



California
Department of State Hospitals

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Department of State Hospitals - Coalinga

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HISTORY

The Department of State Hospitals-Coalinga is California's newest state mental health hospital located at the edge of the Coastal Mountain Range on the western side of Fresno County. Coalinga is halfway between Los Angeles and San Francisco and sixty miles southwest of Fresno.

DSH-Coalinga opened in 2005 and began treating forensically committed patients, mostly of which are sexually violent predators. It is a self-contained psychiatric hospital constructed with a security perimeter. California Department of Corrections and Rehabilitation (CDCR) provides perimeter security as well as transportation of patients to outside medical services and court proceedings.

The hospital does not accept voluntary admissions.

PATIENT POPULATION

The hospital operates approximately 1,286 beds. The commitment categories of patients

Lanterman-Petris-Short (LPS) Act

These patients are treated under a conservatorship agreement. Conservatorships are for severely disabled individuals who represent a danger to themselves or others due to mental illness. They have not been charged with a crime, but are instead referred by local community mental health programs through involuntary civil commitment procedures pursuant to the LPS Act. Those whose psychiatric conditions require a higher level of care and cannot be treated in locked facilities or board-and-care homes are sent to a state hospital for treatment. LPS patients leave state hospitals when their county of residence places them in a different facility, or home with their families, or they have successfully petitioned the court to remove the conservatorship.

Mentally Disordered Offenders (Penal Code Section 2962/2972)

Parolees who committed one of a specified list of crimes and who were treated for a severe mental disorder connected to their original crime can be committed to a state hospital as a condition of parole for a period not to exceed the length of their parole term. If the person still requires treatment at the end of their parole term, they can be civilly committed under PC2972 if it is determined that they are a substantial danger to themselves or others. These commitments last for one year and may be renewed annually by the court.

Mentally Ill Prisoners transferred from CDCR (PC 2684)

These inmate-patients are transferred from CDCR for inpatient mental health care with the expectation that they will return to a CDCR facility when they will no longer require inpatient treatment.

Not Guilty by Reason of Insanity (Penal Code 1026)

Patients judged by the court to be not guilty because they were insane at the time of the felony crime are committed to a state hospital for treatment for a period equal to the maximum sentence of their most serious offense. Their treatment goal is to control violent behaviors and develop socially responsible behavior and independent living skills, while treating their mental illness.

Sexually Violent Predators (Welfare and Institutions Code 6602 & 6604)

Individuals who are convicted of a legislatively defined set of sex offenses who complete their prison sentences are evaluated by DSH or independent evaluators. Those that meet Sexually Violent Predator (SVP) criteria receive a probable cause hearing and are placed in a state hospital pending full commitment (WIC 6602). A trial confirming SVP status can result in commitment to a state hospital for an indeterminate period (WIC 6604). SVPs can petition annually for release, be recommended for outpatient status by DSH practitioners, or be determined to no longer meet SVP criteria.

The patient population breakdown for DSH-Coalinga as of 11/7/2016 is listed below. The data below includes patients who are not in the facility because of a court appearance or who are at a general acute care hospital to receive other medical treatment.

Patient Commitments	Population	Percentage of Total at Facility
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Noted in King v. County of Los Angeles, No. 14-55320 archived on March 7, 2018

Lanterman Petris Short	1	0%
Mentally Disordered Offender	294	23%
Mentally Ill CDCR Prisoner	50	4%
Not Guilty by Reason of Insanity	2	0%
Sexually Violent Predator	941	73%

For additional categories and sub-categories of patients that may be found at each facility, please visit our [Legal Commitments](#) webpage.

HOSPITAL STAFF

DSH-Coalinga has approximately 2,285 employees, with approximately 190 different job classifications, providing around the clock care; including psychologists, psychiatrists, social workers, rehabilitation therapists, registered nurses, psychiatric technicians, and other medical and clinical staff. In addition to administrative and support staff; including information technology, hospital police, plant operations, kitchen staff, custodial staff, warehouse workers, groundskeepers and spiritual leaders.

TREATMENT AND PROGRAMS

The fundamental goal of the DSH-Coalinga Sex Offenders Treatment Program is for the individual to acquire pro-social skills and to prevent recurrence of sexual offending. The program combines components of the Self-Regulation/Better Life models with the principles of Risk-Need-Responsivity (RNR). This combined approach strengthens the individual's self-regulation skills to prepare him for a life free of sexual offending.

The three principals of the RNR model are explained here in more detail.

The risk principle involves matching the intensity of treatment to the individual's risk level of reoffending, with high-risk offenders receiving more intensive and extensive treatment than low-risk offenders. Offense risk is determined by the combination of static and dynamic risk factors.

The need principle focuses on assessing dynamic risk factors and targeting them in treatment. Dynamic Risk Factors are defined as enduring but changeable features of an offender; are amenable to interventions, and when successfully addressed, result in a decrease in recidivism risk.

The responsivity principle states that services should be delivered in a manner that is engaging and consistent with the learning style of the individual. Examples include fostering strengths; establishing meaningful relationships; and attending to relevant characteristics such as age, cognitive skills, cultural factors, and emotional regulation issues. It also states that the primary treatment components should use social learning and cognitive-behavioral approaches.

Empirical studies indicate that adhering to RNR principles can maximize treatment effects and reduce recidivism.

*cited in King v. County of Los Angeles,
No. 14-55320 archived on March 7, 2018*

The Self-Regulation/Better Life model also provides some educational opportunities, vocational services, and recreational activities. Individuals with intellectual disabilities or severe psychiatric disorders participate in programs adapted for their treatment needs.

COMMUNITY

About one-third of the staff at DSH-Coalinga lives in Coalinga. The rest reside within a 70 mile radius. In the fiscal year 2013-14, DSH-Coalinga contracted with and purchased from approximately 200 companies in the local and surrounding communities for goods and services, spending over \$15.1 million.

The hospital is a partner with both West Hills College-Coalinga and Fresno City College. Through its psychiatric technician education program, West Hills College has provided the hospital with hundreds of graduates over the course of many years. Similarly, about 400 registered nurses from Fresno City College have completed clinical rotation in our hospital.

DSH-Coalinga is currently forming a new partnership with two California universities to create clinical rotations for medical students.

In July 2014, a solar installation at DSH-Coalinga began supplying power to the hospital. Since then the facility has lowered the kilowatt hours purchased from the electric company by an average of 18 percent during the summer months.

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