

THE INSIDER ONLINE

VOICES OF CALIFORNIA'S CIVIL
DETAINEES AT COALINGA STATE HOSPITAL

Violence Surges At Hospital For Mentally Ill Criminals

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By Ina Jaffe (www.npr.org)

Atascadero State Hospital, on California's central coast, was built from the ground up to treat mentally ill criminal offenders.

Violence is on the rise at the hospital, and according to state and federal documents, it's gotten worse since 2006 – the same year the state signed an agreement with the federal government to put in a detailed new treatment plan.

The 92-page plan, which covers everything from psychiatry to dentistry to nutrition, came out of a civil rights investigation – something the Justice Department has done at a lot of public hospitals around the country. In California, the investigation found some serious problems: abuse and neglect of patients; substandard care; and lousy record-keeping.

The new treatment plan was supposed to make things better. And it did, according to Justice Department documents and some conversations with hospital staffers. But violence has risen at three of the four hospitals covered by the treatment plan. At Atascadero, it's gone up 36 percent.

That's what brought Republican state Sen. Blakeslee there recently – and not for the first time. "I have constituents who . . . work in the facility that are just distraught about their sense of threat and risk and potential injury," he says. "And it's just an inherently dangerous population."

But the hospital appears more blandly institutional than dangerous. The halls seem endlessly long. The patients wear identical khaki pants and shirts, and usually stare straight ahead as they walk. In the dayroom, no one looks up from the television when visitors walk in. "You know, that's how things are most of the time," says Blakeslee. "And when things change, it changes very quickly."

We Began to Struggle

A former psychiatric technician named Ramona Goodman found that out the hard way.

In September 2008, a patient made a routine request: He wanted some clean socks from the laundry room,

which was down the hallway.

"So he and I walked down the hall," she recalls. "And as we were walking together, I had asked him: So you had a really hard time this weekend, and do you want to talk about that later with me? Maybe we can get things worked out?"

"He said, 'Yeah, but I don't want to talk about it right now.'" And then they reached the laundry room door.

"I got my key in the lock, and I felt his arm come around underneath my chin. And I dropped my chin down as far as I could into my neck so he couldn't choke me out," she says. "So we began to struggle. He was hitting me along side the head as I was biting him. And after a couple of minute, I realized I was not going to win this fight."

Eventually, she managed to scream and a co-worker came to her rescue.

Goodman now has two artificial discs in her neck held in place by a titanium plate. Her surgeon told her she can't work at Atascadero anymore.

"Because I could get knocked down, or whatever, and be paralyzed," she says.

Putting Paperwork Above Patients?

The attack was one of more than 1,000 violent incidents at Atascadero that year. Goodman blames the treatment plan the hospital was forced to adopt after the Justice Department's investigation. She says it drove a wedge between the staff and the patients by requiring massive amounts of documentation.

"Spending more time on paperwork than you are treating the patient," she says. "That's really the security problem right there."

She's not exaggerating, says psychiatrist William Walters. "I spent three or four hours a day typing, maybe six hours a day typing," he says.

Walters left Atascadero about a year and a half after working for nearly two decades. He says something else changed when the hospital went to the new treatment plan: Their safety program was disbanded. It had

THE VIEW FROM THE EDITOR'S SEAT:

As part of CDAC, I was involved in some of the fight to allow the pizzas to be taken back to peoples units during the recent sale. To say that I was shocked that Jim Clark and company were taking such a ridiculously hard line on this subject would be an understatement.

I understand that CSH continues to pretend to be a hospital and has a bunch of rules made up to explain that. For those of us that live here, well let's be honest, we know a load of crap when we smell it. This is being used as a prison.

It has been said more times than I can count that anything that is allowed to a prisoner is the bare minimum that we are allowed as Civil Detainees.

I have a friend that I write to who is still in CDCR and I can assure you that since we left there one thing hasn't changed: If you buy food from a sale, you take it back to your house. You don't eat it in the chow hall. You don't eat it in the gym. You go back to where you live and consume it there.

Jim Clark raised the concern over people storing the pizza and letting it go bad. I don't know about anyone else, but where I did time you didn't buy food out of your very limited resources just to let it sit on a shelf (or under your bed, or in your locker)

and go bad. You got with your friends and ate it (or really pigged out alone). I can't think of a time when I heard of anyone letting food go bad.

The funny thing is that we have refrigerators and microwaves here. What are the chances that someone is going to spend the money to buy the pizza and then just let it sit until it goes bad?

What follows is an excerpt from the PCLS Newsletter and it raises some interesting questions:

GMR Policy on Food

Mr. Carl Johnson: PCLS would like to have a new policy established concerning food sales in the GMR. The present prohibitive and restrictive edict makes no sense, is not fair, and is objectionably obstructive. A fund-raising food sale is for the purpose of disbursing items bought by residents and NOT being forced to eat a cold meal when there are microwaves and better hygienic ways to consume our food on our units. The current policy seems to disregard we residents as both civil as well as responsible adults.

Staff Response: Mr. Jim Clark has brought this particular issue up extensively with Administration. Currently, CSH stands by its AD and policy that the bringing of extra

food onto units and out of the GMR creates more health, hygienic, and security concerns for Staff. If residents can demonstrate a higher level of responsible behavior, this policy can be reevaluated at some future date. Fundraisers are about fiscal issues and not food policies. Staff get concerned when one person orders too

many items and how that excess will be stored.

Dr. Greer reminds members that there are specific health and safety reasons why the food policy is in place and CSH is bound by the policy. Food left around can become a health hazard and attract pests and has encouraged illegal activities such as making illegal substances. The policy also stems from past behaviors of people who hoarded to the point that others suffered from bugs and unhygienic room mates.

Ms. Ajamian points out that this is an opportunity for residents to appeal the policy best by demonstrating appropriate health and safety behaviors directly related to our desire to take foods back to our units.

For the record, while we are not allowed to bring food through the halls of this hospital and back to our units, it is perfectly fine for any and all staff members to transport whatever food they want in backpacks, sacks, pizza boxes, and anything else they get to any unit in this hospital. Strangely enough, this is not unhygienic, unhealthy, or a security issue. (Everyone knows how dangerous those pizzas are.)

What should alarm everyone is the continued use by staff of the restriction that we have

to prove that we deserve what we are allowed by law. We are not supposed to be denied anything based on the possibility that we might abuse it. Denial of any right is supposed to be based on individual actions and not someone else's actions.

The Department of Mental Health and particularly CSH need to put their money where their preaching is... **INDIVIDUALIZED TREATMENT!**

This means that each person is addressed only on their behaviors and deeds. This means that if John Doe screws up and breaks a rule, John Doe gets a right denied and not the entire hospital.

I would strongly recommend that Pam Ahlin and company have a long talk with their Legal Department about the policy of denial of rights based on possible future abuse.

The Contraband Committee, Executive Team, Treatment Staff, Fire Marshall, DPS, and LOC all seem to believe that it is OK to ignore the law. One day, maybe tomorrow, maybe next week, it will come back to bite them!

[For those of you in the free world, this would be the equivalent of your neighbor getting drunk and ramming his car into a bus. The police come and decide that in order to prevent such a thing from ever happening again, they are going to take the cars away from everyone in the neighborhood. That's our world!]

William Hester, Editor

Napa State Hospital fined \$100,000

Christina Jewett

CALIFORNIA WATCH

San Francisco Chronicle and SFGate.com

Friday, April 15, 2011 / Page C5

Napa State Hospital administrators were aware that patients who had free rein of facility grounds had a history of illegal drug use, stalking and aggressive behavior but made no reasonable effort to protect workers, according to a citation issued this week over the death of worker Donna Gross.

California regulators fined Napa State Hospital more than \$100,000 over safety failures uncovered after a patient allegedly strangled Gross, a psychiatric technician.

Jess Willard Massey was arrested on suspicion of killing Gross, 54, soon after the October attack.

California Division of Occupational Safety and Health investigators found that Massey was awarded a "grounds pass" by facility staff, a privilege that allows patients to roam freely through the sprawling and shaded campus. Cal/OSHA investigators found that such a system exposed staff to danger.

Department of Mental Health authorities, who oversee Napa State and other state mental hospitals, said Wednesday that

they will appeal the fines.

The citation for "willful" violation of worker safety regulations says that Napa State Administrators were alerted in meetings that patients who held grounds passes acted in a threatening and "felonious" manner. Administrators "failed to address the hazard," and did not follow their own policies meant to restrict the grounds passes of rule-breaking patients, records show.

Cal/OSHA found that the hospital had an inadequate employee alarm system that did not work outside of buildings, and no outdoor alarm system. Investigators reported the hospital had inadequate police presence to protect the staff from assaults and an ineffective injury-prevention program.

Krisann Chasarik, a Cal/OSHA spokeswoman, said investigators are still looking into a December assault by a patient on a respiratory therapist.

The acting director of the state Mental Health Department, Cliff Allenby, said in a statement that the agency has improved safety at the hospital by "issuing personal alarms to employees, increasing hospital police presence, limiting grounds access and aggression reduction training for staff."

Workers held a vigil and protests soon after Gross' death and in recent weeks have been seeking stepped-up safety measures at the hospital.

Patient Abuse in Treatment Unit #2 on 02/23/11

Submitted by: Thomas Alexander

April 8, 2011

Dear Insider:

My name is Thomas Alexander. On 2/23/2011 at approximately 11:00pm, I was putting my things away in my room and I noticed that my friend named Beckham, who lives in the dorm with Mr. McDonald, and the NOC Shift Lead Jack Sellick was standing near my best friend's bed area, so I walked into the dorm seeing him already having a bluish face (red) from throwing up. I tried to explain to Jack that I saw his leg was shaking and that he may go into a seizure. I had seen this before, because I have known his medical problems for 23 years, but Jack completely ignored me. I tried to explain to him the problem with Mr. McDonald that is similar to before, and he just wouldn't listen to me, and told me to leave the dorm. He then pushed me all the way out of the dorm. I was not in the staff's way so I felt being pushed way out of the dorm as uncalled for. I had a witness, Mr. Beckham, who saw the whole incident.

I filed a complaint on him for putting his hands on me, and this complaint has been filed with Patients Rights. I was seen by an Investigator Ryan Rubiri. I told him everything that happened and also told him that I had a witness, Mr. Beckham, who saw the whole thing. This investigator claimed that what he had from me was good enough. I then went to Mr. McDonald about the situation, and he filed a citizen's complaint against Officer Rubiri for not fulfilling his duty in questioning any potential witnesses.

STATE TO ADD MENTAL FACILITY STAFF

The first positions will be at the Napa hospital, where a patient recently died.

Lee Romney

Reporting from San Francisco

Saturday, April 16, 2011

Los Angeles Times, LATEXTRA

California Health and Human Services Secretary Diana Dooley said Friday that she is lifting a hiring freeze at the state's troubled mental hospitals amid concerns about rising violence.

Her decision came after a visit to Napa State Hospital a day earlier.

The trip was prompted by the death of a Napa patient on Monday and \$100,000 in fines levied against the hospital this week by Cal/OSHA for suspected systemic failings that contributed to the October slaying of a psychiatric technician.

Dooley, an appointee of Gov. Jerry Brown, said she is working to understand the complex problems that plague the state's five psychiatric facilities, where more than 80% of patients have been accused or convicted of crimes and a growing number have predatory tendencies.

Despite the state's acute budget crisis, Dooley said, "I made the decision this week that there are real needs in the state hospitals and we need to refill positions."

The move will create an exception to a statewide hiring freeze on vacant positions imposed by Brown in a Feb. 15 executive order.

Cynthia Radavsky, deputy director for long-term care services at the state Department of Mental Health, which Dooley oversees, said she plans to promptly fill about 25 positions at Napa with hospital police officers and clinical staffers with direct patient-care responsibilities.

Decisions about staffing at the other hospitals – Norwalk's Metropolitan, San Bernardino's Patton, the Central Coast's Atascadero and the Central Valley's Coalinga – will follow in the coming months, she said.

"Her advocacy is extremely appreciated," Radavsky said of Dooley, who spent five hours at the hospital and met privately with union stewards and other workers.

The U.S. Justice Department filed a lawsuit in 2006 to improve care and

protect patients at all California's state mental hospital except its newest, in Coalinga. A court-ordered settlement simultaneously imposed a host of prescriptive reforms that have since been implemented.

Yet violence has increased systemwide, particularly at Napa.

According to Cal/OSHA's citations, the patient charged with the October killing of employee Donna Gross had been granted a pass to circulate freely on the fenced-in grounds despite a history of recent attacks, stalking and illegal drug use.

The citations, which state mental health officials will appeal, also contend that the hospital's own analysis of assaults was inadequate and therefore failed to prevent more incidents.

Meanwhile, the death Monday occurred as staffers restrained a patient who was assaulting a roommate.

A preliminary autopsy found that the patient had an enlarged heart and did not asphyxiate. On Tuesday, a patient who dived off a balcony at the hospital last month in an apparent suicide attempt died at an outside hospital.

The deaths have mounted in recent years, a trend that staff members at the hospitals sued by federal authorities contend is related to poor implementation of the paperwork-heavy court-ordered reforms. Department of Mental Health officials disagree. Yet there is consensus that staffing is critical.

Lawmakers are weighing in. In a letter to the governor on Tuesday, State Sen. Noreen Evans (D-Santa Rosa) and Assemblyman Michael Allen (D-Santa Rosa) asked Brown to direct Dooley and Cliff Allenby, acting director of the Department of Mental Health, to take immediate action to address the violence.

Dooley said she has been working with the department to explore plans to better assess patients' propensity for violence, to administer treatment accordingly and to move patients so that less secure facilities house less violent charges.

She said she is also discussing with the California Department of Corrections and Rehabilitation which types of mentally ill inmates are appropriate for placement at the hospitals and which patients should be returned to prisons.

Civil Detainees' Advisory Council Bits & Pieces

By Douglas G. Gaines

Contraband Advisor Star Lopez, intends to appeal several items which were in some cases approved by the contraband committee, but denied by Administration sighting that they were denied by the recommendation of the Contraband Committee.

Some of these items include: Personal Wrist Blood Pressure monitors, Portable Coffee Brewers, Fish Tanks and supplies, Bread products, T.V. Signal Amplifiers and Travel Irons. Star is objecting to these "blanket denials" with no reasons, and intends to either get approvals for the items or reasons why, the items are denied, beyond, the answer "Submitted Items Not Approved by Executive Staff".

New Items for consideration by the Contraband Committee this month are T.V. Antennas Electronic and Battery Operated Toothbrushes and Laundry Detergent. A committee which includes Star is scheduled to test the antennas, yet Star states that the Staff Liaison Officer intends to try to remove Star from the committee.

Predator to be Tried in Alleged Threat to Capital Prosecutor

BY PABLO LOPEZ (FRESNO BEE)

THE INSIDER EDITOR'S NOTE: THIS IS AN ARTICLE TAKEN FROM THE FRESNO BEE REGARDING ONE OF OUR OWN WHO HAS HAD CHARGES FILED AGAINST HIM. HE IS BEING CIVILLY DETAINED UNTIL THEY DECIDE IF THEY CAN LOCK HIM UP. SO WHICH IS HE, A MENTALLY ILL INDIVIDUAL WHO IS NOT ABLE TO CONTROL HIS IMPULSES AND THUS MUST BE HOSPITALIZED **OR** IS HE A CRIMINAL WHO IS IN CONTROL OF HIS ACTIONS.

THE STATE MUST BE FORCED TO DECIDE WHICH WAY THEY WANT IT. THIS HAVING YOUR CAKE AND EATING TOO IS PUTTING ALL OF US AT RISK OF DMH DECIDING AT ANY TIME THAT WE ARE TOO MUCH TROUBLE AND COMING UP WITH CHARGES TO SEND US BACK TO PRISON.

IF YOU DON'T BELIEVE THAT DMH WOULD DO SUCH A THING, GIVE SOME THOUGHT TO HOW MANY TIMES YOUR AREA IS SEARCHED WITHOUT YOU PRESENT TO INSURE NOTHING IS BEING PLANTED.

JUST SOMETHING TO THINK ABOUT.

A sexually violent predator who is a patient at Coalinga State Hospital will stand trial for allegedly threatening a Sacramento prosecutor, a judge ruled Friday in Fresno County Superior Court.

Judge Jon Nick Kapetan made his ruling after Kevin Higgins, a deputy district attorney in Sacramento County, testified that Richard Kisling, 55, sent him a threatening Christmas card and left a threatening telephone message at his office in January.

The case is being tried in Fresno because the crime originated from the state hospital in western Fresno County.

In court, Fresno prosecutor Tim Donovan contended that Kisling targeted Higgins because Higgins had persuaded a jury in November 2009 to commit Kisling to the state hospital as a sexually violent predator for his long history of rapes, burglaries and other crimes.

Because the jury's action was a civil commitment, Kisling is considered a patient in the state hospital, Donovan said. He must stay there until

authorities say he is no longer a threat to public safety.

But if he is convicted of threatening the prosecutor, Higgins faces 25 years to life in prison, Donovan said.

At Kisling's preliminary hearing Friday, Higgins recalled that Kisling was angry when the jury announced its verdict in November 2009. According to Higgins, Kisling left the courtroom after making a parting shot: "I'll pray for you."

Then on Jan. 3, Higgins said he was surprised to find a Christmas card at his workplace. He said the envelope had a postmark from Sacramento and the initials "R.K." According to Higgins, the card said: "You remain in my prayers, Richard Kisling."

Later that month, Higgins said he received a phone message. The message, which was played in court, was from a man who whispered: "You know what I'm capable of doing. ... Your days are few."

Higgins testified that the voice belonged to Kisling.

The two messages are troubling, Higgins said, because Kisling's long criminal history includes escaping from the California Youth Authority twice and committing several rapes and burglaries as an adult. In the sexual assaults, Kisling tied up the husbands before raping the wives, he said.

Once he received the threats, he notified authorities and learned Kisling was still in the state hospital.

Steve Roberson, an investigator with the Sacramento County District Attorney's Office, said Kisling's ex-girlfriend told him that Kisling sent her three Christmas cards, and one of them was for Higgins, so she mailed it to him.

After reading this, I hope that you caught the statement by Fresno County prosecutor Tim Donovan... "Because the jury's action was a civil commitment, Kisling is considered a patient in the state hospital." So we're only considered a patient; then what are we if not patients. Possibly... **PRISONERS!!!**

HERE'S WISHING EVERY MOTHER OUT THERE...

HAPPY MOTHER'S DAY!

Where is My Money

By David Green

On April the 11 a family member sent me a postal money order in the amount of \$500.00. Like any snail mail it usually takes two to three days for me to receive mail or money from my family members. At times it has taken up to a week for me to receive any mail.

After a week had come and gone, and no sign of the money order, I started to enquire about what had happen. I had informed my family member that it had not arrived and has asked if she had gotten the money order back. At that time she had informed me she had not.

After 2 ½ weeks had went by I had the staff on my unit 17 start calling around the hospital to try and locate it. On Wednesday, April 20, 2011 my money had been located. Unfortunately they found my money on someone else's account. That's right on someone else's account. Let me tell how this has happened.

In a hospital as large as this, there are bound to be people with the same last name. Well, a resident with the same last name as mine received my mail and money order. Now that would have been bad, mistakes happen right. Well, this other individual who received my mail was a thief. Why you ask? Well I'm here to tell you why.

About 14 months ago, this same incident happened with this resident. The first time it happened the money order was for \$300.00. This resident with same last name scratches my first name out place his name above mine and transposed my hospital number to fit his.

Let me tell you really quickly how the staffs are to handle any money that comes in the mail here. The staffs are to take the money (money order, check, or cash) and write a receipt with the individuals name and the senders' name. After that they are to place the money in a trust book to be taken up front to the trust office to be processed. After that the trust office places the money into the individuals account. With this procedure and all the staff that handle the money, not one staff questioned the altered or forged money order. Not one staff made any enquiry about why the numbers and the name had been changed. Not one staff took the time to investigate.

After this travesty was done the first time and the 6 months it took for me and my family to receive the money back from the post office. I was informed that there were procedures in place to ensure that this never happened again.

Well they were wrong!!!!

How wrong they were indeed. Their procedures they had told me were in place once again didn't work. Now this resident did it again as he did before, and not one staff questioned again why the money order was altered and forged.

Well this time they have put a new twist on thing. When it was discovered a second time that this individual had altered, forged, and cashed my money order two weeks prior and had been spending the \$500.00, the trust office froze his account and informed me that it would take a couple of days to be placed on my account. Well, you could probably figure I was highly upset that this incident had happened again.

That afternoon, I was informed that they had placed the money into my account and I was able to spend it the following day. Well you think the story ends there, well it doesn't.

The following morning I went to spend my money and was told that I had none and my account was frozen. Well, you bet I was highly upset about this. I went back to my unit and asked the unit supervisor to call trust and find out what was going on. When she was done she informed me that they would find out from there supervisor as to why and send it to her in an email later that afternoon.

At 200 that afternoon I was handed a copy of the email which stated that my account was frozen because the money order looked altered (Da!!!!) it was altered three weeks ago. They informed me that they could not let me have the money because of the money order being altered. I argued that this individual had altered it then and the hospital or the bank saw no problem cashing the money order the first time and placing the money on this other individuals account, so what's the different.

The different is they got caught a second time with the old preverbal pants down and they want to cover their butts...

Now it does not end there. My account is now frozen now for the next 10 to 20 days. This means because of their mistake I can't even spend money any other money my family sends me. So literally not only was I a victim of theft now I am being victimized by the state because I can't even by hygiene products and other items that I need to survey for the month.

Today I was told by Department Protective Services (hospital police) that I need to inform my family member who is in her 80's to go down and just cancel that money order and have a new issued. Well, that all find and dandy but, I'm afraid to tell everybody but, it does not work that way. It takes six months to even get an answer from the post office on reimbursement and another sixty to ninety days to be reimbursed. The other thing is that it the hospital and bank have processed this money order as is and all have received the payment of the post office so the post office will not reimburse the money.

Now tell me, what would u do?????????????

WHAT DO YOU THINK?

“Under conditions of tyranny it is far easier to act than to think.”

Hannah Arendt 1906-75

In W. H. Auden 'A Certain World' (1970) p. 369.

Results from the March 2011 Hospital Wide Executive Meeting

Unresolved Visiting Room Issues:

Randee Grassini, General Advisor, had presented a package of unresolved visiting issue. Some of these issues date back more than a year. Randee spent many hours preparing the material for this presentation and was adamant that the administration needed to resolve them. One of his suggestions was the creation of a Visiting Committee (suggested many times before) as a way to sit down and discuss and resolve visiting issues.

CSH Administration responded that a committee has been formed and that it will be meeting quarterly to address the unresolved issues as well as any new ones that arise related to visiting. They show the status as being **COMPLETE**.

Increasing the Scissors on RRUs:

Star has been working to increase the number of scissors that are available to be checked out on the RRU units so that residents are able to work on multiple projects at the same time without having to hunt down and wait on a pair of scissors.

CSH Administration responded that it is not recommending an increase in the number of scissors. This decision is based on safety and security concerns. They show the status of this as being **COMPLETE**.

Update on the Memorial Wall Project:

Robert Wright, Activities Advisor submitted that last year

the administration had approved a memorial wall for our fallen comrades. They were scheduled to assemble a committee that would work out the details. When Robert took office, this was still pending without any action.

CSH Administration responded that Central Program Services has gathered all pertinent information and is waiting for final approval prior to implementing a development work group for this project. They show the status of this as **PENDING**.

Custodian for the Grill:

It had been mentioned in the Open Forum that the Grill had been without a resident worker since the new owner took over. It was suggested that a resident worker position of janitor be created for am and pm hours. This would replace the lost jobs from the transition and would also assist in keeping the place clean during operating hours.

CSH Administration responded that all custodial services for Union Square Grill are the responsibility of California Dining Services and are being monitored by General Services for conformance with contract requirements. The vendor will also be a recurring attendee at the Canteen/Nutrition meetings so that any other issues can be brought forward. They show the status of this as **COMPLETE**.

ISSUES DISCUSSED AT THE APRIL MEETING: *Key Lanyards; Rubber Bumpers on Beds; 24" Televisions; Shoehorns; Convenience Moves and Related Issues; MA-2; LOC Training on Gurneys; DNR Issues; Clarification of Electronics Memo; and Mail. Results coming next month.*

Civil Detainees' Advisory Council Bits & Pieces

By Douglas G. Gaines

Activities Advisor Robert Wright is working on a proposal (IPR10-0012) that would allow residents to sell Art items in the front lobby of the hospital. The Inyana Native American Circle may be the first allowed to sell resident made items with the proceeds used to raise funds for Circle activities, such as the annual Pow Wow.

This will be a two year project, with the hope of allowing residents to place art projects, models, etc. to be sold and the money earned placed on the residents trust accounts (currently prohibited by Administrative Directive).

Several proposals dealing with issues regarding yard space (IPR10-004), benches and canopy's on the sports yards (IPR10-0105), weekend/holiday softball staff coverage (IPR10-0137), and pull-up and dip bars on the main yard (IPR10-0016) are all currently in committee and more will reported next month.

IPR10-0040: The Memorial Wall, which was denied last year pending further review from Central Program Services. Jim Clark stated in a memo that "the results are being finalized and will be forwarded upon completion, and the Wall as planned cannot be done due to HIPPA. An alternate suggestion will be included in our response."

PROGRAM 8 ISSUES: UNITS 25, 27, AND 28 (2972 M.D.O. Population)

William Hester, Editor & CDAC Program 8 Observer

Well, with Derek now a member of the 6600 commitment and lacking any other contributions from the 2972 population, I will give everyone an update on what is going on in the world of Program 8.

Since the last few months of 2010, the 2972s have been trying to be allowed the purchase and ownership of pens. Yes, I said pens. Even though they are civil detainees and allowed the same rights as the 6600s, they have not been allowed to have pens. Audrey King (Clinical Administrator) and Kate Baggs (Staff Liaison Officer) both questioned why this was even an issue when pens have been approved hospital wide. Program 8 had no reasonable answer to this question and it was announced this month that 2972s may now have pens.

Another issue that has been circulating for some time is having access to working electrical outlets in order to use their approved electronic devices. Right now they have to go to the office and get their devices charged up in order to use them. So, unlike the 6600s, if the charge gets low on their game, they have to stop playing or watching and wait while it gets charged up in the office.

The Patients' Rights Advocate actually has issued responses to two members of the 2972 population saying that they have the same rights that the 6600s do and that there is no reason for an across the board

ban on access to electrical outlets. (Program 8's current answer is that they're creating a safe environment. This ignores the Patients' Rights responses.)

Once again, it all comes down to treating individuals as individuals.

If someone abuses a pen, that person loses the pen.

If someone abuses the electrical outlet, that person loses access to the outlet.

Strangely enough, it is a very simple concept that is being abused by DMH at CSH. The law says that we (both commitments) have rights. When something happens, these rights are taken by DMH, not on an individual basis, but across the board.

Treatment is about INDIVIDUALS. Rights are about INDIVIDUALS.

The INDIVIDUAL is the center of all that DMH is supposed to work with.

So, instead of restricting the entire 2972 population from having what they are allowed by law, restrict only those with problems.

Program 8 needs to give them their electrical outlets, hot water (without the cover), electric razors, and anything else they are allowed to have.

“NON-LPS” Patients Non – Deniable Rights

Section 883 rights under Title 9, CCR (The patient's guardian or conservator may not waive the rights listed unless authority to waive these rights is specifically granted by court order.)

- ◆ A right to **privacy, dignity, respect and humane care.**
- ◆ A right to **receive treatment** for a diagnosed mental disorder that is provided in a method least restrictive of individual liberty and promotes personal independence.
- ◆ A right to **medical care** and treatment for physical ailments and conditions according to accepted clinical standards and practices.
- ◆ A right to **refuse psychosurgery, electroconvulsive therapy**, experimental and other hazardous procedures.
- ◆ A right to be **free from harm** including **abuse or neglect**, and **unnecessary or excessive medication, restraint, seclusion, or protective or administrative isolation**. Medication, restraint, seclusion, or protective or administrative isolation shall not be used as punishment, as retaliation for filing complaints, for the convenience of staff, as a substitute for a treatment program or in quantities that interfere with the patient's treatment.
- ◆ A right to confidential case discussions, consultation, examination, and patient records. **Confidential information** shall only be provided to those people providing evaluation and/or treatment or as authorized by law.
- ◆ A right to be informed of the procedures for **filing complaints** and the process for appeals when complaints are not resolved to the patient's satisfaction.
- ◆ A right to access the services of a **Patients' Rights Advocate**.
- ◆ A right to **confidential communications with an attorney**, either through correspondence or through private consultation, during regularly scheduled visiting days and hours.
- ◆ A right to **religious freedom** and practice, within the context of the environment of a secure treatment facility.
- ◆ A right to opportunities for **physical exercise and recreational activities**.

This is just a reminder to everyone of what we are legally entitled to as civil detainees being held as “NON-LPS” patients.

It goes without saying that Coalinga State Hospital and the Department of Mental Health only pay lip service to this.

PHASE COLLABORATIVE LEADERSHIP SKILLS (PCLS) INTEREST FROM THE FLOOR:

□ One reason so many residents here do not get into treatment is in part due to what and how they see Phase participants act. Many people even criticize PCLS members as well because of their observable behaviors. There doesn't appear to be any behavior rules or guidelines others would consider effective. There have been cases of Phase participants who prey on their peers and Staff seems to sanction their misconduct. PCLS doesn't seem to communicate very effectively with the groups they are charged to represent.

Staff Response:

Personal behavior is a matter of individual accountability. No one can control how another chooses to react in any given situation. Only the person himself is tasked with monitoring his own behavior and making the appropriate choices before deciding on taking an action.

Dr. Greer: Staff does document misconduct and, as well, pro-social behavior. This will show up in progress evaluations. Holding oneself to high standards and requesting peers to do the same will set encouraging examples and uplift everyone.

The Golden Gate Center

Mr. Billy Redding: PCLS keeps getting inquiries from treatment participants regarding the GGC and its program, such as:

1) Will the GGC program become open to ALL residents?

Staff Response: Dr. Greer assures members that CA recognizes the GGC program as a way to reward men dedicated to hours of group attendance and doing assignments in treatment.

Mr. Clark is not aware of any changes in the leisure program for Phase participants at this time.

2) With so few pay positions offered to we residents, will the GGC clerk position be reinstated? The Clerk was responsible for a great many duties, including overseeing activities, which are sorely missing these days.

Staff Response: Mr. Clark says that while the position is being reviewed, it is not currently being removed. GGC Staff presently are not advocating keeping a clerk, and duties and responsibilities need to be clarified at this point.

3) PCLS would like to have an activities committee initiated and charged with creating a monthly activities calendar and create a better and more involved program within the GGC. One thing a clerk did in

the past was to facilitate these kinds of responsibilities.

Staff Response: Dr. Greer believes this to be an excellent idea.

Mr. Clark would appreciate a detailed proposal on this matter and his staff would review it with great interest.

4) There are a great many missing supplies and equipment missing from the GGC program. Art supplies are low and missing; radios assigned to GGC are missing – what is the status on these issues and how will they be replaced? Here again, the clerk kept track and records of GGC supplies and this is very much necessary to insure our leisure programs has equipment for us.

Staff Response: Mr. Catano will look into this.

Mr. Clark wants it understood that all matters must be prioritized and that any denials, as well as approvals, all need to have reasons justifying either action.

5) PCLS would also like to suggest that the CA themselves make a point to occasionally step into the GGC and observe and assess how well the program operates.

Staff Response: Dr. Greer will look into this as time and other responsibilities provide.

Two Evening Labs

Mr. Phillip Pizzo: PCLS is requesting that rooms AE 119 and AE 121 both be utilized in the evenings. Of the 20 computers in AE 119, 7 have been out of repair for well over a year now. Men have been waiting in lines to get on a computer for over 2 quarters now and the best option seems to be opening AE 121.

Staff Response: Mr. Jim Clark promises to consider this option. The biggest dilemma is one of over time for staff resources. Staff who do work in the regular labs report low attendance and this is not a reason to justify additional lab times if attendance is too low. CPS has increased lab availability across the board and many day hours are simply not being utilized. It is advisable to also get more participants to utilize the GGC computers as well. Opening another lab will also have to include non-Phase use for others, and this is under review as well. Use of the labs is much like going to a public library and having to go when they are open and not just when you want to go. The bottom line remains in justifying the use of staff resources.

Thank you, but your usefulness is at an end...

Date: 20 April 2011

To: Virginia Greer, Senior Psychologist—Sex Offender Treatment Program

From: Derek M. Luers

Subject: Treatment Needs Re: SOT Position

I have spoken with Dr. H. Connelly from unit 27, and my Psychologist, Dr. ???, on my unit about the work that I did with the Sex Offender Treatment (SOT)lab held in Gold Country I AE-119 on Monday mornings, from 1000 to 1100. Since then I have run into several obstacles that no longer allow me to continue with this program because I am now solely a 6600 and not a dual commitment like in the past.

I have noticed that ever since I made the decision to continue with my treatment while I was still a resident of unit 27, and entered into the SOCP treatment, I had to fight an up hill battle because of my dual commitment. First, with trying to use the regular lab that was for the 6600's. Second, while I attempted to use the Golden Gate Center (GGC). Last, we started to use the computer / projector to present our work in this group and I made an attempt to get a flash drive from Ms. Magdalano, I was refused and had to jump through all sorts of hoops. What I am saying is this that I have had to be very pro-active on my behalf in order to attain the reputation of a "Trail Blazer" for both commitments.

The two doctors that I have mentioned above have encouraged me to continue to mentor and give back some of what I learned within the SOTP program, by helping at the computer lab, showing up at the SOT groups and this way I have a better way to show what I have learned.

Quote: "It has been said that once you can teach what one has learned then you have learned it well for yourself and are ready to give it back."

I would like to request from my WRPT that this be made part of my treatment plan so that it can benefit all involved. I understand that this will set a new precedent. I would also like to continue to be an advocate for the 2972's so that they still have a voice hospital wide. At ASH, the 6600's were the minority, here at CSH the 2972's are the minority and have a small voice, if at all.

Who is to benefit?

- v I will benefit by giving back
- v My peers (2972's) from someone who has walked in their shoes
- v The facilitators because they will have someone who can assist them
- v The hospital as a whole because it will set a new precedent
- v In case of an emergency, if the facilitator has to leave on unit 27 then the 2972's are left in good hands to continue their work
- v Volunteer position that will help me in the near future to work with others on the streets

In closing, I understand that you are very busy and that any assistance that you may lend to this endeavor will be greatly appreciated. I would like to thank you in advance for taking the time and effort in this matter, thank you. If you have any questions, please feel free to contact me through my treatment team RRU 15.

THE INSIDER EDITOR'S NOTE: I am sure by now that most of you who read this paper are familiar with Derek Luers and what he has been through here. For those of you who aren't aware of it, Derek was a dual commitment housed with the 2972 population. During his time there, he was an advocate for the rights of the 2972 population and fought to get equal treatment for himself as a member of both the Sex Offender Treatment (for the 2972s) and also with the Sex Offender Treatment Program (for the 6600s – a.k.a. Phases).

Throughout all of his struggles here for safety and fair treatment, he has always gone out of his way to work for others (especially those less able to help themselves) and now that he is no longer a dual commitment (he was decertified as a 2972), he only wants to be able to assist those in the Sex Offender Treatment group he belonged to.

As it seems with most people around here that truly try to help, he has now been exiled from assisting with any activities of the 2972 groups and told by staff that he is no longer welcome back among those he has fought for.

Violence Surges At Hospital For Mentally Ill Criminals—Continued from Page 1

won awards and been cited as a national model. "They made it a hospital-wide mantra that safety was the first consideration," he says. "And they did a really fine job of it."

In 2008, the hospital started a new community to deal with violence after a patient was murdered by a fellow patient.

NPR spoke with a number of current staffers at Atascadero but isn't using their names because they've been warned not to speak to reporters without going through hospital administration.

The Employees mostly share Walters' skepticism about the plan calling for patients to identify their own goals and interests in choosing treatment options.

That, they say, is poorly adapted to a psychiatric hospital that treats felons and people who had committed violent crimes.

California is the only state where the Justice department has imposed the regimen on hospitals that exclusively treat mentally ill criminals. California's second such hospital, Patton State Hospital in San Bernardino, has also seen violent incidents rise by 36 percent.

The Justice Department declined requests for an interview. NPR also tried to speak with the court-appointed monitor who tracks Califor-

nia's compliance with the treatment plan, but he's barred from speaking with the media.

The treatment plan does have a champion, though, in John DeMorales, the executive director of Atascadero. He welcomes the demands the plan has made on the hospital – demands "that we establish reasons for commitment, discharge goals, obstacles to discharge, and [that are] geared to the strengths and weakness of an individual," he says

Its goal, he says is to give patients "a realistic opportunity to recover from the reasons that led to their commitment here."

That's not to say the plan can't be improved. California's agreement with the federal government expires later this year. DeMorales says he's already cutting down those paperwork requirements in order to reduce his staff's workload and allow them to spend more time with their patients.

Proposed Law

Walking through the hospital, Sen. Blakeslee says there are things that have nothing to do with the treatment plan that can make this place safer – like new furniture.

"You notice the chairs are intentionally so

heavy that they're almost impossible to pick up and throw," he says.

But ultimately, Blakeslee thinks it'll take new laws to make the hospital less dangerous. Other lawmakers agree. There are now at least half a dozen measures pending in the state Legislature, all focusing on hospital safety.

One of Blakeslee's measures would make it easier to medicate patients against their will. "Those that are acting out and behaving in a way that could pose a risk to themselves, to other staff or patients," he says.

In the end, says Blakeslee, it's a matter of keeping faith with the taxpayers who are spending more than \$500 for each day a patient stays in the hospital.

"The public has a right to expect that these individuals will get the treatment to make them less dangerous, because ultimately many of these people will be back on the streets," Blakeslee says. "They'll be our neighbors, they'll be at our grocery stores. Our kids will walk by their homes."

And they won't be less dangerous on the streets, he says, if they're trying to get well in a violent place.

Under conditions of tyranny it is far easier to act than to think.

A quote by Hannah Arendt (1906-75), in W. H. Auden 'A Certain World' (1970).

By Douglas G. Gaines

When I saw this quote, I began to think about our conditions or situation here at CSH. It could easily be said that we live under conditions of tyranny, and usually, under most conditions we act on situations before we think about them.

I know I'm guilty of that, I'm sure others are as well. As my friend Bill keeps reminding me, there are time when you must slow down, think about what you are going to do, then do it.

We as a population must start doing more thinking before we act or we will never be able to change the tyranny we live under. Just some-

PCLS Requests: Weekend Lab

Mr. Mike Starrett: PCLS has been working diligently on solutions to help Phase participants to progress through their barriers to discharge. The qualifying issue most hindering us is presenting completed assignments. It is important for us to have more access to computers to insure our progress moves quickly. There is just not enough time or access to enough computers in the hours where the majority of us are taking multiple groups during the weekdays. PCLS is requesting that a Saturday lab be opened. This would also give us one more weekend option to utilize in an environment where very few programs are given to us on the weekends.

Staff Response: Mr. Jim Clark says this is an option to look into, but the same issues raised in the previous proposal are all the same.

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All submissions to The Insider Online are subject to editing for proper grammar, punctuation, length, language, and clarity. They may not include hate-speech, inciting or inflammatory language, or unnecessary profanity. Submissions may be returned to the individual author for revision or rejected outright.

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The Insider, in all its forms, is dedicated to fair, unbiased and impartial reporting of information, current events and news that is of interest to civil detainees and others who are interested in finding out about the real people here. Any questions and correspondence can be submitted by mail to:

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The Insider Online

Let us remember all those who have fallen since the beginning of this law and pray that they now know the freedom that was denied them in life...

Robert Cloverdance; Carl Coleman; Jim Davis; Don Lockett; David Stansberry; Charles Rogers; Larry Goddard; Ed Samradi; Dean Danforth; Craig Rauwens; Wayne Graybeal; Donald Hughes; Lloyd Johnson; Robert Alperin; Tim McClanahan; Patrick Brim; Wayne Porter; Cash O'Doyd; Elmer Bock; Dave Gonick; Jose Vlahoitis; Corwin Weltey; Ross Washington; Richard Bishop; Alton Robinson; Robert Canfield; Jerry Sanchez; Gerald Brooks; James Aceves; Frank Valadao; Donovan Myrick; Paul Real; Paul Pedersen; Kenneth Edmonton; Jimmy Guthrie; James Rosenberg; Charles Grecien; David Harny; James Wallace; Jare Stevens; John Martinez; Delbert Smith; Dennis Boyer; Ruben Garcia; Wilbur Perryman; David Montgomery; William Laughlin; Richard Garcia; Francs Hansen; Steve Mendoza; Robert Berry; Ramon Malbrough; Vernon Madden; and Victor "Weasel" Segovia.