
- 49%- **Unsheltered homeless** status at time of arrest
- 49% - **Did not access Medi-Cal** reimbursable services in six months prior to arrest
- Many **arrests** appear to be **correlated** with conditions of **untreated mental illness and/or homelessness**

**THANK YOU**

