Department of State Hospitals – Napa

The Honorable

Re:

Court Number:

CII:

Maximum Commitment Date:

Current Court Report Due Date:

Subsequent Court Report Due Date:

Your Honor:

In accordance with stipulations laid out in California penal code 1026(f), “the medical director of the facility shall, at six-month intervals, submit a report in writing to the court and the community program director of the county of commitment, or a designee, setting forth the status and progress of the defendant.” Therefore, this report is limited to information pertaining to the patient’s current clinical status and treatment. This report does not include a forensic opinion. All forensic opinions are communicated in separate reports corresponding to governing penal code.

# IDENTIFICATION DATA

Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_ is a \_\_\_\_year-old (D.O.B.) male/female, who was committed to the California Department of State Hospitals by \_\_\_\_\_\_\_County on [commitment date]. They were admitted to DSH-Napa on [admission date] pursuant to PC 1026—not guilty by reason of insanity. Their committing offense is violation of [appropriate code and section, *e.g.*, PC245(a)(1)], [definition of section of code, *e.g.*, assault with a deadly weapon].

# DSM-5 DIAGNOSIS

List diagnoses including all specifiers, with primary diagnosis listed first.

# CURRENT MEDICATIONS

### List all psychotropic medications with dosages. [List generic name, dose and schedule, and indication]

**CLINICAL PROGRESS**

### Current Psychiatric Symptoms Status [last 6 months, current reporting period]

Describe patient’s full current mental status

### Department of State Hospitals-Napa’s continuum of care for those committed secondary to PC 1026 reflects three steps that guide treatment and discharge planning. The first step in the continuum reflects admissions and stabilization units, which focus on behavior stabilization, psychotropic medication adherence, and the early development of insight around psychiatric symptoms and the need for treatment. A patient then progresses to Transition Units, which require behavioral stability, 60% attendance of core group treatment, ability to work with the treatment team, and progress in developing insight into psychiatric symptoms, maladaptive patterns of using substances (as indicated), and need for treatment. A patient then may progress to the least restrictive and most treatment intensive level of treatment, Discharge Preparation Units. In this step, 80% attendance of core treatment, low suicide and violence risk within DSH-Napa, absence of behavioral impulsivity and rule violations, willingness to work with CONREP, and significant insight about treatment needs and risk of violence are required.

**Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_ continues to receive treatment at DSH-Napa. The patient currently receives treatment on a \_\_\_\_\_\_\_\_\_** (stabilization, transition, or discharge preparation) **unit.**

*[SELECT ONE OF THE FOLLOWING STATEMENTS]*

The Hospital has not recommended this patient for community outpatient treatment at the time of this report.

                                                                  OR

The Hospital has recommended this patient for community outpatient treatment. Please see PC 1603/PC 1026.2(l) Report dated 00/00/0000 by Dr. [First Name Last Name] for forensic opinion establishing recommendation for community outpatient treatment.

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**The following personnel, who are not currently treating this individual, administratively reviewed this report:**

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| Medical Director, or Designee |
| Medical Director |

cc: CONREP, Health Information Management Department, Unit Chart, Program File