

To: Donna Brorby
From: Zack Schwartz
Re: Licensed Bed Usage Data
Date: October 22, 2009

I. Introduction

The mental health experts' 2008-9 formal report revisits the issue of licensed bed care.¹ As they did in May 2007,² the experts find that two populations at DJJ lack adequate access to licensed beds: youth housed in northern California and women.³ DJJ has argued that utilization data shows that it is meeting the youth need for licensed mental health care beds.⁴ The mental health experts had reviewed data concerning Chaderjian referrals for licensed bed care, but had not reviewed complete utilization data.⁵ We have since collected such data from DJJ.

DJJ has provided its "Trackable Mental Health List" as of October 2009.⁶ This Excel chart lists all referrals to licensed beds and inpatient psychiatric programs, and includes data on the identity of the referred youth, referring facility, reason for referral, whether the referral was rejected, the days pending transfer, length of stay, diagnosis at referral and discharge, and the program to which the youth was

¹ Farrell Mental Health Experts' 2008-9 Site Visit Summary (draft), August 2009, pp. 7- 8 [hereinafter "Lee/Trupin 2009 Report"]; *compare* Fourth Report of the Special Master (July 2007), Appendix B (Farrell Mental Health Experts' Report on Licensed Mental Health Beds in the California Division of Juvenile Justice) [hereinafter "Lee/Trupin 2007 Licensed Bed Report"].

² Lee/Trupin 2007 Licensed Bed Report, p. 7.

³ Lee/Trupin 2009 Report, pp. 7- 8. They note that DJJ primarily uses the CTC to treat males from the north and that logistical concerns and a desire to keep youth closer to their families make clinicians hesitant to transfer youth there from northern California. *Id.* A similar finding appears in the experts' 2007 licensed bed report. Lee/Trupin Licensed Bed Report, p. 6. Informal reports indicate that the source for these statements in 2009 include interviews with the chief psychologist at Chaderjian, a review of the transfer list from Chaderjian and an "Acute Bed Response document," and interviews and chart reviews of three youth at the CTC. Lee/Trupin Informal Report on Chaderjian, October 2008, p. 18; Lee/Trupin informal report on DJJ central office, January 2009, p. 30; Lee/Trupin informal report on Stark, May 2009, pp. 20-21. The experts report that DMH rejected two female youth for aggressiveness with instructions that DJJ should not refer them again and that females are isolated at the CTC where they usually are the lone female patient. Lee/Trupin 2009 Report, pp. 7- 8.

⁴ At the August 22, 2009 mental health summit, Director Doug McKeever and psychiatrist Dr. Arguello noted that DJJ does not generally exceed 50% of its licensed bed capacity.

⁵ See Lee/Trupin Informal Report on Chaderjian, October 2008, p. 18.

⁶ Included in MH Data CD, PoP #534 (October 13, 2009).

discharged. In order to compare rates of referrals among facilities, I drew population averages from the Quarterly Statistical Report and OBITS.⁷ DJJ has also provided data on the CTC, SVH and ICF census.⁸

During the 2008-9 fiscal year, DJJ used four types of licensed beds⁹:

- Correctional Treatment Center (CTC). DJJ's 10-bed Correctional Treatment Center is used for acute and crisis stabilization care. The CTC is located at Stark.
- Sierra Vista Hospital (SVH). DJJ contracts for access to acute and crisis stabilization beds at Sierra Vista Hospital, a private hospital in or near Stockton, California.
- Intermediate Care Facility (ICF). The Department of Mental Health operates a 20-bed Intermediate Care Facility at the SYCRCC facility.
- Department of Mental Health (DMH). By agreement, DJJ has access to 10 acute or intermediate care beds at DMH facilities, where appropriate beds are available.

During the 2008-9 fiscal, DJJ admitted youth to three DMH hospitals: Metro State, Napa State, and Patton State.

The CTC and ICF are located in southern California, as are Metro State Hospital and Patton State Hospital. SVH and Napa State Hospital are located in northern California. As a result of a conflict between hospital rules and CCPOA contract provisions, DJJ no longer contracts for access to acute-care beds at Aurora Vista Del Mar Hospital, as it did at the time of the experts' 2007 report on licensed beds.¹⁰

II. Summary of the Data

In fiscal year 2008-9, youth were admitted to licensed beds at a higher rate than they were at the time of the experts' first report. Self-injurious or suicidal behavior is by far the most frequent reason for

⁷ OSM has received the past four Quarterly Statistical Reports as a Proofs of Practice. *See also* e-mail of Tammie McGuire to Zack Schwartz, October 6, 2009 (reporting OBITS figures on population of women at DJJ from July 2008 to June 2009); Third Report of the Special Master (September/November 2006), Appendix A, Attachment C (OBITS Monthly Population Reports, January to June 2006); CDCR, "DJJ Research and Statistics," available at http://www.cdcr.ca.gov/Juvenile_Justice/Research_and_Statistics/index.html (last accessed October 20, 2009) (OBITS Monthly Population Reports, July to September 2006).

⁸ Included in "MH Data" CD, PoP #534 (October 13, 2009).

⁹ This paragraph is based on Lee/Trupin 2007 Licensed Bed Report, p. 1.

¹⁰ E-mail of Juan Carlos Arguello to the special master, September 24, 2009; Lee/Trupin Licensed Bed Report, p. 3.

admission to licensed beds. Most licensed bed care was provided to DJJ youth at the CTC at Stark, an acute/crisis care facility. This was true for male youth in northern and southern California and for female youth. A minority of northern California male youth referred for licensed bed care received acute/crisis treatment at the private Sierra Vista hospital in Stockton. A minority of male youth from southern California facilities, but few from northern California facilities and no female youth, received treatment at the DMH-operated intermediate care facility at SYCRCC. Relatively few youth were treated in the 10 DMH hospital beds to which DJJ has access, and most of them were males from southern California facilities. Eighteen referrals were rejected by licensed bed facilities, ten of which were accepted within a week in an alternate licensed bed facilities. Most often, Sierra Vista was the rejecting facility and the CTC was the licensed bed of last resort. The CTC and ICF were generally at 50% capacity, the 10 beds available to DJJ at DMH hospitals were generally filled, and two or fewer DJJ youth were generally at Sierra Vista hospital. Nine youth were identified an unusually high rate of admissions to licensed beds from facilities (4.4 admissions per youth, as compared to 1.3 among other admits).¹¹

II. System-Wide Patterns

During fiscal year 2008-9, there were 171 admissions to licensed beds, including 22 admissions from the CTC and ICF to other licensed beds (i.e., the patient was referred for continuing licensed bed care instead of sent back to his/her facility). Unless otherwise noted, the tables below refer to the set of 171 referrals. An additional 18 referrals resulted in rejection, although ten of the 18 quickly found placement at another licensed bed. Appendix A details the rejections and alternate placements.

The overall rate of admissions has increased approximately three times since the experts' first report on licensed beds. At that time – the first nine months of 2006 – DJJ logged 62 admissions to licensed mental health beds, for a rate of 0.8 admissions per 10,000 youth-days.¹²

¹¹ We selected the nine because each had been admitted to inpatient care from facilities three or more times in a six month period.

¹² During the first nine months of 2009, DJJ logged 103 admissions involving 65 youth.

By the period studied, the rate of admissions had risen to 2.9 admissions per 10,000 youth-days. A direct comparison with the first nine months of 2009 shows a similar trend: a rate of 2.2 admissions per 100 youth in the first nine months of 2006 increases to 6.3 admissions per 100 youth in the first nine months of 2009.¹³ It is not clear if the increase is due to the changing composition of DJJ's population, improved access to licensed beds, or both.

Rate of Admissions Over Time

Time Period	Average Daily Population	Days	Youth-Days	Admissions	Admissions per 10,000 Youth-Days
1/1/06 to 9/30/06	2872	273	784056	62	0.79
7/1/08 to 6/30/09	1623	365	592395	171	2.89

Referrals to the CTC accounted for 72% of admissions to licensed beds during the 2008-09 fiscal year. The CTC had the highest average admissions per youth admitted, indicating that it had the highest proportion of youth admitted more than once. SVH, the other acute-care facility open to DJJ youth, had the second highest such rate.¹⁴

Admissions to Licensed Beds by Bed Type

Bed Type	# of Admissions	# of Youth Admitted	Average Admissions per Youth
CTC	117	75	1.6
ICF	32	29	1.1
DMH	9	9	1.0
SVH	13	10	1.3
All Bed Types	171	91	1.9

¹³ QSR population data for the third quarter of 2009 was not available when writing this report. The admissions rate for the first nine months of 2009 is based on the average daily population for the first two quarters of that year.

¹⁴ All admissions were counted, whether the youth came from a DJJ facility or from another licensed bed facility. Youth admitted to more than one bed type were counted separately in each category. For this reason, the number of youth admitted (91) is less than the total of the numbers in the "# of Youth Admitted" column (123). There were 32 repeat admissions to the same category of licensed bed.

Chaderjian had the highest rate of referrals resulting in admissions in fiscal year 2008-9, followed by Stark.

Referring Facility	# of Admissions	Average Daily Population	Admissions per 100 Youth
Chaderjian	51	219	23.3
OH Close	2	172	1.2
Preston	7	348	2.0
Stark	56	493	11.4
SYCRCC	19	219	8.7
Ventura	14	173	8.1
CTC	17	n/a	n/a
ICF	5	n/a	n/a

Most DJJ patients admitted to licensed care beds were referred for suicidal and self-injurious behavior. Suicidal and self-injurious behavior was the stated reason for 66% of all referrals that led to admissions to licensed beds, followed by psychotic or bizarre behavior (10%), mania/hypomania (8%), and depression (5%). Self-injurious and suicidal behavior was also the most frequent reason for admission to both acute-care beds and intermediate care beds at the ICF. Depression and grave disability were the most frequent reasons for admission to DMH intermediate-care beds.

Reason for Referral	Relative Frequency (%)			
	CTC	ICF	DMH	SVH
Current or recent suicidal/self-injurious behavior	78	38	11	69
Psychotic or bizarre behavior	9	16	11	8
Gravely disabled	2	0	33	0
Depression	2	9	33	8
Mania/hypomania	6	13	0	15
Medication adjustment	0	3	0	0
Clarify diagnosis	0	13	0	0
Aggression paired with mental disorder	3	0	0	0
Anxiety/panic	1	6	0	0
Other	1	3	11	0

Patients generally are admitted to acute/crisis stabilization beds (CTC, SVH) faster than intermediate-care beds (ICF, DMH). Half of all admits to the CTC and SVH waited less than a day, and the longest wait time for either facility was two days. A wait time of approximately a week was standard for admission to the ICF.¹⁵ DMH beds showed the greatest variability in wait times, ranging from one day to over two months.

Licensed Bed Type	Days Pending Transfer			
	Median	Interquartile Range	Shortest	Longest
CTC	0	1	0	2
ICF	6	3	1	20
SVH	0	1	0	1
DMH	12	26	1	67
All Bed Types	1	1	0	67

Patients also generally stay longer at intermediate-care beds ICF and DMH beds than at the CTC or SVH.¹⁶ For example, while half of all admits to the CTC were discharged within ten days, 75% of admits to the ICF stayed longer than a month.¹⁷ The ICF showed the greatest variability in length of stay.

Licensed Bed Type	Length of Stay (in Days)			
	Median	Interquartile Range	Shortest	Longest
CTC	10	8	2	117
ICF	59	86	3	255
DMH	48	31	13	155
SVH	6	1	2	10

¹⁵ Twenty-five percent of admits to the CTC waited less than five days. Half of all admits to the ICF waited less than a week. Seventy-five percent of admits to the ICF waited less than eight days.

¹⁶ Eight admissions to licensed beds, mainly admissions to the ICF, were still pending discharge as of October 2009. Those eight cases are excluded from all calculations concerning LOS.

¹⁷ One youth remained at the CTC for 117 days. This appears to be an unusual case, as the next-longest LOS was 49 days. The youth (██████████, #██████) was diagnosed with paranoid schizophrenia and referred from the Chaderjian IBTP to the CTC for aggression paired with mental disorder. He remained at the CTC from March 2009 through July 2009, when he was paroled.

During the 2007-8 and 2008-9 fiscal years, the CTC and ICF were most commonly at half capacity. SVH was most commonly empty of DJJ youth. The DMH beds available to DJJ were frequently at 40% capacity, but also spent a substantial number of days at close to or over capacity. For example, there were 34 days when DJJ had over 10 youth staying at DMH beds. The CTC was over capacity for four days, all of them in May 2008.

CTC Beds Filled (out of 10)		
Census (Beds Filled)	Days at This Census	
	#	%
1	20	5
2	47	13
3	46	13
4	40	11
5	59	16
6	63	17
7	49	13
8	28	8
9	8	2
10	1	0
11	4	1

DMH Beds Filled (out of 10)		
Census (Beds Filled)	Days at This Census	
	#	%
3	47	13
4	85	23
5	17	5
6	22	6
7	65	18
8	54	15
9	26	7
10	15	4
11	27	7
12	7	2

SVH Beds Filled		
Census (Beds Filled)	Days at This Census	
	#	%
0	291	80
1	68	19
2	6	2

ICF Beds Filled (out of 20)		
Census (Beds Filled)	Days at This Census	
	#	%
9	6	2
10	120	33
11	108	30
12	41	11
13	32	9
14	51	14
15	7	2

III. Regional Differences

During the 2008-9 fiscal year, most youth from both regions who were admitted to licensed bed facilities were treated at the CTC at Stark. Youth from northern California facilities were rarely admitted to intermediate care beds compared to youth from southern California facilities.

Admissions by Region and Bed Type (Excluding Admissions from CTC and ICF)

Bed Type	North		South	
	# of Admissions from Region	% of Admissions from Region	# of Admissions from Region	% of Admissions from Region
CTC	40	67	75	84
SVH	13	22	0	0
ICF	5	8	11	12
DMH: Metro	0	0	1	1
DMH: Napa	2	3	1	1
DMH: Patton	0	0	1	1
All Bed Types	60	100	89	100

Like the overall rate of admissions, the rate of admissions from northern California facilities has increased about three times since the time of the experts' last report (0.7 admissions per 10,000 youth-days to 2.2 admissions per 10,000 youth days).

Time Period	Average Daily Population	Days	Youth-Days	Admissions	Admissions per 10,000 Youth-Days
1/1/06 to 9/30/06	1336	273	364728	26	0.7
7/1/08 to 6/30/09	739	365	269735	60	2.2

Northern California facilities referred youth to Sierra Vista hospital in northern California, but that facility had almost a 50% rejection rate for DJJ referrals. Of eighteen rejected referrals during the fiscal year, eleven (61%) were rejected by SVH. Of those 11 rejected referrals, nine resulted in placement at the CTC within a day of the rejection. In one case, a youth referred to the SVH for chronic care was placed at the ICF. One youth rejected by SVH did not gain an alternate licensed bed placement (this was one of 8 rejected referrals where there was no alternate placement).

Bed Type	Number of Rejections	
	North	South
CTC	1	1
SVH	11	0
ICF	2	1
DMH: Metro	0	2
DMH: Napa	0	0

Overall, southern facilities successfully refer youth to licensed beds at a 25% higher rate than northern facilities (ten versus eight admissions per 100 youth). The average number of admissions per youth is almost the same for the two regions. Southern facilities admit proportionally more youth to licensed beds than northern facilities, rather than admitting the same youth more time.

**Rate of Admissions By Region
(Excluding Admissions from CTC and ICF)**

Region	# of Admissions	Average Daily Population	Admissions per 100 Youth
North	60	739	8
South	89	885	10

**Admissions per Youth by Region
(Excluding Admissions from CTC and ICF)**

Region	# of Admissions	# of Youth	Average Admissions per Youth
North	60	41	1.5
South	89	60	1.5

As the mental health experts observed, youth from northern California tend to wait a day for admission to acute/crisis licensed beds and youth from southern California do not. For CTC admissions, the median wait time was less than a day from southern California and one day from northern California. In both regions, the longest anyone waited for admission to the CTC was two days.

Days Pending Transfer by Region

Region	Days Pending Transfer			
	All Admissions		CTC Admissions	
	Median	Interquartile Range	Median	Interquartile Range
North	1.0	0.3	1.0	0.3
South	0.0	2.0	0.0	0.0

No meaningful regional differences were observed for LOS or reasons for referrals.

Length of Stay by Region

Region	Length of Stay (in Days)			
	All Admissions		CTC Admissions	
	Median	Interquartile Range	Median	Interquartile Range
North	10	7	10	6
South	12	24	12	10

Reasons for Referral to Licensed Beds by Region of Referring Facility

Reason for Referral	Relative Frequency (%)	
	North	South
Current or recent suicidal/self-injurious behavior	77	60
Psychotic or bizarre behavior	5	13
Gravely disabled	5	2
Depression	2	7
Mania/hypomania	7	8
Medication adjustment	0	1
Clarify diagnosis	0	4
Aggression paired with mental disorder	3	1
Anxiety/panic	0	3
Other	2	2

III. Availability of Licensed Beds to Women

Women are admitted to licensed beds at a higher rate than men. However, the average rate of admissions per youth is virtually the same for men and women, which means that a higher proportion of female youth than male youth are referred to and admitted at licensed bed facilities.

Like men from northern California facilities, women generally are not gaining access to intermediate care beds. From July 2008 through June 2009, women were admitted the CTC 13 times and to Metro State Hospital once. No women were admitted to any other licensed bed facility. This is a change from 2007 when the mental health experts filed their first report on licensed beds, when DJJ generally used the private hospital Aurora Vista Del Mar for licensed beds for women, and not the CTC.¹⁸

Admissions by Gender

Gender	# of Admissions	# of Youth Admitted	Average Admissions per Youth
Females	14	8	1.8
Males	157	83	1.9

¹⁸ Lee/Trupin Licensed Bed Report, pp. 1-3. The experts reported that DJJ sent one female to the CTC in late 2006 or early 2007, but used Aurora Vista del Mar for other acute/crisis stabilization care for females.

Bed Type	Admissions per 100 Youth	
	Females	Males
CTC	16.3	6.7
ICF	0.0	2.1
DMH	1.3	0.5
SVH	0.0	0.8
All	17.5	10.2

Women tend to be referred to licensed beds for a narrower range of reasons than men. All admissions to licensed beds among women involved suicidal/self-injurious or psychotic/bizarre behavior. None involved mania/hypomania, depression, grave disability, or other relatively infrequent reasons for admissions among men. It is possible that these differences in reasons for referral mean that, for women, only the most serious crises are referred to mental health beds. Other explanations are possible, however: the two populations may have different incidences of mania/hypomania, depression, etc., or clinicians at Ventura may tend to characterize admissions to licensed bed in an idiosyncratic way.

Reason for Referral	Relative Frequency (%)	
	Females	Males
Current or recent suicidal/self-injurious behavior	86	64
Psychotic or bizarre behavior	14	10
Gravely disabled	0	3
Depression	0	6
Mania/hypomania	0	8
Medication adjustment	0	1
Clarify diagnosis	0	3
Aggression paired with mental disorder	0	2
Anxiety/panic	0	2
Other	0	2

Women tend to wait a day longer for admission to the CTC than men. The median wait time for women was one day for women, compared to less than a day for men. The longest wait time for CTC admission in both groups was two days. Women and men showed no notable differences in LOS.

Days Pending Transfer by Gender				
Gender	Days Pending Transfer			
	All Admissions		CTC Admissions	
	Median	Interquartile Range	Median	Interquartile Range
Female	1.0	0.8	1.0	1.0
Male	1.0	2.0	0.0	1.0

Length of Stay by Gender				
Gender	Length of Stay (in Days)			
	All Admissions		CTC Admissions	
	Median	Interquartile Range	Median	Interquartile Range
Female	11	7	11	6
Male	12	20	10	9

IV. Youth With Repeat Admissions

Nine youth were admitted to licensed beds from DJJ facilities three times or more within six months. These nine youth were admitted to licensed bed from DJJ facilities 40 times during the year, for an average of 4.4 admissions per youth (as compared to 1.3 admissions per youth among the remaining youth admitted to licensed beds). Thirty-three of the 40 admissions were to the CTC at Stark. Of the nine youth, five came from facilities in northern California, three came from facilities in southern California, and one was female. The most frequent reason for these 40 admissions was suicidal or self-injurious behavior (82% of admissions, as compared to 71% of admissions among the remaining youth admitted to licensed beds from DJJ facilities). The identities, region from which referred, and current location of the nine youth are listed in Appendix B.

Appendix A: Rejected Referrals

Eighteen referrals to licensed beds resulted in rejection. In 10 cases, the youth was placed in a licensed bed at a different location within a week. The table below lists details on these incidents.

Reasons for referrals reproduce the code used in DJJ's tracking list, in which a "1" designates "current/recent suicidal behavior or self-injurious behavior, a "3" designates grave disability, a "4" designates depression, and a "5" designates mania or hypomania.

Name	Referring Facility & Program	Level of Care Needed	Dx Upon Referral	Reason for Referral	Rejection		Placement	
					Date	Place	Date	Place
██████████	NAC-IBTP	Acute	296.90	1	10/20/2008	SVH	10/20/2008	HGS-CTC
██████████	NAC-IBTP	Acute	309.28	1	1/6/2009	SVH	1/6/2009	HGS-CTC
██████████	NAC-IBTP	Acute	296.63	1	11/25/2008	SVH	11/25/2008	HGS-CTC
██████████	NAC-IBTP	Acute	296.63	1	1/6/2009	SVH	1/6/2009	HGS-CTC
██████████	NAC-O-ITP	Acute	309.81	1	10/29/2008	SVH	10/29/2008	HGS-CTC
██████████	NAC-O-ITP	Acute	296.22	1	9/5/2008	SVH	None	None
██████████	SRCC-GP	Acute	296.90	1	7/9/2008	HGS-CTC	None	None
██████████	PYCF-GP	Acute	314.01	1	9/17/2008	SVH	9/17/2008	HGS-CTC
██████████	PYCF-IBTP	Acute	V61.21	1	7/4/2008	SVH	7/5/2008	HGS-CTC
██████████	NAC-Y-ITP	Acute	314.01	1	9/5/2008	HGS-CTC	None	None
██████████	NAC-Y-SCP	Acute	296.44	1	8/27/2008	SVH	8/28/2008	HGS-CTC
██████████	NAC-Y-ITP	Chronic	296.90	1	5/19/2009	SVH	5/19/2009	SRCC-ICF
██████████	NAC-Y-SCP	Acute	296.34	3	1/28/2009	SVH	1/28/2009	HGS-CTC
██████████	HGS-IBTP	Chronic	296.30	4	11/26/2008	DMH-MSH	None	None
██████████	HGS-ITP	Chronic	296.34	4	5/27/2009	DMH-MSH	None	None
██████████	PYCF-IBTP	Intermed	296.90	4	7/24/2008	SRCC-ICF	None	None
██████████	OHC-GP	Intermed	309.81	5	8/4/2008	SRCC-ICF	None	None
██████████	HGS-CTC	Intermed	309.90	5	9/22/2008	SRCC-ICF	None	None

Three of the youth who were rejected and who did not have alternate referrals/admissions at the time later were admitted to the intermediate level of care, ██████████, ██████████ and ██████████ (compare above list of rejections with below list showing that these three youth are in intermediate care now).

Appendix B: Youth With Unusually Frequent Admissions to Licensed Beds

Ten youth had three or more admissions from DJJ facilities to licensed beds within six months. Their names, YA numbers, region from which referred, and current locations (as of September 2009) are listed below. Asterisks mark those who also were rejected by a licensed bed facility.

Name	YA#	Region	Current Location
[REDACTED]	[REDACTED]	South	Stark ITP
[REDACTED]	[REDACTED]	North	Stark ITP
* [REDACTED]	[REDACTED]	South	DMH-PSH
[REDACTED]	[REDACTED]	North	SYCRCC ICF
* [REDACTED]	[REDACTED]	North	Chaderjian IBTP
[REDACTED]	[REDACTED]	South	Paroled
[REDACTED]	[REDACTED]	North	Paroled
[REDACTED]	[REDACTED]	n/a	Ventura ITP
* [REDACTED]	[REDACTED]	North	SYCRCC ICF