Department of State Hospitals

2021-22

May Revision
Proposals and Estimates

Submitted to:
California Department of Finance
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FINAL

Department of State Hospitals
2021-22 May Revision Estimate
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CALIFORNIA DEPARTMENT OF STATE HOSPITALS
PROGRAM OVERVIEW

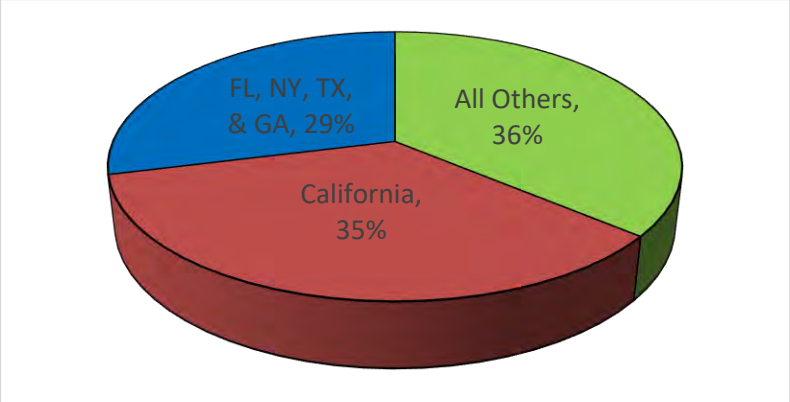
DSH Program Background

The mission of the California Department of State Hospitals (DSH) is to provide evaluation and treatment to patients in a safe and responsible manner, while seeking innovation and excellence in hospital operations across a continuum of care and settings. DSH was established on July 1, 2012 in accordance with Assembly Bill (AB) 1470, Statutes of 2012. AB 1470 reorganized the Department of Mental Health (DMH), which formerly was responsible for managing the state hospital system and community mental health services. DSH was created to manage and operate the state hospital system and is governed by Welfare and Institutions Code Sections 4000-4027. The community mental health services functions under the former DMH were transferred to other state departments.

DSH oversees five state hospitals (Atascadero, Coalinga, Metropolitan, Napa, and Patton) and employs nearly 13,000 staff. Additionally, DSH provides services in jail-based competency treatment (JBCT) programs and conditional release (CONREP) programs throughout the 58 counties. In Fiscal Year (FY) 2019-20, DSH served 10,962 patients within state hospitals and jail-based facilities, with average daily census of 6,143 and 333 respectively. The CONREP program maintains an average daily census of approximately 650.

According to the National Association of State Mental Health Program Directors (NASMHD), California comprises 35 percent of all forensic mental health patients served in the United States. By comparison, the next four largest states – Florida, New York, Texas and Georgia – collectively comprise less than a third (29 percent) of the population. The following graph illustrates the distribution of the United States' forensic mental health population per the 2015 National Association of State Mental Health Program Directors, State Profiles.

Figure 1: Percentage of Forensic Mental Health Population Served in the United States



Over the past 25 years, the Department's population demographic has shifted from primarily civil court commitments to a forensic population referred through the criminal court system. For the forensic patients it serves, DSH treats patients and the courts decide when they can be discharged. DSH cannot admit or discharge patients without a court's consent order nor refuse to treat patients. More than 90 percent of the patient population is forensic, including *Coleman* patients referred from CDCR. The remaining 10 percent of the population are patients admitted per the *Lanterman-Petris-Short* (LPS) Act.

With nearly 13,000 employees located in headquarters and five facilities throughout the state, every staff member's efforts at DSH focuses on the provision of mental health treatment in a secure setting while maintaining the safety of patients and staff. Approximately half of the Department's employees are in nursing classifications, including psychiatric technicians and registered nurses.

DSH is funded through the General Fund and reimbursements from counties for the care of LPS patients. All DSH facilities are licensed through the California Department of Public Health and four of the five facilities (Atascadero, Metropolitan, Napa, and Patton) are accredited by The Joint Commission an independent, not-for-profit organization that accredits and certifies nearly 21,000 health care organizations and programs in the United States.

DSH State Hospitals

DSH-Atascadero: Opened in 1954, DSH-Atascadero is located on the Central Coast of California in Atascadero (San Luis Obispo County). The hospital is a forensic mental health hospital and is a self-contained psychiatric hospital constructed within a security perimeter. The majority of the all-male patient population is remanded for treatment by county superior courts or by CDCR pursuant to various sections of the California Penal Code (PC) and the Welfare and Institutions Code (WIC).

DSH-Atascadero primarily serves the following four patient types: Offender with a Mental Health Disorder (OMD), *Coleman* patients from CDCR, Incompetent to Stand Trial (IST), and Not Guilty by Reason of Insanity (NGI).

DSH-Coalinga: Opened in 2005, DSH-Coalinga is located on the western edge of Fresno County. The hospital is California's newest forensic mental health hospital and was created to primarily treat Sexually Violent Predators (SVP). It is a self-contained psychiatric hospital constructed with a security perimeter. CDCR provides perimeter security as well as transportation of patients to outside medical services and court proceedings. The majority of the all-male patient population is remanded for treatment by county superior courts or CDCR pursuant to various sections of the California Penal Code and the Welfare and Institutions Code.

DSH-Coalinga primarily serves the following three patient types: OMD, *Coleman* patients from CDCR, and SVP.

DSH-Metropolitan: Opened in 1916, DSH-Metropolitan is located in Norwalk (Los Angeles County). The hospital is an "open" style campus within a security perimeter. Due to concerns raised by the community, DSH-Metropolitan maintains a formal agreement with the City of Norwalk and the Los Angeles County Sheriff not to accept patients charged with murder or a sex crime, or at high risk for escape. This agreement has limited the total number of patients that DSH-Metropolitan can treat below the licensed bed capacity.

DSH-Metropolitan's operational bed capacity is restricted due to multiple units within two areas of the hospital that are located outside of the secured treatment area (STA). The units outside of the STA are unable to house PC forensically committed patients. In order to properly house the PC patients and provide additional capacity, a secured fence surrounding the remaining non-STA area is required and would increase the operational capacity to 1,062. To provide additional capacity to address the ongoing system-wide forensic waitlist, the 2016 Budget Act included capital outlay construction funding for the Increased Secure Bed Capacity project. This project added security fencing and infrastructure for existing patient buildings and allowed for the treatment of forensic patients.

DSH-Metropolitan primarily serves the following four patient types: LPS, IST, OMD and NGI.

DSH-Napa: Opened in 1875, DSH-Napa is located in Napa County. Most of the hospital is a forensic mental health hospital, and the first State Hospital. This hospital opened due to overcrowded conditions at the Stockton Asylum. DSH-Napa is the oldest California state hospital still in operation and has an "open" style campus with a security perimeter.

DSH-Napa primarily serves the following four patient types: LPS, IST, OMD and NGI.

DSH-Patton: Opened in 1893, DSH-Patton is located in the town of Highland in San Bernardino County. Most of the hospital is a forensic mental health hospital and has an "open" style campus with a security perimeter. Due to concerns from the community about the risk of a patient escape, CDCR correctional officers provide perimeter security and transportation at DSH-Patton.

DSH-Patton primarily serves the following four patient types: LPS, IST, OMD and NGI.

For additional information on the specific state hospitals, please reference the DSH Hospital Profiles located within Section F2.

				2021-22 Governor's Budget: I				
Fund	Reference	Program	Current Service Level	Allocation for Employee Compensation	Allocation for Other Post-Employment Benefits	Allocation for Staff Benefits	Lease Revenue Debt Service Adjustment	Lottery Fund Adjustment per GOV 8880.5(h)
0001-General Fund	RF 003	4410010-Atascadero	3,672,000				1,000	
		4410020-Coalinga	31,538,000				13,000	
		4410030-Metropolitan	2,198,000				1,000	
		4410040-Napa	2,239,000				1,000	
		4410050-Patton	968,000				0	
	RF 003 Total		**40,615,000**				**16,000**	
	RF 011	4400010-Headquarters Administration	65,024,000	784,000	143,000	50,000		
		4400020-Hospital Administration	102,395,000	1,547,000	220,000	335,000		
		4410010-Atascadero	299,713,000	3,652,000	706,000	744,000		
		4410020-Coalinga	319,330,000	3,492,000	672,000	1,016,000		
		4410030-Metropolitan	247,060,000	4,129,000	755,000	738,000		
		4410040-Napa	307,637,000	5,395,000	1,037,000	798,000		
		4410050-Patton	369,094,000	4,316,000	864,000	526,000		
		4410060-State Hospital Police Academy	6,447,000					
		4420010-Conditional Release Program	16,877,000	17,000	3,000	0		
		4420020-Conditional Release Program - Sexually Violent Predators	34,461,000	9,000	2,000	0		
		4430010-Admission, Evaluation, Stabilization Center	16,063,000	2,000				
		4430020-Jail Based Competency Treatment	59,942,000	4,000	1,000			
		4430030-Other Contracted Services	17,202,000	2,000				
		4440-Evaluation and Forensic Services	23,415,000	66,000	15,000	-4,000		
	RF 011 Total		**1,884,660,000**	**23,415,000**	**4,418,000**	**4,203,000**		
	RF 017	4400010-Headquarters Administration	428,000	7,000	1,000			
		4400020-Hospital Administration	894,000	44,000	6,000	10,000		
	RF 017 Total		**1,322,000**	**51,000**	**7,000**	**10,000**		
	RF 021	4400010-Headquarters Administration						
		4400020-Hospital Administration						
		4410010-Atascadero						
		4410020-Coalinga						
		4410030-Metropolitan						
		4410040-Napa						
		4410050-Patton						
		4410060-State Hospital Police Academy						
		4430020-Jail Based Competency Treatment						
		4440-Evaluation and Forensic Services						
	RF 021 Total							
	RF 301	4395-Capital Outlay	0					
	RF 301 Total		**0**					
	RF 502	4410010-Atascadero	46,000					
		4410020-Coalinga	101,000					
		4410030-Metropolitan	150,000					
		4410040-Napa	480,000					
		4410050-Patton	323,000					
	RF 502 Total		**1,100,000**					
0001-General Fund Total			**1,927,697,000**	**23,466,000**	**4,425,000**	**4,213,000**	**16,000**	
0660-Public Buildings Construction Fund	RF 301	4395-Capital Outlay						
	RF 301 Total							
0660-Public Buildings Construction Fund Total								
0814-California State Lottery Education Fund	RF 511	4410010-Atascadero	8,000					-1,000
		4410030-Metropolitan	8,000					-1,000
		4410040-Napa	8,000					-1,000
		4410050-Patton	8,000					-2,000
	RF 511 Total		**32,000**					**-5,000**
0814-California State Lottery Education Fund Total			**32,000**					**-5,000**
0995-Reimbursements	RF 511	4400010-Headquarters Administration	0					
		4400020-Hospital Administration	3,412,000					
		4410010-Atascadero	2,629,000					
		4410020-Coalinga	32,000					
		4410030-Metropolitan	83,617,000					
		4410040-Napa	59,399,000					
		4410050-Patton	26,493,000					
	RF 511 Total		**175,582,000**					
0995-Reimbursements Total			**175,582,000**					
Grand Total			**2,103,311,000**	**23,466,000**	**4,425,000**	**4,213,000**	**16,000**	**-5,000**

Fund	Reference	Program	Baseline Budget Adjustments				
			Miscellaneous Baseline Adjustment	Past Year Expenditure Adjustments	Section 3.60 Pension Contribution Adjustment	Section 3.90 Employee Compensation Reduction	BBA Total
0001-General Fund	RF 003	4410010-Atascadero		0			1,000
		4410020-Coalinga		0			13,000
		4410030-Metropolitan		0			1,000
		4410040-Napa		0			1,000
		4410050-Patton		0			0
	RF 003 Total			**0**			**16,000**
	RF 011	4400010-Headquarters Administration	2,455,000	0	-393,000	0	3,039,000
		4400020-Hospital Administration	390,000	0	-394,000	0	2,098,000
		4410010-Atascadero	-1,513,000	0	-5,918,000	0	-2,329,000
		4410020-Coalinga	195,000	0	-6,778,000	0	-1,403,000
		4410030-Metropolitan	-365,000	0	-5,847,000	0	-590,000
		4410040-Napa	-15,000	0	-6,375,000	0	840,000
		4410050-Patton	-999,000	0	-6,226,000	0	-1,519,000
		4410060-State Hospital Police Academy		0			0
		4420010-Conditional Release Program	252,000	0	-21,000	0	251,000
		4420020-Conditional Release Program - Sexually Violent Predators		0	-11,000	0	0
		4430010-Admission, Evaluation, Stabilization Center		0	-2,000	0	0
		4430020-Jail Based Competency Treatment	-103,000	0	-2,000	0	-100,000
		4430030-Other Contracted Services	20,000	0	-2,000	0	20,000
		4440-Evaluation and Forensic Services	-317,000	0	-148,000	0	-388,000
	RF 011 Total		**0**	**0**	**-32,117,000**	**0**	**-81,000**
	RF 017	4400010-Headquarters Administration		0	-4,000	0	4,000
		4400020-Hospital Administration		0	-9,000	0	51,000
	RF 017 Total			**0**	**-13,000**	**0**	**55,000**
	RF 021	4400010-Headquarters Administration					
		4400020-Hospital Administration					
		4410010-Atascadero					
		4410020-Coalinga					
		4410030-Metropolitan					
		4410040-Napa					
		4410050-Patton					
		4410060-State Hospital Police Academy					
		4430020-Jail Based Competency Treatment					
		4440-Evaluation and Forensic Services					
	RF 021 Total						
	RF 301	4395-Capital Outlay					
	RF 301 Total						
	RF 502	4410010-Atascadero		0			0
		4410020-Coalinga		0			0
		4410030-Metropolitan		0			0
		4410040-Napa		0			0
		4410050-Patton		0			0
	RF 502 Total			**0**			**0**
0001-General Fund Total			**0**	**0**	**-32,130,000**	**0**	**-10,000**
0660-Public Buildings Construction Fund	RF 301	4395-Capital Outlay					
	RF 301 Total						
0660-Public Buildings Construction Fund Total							
0814-California State Lottery Education Fund	RF 511	4410010-Atascadero		0			-1,000
		4410030-Metropolitan		0			-1,000
		4410040-Napa		0			-1,000
		4410050-Patton		0			-2,000
	RF 511 Total			**0**			**-5,000**
0814-California State Lottery Education Fund Total				**0**			**-5,000**
0995-Reimbursements	RF 511	4400010-Headquarters Administration		0			0
		4400020-Hospital Administration	-3,160,000	0			-3,160,000
		4410010-Atascadero	3,160,000	0			3,160,000
		4410020-Coalinga		0			0
		4410030-Metropolitan		0			0
		4410040-Napa		0			0
		4410050-Patton		0			0
	RF 511 Total		**0**	**0**			**0**
0995-Reimbursements Total			**0**	**0**			**0**
Grand Total			**0**	**0**	**-32,130,000**	**0**	**-15,000**

			2020-21 Governor's Budget: Budget Change Proposals								
Fund	**Reference**	**Program**	**Community Care Demonstration Project for Felony ISTs**	**COVID-19 Direct Response Expenditures**	**Increased Court Appearances and Public Records Act Requests**	**Medical and Pharmaceutical Billing System**	**One-Time Deferred Maintenance Allocation**	**Patient Education**	**Protected Health Information Permanent Implementation**	**Skilled Nursing Facility Infection Preventionists (AB 2644)**	**BCP Total**
0001-General Fund	RF 003	4410010-Atascadero									
		4410020-Coalinga									
		4410030-Metropolitan									
		4410040-Napa									
		4410050-Patton									
	RF 003 Total										
	RF 011	4400010-Headquarters Administration	644,000		720,000	4,000			978,000		2,346,000
		4400020-Hospital Administration	4,000		6,000	790,000		3,000	8,000	2,000	813,000
		4410010-Atascadero					2,063,000				2,063,000
		4410020-Coalinga			51,000		6,000,000	349,000			6,400,000
		4410030-Metropolitan					1,886,000			174,000	2,060,000
		4410040-Napa					2,500,000			174,000	2,674,000
		4410050-Patton					2,551,000				2,551,000
		4410060-State Hospital Police Academy									
		4420010-Conditional Release Program									
		4420020-Conditional Release Program - Sexually Violent Predators									
		4430010-Admission, Evaluation, Stabilization Center									
		4430020-Jail Based Competency Treatment									
		4430030-Other Contracted Services	232,539,000								232,539,000
		4440-Evaluation and Forensic Services									
	RF 011 Total		**233,187,000**		**777,000**	**794,000**	**15,000,000**	**352,000**	**986,000**	**350,000**	**251,446,000**
	RF 017	4400010-Headquarters Administration									
		4400020-Hospital Administration									
	RF 017 Total										
	RF 021	4400010-Headquarters Administration		2,977,000							2,977,000
		4400020-Hospital Administration		1,171,000							1,171,000
		4410010-Atascadero		7,663,000							7,663,000
		4410020-Coalinga		8,141,000							8,141,000
		4410030-Metropolitan		14,224,000							14,224,000
		4410040-Napa		4,144,000							4,144,000
		4410050-Patton		13,461,000							13,461,000
		4410060-State Hospital Police Academy		1,000							1,000
		4430020-Jail Based Competency Treatment		200,000							200,000
		4440-Evaluation and Forensic Services									
	RF 021 Total			**51,982,000**							**51,982,000**
	RF 301	4395-Capital Outlay									
	RF 301 Total										
	RF 502	4410010-Atascadero									
		4410020-Coalinga									
		4410030-Metropolitan									
		4410040-Napa									
		4410050-Patton									
	RF 502 Total										
0001-General Fund Total			**233,187,000**	**51,982,000**	**777,000**	**794,000**	**15,000,000**	**352,000**	**986,000**	**350,000**	**303,428,000**
0660-Public Buildings Construction Fund	RF 301	4395-Capital Outlay									
	RF 301 Total										
0660-Public Buildings Construction Fund Total											
0814-California State Lottery Education Fund	RF 511	4410010-Atascadero									
		4410030-Metropolitan									
		4410040-Napa									
		4410050-Patton									
	RF 511 Total										
0814-California State Lottery Education Fund Total											
0995-Reimbursements	RF 511	4400010-Headquarters Administration									
		4400020-Hospital Administration									
		4410010-Atascadero									
		4410020-Coalinga									
		4410030-Metropolitan									
		4410040-Napa									
		4410050-Patton									
	RF 511 Total										
0995-Reimbursements Total											
Grand Total			**233,187,000**	**51,982,000**	**777,000**	**794,000**	**15,000,000**	**352,000**	**986,000**	**350,000**	**303,428,000**

Fund	Reference	Program	2021-22 Governor's Budget: Capital Outlay Budget Change Proposals				
			0000041 - Statewide: Enhanced Treatment Units - COBCP - C	0001416 - Metropolitan: Consolidation of Police Operations - COBCP - C	0008343 - Coalinga: Hydronic Loop Replacement - COBCP - C	Past Year Expenditure Adjustments	COBCP Total
0001-General Fund	RF 003	4410010-Atascadero					
		4410020-Coalinga					
		4410030-Metropolitan					
		4410040-Napa					
		4410050-Patton					
	RF 003 Total						
	RF 011	4400010-Headquarters Administration					
		4400020-Hospital Administration					
		4410010-Atascadero					
		4410020-Coalinga					
		4410030-Metropolitan					
		4410040-Napa					
		4410050-Patton					
		4410060-State Hospital Police Academy					
		4420010-Conditional Release Program					
		4420020-Conditional Release Program - Sexually Violent Predators					
		4430010-Admission, Evaluation, Stabilization Center					
		4430020-Jail Based Competency Treatment					
		4430030-Other Contracted Services					
		4440-Evaluation and Forensic Services					
	RF 011 Total						
	RF 017	4400010-Headquarters Administration					
		4400020-Hospital Administration					
	RF 017 Total						
	RF 021	4400010-Headquarters Administration					
		4400020-Hospital Administration					
		4410010-Atascadero					
		4410020-Coalinga					
		4410030-Metropolitan					
		4410040-Napa					
		4410050-Patton					
		4410060-State Hospital Police Academy					
		4430020-Jail Based Competency Treatment					
		4440-Evaluation and Forensic Services					
	RF 021 Total						
	RF 301	4395-Capital Outlay	3,792,000		50,528,000	0	54,320,000
	RF 301 Total		**3,792,000**		**50,528,000**	**0**	**54,320,000**
	RF 502	4410010-Atascadero					
		4410020-Coalinga					
		4410030-Metropolitan					
		4410040-Napa					
		4410050-Patton					
	RF 502 Total						
0001-General Fund Total			**3,792,000**		**50,528,000**	**0**	**54,320,000**
0660-Public Buildings Construction Fund	RF 301	4395-Capital Outlay		22,024,000			22,024,000
	RF 301 Total			**22,024,000**			**22,024,000**
0660-Public Buildings Construction Fund Total				**22,024,000**			**22,024,000**
0814-California State Lottery Education Fund	RF 511	4410010-Atascadero					
		4410030-Metropolitan					
		4410040-Napa					
		4410050-Patton					
	RF 511 Total						
0814-California State Lottery Education Fund Total							
0995-Reimbursements	RF 511	4400010-Headquarters Administration					
		4400020-Hospital Administration					
		4410010-Atascadero					
		4410020-Coalinga					
		4410030-Metropolitan					
		4410040-Napa					
		4410050-Patton					
	RF 511 Total						
0995-Reimbursements Total							
Grand Total			**3,792,000**	**22,024,000**	**50,528,000**	**0**	**76,344,000**

			2021-22 Governor's Budget: Enrollment, Caseload a									
Fund	**Reference**	**Program**	**Admission, Evaluation and Stabilization Center: Existing Activation Delay**	**Community-Based Restoration Program Expansion**	**CONREP Continuum of Care: Existing**	**CONREP Continuum of Care: New**	**CONREP Non-SVP Caseload Update**	**CONREP Non-SVP Mobile FACT Team**	**Enhanced Treatment Program**	**IST Diversion Program Augmentation**	**Jail-Based Competency Treatment Program: Existing**	**Jail-Based Competency Treatment Program: New**
0001-General Fund	RF 003	4410010-Atascadero										
		4410020-Coalinga										
		4410030-Metropolitan										
		4410040-Napa										
		4410050-Patton										
	RF 003 Total											
	RF 011	4400010-Headquarters Administration		4,000		2,000		8,000		14,000		
		4400020-Hospital Administration		1,000		1,000		2,000	-12,000	3,000		
		4410010-Atascadero							-1,477,000			
		4410020-Coalinga										
		4410030-Metropolitan										
		4410040-Napa										
		4410050-Patton							-287,000			
		4410060-State Hospital Police Academy										
		4420010-Conditional Release Program			0	7,337,000	1,200,000	5,567,000				
		4420020-Conditional Release Program - Sexually Violent Predators										
		4430010-Admission, Evaluation, Stabilization Center	0									
		4430020-Jail Based Competency Treatment									62,000	6,275,000
		4430030-Other Contracted Services		4,498,000						47,567,000		
		4440-Evaluation and Forensic Services										
	RF 011 Total		**0**	**4,503,000**	**0**	**7,340,000**	**1,200,000**	**5,577,000**	**-1,776,000**	**47,584,000**	**62,000**	**6,275,000**
	RF 017	4400010-Headquarters Administration										
		4400020-Hospital Administration										
	RF 017 Total											
	RF 021	4400010-Headquarters Administration										
		4400020-Hospital Administration										
		4410010-Atascadero										
		4410020-Coalinga										
		4410030-Metropolitan										
		4410040-Napa										
		4410050-Patton										
		4410060-State Hospital Police Academy										
		4430020-Jail Based Competency Treatment										
		4440-Evaluation and Forensic Services										
	RF 021 Total											
	RF 301	4395-Capital Outlay										
	RF 301 Total											
	RF 502	4410010-Atascadero										
		4410020-Coalinga										
		4410030-Metropolitan										
		4410040-Napa										
		4410050-Patton										
	RF 502 Total											
0001-General Fund Total			**0**	**4,503,000**	**0**	**7,340,000**	**1,200,000**	**5,577,000**	**-1,776,000**	**47,584,000**	**62,000**	**6,275,000**
0660-Public Buildings Construction Fund	RF 301	4395-Capital Outlay										
	RF 301 Total											
0660-Public Buildings Construction Fund Total												
0814-California State Lottery Education Fund	RF 511	4410010-Atascadero										
		4410030-Metropolitan										
		4410040-Napa										
		4410050-Patton										
	RF 511 Total											
0814-California State Lottery Education Fund Total												
0995-Reimbursements	RF 511	4400010-Headquarters Administration										
		4400020-Hospital Administration										
		4410010-Atascadero										
		4410020-Coalinga										
		4410030-Metropolitan										
		4410040-Napa										
		4410050-Patton										
	RF 511 Total											
0995-Reimbursements Total												
Grand Total			**0**	**4,503,000**	**0**	**7,340,000**	**1,200,000**	**5,577,000**	**-1,776,000**	**47,584,000**	**62,000**	**6,275,000**

Fund	Reference	Program	nd Population Adjustments: Lanternman-Petris-Short Population and Personal Services Adjustment	Metropolitan State Hospital Increased Secure Bed Capacity Adjustment	Mission Based Review: Court Evaluations and Reports	Mission Based Review: Protective Services	Mission Based Review: Treatment Team	Psychiatric Workforce Development	Telepsychiatry Resources	Vocational Services and Patient Minimum Wage Caseload	ECP Total	GB Total
0001-General Fund	RF 003	4410010-Atascadero										1,000
		4410020-Coalinga										13,000
		4410030-Metropolitan										1,000
		4410040-Napa										1,000
		4410050-Patton										0
	RF 003 Total											**16,000**
	RF 011	4400010-Headquarters Administration			0		354,000	0	0		382,000	5,767,000
		4400020-Hospital Administration		0		12,000	30,000		0		37,000	2,948,000
		4410010-Atascadero				-1,000	186,000		-791,000	0	-2,083,000	-2,349,000
		4410020-Coalinga					1,210,000	0	791,000	0	2,001,000	6,998,000
		4410030-Metropolitan		0	0	-4,000	-1,080,000			0	-1,084,000	386,000
		4410040-Napa			0	-7,000	-350,000	0	0	0	-357,000	3,157,000
		4410050-Patton			0		-350,000			0	-637,000	395,000
		4410060-State Hospital Police Academy										0
		4420010-Conditional Release Program									14,104,000	14,355,000
		4420020-Conditional Release Program - Sexually Violent Predators										0
		4430010-Admission, Evaluation, Stabilization Center									0	0
		4430020-Jail Based Competency Treatment									6,337,000	6,237,000
		4430030-Other Contracted Services									52,065,000	284,624,000
		4440-Evaluation and Forensic Services										-388,000
	RF 011 Total			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**70,765,000**	**322,130,000**
	RF 017	4400010-Headquarters Administration										4,000
		4400020-Hospital Administration										51,000
	RF 017 Total											**55,000**
	RF 021	4400010-Headquarters Administration										2,977,000
		4400020-Hospital Administration										1,171,000
		4410010-Atascadero										7,663,000
		4410020-Coalinga										8,141,000
		4410030-Metropolitan										14,224,000
		4410040-Napa										4,144,000
		4410050-Patton										13,461,000
		4410060-State Hospital Police Academy										1,000
		4430020-Jail Based Competency Treatment										200,000
		4440-Evaluation and Forensic Services										
	RF 021 Total											**51,982,000**
	RF 301	4395-Capital Outlay										54,320,000
	RF 301 Total											**54,320,000**
	RF 502	4410010-Atascadero										0
		4410020-Coalinga										0
		4410030-Metropolitan										0
		4410040-Napa										0
		4410050-Patton										0
	RF 502 Total											**0**
0001-General Fund Total				**0**	**0**	**0**	**0**	**0**	**0**	**0**	**70,765,000**	**428,503,000**
0660-Public Buildings Construction Fund	RF 301	4395-Capital Outlay										22,024,000
	RF 301 Total											**22,024,000**
0660-Public Buildings Construction Fund Total												**22,024,000**
0814-California State Lottery Education Fund	RF 511	4410010-Atascadero										-1,000
		4410030-Metropolitan										-1,000
		4410040-Napa										-1,000
		4410050-Patton										-2,000
	RF 511 Total											**-5,000**
0814-California State Lottery Education Fund Total												**-5,000**
0995-Reimbursements	RF 511	4400010-Headquarters Administration										0
		4400020-Hospital Administration										-3,160,000
		4410010-Atascadero	162,000								162,000	3,322,000
		4410020-Coalinga										0
		4410030-Metropolitan	3,727,000								3,727,000	3,727,000
		4410040-Napa	2,269,000								2,269,000	2,269,000
		4410050-Patton	1,944,000								1,944,000	1,944,000
	RF 511 Total		**8,102,000**								**8,102,000**	**8,102,000**
0995-Reimbursements Total			8,102,000								8,102,000	8,102,000
Grand Total			**8,102,000**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**78,867,000**	**458,624,000**

Fund	Reference	Program	2021-22 April 1: Budget Change Proposals: Increased Court Appearances and Public Records Act Requests	Protected Health Information Permanent Implementation	Relocation to the Clifford L. Allenby Building - Phase 3	Increased Investigation Workload	Statewide Ligature Risk Special Repair Funding Expenditure Authority	BCP Total
0001-General Fund	RF 003	4410010-Atascadero						
		4410020-Coalinga						
		4410030-Metropolitan						
		4410040-Napa						
		4410050-Patton						
	RF 003 Total							
	RF 011	4400010-Headquarters Administration	0	0	3,295,000		0	3,295,000
		4400020-Hospital Administration						
		4410010-Atascadero				31,000		31,000
		4410020-Coalinga	0			77,000		77,000
		4410030-Metropolitan				73,000		73,000
		4410040-Napa				66,000		66,000
		4410050-Patton				90,000		90,000
		4410060-State Hospital Police Academy						
		4420010-Conditional Release Program						
		4420020-Conditional Release Program - Sexually Violent Predators						
		4430010-Admission, Evaluation, Stabilization Center						
		4430020-Jail Based Competency Treatment						
		4430030-Other Contracted Services						
		4440-Evaluation and Forensic Services						
	RF 011 Total		**0**	**0**	**3,295,000**	**337,000**	**0**	**3,632,000**
	RF 017	4400010-Headquarters Administration						
		4400020-Hospital Administration						
	RF 017 Total							
	RF 021	4400010-Headquarters Administration						
		4400020-Hospital Administration						
		4410010-Atascadero						
		4410020-Coalinga						
		4410030-Metropolitan						
		4410040-Napa						
		4410050-Patton						
		4410060-State Hospital Police Academy						
		4430020-Jail Based Competency Treatment						
		4440-Evaluation and Forensic Services						
	RF 021 Total							
	RF 301	4395-Capital Outlay						
	RF 301 Total							
	RF 502	4410010-Atascadero						
		4410020-Coalinga						
		4410030-Metropolitan						
		4410040-Napa						
		4410050-Patton						
	RF 502 Total							
0001-General Fund Total			**0**	**0**	**3,295,000**	**337,000**	**0**	**3,632,000**
0660-Public Buildings Construction Fund	RF 301	4395-Capital Outlay						
	RF 301 Total							
0660-Public Buildings Construction Fund Total								
0814-California State Lottery Education Fund	RF 511	4410010-Atascadero						
		4410030-Metropolitan						
		4410040-Napa						
		4410050-Patton						
	RF 511 Total							
0814-California State Lottery Education Fund Total								
0995-Reimbursements	RF 511	4400010-Headquarters Administration						
		4400020-Hospital Administration						
		4410010-Atascadero						
		4410020-Coalinga						
		4410030-Metropolitan						
		4410040-Napa						
		4410050-Patton						
	RF 511 Total							
0995-Reimbursements Total								
Grand Total			**0**	**0**	**3,295,000**	**337,000**	**0**	**3,632,000**

Fund	Reference	Program	2021-22 April 1: Capital Outlay Budget Change Proposals			
			0005035 - Atascadero: Potable Water Booster Pump System - COBCP/Reappropriation - WD	0008343 - Coalinga: Hydronic Loop Replacement - COBCP - V	COBCP Total	A1 Total
0001-General Fund	RF 003	4410010-Atascadero				
		4410020-Coalinga				
		4410030-Metropolitan				
		4410040-Napa				
		4410050-Patton				
	RF 003 Total					
	RF 011	4400010-Headquarters Administration				3,295,000
		4400020-Hospital Administration				
		4410010-Atascadero				31,000
		4410020-Coalinga				77,000
		4410030-Metropolitan				73,000
		4410040-Napa				66,000
		4410050-Patton				90,000
		4410060-State Hospital Police Academy				
		4420010-Conditional Release Program				
		4420020-Conditional Release Program - Sexually Violent Predators				
		4430010-Admission, Evaluation, Stabilization Center				
		4430020-Jail Based Competency Treatment				
		4430030-Other Contracted Services				
		4440-Evaluation and Forensic Services				
	RF 011 Total					**3,632,000**
	RF 017	4400010-Headquarters Administration				
		4400020-Hospital Administration				
	RF 017 Total					
	RF 021	4400010-Headquarters Administration				
		4400020-Hospital Administration				
		4410010-Atascadero				
		4410020-Coalinga				
		4410030-Metropolitan				
		4410040-Napa				
		4410050-Patton				
		4410060-State Hospital Police Academy				
		4430020-Jail Based Competency Treatment				
		4440-Evaluation and Forensic Services				
	RF 021 Total					
	RF 301	4395-Capital Outlay	229,000	-23,069,000	-22,840,000	-22,840,000
	RF 301 Total		**229,000**	**-23,069,000**	**-22,840,000**	**-22,840,000**
	RF 502	4410010-Atascadero				
		4410020-Coalinga				
		4410030-Metropolitan				
		4410040-Napa				
		4410050-Patton				
	RF 502 Total					
0001-General Fund Total			**229,000**	**-23,069,000**	**-22,840,000**	**-19,208,000**
0660-Public Buildings Construction Fund	RF 301	4395-Capital Outlay				
	RF 301 Total					
0660-Public Buildings Construction Fund Total						
0814-California State Lottery Education Fund	RF 511	4410010-Atascadero				
		4410030-Metropolitan				
		4410040-Napa				
		4410050-Patton				
	RF 511 Total					
0814-California State Lottery Education Fund Total						
0995-Reimbursements	RF 511	4400010-Headquarters Administration				
		4400020-Hospital Administration				
		4410010-Atascadero				
		4410020-Coalinga				
		4410030-Metropolitan				
		4410040-Napa				
		4410050-Patton				
	RF 511 Total					
0995-Reimbursements Total						
Grand Total			**229,000**	**-23,069,000**	**-22,840,000**	**-19,208,000**

Fund	Reference	Program	2021-22 May Revision: Baseline Budget Adjustments						
			Lottery Fund Adjustment per GOV 8880.5(h)	Felony Mental Health Diversion Program Reappropriation	Budget Revison	Technical Adjustment	Budget Revision 2	Executive Order 20/21 - 244: COVID-19 Disaster Response-Emergency Operations Account Transfer	BBA Total
0001-General Fund	RF 003	4410010-Atascadero							
		4410020-Coalinga							
		4410030-Metropolitan							
		4410040-Napa							
		4410050-Patton							
	RF 003 Total								
	RF 011	4400010-Headquarters Administration			0	387,000	0		387,000
		4400020-Hospital Administration			0	-387,000	0		-387,000
		4410010-Atascadero			0	42,184,000	-14,144,000	0	28,040,000
		4410020-Coalinga			0	12,458,000	3,630,000	0	16,088,000
		4410030-Metropolitan				-52,743,000	2,946,000	0	-49,797,000
		4410040-Napa				15,879,000	623,000	0	16,502,000
		4410050-Patton				-17,410,000	8,471,000	0	-8,939,000
		4410060-State Hospital Police Academy				-368,000	-1,526,000	0	-1,894,000
		4420010-Conditional Release Program			0	26,742,000	0		26,742,000
		4420020-Conditional Release Program - Sexually Violent Predators				-26,742,000			-26,742,000
		4430010-Admission, Evaluation, Stabilization Center				-2,000,000			-2,000,000
		4430020-Jail Based Competency Treatment			0	-1,533,000			-1,533,000
		4430030-Other Contracted Services		6,600,000	0	3,533,000	0		10,133,000
		4440-Evaluation and Forensic Services			0	0			0
	RF 011 Total			**6,600,000**	**0**	**0**	**0**	**0**	**6,600,000**
	RF 017	4400010-Headquarters Administration				0			0
		4400020-Hospital Administration				0			0
	RF 017 Total					**0**			**0**
	RF 021	4400010-Headquarters Administration							
		4400020-Hospital Administration							
		4410010-Atascadero							
		4410020-Coalinga							
		4410030-Metropolitan							
		4410040-Napa							
		4410050-Patton							
		4410060-State Hospital Police Academy							
		4430020-Jail Based Competency Treatment							
		4440-Evaluation and Forensic Services							
	RF 021 Total								
	RF 301	4395-Capital Outlay							
	RF 301 Total								
	RF 502	4410010-Atascadero				0			0
		4410020-Coalinga				0			0
		4410030-Metropolitan				0			0
		4410040-Napa				0			0
		4410050-Patton				0			0
	RF 502 Total					**0**			**0**
0001-General Fund Total				**6,600,000**	**0**	**0**	**0**	**0**	**6,600,000**
0660-Public Buildings Construction Fund	RF 301	4395-Capital Outlay							
	RF 301 Total								
0660-Public Buildings Construction Fund Total									
0814-California State Lottery Education Fund	RF 511	4410010-Atascadero				2,000			2,000
		4410030-Metropolitan				0			0
		4410040-Napa				-1,000			-1,000
		4410050-Patton	0			-1,000			-1,000
	RF 511 Total		**0**			**0**			**0**
0814-California State Lottery Education Fund Total			**0**			**0**			**0**
0995-Reimbursements	RF 511	4400010-Headquarters Administration				252,000			252,000
		4400020-Hospital Administration			0	-252,000			-252,000
		4410010-Atascadero			0	1,609,000			1,609,000
		4410020-Coalinga				171,000			171,000
		4410030-Metropolitan				-6,265,000			-6,265,000
		4410040-Napa				-13,135,000			-13,135,000
		4410050-Patton				17,620,000			17,620,000
	RF 511 Total				**0**	**0**			**0**
0995-Reimbursements Total					**0**	**0**			**0**
Grand Total			**0**	**6,600,000**	**0**	**0**	**0**	**0**	**6,600,000**

Fund	Reference	Program	2021-22 May Revision: Budget Change Proposals					
			COVID-19 Direct Response Expenditures	COVID-19 Workers Compensation Claims (SB 1159)	Statewide Integrated Health Care Provider Network	Community Care Demonstration Project for Felony IST	MR Infrastructure Package - One-Time Deferred Maintenance Allocation	BCP Total
0001-General Fund	RF 003	4410010-Atascadero						
		4410020-Coalinga						
		4410030-Metropolitan						
		4410040-Napa						
		4410050-Patton						
	RF 003 Total							
	RF 011	4400010-Headquarters Administration		16,482,000	2,240,000	-644,000		18,078,000
		4400020-Hospital Administration		7,000	4,106,000	-4,000		4,109,000
		4410010-Atascadero					30,000,000	30,000,000
		4410020-Coalinga					4,200,000	4,200,000
		4410030-Metropolitan					12,100,000	12,100,000
		4410040-Napa					15,000,000	15,000,000
		4410050-Patton					23,700,000	23,700,000
		4410060-State Hospital Police Academy						
		4420010-Conditional Release Program						
		4420020-Conditional Release Program - Sexually Violent Predators						
		4430010-Admission, Evaluation, Stabilization Center						
		4430020-Jail Based Competency Treatment						
		4430030-Other Contracted Services				-232,539,000		-232,539,000
		4440-Evaluation and Forensic Services						
	RF 011 Total			**16,489,000**	**6,346,000**	**-233,187,000**	**85,000,000**	**-125,352,000**
	RF 017	4400010-Headquarters Administration						
		4400020-Hospital Administration						
	RF 017 Total							
	RF 021	4400010-Headquarters Administration	-2,658,000					-2,658,000
		4400020-Hospital Administration	-1,015,000					-1,015,000
		4410010-Atascadero	6,000					6,000
		4410020-Coalinga	6,623,000					6,623,000
		4410030-Metropolitan	8,011,000					8,011,000
		4410040-Napa	4,618,000					4,618,000
		4410050-Patton	1,839,000					1,839,000
		4410060-State Hospital Police Academy	0					0
		4430020-Jail Based Competency Treatment	-200,000					-200,000
		4440-Evaluation and Forensic Services	2,000					2,000
	RF 021 Total		**17,226,000**					**17,226,000**
	RF 301	4395-Capital Outlay						
	RF 301 Total							
	RF 502	4410010-Atascadero						
		4410020-Coalinga						
		4410030-Metropolitan						
		4410040-Napa						
		4410050-Patton						
	RF 502 Total							
0001-General Fund Total			**17,226,000**	**16,489,000**	**6,346,000**	**-233,187,000**	**85,000,000**	**-108,126,000**
0660-Public Buildings Construction Fund	RF 301	4395-Capital Outlay						
	RF 301 Total							
0660-Public Buildings Construction Fund Total								
0814-California State Lottery Education Fund	RF 511	4410010-Atascadero						
		4410030-Metropolitan						
		4410040-Napa						
		4410050-Patton						
	RF 511 Total							
0814-California State Lottery Education Fund Total								
0995-Reimbursements	RF 511	4400010-Headquarters Administration						
		4400020-Hospital Administration						
		4410010-Atascadero						
		4410020-Coalinga						
		4410030-Metropolitan						
		4410040-Napa						
		4410050-Patton						
	RF 511 Total							
0995-Reimbursements Total								
Grand Total			**17,226,000**	**16,489,000**	**6,346,000**	**-233,187,000**	**85,000,000**	**-108,126,000**

Fund	Reference	Program	2021-22 May Revision: Capital Outlay Budget Change Proposals	
			Miscellaneous Baseline Adjustments	COBCP Total
0001-General Fund	RF 003	4410010-Atascadero		
		4410020-Coalinga		
		4410030-Metropolitan		
		4410040-Napa		
		4410050-Patton		
	RF 003 Total			
	RF 011	4400010-Headquarters Administration		
		4400020-Hospital Administration		
		4410010-Atascadero		
		4410020-Coalinga		
		4410030-Metropolitan		
		4410040-Napa		
		4410050-Patton		
		4410060-State Hospital Police Academy		
		4420010-Conditional Release Program		
		4420020-Conditional Release Program - Sexually Violent Predators		
		4430010-Admission, Evaluation, Stabilization Center		
		4430020-Jail Based Competency Treatment		
		4430030-Other Contracted Services		
		4440-Evaluation and Forensic Services		
	RF 011 Total			
	RF 017	4400010-Headquarters Administration		
		4400020-Hospital Administration		
	RF 017 Total			
	RF 021	4400010-Headquarters Administration		
		4400020-Hospital Administration		
		4410010-Atascadero		
		4410020-Coalinga		
		4410030-Metropolitan		
		4410040-Napa		
		4410050-Patton		
		4410060-State Hospital Police Academy		
		4430020-Jail Based Competency Treatment		
		4440-Evaluation and Forensic Services		
	RF 021 Total			
	RF 301	4395-Capital Outlay	0	0
	RF 301 Total		**0**	**0**
	RF 502	4410010-Atascadero		
		4410020-Coalinga		
		4410030-Metropolitan		
		4410040-Napa		
		4410050-Patton		
	RF 502 Total			
0001-General Fund Total			0	0
0660-Public Buildings Construction Fund	RF 301	4395-Capital Outlay		
	RF 301 Total			
0660-Public Buildings Construction Fund Total				
0814-California State Lottery Education Fund	RF 511	4410010-Atascadero		
		4410030-Metropolitan		
		4410040-Napa		
		4410050-Patton		
	RF 511 Total			
0814-California State Lottery Education Fund Total				
0995-Reimbursements	RF 511	4400010-Headquarters Administration		
		4400020-Hospital Administration		
		4410010-Atascadero		
		4410020-Coalinga		
		4410030-Metropolitan		
		4410040-Napa		
		4410050-Patton		
	RF 511 Total			
0995-Reimbursements Total				
Grand Total			**0**	**0**

Fund	Reference	Program	Enhanced Treatment Program	Jail-Based Competency Treatment Program: Existing	Jail-Based Competency Treatment Program: New	Mission Based Review: Court Evaluations and Reports	Mission Based Review: Treatment Team	Telepsychiatry Resources	Technical Adjustment	Mission Based Review: Direct Care Nursing
0001-General Fund	RF 003	4410010-Atascadero								
		4410020-Coalinga								
		4410030-Metropolitan								
		4410040-Napa								
		4410050-Patton								
	RF 003 Total									
	RF 011	4400010-Headquarters Administration		37,000		0	897,000	0	2,001,000	
		4400020-Hospital Administration	481,000	7,000		0	55,000			
		4410010-Atascadero	245,000			25,000	3,869,000		-1,991,000	50,000
		4410020-Coalinga				33,000	3,700,000	0		96,000
		4410030-Metropolitan				43,000	4,827,000		-388,000	76,000
		4410040-Napa				43,000	5,130,000	0		143,000
		4410050-Patton	-397,000			78,000	4,300,000			69,000
		4410060-State Hospital Police Academy								
		4420010-Conditional Release Program							567,000	
		4420020-Conditional Release Program - Sexually Violent Predators								
		4430010-Admission, Evaluation, Stabilization Center								
		4430020-Jail Based Competency Treatment		6,457,000	6,792,000				189,000	
		4430030-Other Contracted Services								
		4440-Evaluation and Forensic Services							-378,000	
	RF 011 Total		**329,000**	**6,501,000**	**6,792,000**	**222,000**	**22,778,000**	**0**	**0**	**434,000**
	RF 017	4400010-Headquarters Administration								
		4400020-Hospital Administration								
	RF 017 Total									
	RF 021	4400010-Headquarters Administration								
		4400020-Hospital Administration								
		4410010-Atascadero								
		4410020-Coalinga								
		4410030-Metropolitan								
		4410040-Napa								
		4410050-Patton								
		4410060-State Hospital Police Academy								
		4430020-Jail Based Competency Treatment								
		4440-Evaluation and Forensic Services								
	RF 021 Total									
	RF 301	4395-Capital Outlay								
	RF 301 Total									
	RF 502	4410010-Atascadero								
		4410020-Coalinga								
		4410030-Metropolitan								
		4410040-Napa								
		4410050-Patton								
	RF 502 Total									
0001-General Fund Total			**329,000**	**6,501,000**	**6,792,000**	**222,000**	**22,778,000**	**0**	**0**	**434,000**
0660-Public Buildings Construction Fund	RF 301	4395-Capital Outlay								
	RF 301 Total									
0660-Public Buildings Construction Fund Total										
0814-California State Lottery Education Fund	RF 511	4410010-Atascadero								
		4410030-Metropolitan								
		4410040-Napa								
		4410050-Patton								
	RF 511 Total									
0814-California State Lottery Education Fund Total										
0995-Reimbursements	RF 511	4400010-Headquarters Administration							-76,000	
		4400020-Hospital Administration								
		4410010-Atascadero							76,000	
		4410020-Coalinga								
		4410030-Metropolitan								
		4410040-Napa								
		4410050-Patton								
	RF 511 Total								**0**	
0995-Reimbursements Total									**0**	
Grand Total			**329,000**	**6,501,000**	**6,792,000**	**222,000**	**22,778,000**	**0**	**0**	**434,000**

Fund	Reference	Program	2021-22 May Revision: Enrollment, Caseload and Population Adjustments: Vocational Services and Patient Wages	Mission Based Review: Workforce Development	CONREP Continuum of Care	Community Based Restoration Program	SOCP and OMD Program Update	Mission Based Review: Protective Services	Reevaluation Services for Felony Incompetent to Stand Trial Patients	Lanterman-Petris-Short (LPS)	Metropolitan State Hospital Increased Secure Bed Capacity	CONREP Mobile FACT Team
0001-General Fund	RF 003	4410010-Atascadero										
		4410020-Coalinga										
		4410030-Metropolitan										
		4410040-Napa										
		4410050-Patton										
	RF 003 Total											
	RF 011	4400010-Headquarters Administration		128,000		21,000		264,000	81,000			
		4400020-Hospital Administration		1,000		5,000		36,000	457,000			
		4410010-Atascadero	0					1,132,000		332,000		
		4410020-Coalinga	0	-169,000				264,000				
		4410030-Metropolitan	0					1,145,000		7,470,000	17,000	
		4410040-Napa	0	0				3,429,000		4,649,000		
		4410050-Patton	0					264,000		4,151,000		
		4410060-State Hospital Police Academy										
		4420010-Conditional Release Program			-2,738,000							4,090,000
		4420020-Conditional Release Program - Sexually Violent Predators										
		4430010-Admission, Evaluation, Stabilization Center										
		4430020-Jail Based Competency Treatment										
		4430030-Other Contracted Services				28,304,000			-1,000,000			
		4440-Evaluation and Forensic Services					0		13,191,000			
	RF 011 Total		**0**	**-40,000**	**-2,738,000**	**28,330,000**	**0**	**6,534,000**	**12,729,000**	**16,602,000**	**17,000**	**4,090,000**
	RF 017	4400010-Headquarters Administration								477,000		
		4400020-Hospital Administration								3,000		
	RF 017 Total									**480,000**		
	RF 021	4400010-Headquarters Administration										
		4400020-Hospital Administration										
		4410010-Atascadero										
		4410020-Coalinga										
		4410030-Metropolitan										
		4410040-Napa										
		4410050-Patton										
		4410060-State Hospital Police Academy										
		4430020-Jail Based Competency Treatment										
		4440-Evaluation and Forensic Services										
	RF 021 Total											
	RF 301	4395-Capital Outlay										
	RF 301 Total											
	RF 502	4410010-Atascadero										
		4410020-Coalinga										
		4410030-Metropolitan										
		4410040-Napa										
		4410050-Patton										
	RF 502 Total											
0001-General Fund Total			**0**	**-40,000**	**-2,738,000**	**28,330,000**	**0**	**6,534,000**	**12,729,000**	**17,082,000**	**17,000**	**4,090,000**
0660-Public Buildings Construction Fund	RF 301	4395-Capital Outlay										
	RF 301 Total											
0660-Public Buildings Construction Fund Total												
0814-California State Lottery Education Fund	RF 511	4410010-Atascadero										
		4410030-Metropolitan										
		4410040-Napa										
		4410050-Patton										
	RF 511 Total											
0814-California State Lottery Education Fund Total												
0995-Reimbursements	RF 511	4400010-Headquarters Administration										
		4400020-Hospital Administration										
		4410010-Atascadero										
		4410020-Coalinga										
		4410030-Metropolitan										
		4410040-Napa										
		4410050-Patton										
	RF 511 Total											
0995-Reimbursements Total												
Grand Total			**0**	**-40,000**	**-2,738,000**	**28,330,000**	**0**	**6,534,000**	**12,729,000**	**17,082,000**	**17,000**	**4,090,000**

Fund	Reference	Program	CONREP Sexually Violent Predator Caseload Update	Discontinue Lanterman-Petris-Short Patient Contracts	ECP Total	MR Total	Grand Total
0001-General Fund	RF 003	4410010-Atascadero					3,673,000
		4410020-Coalinga					31,551,000
		4410030-Metropolitan					2,199,000
		4410040-Napa					2,240,000
		4410050-Patton					968,000
	RF 003 Total						**40,631,000**
	RF 011	4400010-Headquarters Administration			3,429,000	21,894,000	95,980,000
		4400020-Hospital Administration			1,042,000	4,764,000	110,107,000
		4410010-Atascadero			3,662,000	61,702,000	359,097,000
		4410020-Coalinga			3,924,000	24,212,000	350,617,000
		4410030-Metropolitan			13,190,000	-24,507,000	223,012,000
		4410040-Napa			13,394,000	44,896,000	355,756,000
		4410050-Patton			8,465,000	23,226,000	392,805,000
		4410060-State Hospital Police Academy				-1,894,000	4,553,000
		4420010-Conditional Release Program			1,919,000	28,661,000	59,893,000
		4420020-Conditional Release Program - Sexually Violent Predators	1,845,000		1,845,000	-24,897,000	9,564,000
		4430010-Admission, Evaluation, Stabilization Center				-2,000,000	14,063,000
		4430020-Jail Based Competency Treatment			13,438,000	11,905,000	78,084,000
		4430030-Other Contracted Services			27,304,000	-195,102,000	106,724,000
		4440-Evaluation and Forensic Services			12,813,000	12,813,000	35,840,000
	RF 011 Total		**1,845,000**		**104,425,000**	**-14,327,000**	**2,196,095,000**
	RF 017	4400010-Headquarters Administration			477,000	477,000	909,000
		4400020-Hospital Administration			3,000	3,000	948,000
	RF 017 Total				**480,000**	**480,000**	**1,857,000**
	RF 021	4400010-Headquarters Administration				-2,658,000	319,000
		4400020-Hospital Administration				-1,015,000	156,000
		4410010-Atascadero				6,000	7,669,000
		4410020-Coalinga				6,623,000	14,764,000
		4410030-Metropolitan				8,011,000	22,235,000
		4410040-Napa				4,618,000	8,762,000
		4410050-Patton				1,839,000	15,300,000
		4410060-State Hospital Police Academy				0	1,000
		4430020-Jail Based Competency Treatment				-200,000	0
		4440-Evaluation and Forensic Services				2,000	2,000
	RF 021 Total					**17,226,000**	**69,208,000**
	RF 301	4395-Capital Outlay				0	31,480,000
	RF 301 Total					**0**	**31,480,000**
	RF 502	4410010-Atascadero				0	46,000
		4410020-Coalinga				0	101,000
		4410030-Metropolitan				0	150,000
		4410040-Napa				0	480,000
		4410050-Patton				0	323,000
	RF 502 Total					**0**	**1,100,000**
0001-General Fund Total			**1,845,000**		**104,905,000**	**3,379,000**	**2,340,371,000**
0660-Public Buildings Construction Fund	RF 301	4395-Capital Outlay					22,024,000
	RF 301 Total						**22,024,000**
0660-Public Buildings Construction Fund Total							**22,024,000**
0814-California State Lottery Education Fund	RF 511	4410010-Atascadero				2,000	9,000
		4410030-Metropolitan				0	7,000
		4410040-Napa				-1,000	6,000
		4410050-Patton				-1,000	5,000
	RF 511 Total					**0**	**27,000**
0814-California State Lottery Education Fund Total						**0**	**27,000**
0995-Reimbursements	RF 511	4400010-Headquarters Administration			-76,000	176,000	176,000
		4400020-Hospital Administration				-252,000	0
		4410010-Atascadero		-494,000	-418,000	1,191,000	7,142,000
		4410020-Coalinga				171,000	203,000
		4410030-Metropolitan		-11,197,000	-11,197,000	-17,462,000	69,882,000
		4410040-Napa		-6,918,000	-6,918,000	-20,053,000	41,615,000
		4410050-Patton		-6,095,000	-6,095,000	11,525,000	39,962,000
	RF 511 Total			**-24,704,000**	**-24,704,000**	**-24,704,000**	**158,980,000**
0995-Reimbursements Total				**-24,704,000**	**-24,704,000**	**-24,704,000**	**158,980,000**
Grand Total			**1,845,000**	**-24,704,000**	**80,201,000**	**-21,325,000**	**2,521,402,000**

POSITION SUMMARY
CURRENT YEAR 2020-21

	Authorized Positions Budget Act 2020	Authorized Blanket Positions 2020	Governor's Budget: Protected Health Information (PHI) Permanent Implementation	Governor's Budget: Medical and Pharmaceutical Billing System	Governor's Budget: Patient Education	Governor's Budget: Increased Court Appearances and Public Records Act Requests	Governor's Budget: Skilled Nursing Facility Infection Preventionists	Governor's Budget: IST Diversion	Governor's Budget: DSH - Metro ISBC	Governor's Budget: Enhanced Treatment Program	Governor's Budget: Telepsychiatry Resources	Governor's Budget: Mission Based Review - Protective Services	Governor's Budget: Mission Based Review - Treatment Team	Governor's Budget: Community-Based Restoration (CBR) Program Expension	Governor's Budget: CONREP Continuum of Care - New	Governor's Budget: CONREP Non-SVP Mobile Fact Team	Governor's Budget: Community Care Demonstration Project for Felony ISTs	Governor's Budget: Total November Estimate Adjustments	May Revision: Relocation to the Clifford L. Allenby Building - Phase 2	May Revision: Technical Adjustment: Increased Court Appearances and Public Records Act Requests	May Revision: Technical Adjustment: Protected Health Information (PHI) Permanent Implementation	May Revision: California Statewide Law Enforcement Association Out of Class Grievance Resolution	May Revision: Ligature Risk Provisional Language	May Revision: COVID-19 Workers Compensation (SB 1159)	May Revision: COVID-19 Direct Response Expenditures	May Revision: Non-Restorable and Maximum Term IST: Defendants Return to County Requirement and Timelines	May Revision: Metropolitan Increased Secure Bed Capacity	May Revision: Vocational Services and Patient Wages	May Revision: CONREP Sexually Violent Predator (SVP) Caseload Update	May Revision: CONREP Continuum of Care	May Revision: CONREP Mobile FACT Team	May Revision: JBCT Existing Programs and Activation Updates	May Revision: Jail-Based Competency Treatment (JBCT) Program - New	May Revision: Community Based Restoration (CBR) Program	May Revision: Mission Based Review: Protective Services	May Revision: Mission Based Review: Direct Care Nursing	May Revision: Mission Based Review: Treatment Team	May Revision: SOCP and OMO Program Update	May Revision: Telepsychiatry Resources	May Revision: Mission-Based Review--Workforce Development	May Revision: Enhanced Treatment Program	May Revision: Mission-Based Review--Court Evaluations and Reports	May Revision: Lanterman-Petris-Short (LPS)	May Revision: Lanterman-Petris-Short (LPS)	May Revision: Technical Adjustment	May Revision: Re-Evaluation Services for Felony Incompetent to Stand Trial (IST)	May Revision: Statewide Community Health Care Provider Network for State Hospital Patients	May Revision: Community Care Demonstration Project for Felony ISTs	May Revision: MH Infrastructure Package - One-Time Deferred Maintenance	Total May Revise Estimate Adjustments	Total Positions CY 2021-22	Total CY Adjustments
Headquarters Admin	252.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-0.5	0.0	-0.6	0.0	0.3	0.0	0.0	0.0	-0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-1.3	0.0	-0.3	0.0	0.0	-0.5	0.0	0.0	0.0	0.0	0.0	0.0	-2.1	249.3	-2.9
Hospital Admin	246.9	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	246.9	0.0
DSH-Atascadero	2,167.5	30.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-26.0	-3.5	0.0	-1.0	0.0	0.0	0.0	0.0	0.0	-32.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-23.0	-3.0	0.0	0.0	0.0	0.0	0.0	-28.4	2,125.7	-71.9
DSH-Coalinga	2,354.7	28.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-1.5	0.0	0.5	0.0	0.0	0.0	0.0	0.0	-1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-3.2	0.0	0.0	0.0	0.0	0.0	-17.7	2,364.8	-18.7
DSH-Metropolitan	2,165.8	67.2	0.0	0.0	0.0	0.0	0.0	0.0	-120.6	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	-120.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-2.4	0.0	0.0	0.0	0.0	0.0	-18.0	2,161.9	-138.3
DSH-Napa	2,487.3	47.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-1.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	-0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-3.0	0.0	0.0	0.0	0.0	0.0	-6.7	2,527.5	-7.3
DSH-Patton	2,415.0	81.2	0.0	0.0	0.0	0.0	0.0	0.0	-2.1	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	-1.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-1.6	0.0	0.0	0.0	0.0	0.0	-19.2	2,475.3	-20.9
State Hospital Police Academy	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0	0.0
CONREP	13.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	13.2	0.0
CONREP SVP	5.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.5	0.0
AES	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0
JBCT	5.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.1	0.0
Other Contracted Services, Evaluation and Forensic Services	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0
	66.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	66.3	0.0
2019-20 Established Position Totals	12,189.2	256.0	0.0	0.0	0.0	0.0	0.0	0.0	-120.6	-26.1	-6.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	-156.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-39.1	-13.4	0.0	-4.7	-1.2	-23.0	-13.7	0.0	0.0	0.0	0.0	0.0	-95.1	12,193.2	-252.0

POSITION SUMMARY
BUDGET YEAR 2021-22

	Authorized Positions Budget Act 2020	Authorized Blanket Positions 2020	Governor's Budget: Protected Health Information (PHI) Permanent Implementation	Governor's Budget: Medical and Pharmaceutical Billing System	Governor's Budget: Patient Education	Governor's Budget: Increased Court Appearances and Public Records Act Requests	Governor's Budget: Skilled Nursing Facility Infection Preventionists	Governor's Budget: IST Diversion	Governor's Budget: DSH - Metro ISBC	Governor's Budget: Enhanced Treatment Program	Governor's Budget: Telepsychiatry Resources	Governor's Budget: Mission Based Review - Protective Services	Governor's Budget: Mission Based Review - Treatment Team	Governor's Budget: Community-Based Restoration (CBR) Program Expension	Governor's Budget: CONREP Continuum of Care - New	Governor's Budget: CONREP Non-SVP Mobile Fact Team	Governor's Budget: Community Care Demonstration Project for Felony ISTs	Governor's Budget: Total November Estimate Adjustments	May Revision: Relocation to the Clifford L. Allenby Building - Phase 2	May Revision: Technical Adjustment: Increased Court Appearances and Public Records Act Requests	May Revision: Technical Adjustment: Protected Health Information (PHI) Permanent Implementation	May Revision: California Statewide Law Enforcement Association Out of Class Grievance Resolution	May Revision: Ligature Risk Provisional Language	May Revision: COVID-19 Workers Compensation (SB 1159)	May Revision: COVID-19 Direct Response Expenditures	May Revision: Non-Restorable and Maximum Term IST: Defendants Return to County Requirement and Timelines	May Revision: Metropolitan Increased Secure Bed Capacity	May Revision: Vocational Services and Patient Wages	May Revision: CONREP Sexually Violent Predator (SVP) Caseload Update	May Revision: CONREP Continuum of Care	May Revision: CONREP Mobile FACT Team	May Revision: JBCT Existing Programs and Activation Updates	May Revision: Jail-Based Competency Treatment (JBCT) Program - New	May Revision: Community Based Restoration (CBR) Program	May Revision: Mission Based Review: Protective Services	May Revision: Mission Based Review: Direct Care Nursing	May Revision: Mission Based Review: Treatment Team	May Revision: SOCP and OMO Program Update	May Revision: Telepsychiatry Resources	May Revision: Mission-Based Review--Workforce Development	May Revision: Enhanced Treatment Program	May Revision: Mission-Based Review--Court Evaluations and Reports	May Revision: Lanterman-Petris-Short (LPS)	May Revision: Lanterman-Petris-Short (LPS)	May Revision: Technical Adjustment	May Revision: Re-Evaluation Services for Felony Incompetent to Stand Trial (IST)	May Revision: Statewide Community Health Care Provider Network for State Hospital Patients	May Revision: Community Care Demonstration Project for Felony ISTs	May Revision: MH Infrastructure Package - One-Time Deferred Maintenance	Total May Revise Estimate Adjustments	Total Positions BY 2021-22	Total BY Adjustments
Headquarters Admin	246.8	0.0	8.0	0.0	0.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	7.0	0.0	0.5	0.0	4.0	24.5	2.0	5.0	8.0	0.0	0.0	0.0	7.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	3.3	0.0	0.0	1.0	0.0	0.0	3.3	0.0	0.0	0.0	6.0	-4.0	0.0	22.8	303.3	56.5
Hospital Admin	246.9	2.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	248.0	2.0
DSH-Atascadero	2,217.4	30.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-9.9	-7.0	1.0	-2.0	0.0	0.0	0.0	0.0	-17.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.3	0.0	7.0	0.0	0.0	0.0	-5.8	0.0	0.0	0.0	0.0	0.0	7.5	2,237.1	-10.4
DSH-Coalinga	2,380.8	28.0	0.0	0.0	3.0	0.5	0.0	0.0	0.0	0.0	7.0	0.0	3.0	0.0	0.0	0.0	0.0	13.5	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	1.2	0.0	0.0	-1.0	0.0	0.0	0.0	0.0	0.0	0.0	1.7	2,423.2	18.2
DSH-Metropolitan	2,299.7	67.2	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	4.0	0.0	0.0	0.0	0.0	0.0	0.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-1.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.1	0.0	11.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	16.3	2,316.0	21.3
DSH-Napa	2,515.5	47.5	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	7.0	1.0	0.0	0.0	0.0	0.0	0.0	9.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.4	0.0	13.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	34.1	2,556.1	43.1
DSH-Patton	2,470.0	81.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-1.7	0.0	0.0	1.0	0.0	0.0	0.0	0.0	-0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	8.0	0.0	0.0	-2.4	0.0	0.0	0.0	0.0	0.0	0.0	6.6	2,597.1	5.9
State Hospital Police Academy	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0	0.0
CONREP	13.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	15.2	2.0
CONREP SVP	5.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.5	0.0
AES	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0
JBCT	5.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.1	1.0
Other Contracted Services, Evaluation and Forensic Services	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0
	66.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	66.3	0.0
2020-21 Established Position Totals	12,383.9	256.0	8.0	1.0	3.0	6.5	2.0	3.0	0.0	-11.6	0.0	12.0	10.0	1.0	0.5	2.0	4.0	40.4	2.0	5.5	8.0	0.0	0.0	0.0	7.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	28.8	0.0	44.3	0.0	0.0	0.0	0.0	0.0	3.3	0.0	0.0	0.0	15.0	6.0	-4.0	0.0	125.2	12,508.5	165.6

DEPARTMENT OF STATE HOSPITALS
SPECIAL GALLEY DISPLAY
(Informational Only)

BACKGROUND:

This table displays how major functions within the State Hospitals rely significantly on overtime, temporary help, or contract staff to provide crucial services to patients. While other functions in the hospitals use some level of overtime, temporary help, or contract staff, the reliance on these staffing alternatives is greatest for Treatment Teams, Primary Care, Nursing on the units, and Protective Services. In this table, overtime, temporary help, and contract staff are converted to full-time equivalents in order to show the true vacancy rate for these classifications. This information is unavailable through other budget documents because the Salaries and Wages galley does not provide information on 1) the specific classifications that use overtime, 2) the classifications that are used in Temporary Help, 3) contracted staff, as these are reflected in Operating Expenditures and Equipment (OE&E) in the budget. As a result, the Salaries and Wages galley does not provide a true vacancy rate for these classifications. The Department of State Hospitals will provide an updated table annually.

The pertinent information in this table can be found in the following columns:

- Departmental Regular/Ongoing Authorized Positions ties to the 4440-fiscal year (FY) 2020-21 Schedule 7A Drill, 2019-20 Authorized Positions
- Temporary Help includes employees working second positions, retired annuitants, limited term, and permanent intermittent.
- Total Authorized Positions contain specific classifications and the totals will tie to the Schedule 7A.
- Contracted Full-Time Equivalent (FTE) and Overtime FTE contain FTE positions which have been converted from contract hours and overtime hours.
- Total Filled FTE is the grand total of Total Filled Civil Service Positions, Temp Help Filled, Contracted FTE, and Overtime FTE.
- Functional Vacancy FTE is the calculated difference between Total Filled Civil Service Positions and Total Filled FTE.
- Functional Vacancy Rate is calculated by dividing Functional Vacancy FTE by Total Authorized Positions.

Examining the results of this data allows the following observations about how the hospitals fulfill the need for critical patient services:

- **Clinical Services – Treatment Team and Primary Care:** For the Staff Psychiatrist positions, State Hospitals relies on temporary help and contract employees to staff 23 percent of the filled positions. These positions are already a hard-to-fill classification at State Hospitals, due in part to the nationwide shortage of psychiatrists. DSH has been authorized to establish a psychiatry residency program at DSH-Napa in partnership with St. Joseph's Medical Center to assist with training more psychiatrists to work in the DSH system. The first cohort is anticipated to start during the Summer of 2021.

- **Clinical Services – Nursing:** The high utilization rates for temporary help and overtime reflect a finding from the Clinical Staffing Study for 24-Hour Care Nursing Services, which determined that State Hospitals does not have enough authorized nursing positions to fill all the posts on the units. This finding was discussed in the Direct Care Nursing Budget Change

Proposal (BCP) included in the 2019 Budget Act. Additionally, overtime hours associated with these classifications have increased as a result of the COVID-19 pandemic.

- **Protective Services:** In order to better protect patients during the COVID-19 pandemic, employee screening stations were implemented to perform wellness checks. Hospital Police Officers (HPOs) were assigned to these stations, which resulted in increased overtime. Additionally, as discussed in the Protective Services BCP included in the 2020 Budget Act, Napa State Hospital does not have sufficient position authority to cover the protective services posts necessary to fulfill essential police functions which is a driver for overtime for protective services classifications.

Department of State Hospitals	Hospital Position Report Average of FY 2019-20									
Classifications	Departmental Regular/Ongoing Authorized Positions	Temporary Help	Total Authorized Positions	Total Filled Civil Service Positions	Temp Help Filled	Contracted FTE	Overtime FTE	Total Filled FTE	Functional Vacancy FTE[1]	Functional Vacancy Rate
Clinical Services -Treatment Team and Primary Care										
Social Worker (9872, 9874)	271.2	0.0	271.2	244.0	1.4	2.5	0.0	247.9	23.3	8.6%
Rehab Therapist - Safety (8321, 8323, 8324, 8420, 8422)	279.3	0.0	279.3	233.2	1.3	2.2	4.8	241.5	42.6	15.3%
Psychologist-Clinical-Safety (9873)	234.4	0.0	234.4	190.1	6.3	8.5	0.0	204.9	31.3	13.4%
Staff Psychiatrist-Safety (7619)	214.6	0.0	214.6	145.1	3.7	44.8	0.1	193.7	36.5	17.0%
Nurse Practitioner-Safety (9700)	43.0	0.0	43.0	34.0	0.5	0.0	0.3	34.8	8.2	19.1%
Physician & Surgeon-Safety (7552)	98.6	0.0	98.6	84.8	1.9	6.8	0.0	93.5	8.6	8.7%
Total: Clinical Services -Treatment Team and Primary Care	**1,141.1**	**0.0**	**1,141.1**	**931.2**	**15.1**	**64.8**	**5.2**	**1,016.3**	**150.5**	**13.2%**
Clinical Services - Nursing										
Psychiatric Technician (8236, 8253, 8254, 8274)	3,479.7	137.6	3,617.3	2,882.8	220.4	0.0	580.1	3,683.3	156.8	4.3%
Registered Nurse-Safety (8094)	1,541.0	115.2	1,656.2	1,325.4	88.3	1.0	237.1	1,651.8	134.9	8.1%
Senior Psych Tech-Safety (8252)	381.4	1.3	382.7	366.9	4.6	0.0	90.9	462.4	8.1	2.1%
Total: Clinical Services - Nursing	**5,402.1**	**254.1**	**5,656.2**	**4,575.1**	**313.3**	**1.0**	**908.1**	**5,797.5**	**299.8**	**5.3%**
Protective Services										
Hosp Police Lieut (1935)	25.0	0.0	25.0	21.2	2.1	0.0	6.5	29.8	0.0	0.0%
Hosp Police Sgt (1936)	96.6	0.0	96.6	75.7	1.5	0.0	14.8	92.0	5.7	5.9%
Hosp Police Ofcr (1937)	693.2	0.0	693.2	597.0	36.0	0.0	102.9	735.9	7.9	1.1%
Total: Protective Services	**814.8**	**0.0**	**814.8**	**693.9**	**39.6**	**0.0**	**124.2**	**857.7**	**13.6**	**1.7%**

Department of State Hospitals

STATE HOSPITALS POPULATION

2021-22 May Revision Estimate

	2020-21 May Revision Projection	CURRENT YEAR 2020-21				
	June 30, 2020 Projected Census	July 1, 2020 Actual Census[1]	Previously Approved Adjustments CY 2020-21	2021-22 November Adjustment CY 2020-21	2021-22 May Revision Adjustment CY 2020-21	June 30, 2021 Projected Census
POPULATION BY HOSPITAL						
ATASCADERO	*1,069*	1,027	13	0	0	1,040
COALINGA	*1,392*	1,365	0	0	0	1,365
METROPOLITAN	*891*	797	0	0	0	797
NAPA	*1,255*	1,090	0	0	0	1,090
PATTON	*1,487*	1,445	0	0	0	1,445
TOTAL BY HOSPITAL	***6,094***	**5,724**	**13**	**0**	**0**	**5,737**
POPULATION BY COMMITMENT						
Coleman - PC 2684[2]	*187*	280	0	0	0	280
IST - PC 1370	*1,506*	1,025	4	0	0	1,029
LPS & PC 2974	*736*	775	0	0	0	775
OMD[3] - PC 2962	*541*	546	3	0	0	549
OMD[3] - PC 2972	*776*	749	3	0	0	752
NGI - PC 1026	*1,387*	1,407	3	0	0	1,410
SVP - WIC 6602/6604	*961*	942	0	0	0	942
TOTAL BY COMMITMENT	***6,094***	**5,724**	**13**	**0**	**0**	**5,737**
CONTRACTED PROGRAMS						
AES KERN CENTER	*90*	55	5	0	0	60
REGIONAL JBCT	*218*	176	61	0	0	237
SINGLE COUNTY JBCT	*105*	111	9	13	5	138
SMALL COUNTY MODEL JBCT: MARIPOSA[4]	*N/A*	N/A	N/A	N/A	N/A	N/A
LOS ANGELES CBR	*215*	215	0	200		415
OTHER COUNTIES CBR	*0*	0	0	0	0	0
TOTAL - CONTRACTED PROGRAMS	***628***	**557**	**75**	**213**	**5**	**850**
CY POPULATION AND CONTRACTED TOTAL	***6,722***	**6,281**	**88**	**213**	**5**	**6,587**

Note: DSH contracts with community based programs to provide conditional release services. These services are provided through the Conditional Release Program, which operates an average of 650 beds.

DJJ census is not displayed in accordance with data de-identification guidelines.

[1] DSH temporarily decreased census at its hospitals to be able to create Admission Observation Units (AOUs) and isolation units to mitigate the impacts of COVID-19 and prioritize the safety of patients and staff.

[2] *Coleman* - Reflects current census; pursuant to *Coleman v. Brown* 336 beds are available to *Coleman* patients.

[3] Effective January 1, 2020 the term referring to the patient population Mentally Disordered Offender (MDO) is changed to Offender with a Mental Health Disorder (OMD) per SB 591 (Statutes of 2019).

[4] Mariposa JBCT does not have a set number of beds and instead focuses on the number of patients served. As such, the annual population change total does not include these additional beds.

STATE HOSPITALS POPULATION

	2020-21 May Revision Projection	BUDGET YEAR 2021-22				
	June 30, 2021 Projected Census	July 1, 2021 Projected Census	Previously Approved Adjustments BY 2021-22	2021-22 November Adjustment BY 2021-22	2021-22 May Revision Adjustment BY 2021-22	June 30, 2022 Projected Census
POPULATION BY HOSPITAL						
ATASCADERO	*1,095*	1,040	26	0	0	1,066
COALINGA	*1,392*	1,365	0	0	0	1,365
METROPOLITAN	*1,031*	797	140	0	0	937
NAPA	*1,255*	1,090	0	0	0	1,090
PATTON	*1,497*	1,445	10	0	0	1,455
TOTAL BY HOSPITAL	***6,270***	**5,737**	**176**	**0**	**0**	**5,913**
POPULATION BY COMMITMENT						
Coleman - PC 2684[1]	*187*	280	0	0	0	280
IST - PC 1370	*1,658*	1,029	152	0	252	1,433
LPS & PC 2974	*742*	775	0	0	-252	523
OMD[2] - PC 2962	*550*	549	9	0	0	558
OMD[2] - PC 2972	*776*	752	6	0	0	758
NGI - PC 1026	*1,396*	1,410	9	0	0	1,419
SVP - WIC 6602/6604	*961*	942	0	0	0	942
TOTAL BY COMMITMENT	***6,270***	**5,737**	**176**	**0**	**0**	**5,913**
CONTRACTED PROGRAMS						
AES KERN CENTER	*90*	60	30	16	-16	90
REGIONAL JBCT	*264*	237	0	0	20	257
SINGLE COUNTY JBCT	*135*	138	10	28	84	260
SMALL COUNTY MODEL JBCT:						
MARIPOSA[3]	*N/A*	N/A	N/A	N/A	N/A	N/A
LOS ANGELES CBR	*215*	415	0	0	100	515
OTHER COUNTIES CBR	*0*	0	0	50	4	54
TOTAL - CONTRACTED PROGRAMS	***704***	**850**	**40**	**94**	**192**	**1,176**
BY POPULATION AND CONTRACTED TOTAL	***6,974***	**6,587**	**216**	**94**	**192**	**7,089**

Note: DSH contracts with community based programs to provide conditional release services. These services are provided through the Conditional Release Program, which operates an average of 650 beds.

DJJ census is not displayed in accordance with data de-identification guidelines.

[1] *Coleman* - Reflects current census; pursuant to *Coleman v. Brown* 336 beds are available to *Coleman* patients.

[2] Effective January 1, 2020 the term referring to the patient population Mentally Disordered Offender (MDO) is changed to Offender with a Mental Health Disorder (OMD) per SB 591 (Statutes of 2019).

[3] Mariposa JBCT does not have a set number of beds and instead focuses on the number of patients served. As such, the annual population change total does not include these additional beds.

POPULATION DATA
STATE HOSPITALS
POPULATION AND PERSONAL SERVICES ADJUSTMENTS
Informational Only

COVID-19 IMPACT ON CENSUS AND REFERRALS

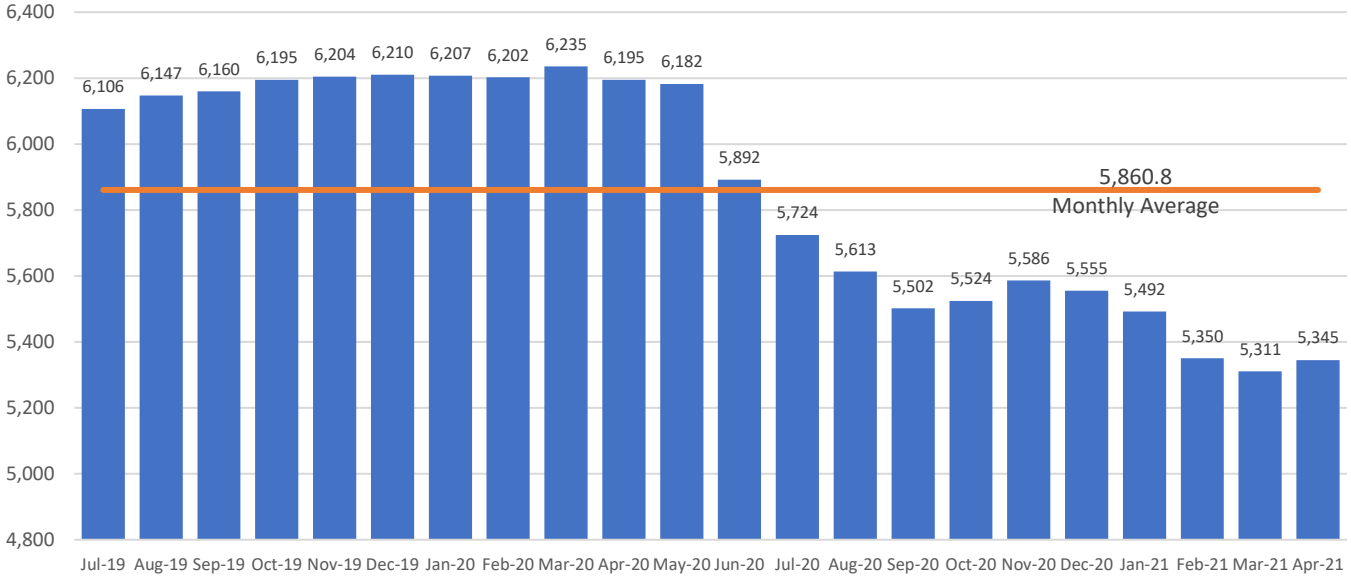
Temporary Census Reduction due to COVID-19

On March 2, 2020 Governor Gavin Newsom issued a Proclamation of a State of Emergency, followed by a shelter-in-place (SIP) order that went into effect on March 19, 2020. On March 21, 2020 the Department of State Hospitals (DSH) temporarily suspended patient admissions into its hospitals for all patient commitment types, excluding Offenders with a Mental Health Disorder (OMD) under authority of Executive Order N-35-20.

As DSH resumed admissions at the end of May 2020, in-patient census was temporarily decreased due to the need to create Admission Observation Units (AOUs) and isolation units to mitigate the impacts of COVID-19 and prioritize the safety of patients and staff. To establish AOUs and isolation units, hospitals needed to empty units which impacted DSH's in-patient census and the ability to maintain admission rates. As a result of the need to keep newly admitted patients separate, units that normally housed multiple patients in dorm rooms were only able to house one patient per room, thus limiting the census on AOUs to the number of rooms within the unit. As admissions resumed DSH also needed to isolate patients in AOUs for at least 14 days while testing the cohort for COVID-19. Further testing and quarantine procedures were observed when positive COVID-19 cases were identified in an admission cohort or when hospitals experienced an outbreak.

Due to the need to create AOUs and isolation units and other impacts of COVID-19 on admissions, DSH's census reduced by approximately 14 percent from 6,235 on March 1, 2020 to 5,345 on April 1, 2021. This census reduction caused DSH's occupancy rates to decrease down to 88 percent from the pre-COVID-19 occupancy rate of 96 percent. DSH anticipates this decrease to be temporary until AOUs and isolation units are no longer needed for COVID-19 response.

Chart 1: State Hospitals Monthly Census Trend: July 2019 – April 2021



Staffing Needs

While the DSH census has temporarily decreased as a result of COVID-19, staffing needs and responsibilities at all hospitals have increased. Maintaining appropriate staffing levels in a hospital is essential to providing a safe work environment for health care personnel as well as to preserving safe patient care. With the onset and progression of the COVID-19 pandemic, hospitals are experiencing impacts to staffing in both staff quarantining as well as an increase in responsibilities in continuing to mitigate the spread of COVID-19 within the hospital.

Below is an overview of the additional protocols that have been established throughout the hospitals as well as additional responsibilities that healthcare personnel are needing to perform as a result of COVID-19. Hospitals have had to implement the following protocols and procedures to ensure the safety of patients and staff during this pandemic:

- Staff a full COVID-19 screening line across three shifts to perform primary and secondary screening and evaluation for all staff entering the hospitals, with the secondary screening being provided by a health care personnel
- Set up AOUs to house newly admitted patients for a quarantine period
- Establish Isolation Units to separate COVID-19 positive patients from patients that are not sick
- Set up Patient Under Investigation (PUI) Rooms or Units for patients that have symptoms consistent with COVID-19 but are not confirmed to be infected
- Quarantine units as needed to safeguard against spread of COVID-19
- Provide increase cleaning and sanitation protocols on the units
- Limit movement of staff between quarantined units and non-quarantine units and dedicate staffing to isolation units to prevent cross-contamination between units.
- Observe and audit staff compliance with personal protective equipment (PPE) protocols and social distancing protocols.
- Increase resources for the DSH Public Health teams to perform COVID-19 related functions such as contact tracing, testing, reporting and coordination with county Public Health Department
- Coordinate and manage all off-unit patient movement to avoid cross-contamination between units by requiring staff to escort patients
- Coordinate return to work functions for staff returning from COVID-19 related leave
- Provide all meals on unit for high risk populations and quarantined units, impacting both nutrition services and staff on unit
- Suspend all in-person patient visits and switch to a virtual visitation experience

With the additional protocols and procedures being implemented at the hospitals staff are having to assume additional responsibilities which include the following:

- Increased tracking and documentation requirements related to COVID-19
- Admit patients in cohorts, which involves bringing in larger groups of patients over a short period of time, increasing the treatment team workload as documentation requirements are needing to be completed quicker for a larger group of patients
- Perform screening protocols for patients and staff arriving into the hospital
- Provide continuous education to patients and other staff regarding safety protocols, droplet/contact precautions, and medical isolation process and expectations to mitigate COVID-19 risk and exposure
- Continuously clean and disinfect units, equipment, and high touch surface areas in both patient and staff occupied areas
- Perform high-risk procedures such as administering COVID-19 tests on patients, made more complex by DSH's patient population
- Follow specific testing protocols for quarantined units including baseline testing for all patients and staff and subsequent testing until two sequential rounds of testing show negative results for all employees and patients
- Perform surveillance testing for Skilled Nursing Facility (SNF) patients and health care personnel.
- Perform assessments of patients displaying symptoms of COVID-19
- Continuously assess vital signs and respiratory status for patients in quarantined units, isolation units and PUI rooms
- Coordinate all on unit meal services for high risk populations and quarantined units
- Provide all treatment, including religious service options and group treatment, on unit, creating the need to rewrite/restructure treatment plans and groups to accommodate the new delivery formats
- Coordinate virtual visits for patients

Referral and Census Trends

Since the inception of COVID-19 and the implementation of the SIP order, followed by the implementation of a safe admission process into AOUs, the Incompetent to Stand Trial (IST) waitlist has increased by 82 percent to 1,583 as of April 26, 2021. Although DSH observed a 56 percent decrease in weekly IST referral rates associated with county court closures following the SIP order, the IST waitlist increased following DSH's temporary suspension of admissions. Similar referral trends were observed with the Lanterman–Petris–Short (LPS), Not Guilty by Reason of Insanity (NGI), OMD 2972, Sexually Violent Predator (SVP), and *Coleman* legal classes following the SIP order. Weekly referral rates decreased by the following rates: 23 percent for LPS population, 43 percent for the NGI population, 57 percent for the OMD 2972 population, 51 percent for the SVP population and 77 percent for the *Coleman* population. As county courts have begun resuming court proceedings, DSH's referral rates have steadily increased.

Table 1: Pre and Post SIP Order Waitlist and Weekly Referral Averages*

CA Statewide Shelter-in-Place Order: **March 19, 2020**							
	IST	LPS	OMD 2962	OMD 2972	NGI	SVP	*Coleman*
Pre-SIP Waitlist: 3/16/2020	869	241	54	<11	24	0	<11
Post-SIP Waitlist: 5/25/2020	1144	196	97	11	38	<11	<11
Current Waitlist: 4/26/2021	1583	286	21	<11	22	***	11
Pre-SIP Average Weekly Referrals (7/1/19 – 3/21/20)	78.5	<11	<11	<11	<11	<11	12.8
Post-SIP Average Weekly Referrals (3/22/20 – 5/30/20)	34.9	<11	11.7	<11	<11	<11	<11
% Change (Referrals):	*-56%*	*-23%*	*23%*	*-57%*	*-43%*	*-51%*	*-77%*
Current Average Weekly Referrals[1]	93.3	<11	<11	<11	<11	<11	<11

*Referral data excludes JBCT Transfers, State Hospital Transfers and Court Returns.
[1]Current average weekly referrals reflect most recent referral data from March 2021 through April 2021.

Prior to the onset of COVID-19 in March 2020, DSH's average monthly IST referrals were trending close to fiscal year (FY) 2018-19 averages and overall DSH referrals were almost one percent higher. Due to COVID-19, average monthly referrals have generally declined with an overall 11.4 percent decrease from FY 2018-19 to FY 2019-20, with *Coleman* being the only population to have an increase in average monthly referrals (+30.8%). As county courts have begun resuming court proceedings, IST referral rates have been steadily increasing in FY 2020-21 with an observed 5.6 percent increased as compared to FY 2019-20 averages.

Table 2: Average Monthly Referrals*

	FY 2018-19	FY 2019-20 (Pre-COVID-19)[1]	FY 2019-20 (Post-COVID-19)[2]	FY 2019-20	FY 2020-21 (through April 2021)	% Change FY 2019-20 to FY 2020-21
IST *(with JBCT/AES)*	350.0	345.5	209.8	300.3	317.0	5.6%
LPS	15.8	<11	<11	<11	12.4	53.4%
OMD2962	46.4	40.6	46.5	42.6	26.1	-38.7%
OMD2972	<11	<11	<11	<11	<11	20.0%
NGI	11.3	11.8	<11	<11	<11	-33.8%
SVP	<11	<11	<11	<11	<11	117.8%
CDCR	35.3	56.1	26.3	46.2	16.2	-64.9%
	465.7	**468.3**	**301.3**	**412.8**	**387.3**	**-6.2%**

[1]FY 2019-20 pre-COVID-19 referral data reflects averages from July 2019 through February 2020.
[2]FY 2019-20 post-COVID-19 referral data reflects averages from March 2020 through June 2020.
Referral data excludes JBCT Transfers, State Hospital Transfers and Court Returns.
DJJ census and referral data is not displayed to protect confidentiality of the individuals.

* Data has been de-identified in accordance with the California Health and Human Services Agency Data De-Identification Guidelines. Counts between 1-10 are masked with "<11" within tables or "less than 11" within the narrative. Complimentary masking is applied using "***" where further de-identification is needed to prevent the ability of calculating the de-identified number.

Table 3: Patient Census

	6/30/2019	2/29/2020 (Pre-COVID-19)	6/30/2020	4/30/2021	% Change 6/30/2020 to 2/28/2021
IST *(with JBCT/AES)*	1,811	1,894	1,324	1,425	7.6%
LPS	736	747	776	774	-0.3%
OMD2962	559	508	533	447	-16.1%
OMD2972	778	760	748	739	-1.2%
NGI	1,416	1,415	1,407	1,353	-3.8%
SVP	962	943	942	924	-1.9%
CDCR	185	296	281	183	-34.9%
	6,447	**6,563**	**6,011**	**5,845**	**-2.8%**

DJJ census and referral data is not displayed to protect confidentiality of the individuals.

POPULATION PROJECTIONS

Census and Pending Placement List Projections

DSH utilizes the actual census as the baseline census for both current year (CY) and budget year (BY). For the Governor's Budget and May Revision, the methodologies to project future census figures are applied as described below.

Methodology

In the 2016 Governor's Budget DSH implemented a methodology to project the pending placement list. Through collaborative efforts with the University of California, Irvine's (UCI) Department of Criminology, Law, and Society research team this methodology has been enhanced and expanded to include additional commitments. Moving forward this methodology will be used as the standard forecasting tool to project the pending placement list for the IST, LPS, OMD, NGI and Sexually Violent Predator (SVP) populations. This methodology does not project for the *Coleman* or the Division of Juvenile Justice (DJJ) patients. Department of Corrections and Rehabilitation (CDCR) determines the bed need and produces projections for the *Coleman* population and contracts with DSH for a specific number of beds to serve the DJJ population.

This methodology utilizes four main measures, as well as expected systemwide capacity expansions, to forecast the pending placement list. These measures include pending admissions, average referrals, average admissions and average length of stay (ALOS). A projected pending placement list is generated by adding a point-in-time pending placement list value to an average of monthly new patient referrals. This value is then reduced by the correlating average of monthly admissions, which are offset to incorporate any bed decreases. Expected systemwide capacity increases, augmented by the appropriate ALOS, are then subtracted from the projected pending placement list to yield a modified pending placement list projection for future months.

The projected pending placement list for CY and BY is based on the modified pending placement list value calculated for June 30, 2021 and June 30, 2022. Variables are specific to patient legal class and are typically calculated using actual data for the most recent 12-month period. Variables had to be adjusted for the FY 2021-22 Governor's Budget Estimate to incorporate COVID-19-related circumstances for admissions and referrals.

To ensure that admission and referral variables reflect current conditions, pending placement projections are calculated based on the trends observed February 2021 through April 2021 for the IST, NGI, LPS and SVP populations. OMD variables continue to be based on the most recent 12-month period ending April 30, 2021 as OMD admissions were not suspended. As such, referral rates for this patient type were not impacted by court closures.

The table below presents the DSH pending placement list projections for the IST, LPS, OMD, NGI and SVP populations. The table also presents the actual census for July 1, 2020 as well as the projected census for CY and BY for all DSH populations. The actual census reflects the systemwide total number of patients at DSH on July 1, 2020. The projected census for June 30, 2021 (for CY) and June 30, 2022 (for BY) reflects the actual census as well as the approved and proposed census adjustments.

Table 4: Census and Pending Placement List Projections

CURRENT YEAR			
Legal Class	July 1, 2020 Actual Census	June 30, 2021 Projected Census	June 30, 2021 Projected Pending Placement List
IST[1] *(with JBCT/AES)*	1,367	1,464	1,555
LPS	775	778	305
OMD2962	546	549	18
OMD2972	749	749	1
NGI	1,407	1,410	17
SVP	942	942	17
Subtotal	5,786	5,892	1,914
Coleman[2]	280	280	
Total	6,066	6,172	1,914
BUDGET YEAR			
Legal Class	July 1, 2021 Projected Census	June 30, 2022 Projected Census	June 30, 2022 Projected Pending Placement List
IST[1] *(with JBCT/AES)*	1,464	2,040	622
LPS	778	532	0
OMD2962	549	558	13
OMD2972	749	749	2
NGI	1,410	1,419	9
SVP	942	942	15
Subtotal	5,892	6,240	661
Coleman[2]	280	280	
Total	6,172	6,520	661

[1] Current and projected IST census does not include Community-Based Restoration Program patients being treated in a community mental health treatment setting.
[2] The projected pending place list is not calculated for the Coleman and DJJ populations within the DSH forecasting model. Projections for the Coleman population is developed by CDCR; the DJJ population is based on contracted beds agreed to between CDCR and DSH. DJJ census is not displayed to protect confidentiality of the individuals.

COMMITMENT CODES

Legal Category	Legal Class Text	Code Section	Description
NGI	NGI PC1026	PC 1026	Not Guilty by Reason of Insanity
Other NGI*	RONGI, RO1026	PC 1610	Temporary Admission while waiting for Court Revocation of a PC 1026 (NGI)
Other NGI	MNGI	WIC 702.3	Minor Not Guilty by Reason of Insanity
IST	IST PC1370	PC 1370 or TITLE 18 USC 4244	Incompetent to Stand Trial
Other IST	MIST	PC 1370.01	Misdemeanant Incompetent to Stand Trial
Other IST	EIST	PC 1372(e)	Restored (IST) on Court Hold
Other IST	ROIST, RO1370	PC 1610	Temporary Admission while waiting for Court Revocation of a PC 1370 (IST)
Other IST*	DDIST	PC 1370.1	Commitment as Incompetent to Stand Trial because of Developmental Disability (up to 6 months) and Mental Disorder
OMD	PC2962	PC 2962	Parolee Referred from the Department of Corrections
OMD	PC2964a	PC 2964(a)	Parolee Rehospitalized from CONREP after DSH hearing
OMD	PC2972	PC 2972	Former Parolee Referred from Superior Court
OMD*	RO2972	PC 1610	Temporary admission while waiting for court revocation of PC 2972
MDSO*	MDSO	WIC 6316	Mentally Disordered Sex Offender--Observation
MDSO*	MDSOI	WIC 6316	1. MDSO Observation Indeterminate; 2. MDSO Return by Court
MDSO*	ROMDSO	PC 1610	Temporary Admission while waiting for Court Revocation of MDSO
Other SVP	SVPH	WIC 6601.3	Sexually Violent Predator BPH Hold
Other SVP	SVPE	WIC 6600	Sexually Violent Predator Court Hold
SVP	SVP	WIC 6604	Sexually Violent Predator
SVP	SVPP	WIC 6602	Sexually Violent Predator Probable Cause
PC 2684	PC2684	PC 2684	Prisoner from the Department of Corrections
PC 2685	PC2684A	PC 2684A	Prisoner from the Department of Corrections
DJJ W&I 1756	YAC	WIC 1756	Youth Authority Certification/Youth Authority Referral through Regional Office
LPS	T.CONS	WIC 5353	Temporary Conservatorship
LPS	CONS	WIC 5358	Conservatorship for Gravely Disabled Persons
LPS	VOL	WIC 6000	Voluntary
LPS	DET	WIC 5150	72-Hour Detention
LPS	CERT	WIC 5250	14-Day Certification
LPS	SUIC	WIC 5260	Additional 14-Day Certification for Suicidal Persons
LPS	POST	WIC 5304(a)	180-Day Post Certification--ONLY (until 6/91 used for pending cases also, see 37)
LPS	ADD	WIC 5304(b)	Additional 180-Day Post Certification
LPS	A-CERT	WIC 5270.15	30-Day Certification
LPS	PCD	WIC 5303	Pending Court Decision on 180-Day Post Certification
LPS	MURCONS	WIC 5008(h)(1)(B)	Murphy's Conservatorship
LPS	DMR	WIC 6500, 6509	Persons with Intellectual Disabilities Committed by Court
LPS	CAMR	WIC 4825, 6000(a)	Voluntary Adult Developmentally Disabled Under Own Signature by Regional Center
LPS	VJCW	WIC 6552	Voluntary Juvenile Court Ward
LPS	DMRH	WIC 6506	Hold Pending Hearing on W&I 6509 Petition
LPS*	PC 2974	PC 2974	Recommitment after expiration of prison term (must have concurrent W&I commitment)

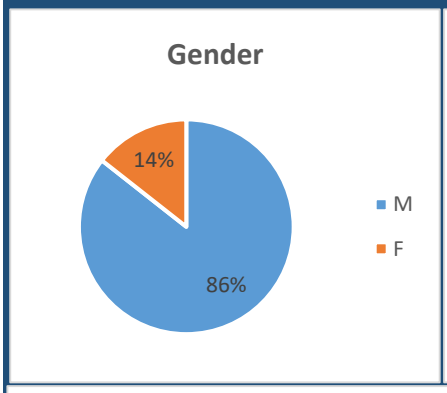
* Items marked with an asterisk were previously captured in the "Other PC" category

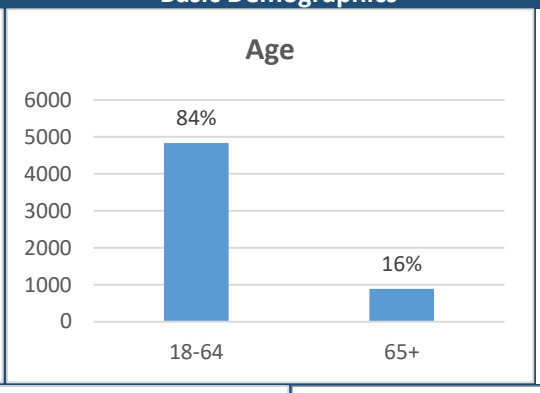
Department of State Hospitals

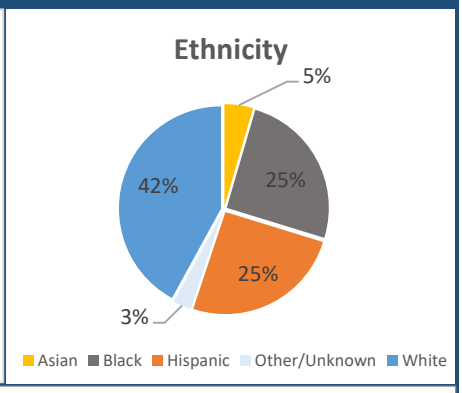
Demographic Snapshot: All Commitment Types

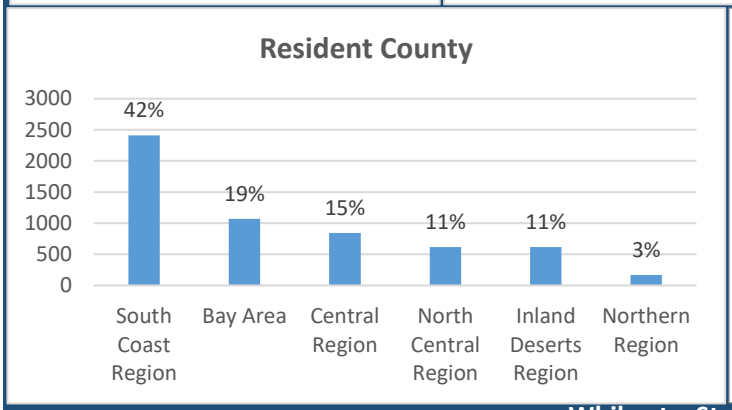
July 1, 2020; Census: 5,724

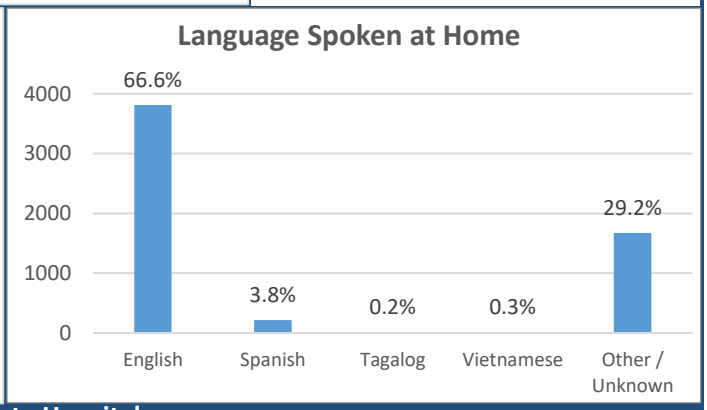
Basic Demographics



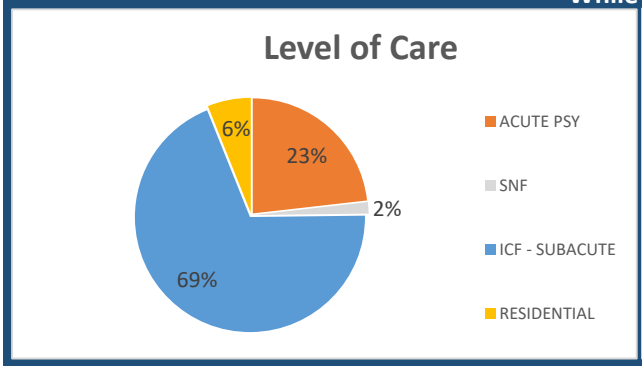


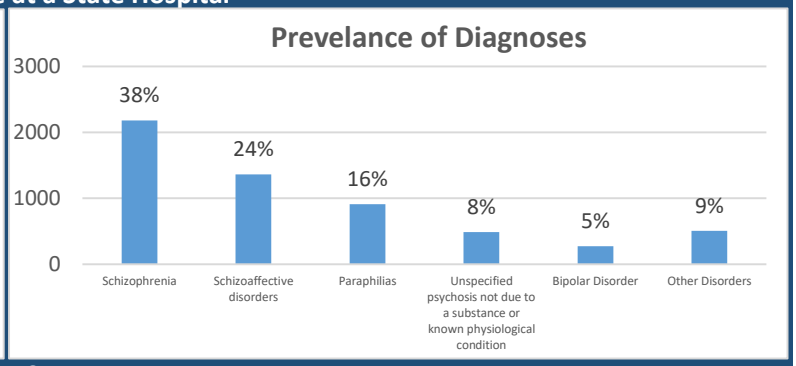






While at a State Hospital





Summary

The DSH population is composed of 86% males and 14% females; a majority of this population is between the ages of 18 and 64. Approximately 42% identify as White, 25% Black, and 25% Hispanic with mostly English spoken at home. The majority of the DSH population are residents of South Coast and Bay Area counties. DSH patients are being treated at an Intermediate level of care 69% of the time, followed by 23% at an Acute level of care, 6% at an RRU level of care, and 2% at an SNF level of care. Schizophrenia, Schizoaffective, and Paraphilia-type disorders are the three most common diagnoses for the DSH population, accounting for 78% of the population.

Note: US Citizenship field is not required in ADT. Therefore, data may not reflect true values.

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 10/20)

Fiscal Year	Business Unit	Department	Priority No.
2021-22	0530, 4300 and 4440	California Health and Human Services Agency Department of Developmental Services Department of State Hospitals	001

Budget Request Name	Program	Subprogram
0530-032-BCP-2021-A1 4300-044-BCP-2021-A1 4440-064-BCP-2021-A1	0280-Secretary of CHHS 4149-Program Admin 4400-Administration	0280-Secretary of CHHS 4149001-Program Admin 4400010-Headquarters Admin

Budget Request Description

Relocation to the Clifford L. Allenby Building—Phase 3

Budget Request Summary

The California Health and Human Services Agency (CHHS), Department of Developmental Services (DDS), and Department of State Hospitals (DSH) request General Fund (GF) authority of $9.2 million in fiscal year (FY) 2021-22 and $8.9 million ongoing. This augmentation is required to offset the increased rental costs for all three departments. In addition, DSH requests 2.0 permanent position authority to provide technology support to CHHS and DDS requests two-year limited-term funding equivalent to 1.0 position to address the services and equipment necessary for occupancy at the new Clifford L. Allenby Building located at 1215 O Street in Sacramento.

Requires Legislation	Code Section(s) to be Added/Amended/Repealed
☐ Yes ☒ No	

Does this BCP contain information technology (IT) components? ☒ Yes ☐ No *If yes, departmental Chief Information Officer must sign.*	Department CIO	Date
	Jim Switzgable, DDS Andrew Hinkle, DSH	April 1, 2021

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.

Project No. **Project Approval Document:** **Approval Date:**

If proposal affects another department, does other department concur with proposal?
☐Yes ☒ No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By	Date	Reviewed By	Date
BettyLai, DDS Nicole Hicks, DSH	April 1, 2021	Sonia Herrera, CHHS Carla Castañeda, DDS Brent Houser, DSH	April 1, 2021
Department Director	**Date**	**Agency Secretary**	**Date**
Michelle Baass, CHHS Stephanie Clendenin, DSH Nancy Bargmann, DDS	April 1, 2021	Samar Muzaffar for Mark Ghaly, MD, MPH	April 1, 2021

Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☑ ITCU ☐ FSCU ☐ OSAE ☐ Dept. of Technology

PPBA	Date submitted to the Legislature
Steven Pavlov and Tyler Woods	April 1, 2021

Analysis of Problem

A. Budget Request Summary

The California Health and Human Services Agency (CHHS), Department of Developmental Services (DDS), and Department of State Hospitals (DSH) request General Fund (GF) authority of $9.2 million in FY 2021-22 and $8.9 million ongoing. This augmentation is required to offset the increased rental costs of $7.7 million for all three departments. In addition, DSH requests 2.0 permanent position authority to provide technology support to CHHS and DDS requests $1.5 million and limited-term funding equivalent to 1.0 position in FY 2021-22, $1.1 million and limited-term funding equivalent to 1.0 position in FY 2022-23, and $1.0 million ongoing to address the services and equipment necessary for occupancy the new Clifford L. Allenby Building located at 1215 O Street in Sacramento.

B. Background/History

A 2015 study documented serious deficiencies with the Bateson Building currently occupied by CHHS, DDS, and DSH. To address this and other state office infrastructure needs documented in the study, the FY 2016-17 Budget Act included a $1.3 billion transfer over two years from the General Fund to a new State Project Infrastructure Fund to be used specifically for the renovation or replacement of state office buildings in the Sacramento area. One of the initial projects to be addressed was the construction of a new building on O Street in Sacramento to replace the vacant Department of Food and Agriculture Annex. Since that time, CHHS, DDS, and DSH were chosen as the new building's future tenants and the building has been named the "Clifford L. Allenby Building (Allenby Building)." Construction of the Allenby Building is currently underway, and all three departments expect to start occupying the building beginning in late June 2021.

Budget requests for the three departments' increased costs related to the relocation have been divided into three separate phases. Phase 1 was proposed and enacted as part of the 2019 Budget Act and included funding for planning efforts required to complete the move. Phase 2 was proposed and enacted as part of the 2020 Budget Act and included funding for the physical move.

The Allenby Building will contain approximately 360,000 square feet of total space and will house the three departments, as well as commercial and building support space. The rental costs for CHHS, DDS, and DSH will be higher at the Allenby Building than the current rates at the Bateson Building. To accommodate the increased rent, all three departments are requesting funding.

The Bateson Building Rental Rate (BRR) amount per square foot are as of the DGS FY 2019-20 Price Book, with the rates for FY 2020-21. All departments are not charged for storage space; however, all are charged for office space, central plant usage, and a surcharge. Below are the current rates per square foot being paid by the three departments at the Bateson Building:

- Office Space: $2.55
- Central Plant Usage Fee:$0.57
- Total per square foot: $3.12
- ADD: Surcharge: 0.6% of rent total

Below is a table that breaks down the square footage, total monthly cost, and total yearly cost by each department. This includes DDS relocating staff from the current Q Street location and the O Street location to the Allenby Building.

Figure 1—Current Year Rent Budget Building

Department	Sq. Footage	Total Monthly	Total Yearly
CHHS	16,720	$52,479.40	$629,752.78
DDS	100,318	$273,344.85	$3,280,138.17
DSH	101,205	$317,654.16	$3,811,849.89
TOTAL	**205,013**	**$643,478.40**	**$7,721,740.84**

C. State Level Consideration

The new Allenby Building project was highlighted in former Governor Brown's 2016 five-year infrastructure plan. This project is one of several key projects included in the ten-year sequencing plan strategy for Sacramento office buildings that provided a roadmap for the renovation or replacement of state office buildings in Sacramento and to address deficiencies in the State Capitol East Annex. This plan, taken together with DGS' portfolio plan, provides a statewide, strategic, and long-term asset management strategy for DGS' office buildings statewide.

A key component of the sequencing plan is the integration of the results from the facility condition assessments completed for the 2015 state facility long range planning study. The planning study provided DGS with an independent assessment of the DGS-managed office buildings and resulted in an analysis that identified the buildings with the highest need for repair or replacement. From this study, renovations to the state-owned Bateson Building were deemed critical and the tenants affected were selected for relocation to the new Allenby Building.

D. Justification

The Allenby Building is currently under construction and CHHS, DDS, and DSH are scheduled to move into it upon completion. The departments require an ongoing increase in funding to pay for the increased rental costs at the Allenby Building. The amount of this increase in funding was calculated based on the difference between departments' current funding for rent at the Bateson Building versus the new rent funding required at the Allenby Building as described below.

Calculation of Rent Increase

The three departments' current rental budget is $7,721,740.84 at the Bateson Building for FY 2020-21. The Allenby BRR amount per square foot was provided as part of the DGS FY 2020-21 Price Book for FY 2021-22. The FY 2021-22 square foot rate for the Allenby Building includes:

- Office Space: $3.25
- Central Plant Usage Fee:$0.57
- Total per square foot: $3.82
- ADD: Surcharge: 0.6% of rent total

The total cost for rent in FY 2021-22 totals $15,451,812.57 as seen in the below table:

Figure 2—Budget Year Rent Budget Needed at the Allenby Building

Department	Sq. Footage	Total Monthly	Total Yearly
CHHS	29,778	$114,434.47	$1,373,213.66
DDS	151,173	$580,945.75	$6,971,348.94
DSH	154,120	$592,270.83	$7,107,249.96
TOTAL	**335,071**	**$1,287,651.05**	**$15,451,812.57**

The increase in rental cost from the Bateson Building to the Allenby Building is $7,730,071.73 ($15,451,812.57 - $7,721,740.84 = $7,730,071.73). In addition, DDS will also be relocating staff from the current 4,200 square foot Q Street location and the 9,030 square foot O Street location to the Allenby Building.

Figure 3—Budget Augmentation Needed to Meet Increased Rental Rates[1/]

Department	Rentable Sq. Footage	Existing Rent Yearly	Total New Rent
CHHS	29,778	$630,000	$1,373,000
DDS	151,173	$3,280,000	$6,971,000
DSH	154,120	$3,812,000	$7,107,000
TOTAL	335,071	$7,722,000	$15,451,000

1/ Dollars rounded to the nearest thousand

Analysis of Problem

DSH Position Request

DSH requests permanent authority for 1.0 Information Technology Associate (IT Assoc) and 1 Information Technology Specialist II (ITS II). DSH will be assuming technology support for the California Health and Human Services (Agency) housed in the Allenby building. The support entails: help desk, infrastructure, and application development related duties. Based upon existing DSH service desk request and incident counts, DSH anticipates approximately 75 CHHS users will generate 300 requests or incidents per month with our existing technology portfolio. The DSH workload will also increase for application development related requests (including but not limited to, workflow automation, document scanning/management, collaboration site, and intranet page support).

DDS Additional Funding Request

DDS requests $1.5 million and limited-term funding equivalent to 1.0 position in FY 2021-22, $1.1 million and limited-term funding equivalent to 1.0 position in FY 2022-23, and $1.0 million ongoing to address decommissioning the Bateson Building, document storage, services and equipment necessary for occupancy in the Allenby Building.

DDS has identified a need for two-year limited-term resources equivalent to 1.0 position to assist with information technology support related to onboarding at the Allenby Building. The position will provide support and management to include, but are not limited to, printing as a service, video conferencing systems, and telecom support to include Voice over Internet Protocol (VoIP) and electronic facsimile (e- Fax).

DDS has identified critical information technology and infrastructure needs at Allenby. The following ongoing costs are requested in order to maintain the infrastructure and provide the critical need to support the staff located at Allenby.

Description	**2021-22**	**2022-23**	**2023-24**	**2024-25**	**2025-26 & Ongoing**
Printing Services	$88,000	$88,000	$88,000	$88,000	$88,000
Telecom Support (VoIP and E-Fax)	$292,000	$290,000	$290,000	$290,000	$290,000
Videoconferencing (TEAMs and Zoom)	$100,000	$160,000	$160,000	$160,000	$160,000
E-Signature	$300,000	$300,000	$300,000	$300,000	$300,000
Headset	$30,000	$0	$1,000	$1,000	$1,000
Scanners	$5,000	$5,000	$16,000	$16,000	$16,000
Infrastructure switches and server	$50,000	$50,000	$50,000	$50,000	$50,000
Fiber Ring Circuit	$80,000	$80,000	$80,000	$80,000	$80,000
Totals	**$945,000**	**$973,000**	**$985,000**	**$985,000**	**$985,000**

New Equipment and Software Required for the Allenby Building

The capital outlay project by DGS does not include all the equipment that will be necessary for DDS to function in the new building. Certain items must be purchased by DDS and installed in the Allenby Building prior to occupancy.

- Print and Fax management
- Telecommunications (Telephony)
- Videoconferencing and equipment
- E-Signature
- Scanning devices
- Network Infrastructure Equipment

Establishing printing as a service and modernized VoIP telecommunications are other examples of

energy efficiency to be gained, as the number of overall printers will decrease from the current numbers in the Bateson Building and VoIP phones typically consume half the power of a standard analog phone. Additionally, electronic signatures and scanning of documents will reduce the paper footprint in accordance with the requirements of the Allenby Building, while continuing to meet records management and auditing requirements.

Additional network infrastructure equipment, such as, switches and servers are required for Shared Services in order for the DDS Internal Network to be able to traverse the Shared Services Network. The Department requires on-going annual funds to manage, support, and maintain this equipment. Without these equipment and services, the Department's network will not be complete, and no network will be available to DDS.

To avoid loss of connectivity, DDS proposes the establishment of a secondary circuit. The circuits are each routed on different CDT Fiber Ring Service and therefore would give DDS continued internet access and allow DDS to reach internal resources externally. This is a critical business continuity strategy and is consistent with the other building tenants.

DDS has identified short term funding needs for decommissioning of the Bateson Building at $400,000 for FY 2021-22. DGS has tasked DDS with decommissioning the Bateson Building. Efforts include, but are not limited to, the removal and disposition of all furniture items, cubicle partitions, file cabinets, IT and telecommunications wiring in the sub floors, IT hardware, etc. Due to limited storage in the Allenby Building, ongoing costs of $20,000 are needed for archiving at the State Records Center.

E. Outcomes and Accountability

This proposal will provide the funding necessary to fund the FY 2021-22 and ongoing costs for CHHS, DDS, and DSH at the Allenby Building.

Outcomes include:

1. Bateson Building will be decommissioned in compliance with DGS direction.
2. The three departments will be fully integrated into the Allenby Building and will maintain continuity of operations for the completion and implementation of Phase 3.

F. Analysis of All Feasible Alternatives

Alternative 1—Approve the request for $9.2 million in FY 2021-22 and $8.9 million ongoing. This augmentation is required to offset the increased rental costs of $7.7 million for all three departments. In addition, DSH requests 2.0 permanent position authority and DDS requests $1.5 million and limited-term funding equivalent to 1.0 position in FY 2021-22, $1.1 million and limited-term funding equivalent to 1.0 position in FY 2022-23, and $1.0 million ongoing to address the services and equipment necessary for occupancy at the new Allenby Building located at 1215 O Street in Sacramento.

Pros:

- CHHS, DDS, and DSH will have the required funding to pay the increased rent costs at the Clifford L. Allenby Building.
- DDS will have the required funding for services and equipment critical at Allenby.
- A seamless transition to the new Allenby Building.
- The departments' programmatic responsibilities will not be negatively affected by the rental increase.

Cons:

- An increase in General Fund expenditures.

Alternative 2—Approve the request for $7.7 million for rent only in FY 2021-22 and ongoing.

Pros:

- CHHS, DDS, and DSH will have the required funding to pay the increased rent costs at the

Clifford L. Allenby Building.

Cons:

- An increase in General Fund expenditures.
- The building is equipped for VOIP. DDS will not have a phone system if funding is not provided. The building is not equipped to function with analog phones.
- DDS will not have a backup circuit if the main circuit goes out.
- On premise network will not function as intended for DDS and will not be able to connect to the shared services network.

Alternative 3—Partially approve the request for 2.0 permanent position authority for DSH and $1.5 million for FY 2021-22, $1.1 million in FY 2022-23, and $1.0 million ongoing for DDS staff, equipment, and infrastructure needs with two-year limited-term funding equivalent to 1.0 position and deny the request for increased rent funding.

Pros:

- A smaller increase in General Fund expenditures.

Cons:

- CHHS, DDS, and DSH will not have the required funding to pay the increased rent costs at the Clifford L. Allenby Building.
- The departments will be forced to draw the deficit of $7.7 million dollars from existing funding for the departments' other responsibilities, reducing those programs' effectiveness.

G. Implementation Plan

CHHS, DDS, and DSH will continue to pay the required rental payments to DGS upon relocation to the Clifford L. Allenby Building. This is the final phase of the three-phase Allenby relocation.

H. Supplemental Information

A description of the new Clifford l. Allenby Building can be found at:

https://www.dgs.ca.gov/RESD/Projects/Page-Content/Projects-List-Folder/O-Street-Modern-Office-Building-Project

I. Recommendation

CHHS, DDS, and DSH recommend approval of Alternative 1 that allows the three departments to meet the new rental agreements with DGS without negatively affecting the departments' other programs. This also provides DDS resources for services and equipment that are critical to relocate to the Allenby Building.

BCP Fiscal Detail Sheet

BCP Title: Relocation to the Clifford L. Allenby Building - Phase 3

BR Name: 0530-032-BCP-2021-A1

Budget Request Summary

Operating Expenses and Equipment

Operating Expenses and Equipment	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
5324 - Facilities Operation	0	744	744	744	744	744
Total Operating Expenses and Equipment	**$0**	**$744**	**$744**	**$744**	**$744**	**$744**

Total Budget Request

Total Budget Request	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Total Budget Request	**$0**	**$744**	**$744**	**$744**	**$744**	**$744**

Fund Summary

Fund Source

Fund Source	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
State Operations - 0001 - General Fund	0	744	744	744	744	744
Total State Operations Expenditures	**$0**	**$744**	**$744**	**$744**	**$744**	**$744**
Total All Funds	**$0**	**$744**	**$744**	**$744**	**$744**	**$744**

Program Summary

Program Funding

Program Funding	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
0280 - Secretary of California Health and Human Services	0	744	744	744	744	744
Total All Programs	**$0**	**$744**	**$744**	**$744**	**$744**	**$744**

BCP Fiscal Detail Sheet

BCP Title: Relocation to the Clifford L. Allenby Building - Phase 3

BR Name: 4300-044-BCP-2021-A1

Budget Request Summary

Personal Services

Personal Services	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Positions - Temporary	0.0	1.0	1.0	0.0	0.0	0.0
Total Positions	**0.0**	**1.0**	**1.0**	**0.0**	**0.0**	**0.0**
Salaries and Wages Earnings - Temporary Help	0	87	87	0	0	0
Total Salaries and Wages	**$0**	**$87**	**$87**	**$0**	**$0**	**$0**
Total Staff Benefits	0	46	46	0	0	0
Total Personal Services	**$0**	**$133**	**$133**	**$0**	**$0**	**$0**

Operating Expenses and Equipment

Operating Expenses and Equipment	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
5301 - General Expense	0	2	2	0	0	0
5302 - Printing	0	1	1	0	0	0
5304 - Communications	0	1	1	0	0	0
5306 - Postage	0	1	1	0	0	0
5320 - Travel: In-State	0	3	3	0	0	0
5322 - Training	0	1	1	0	0	0
5324 - Facilities Operation	0	3,691	3,691	3,691	3,691	3,691
5340 - Consulting and Professional Services - External	0	400	0	0	0	0
5340 - Consulting and Professional Services - Interdepartmental	0	20	20	20	20	20
5346 - Information Technology	0	5	5	0	0	0
539X - Other	0	945	973	985	985	985
Total Operating Expenses and Equipment	**$0**	**$5,070**	**$4,698**	**$4,696**	**$4,696**	**$4,696**

Analysis of Problem

Total Budget Request

Total Budget Request	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Total Budget Request	**$0**	**$5,203**	**$4,831**	**$4,696**	**$4,696**	**$4,696**

Fund Summary

Fund Source

Fund Source	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
State Operations - 0001 - General Fund	0	5,203	4,831	4,696	4,696	4,696
Total State Operations Expenditures	**$0**	**$5,203**	**$4,831**	**$4,696**	**$4,696**	**$4,696**
Total All Funds	**$0**	**$5,203**	**$4,831**	**$4,696**	**$4,696**	**$4,696**

Program Summary

Program Funding

Program Funding	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
4149001 - Program Administration	0	5,203	4,831	4,696	4,696	4,696
Total All Programs	**$0**	**$5,203**	**$4,831**	**$4,696**	**$4,696**	**$4,696**

Personal Services Details

Positions

Positions	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
1402 - Info Tech Spec I (Eff. 07-01-2021)(LT 06-30-2023)	0.0	1.0	1.0	0.0	0.0	0.0
Total Positions	**0.0**	**1.0**	**1.0**	**0.0**	**0.0**	**0.0**

Salaries and Wages

Salaries and Wages	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
1402 - Info Tech Spec I (Eff. 07-01-2021)(LT 06-30-2023)	0	87	87	0	0	0
Total Salaries and Wages	**$0**	**$87**	**$87**	**$0**	**$0**	**$0**

Staff Benefits

Staff Benefits	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
5150350 - Health Insurance	0	5	5	0	0	0
5150500 - OASDI	0	7	7	0	0	0
5150630 - Retirement - Public Employees - Miscellaneous	0	26	26	0	0	0
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	1	1	0	0	0
5150900 - Staff Benefits - Other	0	7	7	0	0	0
Total Staff Benefits	**$0**	**$46**	**$46**	**$0**	**$0**	**$0**

Total Personal Services

Total Personal Services	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Total Personal Services	**$0**	**$133**	**$133**	**$0**	**$0**	**$0**

BCP Fiscal Detail Sheet

BCP Title: Relocation to the Clifford L. Allenby Building - Phase 3

BR Name: 4440-064-BCP-2021-A1

Budget Request Summary

Personal Services

Personal Services	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Positions - Permanent	0.0	2.0	2.0	2.0	2.0	2.0
Total Positions	**0.0**	**2.0**	**2.0**	**2.0**	**2.0**	**2.0**

Operating Expenses and Equipment

Operating Expenses and Equipment	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
5324 - Facilities Operation	0	3,295	3,295	3,295	3,295	3,295
Total Operating Expenses and Equipment	**$0**	**$3,295**	**$3,295**	**$3,295**	**$3,295**	**$3,295**

Total Budget Request

Total Budget Request	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Total Budget Request	**$0**	**$3,295**	**$3,295**	**$3,295**	**$3,295**	**$3,295**

Fund Summary

Fund Source

Fund Source	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
State Operations - 0001 - General Fund	0	3,295	3,295	3,295	3,295	3,295
Total State Operations Expenditures	**$0**	**$3,295**	**$3,295**	**$3,295**	**$3,295**	**$3,295**
Total All Funds	**$0**	**$3,295**	**$3,295**	**$3,295**	**$3,295**	**$3,295**

Program Summary

Program Funding

Program Funding	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
4400010 - Headquarters Administration	0	3,295	3,295	3,295	3,295	3,295
Total All Programs	**$0**	**$3,295**	**$3,295**	**$3,295**	**$3,295**	**$3,295**

Personal Services Details

Positions

Positions	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
1401 - Info Tech Assoc	0.0	1.0	1.0	1.0	1.0	1.0
1414 - Info Tech Spec II	0.0	1.0	1.0	1.0	1.0	1.0
Total Positions	**0.0**	**2.0**	**2.0**	**2.0**	**2.0**	**2.0**

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 10/20)

Fiscal Year	Business Unit	Department	Priority No.
2021-22	4440	Department of State Hospitals	002

Budget Request Name	Program	Subprogram
4440-068-BCP-2021-A1	4410–STATE HOSPITALS	4410010–ATASCADERO 4410020–COALINGA 4410030–METROPOLITAN 4410040–NAPA 4410050–PATTON

Budget Request Description

Increased Investigation Workload

Budget Request Summary

The Department of State Hospitals (DSH) requests $337,000 General Fund in fiscal year (FY) 2021-22 and $266,000 annually thereafter to support the reclassification of 20.0 Hospital Police Officer (HPO) positions to Investigators.

Requires Legislation	Code Section(s) to be Added/Amended/Repealed
☐ Yes ☒ No	

Does this BCP contain information technology (IT) components? ☐ Yes ☒ No *If yes, departmental Chief Information Officer must sign.*	Department CIO	Date

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.

Project No. **Project Approval Document:** **Approval Date:**

If proposal affects another department, does other department concur with proposal? ☐ Yes ☒ No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By	Date	Reviewed By	Date
Stephanie Chambers	April 1, 2021	Brent Houser	April 1, 2021
Department Director	**Date**	**Agency Secretary**	**Date**
Stephanie Clendenin	April 1, 2021	Samar Muzaffar for Mark Ghaly, MD, MPH	April 1, 2021

Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☐ ITCU ☐ FSCU ☐ OSAE ☐ Dept. of Technology

PPBA	Date submitted to the Legislature
Steven Pavlov	April 1, 2021

Analysis of Problem

A. Budget Request Summary

The Department of State Hospitals (DSH) requests $337,000 General Fund in fiscal year (FY) 2021-22 and $266,000 annually thereafter to support the reclassification of 20.0 Hospital Police Officer (HPO) positions to Investigators.

B. Background/History

DSH manages the nation's largest inpatient forensic mental health hospital system. Its mission is to provide evaluation and treatment in a safe and responsible manner, seeking innovation and excellence in state hospital operations, across a continuum of care and settings. DSH is responsible for the daily care and provision of mental health treatment of its patients.

DSH oversees five state hospitals (Atascadero (ASH), Coalinga (CSH), Metropolitan (MSH), Napa (NSH), and Patton (PSH)) and employs nearly 13,000 staff. Additionally, DSH provides services in jail-based competency treatment (JBCT) programs and conditional release (CONREP) programs throughout the 58 counties. In FY 2019-20, DSH served 10,962 patients within state hospitals and jail-based facilities, with average daily census of 6,143 and 333, respectively. The CONREP program maintains an average daily census of approximately 650.

The Office of Protective Services (OPS) encompasses all operations necessary for providing a secure and safe treatment environment for patients and a safe work environment for DSH employees. This service extends to operating a safe facility within the residing communities and ensuring safety to all individuals entering the hospital grounds. As a law enforcement agency, OPS provide 24-hour police services responsible for the safety of all hospital operations, including:

a) Ensuring safety and security for the patients and staff during daily living activities and therapeutic treatments.

b) Securing all hospital housing and buildings occupied by patients and staff.

c) Securely managing and overseeing the inflow and outflow of patients, staff, and visitors.

d) Safely transporting forensic patients to medical appointments and procedures and court appearances.

e) Providing 24-hour safety and security custodial presence to DSH patients hospitalized in outside medical facilities.

f) Securing all hospital grounds both inside and outside the secured treatment areas (STA).

The responsibilities of OPS at the state hospitals consists of: executive leadership, main sally-port, visiting centers, package center, transportation, admission unit, off-grounds custody, perimeter kiosks, hospital patrol (corridor and building patrol; grounds and patient services patrol; perimeter patrol), investigations, and the communication and dispatch center. In addition, there are administrative duties associated with these core functions and include scheduling, training and hiring, property control, general administrative support functions, and data reporting functions.

Individuals are committed to DSH for the treatment of their mental illness and not as a penalty to serve a sentence. As such, DSH's officers receive specialized training geared toward the treatment of individuals with serious mental illness and addresses the unique challenges within a forensic environment. The overall approach of law enforcement within DSH emphasizes community policing and focuses on treating the patient with compassion and utilizing Therapeutic Strategies and Interventions (TSI) to support treatment and intervening in incidents only when needed.

Each hospital within DSH has an allocation of protective services staff operating under the Department of Police Services (DPS). Although each hospital has dedicated protective services positions, the allocations were based on anticipated need at the time the hospital police

departments were established. The changing nature and growth of DSH's population has increased the range of duties and workload within DPS.

DPS has jurisdiction over all criminal activity and violations of any laws or administrative policies on hospital grounds and are therefore responsible for the investigation of those crimes and/or allegations of misconduct. Investigative functions at the hospitals are conducted by the Office of Special Investigations (OSI). To ensure a safe and secure environment for all patients, the Office of Law Enforcement Services (OLES) within the California Health and Human Services (CHHS) Agency provides independent and contemporaneous oversight of investigations conducted by departments within CHHS. As such, DSH is required to report timely specific types of incidents to OLES for the determination of whether the allegations warrant OLES monitoring of the departmental investigation.

Investigators operate under the OSI, however as a resolution to increased workloads, urgency of completion and statutory deadlines for completion of investigations DSH implemented the Detective Units. This specialized unit was supported by the county district attorneys to ensure bifurcation of cases (administrative versus criminal) was implemented.

Detective Unit

- Hospital police detectives within the detective unit are responsible for pursuing criminal cases that arise from law violations involving patients and staff. Criminal cases are generated from officers' preliminary reports and the detectives follow the case from the evidence gathering phase through the submission of the case to the district attorney's office for prosecution.

Office of Special Investigations

- Investigators within the OSI are responsible for pursuing administrative cases involving allegations of staff misconduct as well as investigations involving employee's adherence to facility policies and rules. The investigators are responsible for determining when allegations of staff misconduct warrant an internal investigation, for completing the investigation, for making appropriate recommendations of corrective actions to the hiring authority for disposition and for submitting cases to the District Attorney for prosecution if a case is determined to also be criminal in nature.

It is the intent of DSH to reclassify 20.0 existing HPO positions to that of an Investigator. Workload being completed is at a level more consistent with the duties of an Investigator classification.

DSH is requesting funding to support the difference in cost between an HPO classification and an Investigator position. There are 2.0 positions at ASH, 5.0 positions at CSH, 4.0 positions at MSH, 4.0 positions at NSH, and 5.0 at PSH. The positions are allocated based on current assignments. The Investigators will also be required to complete specialized Peace Officers Standard Training (POST) specific to the Investigator classification. DSH also requests funding for the reclassified positions to complete the required training.

Analysis of Problem

Resource History [1]

Program Budget	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21[2]
Authorized Positions	575.9	517.2	595.4	652.0	650.0	649.0
Filled Positions	472.0	493.0	535.0	571.0	590.0	590.0
Vacancies	103.9	89.2	60.4	81.0	60.0	59.0

[1] Data reflects HPO position data for all locations

[2] Data as of January 1, 2021

C. State Level Consideration

This proposal is consistent with the statewide and departmental priorities such as:

- DSH's goals for a safe environment and excellence in treatment.
- DSH's mission of providing evaluation and treatment in a safe and responsible manner.
- DSH's vision of caring today for a safe and healthy tomorrow.
- DSH's Strategic Plan, Goal 1, Safe Environment. A safe environment fosters a therapeutic environment free from emotional and physical harm for all patients and employees. Objective – increase safety and wellness for patients and employees.
- State of California is committed to ensuring patients within DSH are safe and receiving appropriate care and treatment, mentally ill patients are some of the most vulnerable people in our society.

Compliance with OLES oversight requirements.

D. Justification

DSH is responsible for the lives, safety, care, and treatment of individuals living with serious mental illness who have been committed to DSH by the courts, many of whom are medically fragile. DSH is responsible for providing treatment for these patients in a safe and secure manner. To ensure the safety and security of the patients and staff any allegations of potential abuse or neglect, staff misconduct, and patient death related to potential abuse of neglect must be investigated. As such, DSH needs to maintain its investigative functions and if these positions are not reclassified, DSH will not have enough resources to complete investigations in a timely manner per Government Code section 3304, the Sixth Amendment of the Constitution, and the OLES time requirements.

Description of high-level duties:

- Perform full range of peace officer duties and responsibilities in accordance with California Penal Code section 830.3(v).
- Conduct independent investigations (administrative or criminal) to detect or verify suspected violations.
- Determine type of case, develop investigation/field operations plan, and safely execute plan.
- Obtain and verify evidence to support administrative actions and/or prosecution.
- Conduct interviews with victims, witnesses, suspects (criminal)/subjects (administrative), collateral sources, and law enforcement agencies involved.
- Investigate crime scene; secure and document crime scene with sketches, photography, and notes.

- Process crime scene and take fingerprints; collect, document, preserve, and maintain all evidence; prepare, obtain, and execute search warrants.
- Evaluate policy and procedures that may have been violated or contributed to the incident to ensure each incident is factually supported.
- Prepare investigative reports of findings obtained during field investigation for administrative action and/or criminal prosecution.
    - Create reports and provide counsel regarding recommended corrective action.
- Maintain investigation case files
- Work with legal counsel in preparation for prosecution; participate in pre-trial meetings; testify in court.
- Communicate and exchange information with other law enforcement agencies, district attorneys, and the courts.

Workload drivers for investigations are the number of criminal or administrative incidents that warrant an investigation, the severity of the offenses and the reporting requirements associated with the incident type. Bifurcation and separation of criminal and administrative investigations is mandated based on case law; therefore, DSH identified a need to establish the Detective Unit to conduct criminal investigations and OSI to conduct administrative investigations. The separation of investigative assignments preserves the constitutional right of the individuals, allows DSH to meet the legal requirements of an investigation, and preserves the integrity of the investigation. Meeting the legal requirements and preserving the integrity of the investigation ensures that the criminal or discipline actions needed are not dismissed due to cross contamination and violation of constitutional rights, which is imperative for the safety and security of DSH's patient population. To ensure bifurcation and separation of the investigation processes are consistent across all hospitals, the reclassifications of these positions is requested. The reclassification of the HPO positions to Investigators will allow for the restructure of the OSI to incorporate the administrative and criminal investigation assignments utilizing the appropriate classification and continuing to ensure bifurcation and separation of criminal and administrative investigations.

The patient population has continued to increase from the point of time that the OSI units were created. The patient population in 2006 was 4,696 and in 2019-2020 the population consisted of a daily average of 6,143. In addition, to the increase in patient population, the demographics of the patient population has shifted from a largely civil population to a majority of forensic patient population. With an increase in the patient population, demographics, and increased number of DSH employees, the investigative workload has increased significantly. Restructuring the OSI and reclassifying the HPO positions to Investigators will allow for DSH to meet the workload associated with investigations, ensure investigative assignments are bifurcated and conducted per the legal requirements and constitutional rights of the individuals, and completed to the standard and time requirements of OLES.

E. Outcomes and Accountability

Approval of this proposal will ensure that the OSI units have the appropriate staffing to investigate allegations of potential abuse or neglect, staff misconduct, and patient death related to potential abuse or neglect. With the responsibility of providing a safe environment for the patients, staff, and community, it is imperative to complete thorough and complete investigations on all allegations.

To conduct investigations accordingly, DSH is requesting the reclassification of 20.0 HPO

positions to the Investigator classification. The level of responsibility for the investigations at DSH have been identified to align with the level of responsibility of the Investigator.

F. Analysis of All Feasible Alternatives

Alternative 1: Approval of the request for $337,000 General Fund in FY 2021-22 and $266,000 annually thereafter for the reclassification of 20.0 HPO positions to Investigators.

Pros:

- Ensures investigations continue to be completed.
- Ensures investigations completed comply with the standards and timelines determined by OLES.
- Ensure continued bifurcation of investigations to preserve the integrity of the investigations and comply with case law.
- Reclassifying the positions ensures that the level of responsibility is aligned appropriately to the workload.
- Provides a standardized OSI structure for DSH.

Cons:

- Requires an increase in General Fund expenditures.

Alternative 2: Status Quo. Do not provide funding to reclassify any positions.

Pros:

- No additional General Fund costs.

Cons:

- Increased workload for existing investigative staff.
- Unable to meet mandatory statutory regulations (OLES, POBR GC 3300, etc.).
- Unable to implement conditions of settlement.

G. Implementation Plan

These 20.0 HPO positions will be reclassified to Investigators on July 1, 2021.

H. Supplemental Information

Attachment A: BCP Fiscal Detail Sheet

Attachment B: Workload History

I. Recommendation

DSH recommends approval of alternative 1.

Attachment A: BCP Fiscal Detail Sheet

BCP Title: Increased Investigation Workload

BR Name: 4440-068-BCP-2021-A1

Budget Request Summary	FY21					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Salaries and Wages						
Earnings - Permanent	0	164	164	164	164	164
Total Salaries and Wages	**$0**	**$164**	**$164**	**$164**	**$164**	**$164**
Total Staff Benefits	0	103	102	102	102	102
Total Personal Services	**$0**	**$267**	**$266**	**$266**	**$266**	**$266**
Operating Expenses and Equipment						
5340-Consulting and Professional Services -External	0	70	0	0	0	0
Total Operating Expenses and Equipment	**$0**	**$70**	**$0**	**$0**	**$0**	**$0**
Total Budget Request	**$0**	**$337**	**$266**	**$266**	**$266**	**$266**

Fund Summary

Fund Source - State Operations						
0001-General Fund	0	337	266	266	266	266
Total State Operations Expenditures	**$0**	**$337**	**$266**	**$266**	**$266**	**$266**
Total All Funds	**$0**	**$337**	**$266**	**$266**	**$266**	**$266**

Program Summary

Program Funding						
4410010-Atascadero	0	31	27	27	27	27
4410020-Coalinga	0	77	68	68	68	68
4410030-Metropolitan	0	73	51	51	51	51
4410040-Napa	0	66	52	52	52	52
4410050-Patton	0	90	68	68	68	68
Total All Programs	**$0**	**$337**	**$266**	**$266**	**$266**	**$266**

Personal Services Details

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
1937-Hosp Police Officer	0	-1,324	-1,324	-1,324	-1,324	-1,324
8610-Investigator	0	1,488	1,488	1,488	1,488	1,488
Total Salaries and Wages	**$0**	**$164**	**$164**	**$164**	**$164**	**$164**
Staff Benefits						
5150200-Disability Leave - Industrial	0	2	2	2	2	2
5150350-Health Insurance	0	7	7	7	7	7
5150450-Medicare Taxation	0	2	2	2	2	2
5150600-Retirement - General	0	56	55	55	55	55
5150800-Workers' Compensation	0	7	7	7	7	7
5150820-Other Post-Employment Benefits(OPEB) Employer Contributions	0	9	9	9	9	9
5150900-Staff Benefits - Other	0	20	20	20	20	20
Total Staff Benefits	**$0**	**$103**	**$102**	**$102**	**$102**	**$102**
Total Personal Services	**$0**	**$267**	**$266**	**$266**	**$266**	**$266**

Attachment B: Workload

Incident Category	DSH-A					DSH-C					DSH-M					DSH-N					DSH-P				
	16/17	17/18	18/19	19/20	20/21	16/17	17/18	18/19	19/20	20/21	16/17	17/18	18/19	19/20	20/21	16/17	17/18	18/19	19/20	20/21	16/17	17/18	18/19	19/20	20/21
Abuse	38	27	39	41	10	98	75	70	80	35	66	30	22	22	19	1	1	3	1	0	6	34	52	70	18
Assault /	648	540	515	491	208	345	366	429	431	223	111	980	1530	985	438	530	1193	967	585	217	7	521	671	633	204
Grave Bodily Injury	10	13	9	23	6	26	24	20	27	9	1	39	44	28	17	20	22	25	18	4	4	38	38	33	12
Broken Bone*	0	4	27	14	0	0	20	42	45	0	0	21	43	24	0	0	7	9	10	0	0	6	26	11	0
Burn*	0	1	2	1	0	0	0	1	3	0	0	0	2	2	0	0	0	1	0	0	0	0	0	0	0
Death	2	3	4	2	2	12	11	8	18	16	11	17	9	8	13	10	15	18	13	8	9	7	5	5	1
Genital Injury*	0	0	0	0	0	0	0	0	0	0	0	0	2	2	0	0	1	0	0	0	0	0	0	0	0
Head/Neck Injury*	0	9	13	10	0	0	3	14	22	0	0	13	38	26	0	0	3	10	9	0	0	8	15	11	0
Misconduct*	0	4	8	8	0	0	12	16	33	0	0	12	9	13	0	0	0	3	9	0	0	1	8	7	0
Neglect*	0	5	13	10	0	0	3	5	7	0	0	4	17	10	0	0	1	5	2	0	0	3	5	8	0
Non-Patient Assault*	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0
Patient Arrest	1	5	5	1	2	2	3	1	1	8	30	13	5	5	3	6	7	11	9	6	2	4	5	1	0
Pregnancy*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Sexual Assault	51	57	51	43	37	72	64	84	102	67	38	36	39	43	16	26	30	25	24	12	35	31	36	25	8
Sexual Assault (Outside Jurisdiction)*	0	23	24	29	0	0	0	0	1	0	0	3	14	14	0	0	2	5	7	0	0	5	14	17	0
Significant Interest: Attack on Staff*	0	3	1	12	0	0	0	1	0	0	0	0	1	3	0	0	0	0	7	0	0	0	1	1	0
Significant Interest: Attempted Suicide	2	0	0	4	0	2	0	0	2	1	9	3	11	10	0	5	6	3	5	1	2	1	5	7	0
Significant Interest: AWOL	0	0	0	0	0	0	0	0	0	0	35	10	2	0	0	2	3	1	1	4	10	0	1	0	0
Significant Interest: Child Pornography*	0	0	0	0	0	0	6	15	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Significant Interest: Other*	0	0	4	2	0	0	3	1	10	0	0	3	6	2	0	0	1	3	7	0	0	3	1	1	0
Significant Interest: Riot	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**752**	**694**	**715**	**692**	**265**	**557**	**590**	**707**	**786**	**359**	**301**	**1184**	**1794**	**1197**	**506**	**600**	**1292**	**1091**	**707**	**252**	**75**	**663**	**883**	**830**	**243**

*Data for 17/18 for these categories are for January 1, 2018 to June 30, 2018 only.

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 10/20)

Fiscal Year	Business Unit	Department	Priority No.
2021-22	4440	Department of State Hospitals	003

Budget Request Name	Program	Subprogram
4440-069-BCP-2021-A1	All	All

Budget Request Description

Statewide Ligature Risk Special Repair Funding Expenditure Authority

Budget Request Summary

The Department of State Hospitals (DSH) requests Budget Bill Language in fiscal year (FY) 2021-22 and annually thereafter until 2026-27, to extend the encumbrance and expenditure authority for Ligature Risk special repair funding authorized in the 2020 Budget Act.

Requires Legislation	Code Section(s) to be Added/Amended/Repealed
☐ Yes ☒ No	

Does this BCP contain information technology (IT) components?	Department CIO	Date
☐ Yes ☒ No *If yes, departmental Chief Information Officer must sign.*		

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.

Project No. **Project Approval Document:** **Approval Date:**

If proposal affects another department, does other department concur with proposal? ☐ Yes ☒ No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By	Date	Reviewed By	Date
Nicole Hicks	April 1, 2021	Brent Houser	April 1, 2021
Department Director	**Date**	**Agency Secretary**	**Date**
Stephanie Clendenin	April 1, 2021	Samar Muzaffar for Mark Ghaly, MD, MPH	April 1, 2021

Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☐ ITCU ☐ FSCU ☐ OSAE ☐ Dept. of Technology

PPBA	Date submitted to the Legislature
Steven Pavlov	April 1, 2021

Analysis of Problem

A. Budget Request Summary

The Department of State Hospitals (DSH) requests Budget Bill Language in fiscal year (FY) 2021-22 and annually thereafter until 2026-27, to extend the encumbrance and expenditure authority for Ligature Risk special repair funding authorized in the 2020 Budget Act.

B. Background/History

DSH oversees five state hospitals (Atascadero, Coalinga, Metropolitan, Napa, and Patton) and employs nearly 13,000 staff. Additionally, DSH provides services in jail-based competency treatment (JBCT) programs and conditional release (CONREP) programs throughout the 58 counties. In FY 2019-20, DSH served 10,962 patients within state hospitals and jail-based facilities, with average daily census of 6,143 and 333 respectively. The CONREP program maintains an average daily census of approximately 650.

The 2020 Budget Act included funding to mitigate ligature risks within four of The Joint Commission (TJC) accredited state hospitals. This is necessary to meet standards for acute psychiatric hospitals required by the Centers for Medicaid and Medicare Services (CMS), and to maintain TJC accreditation at these four state hospitals. Funding is implemented across seven years as outlined below:

- Year One, 2020-21: $5,257,000 General Fund
- Year Two, 2021-22: $5,257,000General Fund
- Year Three, 2022-23: $8,409,000 General Fund
- Year Four, 2023-24: $8,409,000 General Fund
- Year Five, 2024-25: $15,415,000 General Fund
- Year Six, 2025-26: $15,415,000 General Fund
- Year Seven, 2026-27: $15,415,000 General Fund

Provisional language is needed to address the challenges in completing the purchase or fabrication of ligature retrofit materials and labor and hiring issues that necessitate an extended timeline for the required retrofits.

C. State Level Consideration

DSH provides quality mental health evaluation and treatment for its patients in a safe and responsible manner, seeking innovation and excellence in its operations, across a continuum of care settings. This proposal aligns with DSH Strategic Plan Goal "A safe environment fosters a therapeutic environment free from emotional and physical harm for all patients and employees. This proposal also aligns with California Health and Human Service Agency Strategic Priorities and Guiding Principles, specifically the strategic principal "Create a system in which every Californian, regardless of origin or income has access to high quality, affordable health care coverage". Ensuring DSH hospital buildings are in good repair helps ensure DSH can provide safe and quality care for its patients.

D. Justification

Nationally, state hospitals, acute psychiatric hospitals and hospitals with acute psychiatric units have been required to either mitigate these ligature risks or lose their accreditation and CMS funding. There has been much dialogue nationally regarding the significant cost of these retrofits and difficulty of hospitals, particularly aging state hospitals, to meet the expectations. Following is

a description of several challenges in completing the purchase or r fabrication of ligature retrofit materials and labor and hiring issues that necessitate an extended timeline for the required retrofits:

- Materials Limitations – Products are not items typically stocked in volume by manufacturers and are made to order in many cases. The push by CMS to require Ligature Risk Retrofit nationwide has also impacted availability of products.
- 2020 COVID-19 Related Issues – the COVID-19 pandemic has impacted DSH's ability to address ligature risks as originally planned. DSH has had to make operational changes to protect patients and staff, including limiting construction and retrofits of patient units, and efforts and resources have been primarily focused on pandemic response. Additionally, many manufacturers have experienced workforce and facility management challenges due to the pandemic which has disrupted the supply of goods and materials.
- Product Selection – Facilitated by the Patient Safety Standards, Materials and Systems Guidelines and Behavior Health Design Guide as recommended by CMS. However, final product selection must be vetted to determine if they meet clinical and operational needs of the hospitals. Once products are selected it typically takes several months to purchase materials. The formal solicitation process, field verification of existing conditions and purchasing these highly specialized products for installation at existing facilities takes more time than normal purchasing as specialized products are not readily available and can entail numerous purchase orders as the products are made by various manufacturers.
- Specialty Fabrication Requirements - In many areas there are conduit or other items such as fire sprinkler coverings or fire alarm strobe light covers that require custom field fabricated items. Whenever possible a prototype will be developed then ordered based on the current work efforts, saving substantial amounts of time and money. Installation of these specialized materials requires planning and may also require retrofitting. Most work requires limited demolition, plumbing retrofitting, repairs and in some cases re-piping, touch-up painting at a minimum. For example; a sink installation will require coordination of multiple trades such as demolition carpenters, plumbers for installation, carpenters for cabinets and other finishing, painters for touch-up work. Many areas may require specialized caulking, with a "no-pick" strength such as 3,000 pounds per square inch hardness.

Due to the challenges identified, DSH requests the below provisional language be added into the 2021 Budget Act Budget Bill Language. The language will be updated annually to reflect the new allocated amount and updated date. By extending the encumbrance and expenditure authority, this will allow DSH the time necessary to mitigate these ligature risks.

Budget Bill Provisional Language:

The following Budget Bill Provisional Language will accompany this request.

Item 4440-011-0001

14. Of the amount appropriated in Schedule (2), $5,257,000 shall be expended for ligature risk special repair projects at Atascadero, Metropolitan, Napa, and Patton state hospitals. The amount allocated shall be available for encumbrance or expenditure until June 30, 2024.

E. Outcomes and Accountability

By extending the encumbrance and expenditure authority, this will allow DSH the flexibility to complete the ligature repairs at each state hospital and fulfill the outcomes outlined in the original budget change proposal in the 2020 Budget Act.

F. Analysis of All Feasible Alternatives

Alternative 1: Approve the request for adding Budget Bill Language in fiscal year (FY) 2021-22 and annually thereafter until 2026-27 to authorize extended encumbrance expenditure authority for funding received for the Ligature Risk special repairs beginning in the 2020 Budget Act.

Pros:

- Allows DSH flexibility to spend funds as needed to complete ligature repairs.

Cons:

- Requires an annual update to the added language until the funding is depleted in FY 2026-27.

Alternative 2: Request a reappropriation of unspent funds yearly to allow all ligature repairs to be made.

Pros:

- Allows for flexibility to spend funds as needed.

Cons:

- Requires a yearly re-appropriation of funds in the department's budget.

Alternative 3: Status Quo (do nothing).

Pros:

- Does not require any action.

Cons:

- May result in DSH having insufficient funding when needed to complete ligature repairs and risks loss of CMS accreditation.

G. Implementation Plan

Annually, the department will update the provisional language.

H. Supplemental Information

N/A.

I. Recommendation

DSH recommends approval of Alternative 1. The recommendation allows for the flexibility in spending needed to ensure all ligature risk repairs are completed timely.

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 10/20)

Fiscal Year	Business Unit	Department	Priority No.
2021-22	4440	Department of State Hospitals	3

Budget Request Name	Program	Subprogram
4440-108-BCP-2021-MR	4400 - ADMINISTRATION	4400020 – HOSPITAL ADMINISTRATION

Budget Request Description
Statewide Integrated Health Care Provider Network

Budget Request Summary
The Department of State Hospitals (DSH) seeks to contract for a Statewide Integrated Health Care Provider Network (The Network), including prior authorization (PA) and third-party administration (TPA) services to support continuity of care and provide stable and timely access to specialty, quality medical services for patients, at an affordable cost. To support this effort, DSH requests $6.3 million General Fund and 6.0 3-year limited term (LT) positions in Fiscal Year (FY) 2021-22, of which $4.1million are one-time costs to build and implement The Network, and $2.2 million in FY 2022-23 and FY 2023-24, of which $1.4 million are tied to per-claim costs for processing claims, maintaining the provider network and the prior authorization tool and $750,000 for staffing.

Requires Legislation	Code Section(s) to be Added/Amended/Repealed
☐ Yes ☒ No	Click or tap here to enter text.

Does this BCP contain information technology (IT) components? ☐ Yes ☒ No *If yes, departmental Chief Information Officer must sign.*	Department CIO	Date
	Click or tap here to enter text.	Click or tap to enter a date.

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.

Project No. Click or tap here to enter text. **Project Approval Document:** Click or tap here to enter text.

Approval Date: Click or tap to enter a date.

If proposal affects another department, does other department concur with proposal? ☐ Yes ☐ No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By	Date	Reviewed By	Date
Marcelo Acob, Chief Financial Officer	5/14/2021	Brent Houser, Admin Deputy Director	5/14/2021
Department Director	**Date**	**Agency Secretary**	**Date**
Stephanie Clendenin	5/14/2021	Mark Ghaly, MD, MPH	5/14/2021

Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☐ ITCU ☐ FSCU ☐ OSAE ☐ Dept. of Technology

PPBA	Date submitted to the Legislature
Steven Pavlov	5/14/2021

Analysis of Problem

A. Budget Request Summary

The Department of State Hospitals (DSH) seeks to contract for a Statewide Integrated Health Care Provider Network (The Network), including prior authorization (PA) and third-party administration (TPA) services to support continuity of care and provide stable and timely access to specialty, quality medical services for patients, at an affordable cost. To support this effort, DSH requests $6.3 million General Fund and 6.0 3-year limited term (LT) positions in Fiscal Year (FY) 2021-22, of which $4.1million are one-time costs to build and implement The Network, and $2.2 million in FY 2022-23 and FY 2023-24, of which $1.4 million are tied to per-claim costs for processing claims, maintaining the provider network and the prior authorization tool and $750,000 for staffing.

B. Background/History

DSH manages the nation's largest inpatient forensic mental health hospital system. Its mission is to provide evaluation and treatment in a safe and responsible manner, seeking innovation and excellence in state hospital operations, across a continuum of care and settings. DSH is responsible for the daily care and provision of mental health treatment of its patients. DSH oversees five state hospitals (Atascadero, Coalinga, Metropolitan, Napa, and Patton) and employs nearly 13,000 staff. Additionally, DSH provides services in jail-based competency treatment (JBCT) programs and conditional release (CONREP) programs throughout the 58 counties. In FY 2019-20, DSH served 10,962 patients within state hospitals and jail-based facilities, with average daily census of 6,143 and 333 respectively. The CONREP program maintains an average daily census of approximately 650.

The FY 2020-21 Governor's Budget included a budget change proposal for DSH to develop and implement The Network. However, due to the economic challenges of the global COVID-19 pandemic, DSH reduced the request at May Revision to allow for a six month delay to prioritize response to COVID-19. Ultimately, this proposal was deferred without prejudice.

Patient Access to Quality Care

DSH is responsible for caring for the mental health, medical, dental and safety needs of California's most vulnerable patient population. The needs of the patient population are unique and diverse. Meeting those needs in a timely and appropriate manner can be challenging. One of those challenges is obtaining specialty outside medical care. The hospitals access outside medical service providers when the needs of a DSH patient goes beyond the scope of the internal medical staff or facility resources. Outside medical providers are non-civil service providers who perform medical services, both on and off DSH grounds. Some of these outside medical services include but are not limited to: cardiologists, radiologists, urologists, anesthesiologists, endocrinologists, gastroenterologists, neurologists and oncologists as well as emergency services, dialysis, and surgical procedures.

Current Outside Medical Provider Model

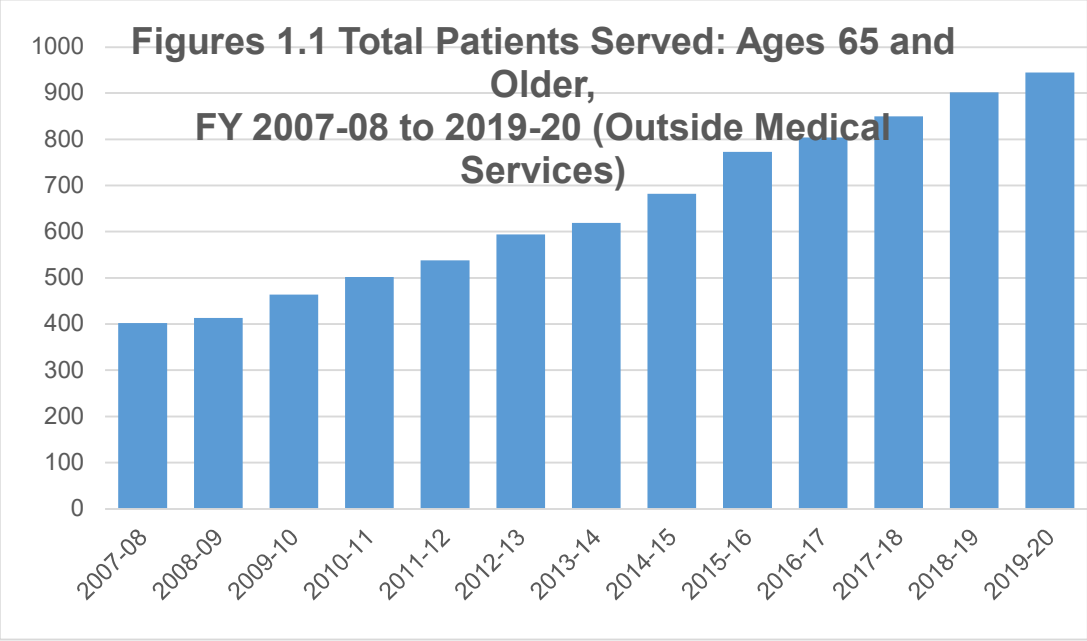
To secure outside medical services, each hospital identifies providers, negotiates and executes contracts, oversees those contracts, processes invoices and schedules payments. DSH staff is also responsible for maintaining positive relationships with providers, resolving service quality issues, and overseeing the services provided to patients. There is not only a lack of standardization among these processes, but they are also manual and time intensive. The manual processes vary by hospital and position type. For example, at some hospitals the Chief Physician is responsible for maintaining provider relationships and handling provider invoicing and contracting disputes. At other locations, the Supervising Nurse or contracting unit handles administrative functions related to outside medical services. Overall, there are few commonalities in the outside medical provider practices among the hospitals. In addition, DSH staff are often required to make multiple calls to providers to obtain medical services for a patient and secure a contract with reasonable rates. As a result, patients must wait for care or receive less timely or appropriate care, because DSH staff often cannot secure providers in a timely fashion who are willing to accept DSH patients.

Rural Hospitals

DSH faces challenges contracting with outside medical providers. The rural locations such as DSH-Coalinga and DSH-Atascadero face even greater challenges because outside medical providers are not easily accessible. This negatively impacts patient care by creating longer wait times for DSH patients to be seen and longer traveling distances for DSH patients to attend outside medical appointments. For example, DSH-Atascadero and DSH-Coalinga have difficulty finding local dialysis services for DSH patients due to their remote locations. Provider selection is often limited. Therefore, Atascadero utilizes providers who are sometimes three or more hours away. The rural locations cause a delay in care, longer wait times and limited availability. In addition, DSH-Coalinga reports a high rate of patient appointment refusals. These refusals are often due to transportation issues and the duration of time it takes to get to remote locations for offsite medical appointments. Currently, due to limited tracking and reporting mechanisms, DSH is unable to provide the actual number of refusals as a specific result of transportation issues.

Aging Population

DSH is the nation's largest inpatient mental health hospital system serving an aging population with restricted mobility and complex medical needs. As the DSH patients age, they develop chronic health conditions, driving the need for additional and higher levels of care. Over the last decade, DSH has seen an increase in the care and treatment of patients 65 and older. This population often requires advanced treatment from outside medical specialty providers. From fiscal year 2007-08 to 2019-20, the number of DSH patients served by outside medical providers, who are age 65 and over, increased by 135.1 percent (see Figure 1.1). As DSH's patient population continues to age their medical needs become more complex. Therefore, DSH anticipates the frequency and cost of outside medical services to increase.



Medical Costs and Provider Rates

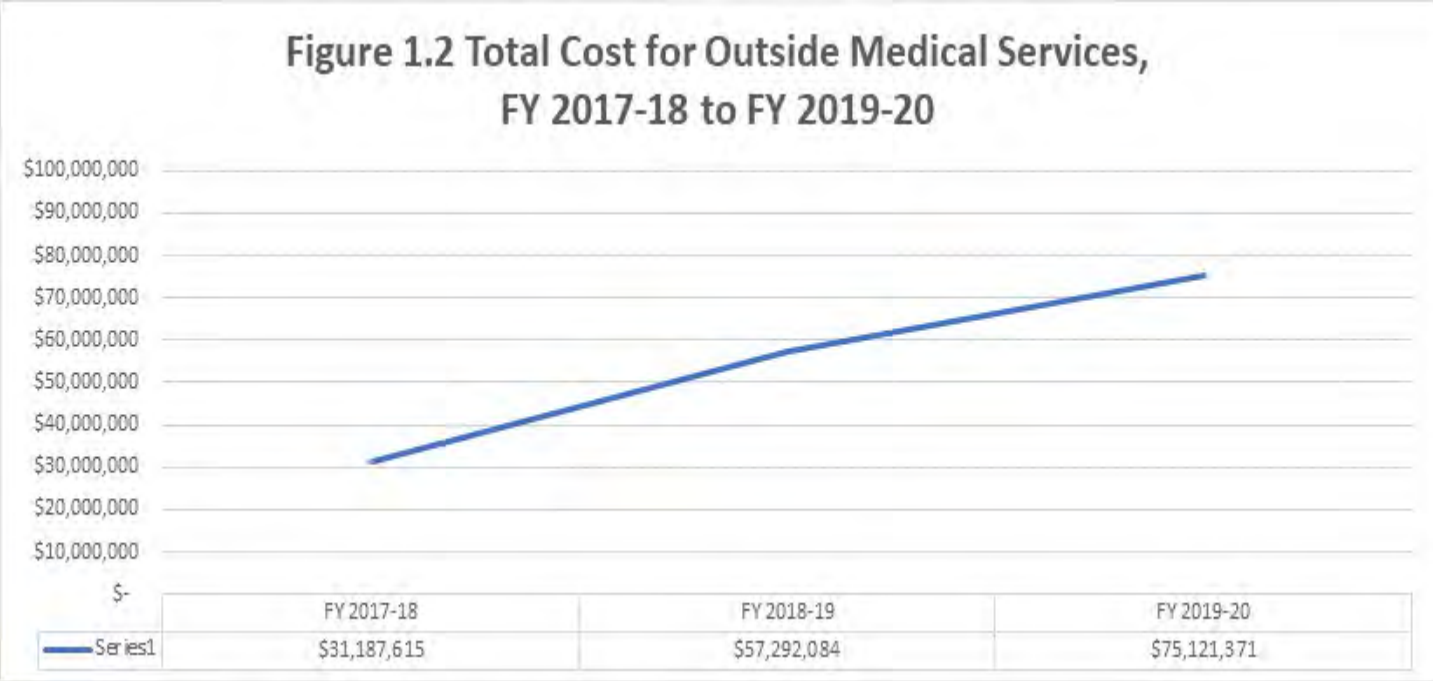
DSH uses outside medical services to improve patient treatment outcomes within DSH in ways it cannot do on its own. Due to DSH's aging patient population and complex medical needs, DSH has seen a significant increase in the amount spent on outside medical services. From FY 2017-18 to FY 2019-20, the amount spent on outside medical costs increased by 148.1 percent (see Figure 1.2). Each hospital's outside medical costs vary by locality, patient population, and patient needs. Some state hospitals are in rural areas making it difficult to obtain accessible care. Currently, due to the different levels of care provided to patients and DSH's difficulties obtaining contracts with outside medical providers, DSH often pays higher provider rates to gain greater access and

availability for specialty medical services. DSH anticipates medical costs to continue to increase as the aging population's complex medical needs increase and outside medical providers are limited.

As outside medical services are often entered into contract via a competitive bidding process, vendors can propose their fees dependent upon the solicitation. While DSH does competitively bid for statewide service contracts (i.e. all facilities have access to services under one contract or rate), this is not always feasible. However, separate solicitations often result in the same vendor pool bidding on services at DSH-Coalinga and separately for contract services at DSH-Atascadero, at different rates. Given that one facility will be billed at a higher rate, DSH is more likely to receive services, from the same provider, at one location more readily than the other.

Additionally, under Welfare Institution Code (WIC) 4101.5, DSH is permitted to directly contract with medical providers at specific rates. Physician services can directly contract at no more than 110 percent of the Medicare Fee Schedule (MFS), ambulance services at no more than 120 percent of the MFS and hospital services at no more than 130 percent. Many providers are unwilling to accept these rates, so the services must be competitively bid, which allows the vendor to propose whatever rate they think is more appropriate for their services.

Unfortunately, there is little incentive or leverage DSH can apply to encourage or require reluctant outside providers to contract with the Department. Currently, DSH contracts with providers above WIC 4101.5 contracting rates so patients have secured access to care, which in turn, creates a cost pressure to DSH budget. The Department also faces the challenge of outside providers who refuse to contract or provide non-emergency services to DSH patients, which also creates an added burden to DSH clinical staff to obtain the medical care necessary to treat our patients.



Contracting Difficulties

DSH often faces difficulties in securing local and reliable specialty medical providers for its patients. For example, the local dialysis provider in DSH-Atascadero is no longer available, so DSH patients and staff must travel some distance to obtain dialysis services or use the local hospital, which is difficult and expensive. DSH-Coalinga also has difficulty finding a local and reliable dialysis provider; they were in discussions to arrange for onsite dialysis, but the potential provider backed out.

Providers are also reluctant to see DSH patients because of the perception that DSH patients may invoke when seen by the public at community medical facilities. For the safety of DSH patients and the community, DSH forensic patients are required to be transported in handcuffs during medical

trips to community providers. Additionally, there is a stigma attached to mental health issues and some providers are unwilling to work with mental health patients.

Some providers will only see DSH patients on certain days or certain times of the day. This results in patients having to delay care until a DSH "slot" is available. This limited access and low availability of specialty providers, results in the hospitals using extreme measures such as extensive travel or paying unreasonable costs to meet the urgent needs of patients and delaying more routine care until a provider is available.

Contract providers who perform onsite services at DSH facilities are highly desired; however, these contract providers are reluctant to provide services onsite due to the controlled environment, which makes securing specialty providers increasingly difficult.

To meet DSH patients' needs, DSH medical staff, ranging from Medical Directors, Chief Physicians to Nurses, spend time attempting to find specialty providers and overcome the myriad of challenges unique to each hospital which detracts from patient care. The Department must rely on developing strong professional relationships with local providers to encourage them to serve DSH patients. DSH staff reported going to extraordinary efforts to find medical providers for DSH patients. For example, a doctor in DSH-Atascadero reported spending an entire weekend calling facilities to secure a provider for a patient.

Overall, DSH is often unable to timely obtain the full range of adequate specialty providers to serve the unique needs of its forensic patients due to onsite locality issues, offsite due to the stigma and biases around serving California's most vulnerable population and because the hospital staff have limited knowledge of and access to all the potential providers in the area.

Invoicing

DSH is not only responsible to contract with providers as needed, but each hospital is also responsible for adjudicating their outside medical provider invoices. Each hospital has their own procedure for processing outside medical invoices which is based on the uniqueness of each facility.

In FY 2017-18, DSH began using the Financial Information System for California (FI$Cal) PeopleSoft accounting system which is not a Health Information Portability Accountability Act (HIPAA) compliant system. Therefore, this system does not allow users to enter Protected Health Information (PHI), which is a challenge for DSH given 65 percent of invoices contain PHI. Since the protection of PHI is a legal requirement, DSH implemented an intermediary system to integrate with PeopleSoft while simultaneously protecting patient medical information. DSH implemented Medical Claims Processing System (MedCP) as a temporary solution. However, MedCP creates redundant and a labor-intensive workload. Between PeopleSoft and MedCP, DSH staff complete a total of eight (8) steps from receiving invoices, to notification of the Voucher ID on the adjudicated invoice.

DSH receives a significant number of invoices with provider billing issues related to duplicates, overages, inaccuracies, and unauthorized billing. The lack of staffing to provide adequate oversight and the variances between hospital practices, make the invoice process extremely cumbersome. For example, hospitals generally route invoices through multiple departments for service verification, payment calculation, payment issuance, record keeping for accounting and patient medical record and cost of care billing. More specifically the payment calculation requires staff to determine if the provider is contracted with DSH or not, the correct payment rate which includes identifying the correct service geographic location when utilizing the MFS.

Due to the inconsistent processes between departments and the complexity of the medical billing rules, payment disputes are frequent and require multiple full-time staff to complete. This complicates the ability to perform routine standard audits and utilization reviews to protect against these payment issues. DSH values being good stewards of public resources and a solution which will support this value is necessary.

Transportation

DSH spends approximately $2 million annually, (vehicle costs, security and nursing staff salaries and overtime costs) for medical transportation to escort patients to offsite medical appointments, except for DSH-Coalinga and DSH-Patton. These are the only two hospitals that currently utilize CDCR for transportation. DSH patients frequently "no show" and refuse outside medical services due to transportation logistics, which result in additional cancelation fees and increased costs for DSH. Providers cancellation fees vary and are currently not tracked due to limited reporting mechanisms.

Figure 1.3 DSH Total Medical Transportation Costs, FY 2017-18 to 2019-20

Department of State Hospitals (DSH-Metropolitan, DSH-Napa and DSH-Atascadero)				
Fiscal Year	**Medical Trips**	**Yearly Cost**	**Yearly Overtime**	**Total Yearly Cost**
2017-18	5,453	$2,100,062	$43,865	$2,143,927
2018-19	5,260	$2,063,901	$44,263	$2,108,164
2019-20	4,517	$1,949,983	$20,850	$1,970,833

Lack of Utilization Data

In addition to the patient care challenges related to serving DSH patients and the administrative challenges related to contracting and invoicing, DSH is also hampered by the limited available data by which the Department can measure and assess the level of care or service provided by outside medical providers. Current reporting mechanisms consist of manual processes or awaiting development. As a result, this poses a challenge to adequately assess basic analytics questions such as:

- What is the average wait time for obtaining outside medical appointments?
- What is the difference, by facility, in patient refusal rates between onsite and offsite appointments?
- What percentage of DSH patients receive outside medical treatment and what are their characteristics?
- Is there a difference in outcomes for patients who receive onsite specialty care vs. offsite specialty care?

In summary, there are several problems, issues, and opportunities DSH faces related to the provision of outside medical services to DSH patients which need to be addressed. To begin looking for solutions, DSH reached out to the California Correctional Health Care System (CCHCS) to identify how that department addressed similar issues. This proposal is modeled on the CCHCS's successful implementation of an external medical provider network. CCHCS implemented a Health Care Provider Network in FY 2010-11 and experienced improved access to care, long term administrative improvements and significant cost savings and cost avoidance.

C. State Level Consideration

Implementing this proven network model for delivering external medical services will better equip DSH to achieve its strategic goals, specifically:

Strategic Plan Goal #2 – Organizational and Operational Excellence, by improving the quality of services through ongoing assessment, change management and accountability and increasing organizational efficiencies within the system.

Strategic Plan Goal #3 – Innovative Treatment & Forensic Evaluation, by establishing a statewide provider network that allows for specialty providers and an abundant group of medical practitioners to choose from. Medical staff can focus on improving patient outcomes and obtaining appropriate and timely specialty care for patients.

Strategic Plan Goal #4 – Integrated Behavioral Health System, by improving system performance through innovation and increasing alignment and standardization of systems operations, policies, and processes.

D. Justification

DSH is dedicated to providing the continuity of care through innovative actions and outreach to the medical community to enhance timely access to integrated specialty medical services beyond the skills, capacity, or resources of DSH. Due to the uniqueness of DSH's patient population and geographically constrained facilities, contracting for specialty medical services continues to be a challenge for DSH. DSH's care model depends on physician accessibility to make sure that diverse medical services can be procured and made available on a timely basis to all DSH patients located throughout the state. Therefore, action is needed to remodel the way medical services outreach and contracting is performed to support a sustainable network of providers and tertiary care services are available for use by the hospitals at a fair and reasonable cost to DSH.

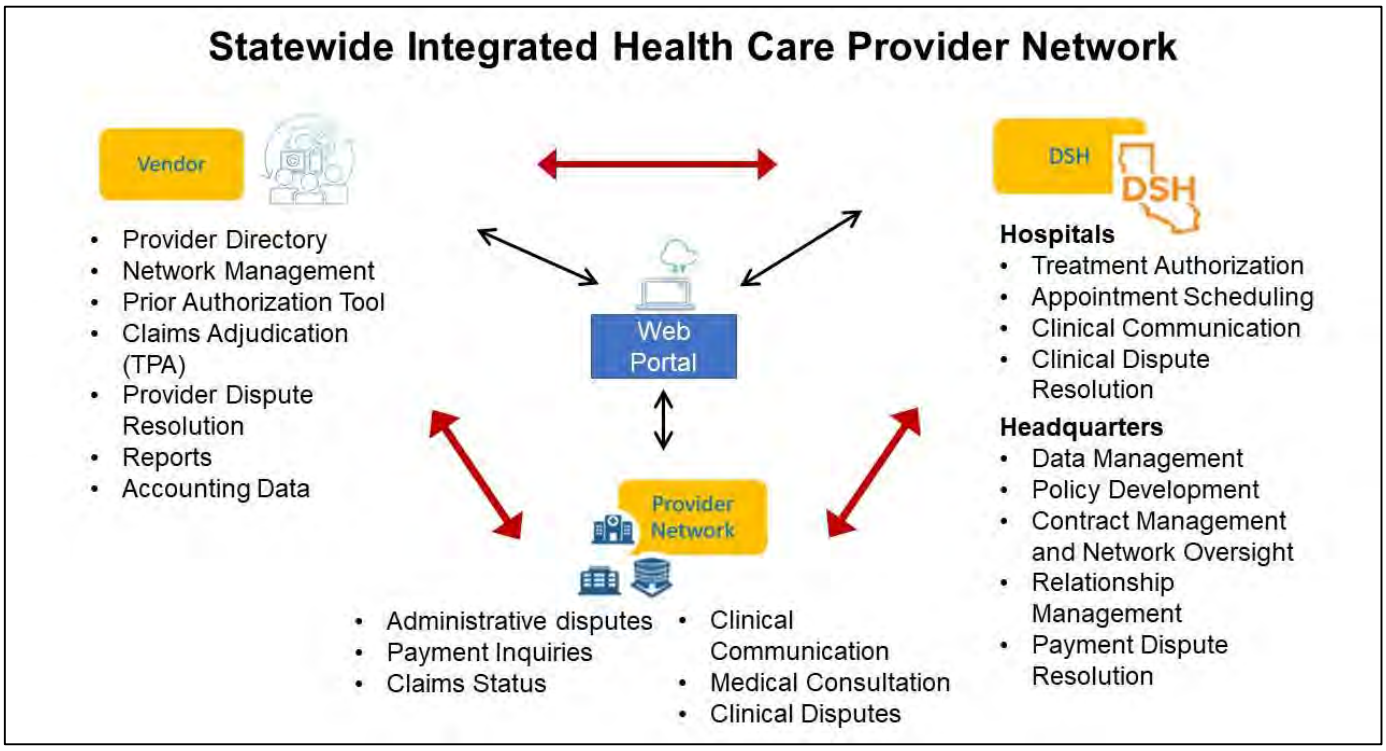
THE STATEWIDE INTEGRATED HEALTH CARE PROVIDER NETWORK

The Network addresses existing patient care issues increases, administrative and cost recovery efficiencies, and provides reliable statewide data upon which to make future care and funding decisions. Figure 1.4 shows high-level functions of the proposed Network.

What is the Statewide Integrated Health Care Provider Network?

1. Medical Provider Network
    a. Increases access to a network of outside medical providers
    b. Alleviates the stressors of each state hospital locating providers that are willing to serve DSH's patient population via negotiated contracts on DSH's behalf so that staff can focus on caring for the patients
2. Prior Authorization (PA)
    a. Provides an electronic and standardized guide to treatment protocols for patient referrals to outside medical services (though DSH clinicians will retain the ability to override)
    b. Mitigates the manual process of confirming services provided for the adjudication of invoices
3. Third-Party Administrator (TPA)
    a. Validates and adjudicates medical invoicing
    b. Mitigates / controls inaccurate and duplicative billing
    c. Verifies the invoicing matches the terms of the contract and creates a payment file that will be transmitted to DSH for SCO payment

Figure 1.4 Functions of The Network



To establish a continuum of medical care is available to patients upon need, it is critical for DSH to contract with a medical networking organization that can be utilized statewide and in remote hospital locations. To meet this objective, the following functions must be performed within The Network:

- Medical services network development and management
- Rate setting and competitive bidding
- Contract negotiations
- Provider Credentialing where appropriate
- Ongoing utilization review management and cost containment.

CCHCS addressed similar issues in FY 2010-11 for patients in the care of CDCR by implementing a contracted statewide HCPN and an internal Healthcare Invoicing Section. CCHCS experienced improved access to care, long term administrative improvements and significant cost savings and cost avoidance. With the implementation of the HCPN, CCHCS was able to report key performance indicators to assess the progress of the program, patient outcomes, access to care, utilization, and costs. Using CCHCS' contract model, the Department proposes to implement a similar program that will continue to align with the Department's mission to provide high-quality treatment and care for its patients. While the DSH's volume and outside medical costs are of a much smaller magnitude compared to CCHCS, the Department faces very similar challenges and problems.

CCHCS' model was envisioned by the Legislature in 2010 with the enactment of Senate Bill No. 853, Statutes of 2010, Chapter 717, WIC 4101.5 which states: " ...the State Department of Mental Health [amended to Department of State Hospitals in 2012] may contract with providers of health care services and health care network providers, including, but not limited to, health plans, preferred provider organizations, and other health care network managers."

With the documented challenges in mind, the following describes some of the major issues that are anticipated to be resolved by implementing this proposal. While the primary purpose for

implementing The Network is to solve the problem of providing patients with the care they need in a timely manner, DSH anticipates substantial administrative efficiencies and cost savings and avoidance that is expected to offset the ongoing cost of The Network administration.

Patient Care

California Code of Regulations (CCR) 883 states in part that DSH patients have "a right to medical care and treatment for physical ailments and conditions according to accepted clinical standards and practices." DSH strives to continuously improve treatment and care for all DSH patients while complying with statutory requirements for payments to medical service providers at established rates.

DSH uses outside medical contracts to support the health care needs of complex patient populations in ways it could not do on its own. The complication in treatment needs associated with a population that is aging and prone to various diseases and injuries, puts DSH in a significantly challenging situation to provide timely access to specialty medical services by outside medical facilities.

As shown in Figure 1.1, DSH has averaged a 135.1 percent increase in patients served by outside medical providers, age 65 and over from FY 2007-08 to FY 2019-20. Patient populations over age 65 require a higher level of specialty care and need for outside medical services, especially related to chronic diseases. In addition, age is a significant risk factor in cardiovascular disease, stroke, osteoporosis, cancer, and many more illnesses such as kidney disease. By implementing this proposal, DSH will increase the number and range of contracted specialty providers and meet the complex needs of our growing and aging population.

DSH anticipates that implementing The Network will enhance patient care outcomes for DSH patients, including:

- Expanded access to specialty services and providers, including inpatient, outpatient and tertiary care.
- Providing a single point web-portal with instant access to patient treatment outcomes.
- Providing a prior authorization tool to safeguard patients from inappropriate care.
- Confirming provider credentialing standards are met.
- Providing mobile radiology and dialysis services.
- Managing healthcare data, creating a holistic view of patient treatment.
- Improving communications with outside providers.
- Liaising between hospitals and The Network so there are no service gaps or difficulties in scheduling.
- Monitoring provider performance and verifying quality standards are met.

Administrative Efficiency

DSH currently utilizes manual processes and multiple disparate systems to record, process, retrieve and report on patient medical services. For example, currently the prior authorization of services is 100 percent manual. With a growing and aging patient population, DSH's utilization of medical services will increase and their associated manual processes will continue to remain an extremely challenging and resource intensive process.

By implementing this proposal, DSH anticipates increased administrative efficiency gained through:

Expanding the volume of providers who come onsite to perform medical clinics.

- Providing mobile units for radiology and dialysis services.

- Integrating medical utilization review, risk management and quality assurance into overall health care management.
- Utilizing online tools such as web-portals for prior authorization of services.
- Reducing patient appointment refusals and reschedules, and ultimately the associated coordination of transportation and security.
- Leveraging The Network's knowledge of the market, skill sets and specialties in negotiating and enforcing contract terms and incorporating corrective actions.
- Eliminate the use of MedCP.
- Verifying medical invoices are adjudicated and audited by the TPA in accordance with industry standards.
- Tracking and reporting medical utilization data including trends and forecasts.

With the implementation of The Network, DSH anticipates an overall reduction in the average handling time on these manual processes. This proposal will free DSH clinical and administrative staff to pursue higher-value tasks and be able to focus their efforts on areas that can directly contribute to better patient care outcomes.

Benefits of The Network

While the primary objective of DSH by this request, is to increase access to care for its patients, the Department anticipates other significant benefits by approving this request, to include the ability to:

- Deliver effective evidence-based patient care by utilizing a prior authorization tool that provides best practice and guidelines for need-driven health care.
- Reduce avoidable outside hospital admissions and emergency department visits by providing timely access to specialty care and maintaining continuity of care for patients.
- Track and classify medical expenses in a standard way across the five (5) hospitals. Currently there are inconsistencies in tracking and reporting medical utilization data across all hospitals which makes forecasting medical needs difficult and contributes to a lack of transparency in budgeting.
- Use centralized medical utilization and appeals data to make informed policy decisions.
- Reduce operating expenses that do not directly contribute to improved care, such as transportation and security costs that can be reduced by increased use of on-site clinics, telemedicine, and mobile services.
- Apply efficiency practices from other agencies such as CDCR and/or private industries.

Without approval of this request, DSH will be unable to:

- Support timely assessment of the need for health care services before the service is performed or during the care episode.
- Integrate medical utilization review, risk management and quality assurance into the overall health care management to safeguard the judicious use of DSH resources and high-quality care for DSH patients. Thus, confirming delivery of the right care at the right time, will remain an extremely resource and time intensive process.
- Employ health care utilization management program and cost avoidance process due to lack of systems and processes to support data-driven clinical decision making.
- Provide safeguards for preventing inaccurate and/or duplicate claims reimbursement.

OVERSIGHT OF THE NETWORK FUNCTIONS

Workload Analysis

The proposed positions will report to the Patient Cost Recovery Section (PCRS) and will be responsible for the healthcare payment process oversight for outside medical contracts including services provided through telemedicine and on-site mobile services.

DSH is proposing six (6) 3-year LT positions: (1) Staff Services Manager (SSM) II, (1) SSM I, (1) Health Program Specialist (HPS) I, (3) Staff Services Analyst (SSA) / Associate Governmental Program Analyst (AGPA) (see Attachment B), to support the following new functions:

- **Develop Policy and Procedures and Process Mapping Associated with The Network, TPA, and PA Processes.**
- **Develop Organizational Change Management for New Processes and Policies.**
- **Data Management** – Managing available healthcare data allows DSH to create a holistic view of patient treatment, improve communication with providers, and enhance health outcomes for DSH patients.
- **Contract management** – Monitor pending prior authorizations of outside medical specialty services to identify treatment authorizations that were pending for more than 60 days. Liaison between DSH hospitals and The Network so there are no service gaps due to lack of network provider, or difficulties in appointment scheduling. Identify high frequency and highly utilized specialty services for each hospital and establish a sustainable network of providers for those services.
    - Monitor provider performance and evaluate alternative payment options. Provide input to The Network vendor for re-pricing of network.
- **Budget Management Using Medical Utilization Data** – Track medical utilization and trends in each specialty service category. Provide insight and information on utilization trends for budget forecasting and use data-driven estimates to increase transparency in budgeting.
- **Cost Containment** – Review complex medical records and control rising costs associated with reimbursement.
- **Policy Decisions** – Analyze data and compare to existing policies and contractual terms. Provide insight to stakeholders for data-driven policy decisions.
- **Appeals and Manual Claims Oversight** – Monitor and verify timely adjudication of manual claims. Liaison between DSH hospitals and The Network to resolve clinical and administrative appeals.
- **Reimbursement Oversight** – Reduces losses and decreases overbillings.
- **Healthcare Provider Relations** – Resolves issues between the hospitals and network providers.
- **Dispute Resolution and Appeals Oversight** – Monitor, track and verify timely resolution of clinical and administrative disputes by network and non-network providers. Serve as point of contact for hospitals and The Network for communications regarding provider disputes. Communicate any service issues or concerns of DSH hospitals to The Network, related to their network providers. Seek corrective action plan and confirm plans are implemented and issues resolved. Obtain feedback from hospitals on resolution of issues.
- **Payment Quality Oversight** – At this point, the Department is not staffed and lacks centralization of data to conduct post payment audit of provider invoices, and this system advancement will provide this function. A limited analysis of prior year claims demonstrated that routine standard audits of claims as proposed in this proposal identify inaccurate

billings. The limited sample showed that DSH overpaid an average of 39 percent. Potential areas of overpayments include:

- Providers erroneously billing or performing services not ordered
- Providers not billing according to contract agreement rate
- Providers are not billing with appropriate medical billing modifiers and/or Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes

With approval of this proposal, DSH will develop the process necessary to implement an integrated health care system.

These resources are critical for DSH to be able to perform the above new functions.

E. Outcomes and Accountability

The implementation of The Network directly supports DSH's Strategic Plan Goals and Objectives by facilitating organization and operational excellence to maximize efficiencies and effectiveness, supporting positive outcomes for DSH patients. The Network is an innovative solution to the existing lack of available healthcare providers willing to serve the DSH patient population at reasonable costs. It provides for increased access to providers, mitigating the need for clinical staff to divert time spent searching for providers and eliminates the need for the Department to scramble to obtain emergency contracts when contracted specialty services are not readily available. The Network would allow the Department's clinicians to focus on providing quality patient care, which aligns with the Department's Mission: "To provide evaluation and treatment in a safe and responsible manner, by leading innovation and excellence across a continuum of care and settings."

The implementation of an industry standard network that includes PA and TPA services will provide the Department with sustainable benefits in the following areas:

Analysis of Problem

Area of Improvement	Expected Outcome	Performance Measure
Patient Care • Access • Timeliness • Utilization Management	Improved medical outreach and networking performed and maintained by an experienced provider is expected to increase access to care as well as timeliness in the provision of care. A myriad of medical services is expected to be available within specified timeframes, with minimum wait times for DSH patients by the creation of The Network. The potential increase of telemedicine and onsite services is expected to decrease patient refusal of treatment, mitigating patient health risks. Standardization of patient referral criteria directly addresses DSH's goal of operational excellence and effectiveness in patient treatment protocols.	Regular reporting from the provider will assist DSH in monitoring, assessing, and redirecting as necessary, medical provider utilization through The Network. DSH will monitor the number of available providers, per specialty, as well as available access to those providers. Fully automated workflows will be tracked and evaluated to improve upon care management and quality of care statistics. Currently, DSH does not have reliable or automated mechanisms to track the above performance measures.
Administrative Transparency and Accountability	Improved administrative effectiveness by the mitigation of DSH medical staff taking time away from patient care to locate willing and available providers. Support for data driven clinical decision-making combined with the elimination of a manual verification process for services provided. Experienced invoice adjudication contained within a singular entity for patient referrals and networked providers. Experienced contract negotiation within The Network is expected to increase the availability of providers as well as hold those providers accountable to contract terms and conditions. Integrated medical utilization review, risk management, and quality assurance into the overall health care management to verify the judicious use of DSH resources and high-quality care.	Automated workflows can be tracked and reported, providing for prior authorization verifications, financial reporting, and utilization management. Quality control reviews and reports to verify quality of care. Currently, DSH does not have reliable or standardized referral criteria and invoice adjudication is made difficult by the lack of expertise and consistency.

Analysis of Problem

Projected Outcomes
Estimated Health Care Provider Support Costs
(Dollars in Thousands)

Workload Measure	2021-22	2022-23	2023-24
Patient Care • Access • Timeliness • Utilization Management	Begin implementation of provider network and prior authorization component One-Time $3,000 Ongoing $800	Ongoing $800	Ongoing $800
Administrative Transparency and Accountability	Begin implementation of third-party administrator services One-Time $1,100 Ongoing $1,400	Ongoing $1,400	Ongoing $1,400
TOTAL COST	**Total: $6,300**	**Total: $2,200**	**Total: $2,200**

F. Analysis of All Feasible Alternatives

Alternative 1: Approve the request to implement the Statewide Integrated Health Care Provider Network (Network) and six (6) 3-year LT staff to support implementation efforts and ongoing utilization review and management.

Pros:

- Improves continuity of care and provides stable and timely access to specialty medical services for all DSH patients. Currently many of the specialty medical providers are not available to DSH patients.
- Supports the CHHSA Mission Statement of Californians having the opportunity to enjoy a high quality of life by providing continuity of care and timely access to specialty medical services to all DSH patients.
- DSH physicians and nursing staff will no longer have to spend time recruiting outside medical providers which will permit them to spend more time providing medical care to patients.
- Puts the contracting of medical providers in the hands of an entity that has leverage within the medical community.
- The Network PA will reduce the potential for unwarranted or unauthorized medical treatment.
- The Network will process invoices to meet industry standards for proper and automatic adjudication and validation of invoices, avoiding overpayments that currently exist.
- The Network will standardize the Medicare reimbursement rate for outside specialty medical services, so the payment is in alignment with WIC 4101.5, eliminating overpayments.
- Routine audits and ongoing utilization review and management reviews will be performed.
- The Network will offer telemedicine which increases medical services for patients who may be reluctant to go to outside medical appointments.
- Telemedicine will lower DSH's transportation costs.
- Mobile radiology and dialysis will reduce DSH's transportation costs.
- Establishing limited term positions provides DSH, the Department of Finance and the Legislature the opportunity to review the workload once The Network is implemented.

Cons:

- Implementing a new model for hospital staff will require change management and system training.
- Will cost the state General Fund (GF) $4.1 million in one-time costs in FY 2021-22 and $2.2 million in fixed cost for FY 2022-23 and 2023-24.

Alternative 2: Approve the request to implement The Network in two distinct phases over two fiscal years beginning in FY 2021--22 and completing implementation in FY 2022-23. The first phase implements The Network at DSH-Atascadero and DSH-Coalinga, the second phase implements The Network at DSH-Metropolitan, DSH-Napa, and DSH-Patton.

Pros:

- Atascadero and Coalinga are geographically close, implementing these two hospitals in the first phase will allow The Network to find providers in rural areas where specialty services are in need.

- Lessens start-up costs, to some extent, in year one to implement The Network by spreading out full startup costs over two fiscal years.
- Allows additional time in year two for The Network to find providers in rural areas.
- Program staff will monitor utilization reports, workload metrics, and vendor reports, to determine level of improvement during phase one of implementation, then use this information to improve processes in phase two.
- An opportunity to identify lessons learned from phase one to be applied in phase two.
- Supports the CHHSA Mission Statement of Californians having the opportunity to enjoy a high quality of life by providing continuity of care and timely access to specialty medical services to all DSH patients.

Cons:

- All hospitals will not have access to The Network for an additional year, which will adversely affect the patients in those hospitals.
- The cost of implementation will be costlier overall because the entire fixed costs and overhead of The Network will be borne by only two hospitals in year one. Therefore, the costs for The Network will be significantly higher on a per-claim basis in year one.
- The hospitals that will realize the most savings from The Network will not occur until year two.
- Very unlikely that any vendor would be willing to commence implementation for only two hospitals.

Alternative 3: Approve funding for The Network and six (6) permanent full-time staff for implementation, support, and ongoing utilization review and management.

Pros:

- Improves continuity of care and provides stable and timely access to specialty medical services for all DSH patients. Currently many of the specialty medical providers are not available to DSH patients.
- Supports the CHHSA Mission Statement of Californians having the opportunity to enjoy a high quality of life by providing continuity of care and timely access to specialty medical services to all DSH patients.
- DSH physicians and nursing staff will no longer have to spend time recruiting outside medical providers which will permit them to spend more time providing medical care to patients.
- Puts the contracting of medical providers in the hands of an entity that has leverage within the medical community.
- The Network PA will reduce the potential for unwarranted or unauthorized medical treatment.
- The Network will process invoices to meet industry standards for proper and automatic adjudication and validation of invoices, avoiding overpayments that currently exist.
- The Network will standardize the Medicare reimbursement rate for outside specialty medical services, so the payment is in alignment with WIC 4101.5, eliminating overpayments.
- Routine audits and utilization review and management reviews will be performed.
- The Network will offer telemedicine which increases medical services for patients who may be reluctant to go to outside medical appointments.
- Telemedicine will lower DSH's transportation costs.

- Mobile radiology and dialysis will reduce DSH's transportation costs.
- Establishing permanent full-time positions makes it possible to recruit highly qualified staff who would not otherwise be interested in a limited-term position.

Cons:

- Implementing a new model for hospital staff will require change management and system training.
- Will cost the state General Fund (GF) $4.1 million in one-time costs and $2.2 million in fixed cost on an ongoing basis.
- Establishing limited term positions does not provide DSH, the Department of Finance and the Legislature the opportunity to review the actual workload once the project is implemented.

Alternative 4: Status quo, maintain existing practices and contracts with specialty medical providers.

Pros:

- No additional costs for implementation.
- No organizational changes to business process.
- Contracts with specialty medical providers remain in place.

Cons:

- Access to timely specialty care will continue to be challenging for DSH.
- Timely access to appropriate medical specialties will continue to put patients' health at risk.
- Providers will continue to be reluctant to provide services to DSH patients due to the forensic environment.
- Existing systems for processing invoices will remain below industry standards for proper and automatic adjudication and validation of invoices which results in overpayments.
- DSH will be unable to perform routine audits and utilization reviews to protect against overpayments and unauthorized or inappropriate services.
- No risk management or quality assurance into overall health care to verify the judicious use of DSH resources and quality of care.
- DSH does not have the expertise to negotiate optimum rates with outside medical providers.

G. Implementation Plan

IMPLEMENTATION PLAN FOR CONTRACTED STATEWIDE INTEGRATED HEALTH CARE PROVIDER NETWORK

MILESTONE/ACTIVITY	**Estimated Start Date[2]**	**Estimated End Date**
Data gathering and change management planning	February 2019	Ongoing
Issue Request for Information (RFI)	August 16, 2019	September 6, 2019
Discussion with vendors on RFI responses	September 16, 2019	November 29, 2019
Negotiate Interagency Agreement with SCO	July 1, 2021	October 1, 2021
IT implementation/set up process for secure data transfer to vendor and SCO	September 1, 2021	October 31, 2021
Negotiate contract with selected vendor	October 2021	December 2021
Development of policy and procedures and process mapping associated with The Network, TPA, and PA processes	July 1, 2021	September 1, 2021 (With Ongoing Update)
Organizational change management for new processes and policies	September 1, 2021	October 1, 2021
Begin utilizing prior authorization system	September 1, 2021	Ongoing
Begin Implementation of the TPA Claims Payment Processes	October 1, 2021	Ongoing
Begin Utilizing Phase I Network Providers[1]	October 1, 2021	April 1, 2022
Begin Utilizing Phase II Providers	April 1, 2022	June 30, 2022
Begin Issuing Utilization and Cost Reports	January 2022	Ongoing

[1] DSH anticipates implementing The Network in two phases by building 60 percent of The Network in phase I and the remaining in phase II. This two-phased approach allows DSH to utilize The Network as soon as 60 percent of the desired network is available, providing access for DSH patients while The Network works to negotiate with specialties and providers that are difficult to procure in phase II.

[2] These are anticipated timeframes and may be adjusted as needed.

IMPLEMENTATION PLAN FOR STAFFING

MILESTONE/ACTIVITY	Estimated Start Date	Estimated End Date
Begin recruitment of six limited term positions	June 1, 2021	July 15, 2021
Hire staff and begin training on roles in supporting the Network	July 1, 2021	September 30, 2021
Develop of policy and procedures and process mapping associated with The Network, TPA, and PA processes	July 1, 2021	September 1, 2021 (With Ongoing Update)
Organizational change management for new processes and policies	September 1, 2021	October 1, 2021
Begin implementing and utilizing The Network and TPA	October 1, 2021	Ongoing
Develop utilization and cost report metrics	October 1, 2021	Ongoing
Analyze utilization management and cost reports for cost containment metrics, budgeting, and forecasting	October 1, 2021	Ongoing

H. Supplemental Information

Attachment A – BCP Fiscal Detail Sheet

Attachment B – Proposed Org Chart

I. Recommendation

DSH recommends the approval of Alternative 1, which will provide the funding necessary for the Department to contract for a Statewide Integrated Health Care Provider Network including prior authorization and third-party administration services to support continuity of care and provide stable and timely access to specialty, quality medical services for patients at an affordable cost.

This alternative requires $6.3 million and 6.0 LT positions, of which $4.1 million are one-time costs to build and implement The Network, which includes, but is not limited to provider outreach, contract negotiations, credentialing and onboarding and training, and $1.4million are 3 year per claim costs for processing claims, maintaining the provider network and maintaining the prior authorization tool and $850,000 are costs for staffing.

This alternative requesting two-year temporary funding for these ongoing costs until potential cost savings can be quantified and actualized. DSH requests the staffing to support network efforts and ongoing utilization review and management.

Attachment A: BCP Fiscal Detail Sheet

BCP Title: Statewide Integrated Health Care Provider Network

BR Name: 4440-108-BCP-2021-MR

Budget Request Summary

Personal Services

Budget Request Summary	**CY**	**BY**	**FY21 BY+1**	**BY+2**	**BY+3**	**BY+4**
Personal Services						
Positions - Permanent	0.0	6.0	6.0	6.0	0.0	0.0
Total Positions	**0.0**	**6.0**	**6.0**	**6.0**	**0.0**	**0.0**
Salaries and Wages						
Earnings - Permanent	0	458	458	458	0	0
Total Salaries and Wages	**$0**	**$458**	**$458**	**$458**	**$0**	**$0**
Total Staff Benefits	0	292	292	292	0	0
Total Personal Services	**$0**	**$750**	**$750**	**$750**	**$0**	**$0**
Operating Expenses and Equipment						
5301 - General Expense	0	48	48	48	0	0
5304 - Communications	0	6	6	6	0	0
5320 - Travel: In-State	0	6	6	6	0	0
5324 - Facilities Operation	0	30	30	30	0	0
5340 - Consulting and Professional Services - Interdepartmental	0	1,400	1,400	1,400	0	0
5340 - Consulting and Professional Services - External	0	4,100	0	0	0	0
5346 - Information Technology	0	6	6	6	0	0
Total Operating Expenses and Equipment	**$0**	**$5,596**	**$1,496**	**$1,496**	**$0**	**$0**
Total Budget Request	**$0**	**$6,346**	**$2,246**	**$2,246**	**$0**	**$0**
Fund Summary						
Fund Source - State Operations						
0001 - General Fund	0	6,346	2,246	2,246	0	0

Analysis of Problem

Total State Operations Expenditures	**$0**	**$6,346**	**$2,246**	**$2,246**	**$0**	**$0**
Total All Funds	**$0**	**$6,346**	**$2,246**	**$2,246**	**$0**	**$0**

Program Summary

Program Funding						
4400010	- Headquarters Administration	0	2,240	2,240	2,240	0	0
4400020	- Hospital Administration	0	4,106	6	6	0	0
Total All Programs		**$0**	**$6,346**	**$2,246**	**$2,246**	**$0**	**$0**

Analysis of Problem

BCP Title: Statewide Integrated Health Care Provider Network **BR Name: 4440-108-BCP-2021-MR**

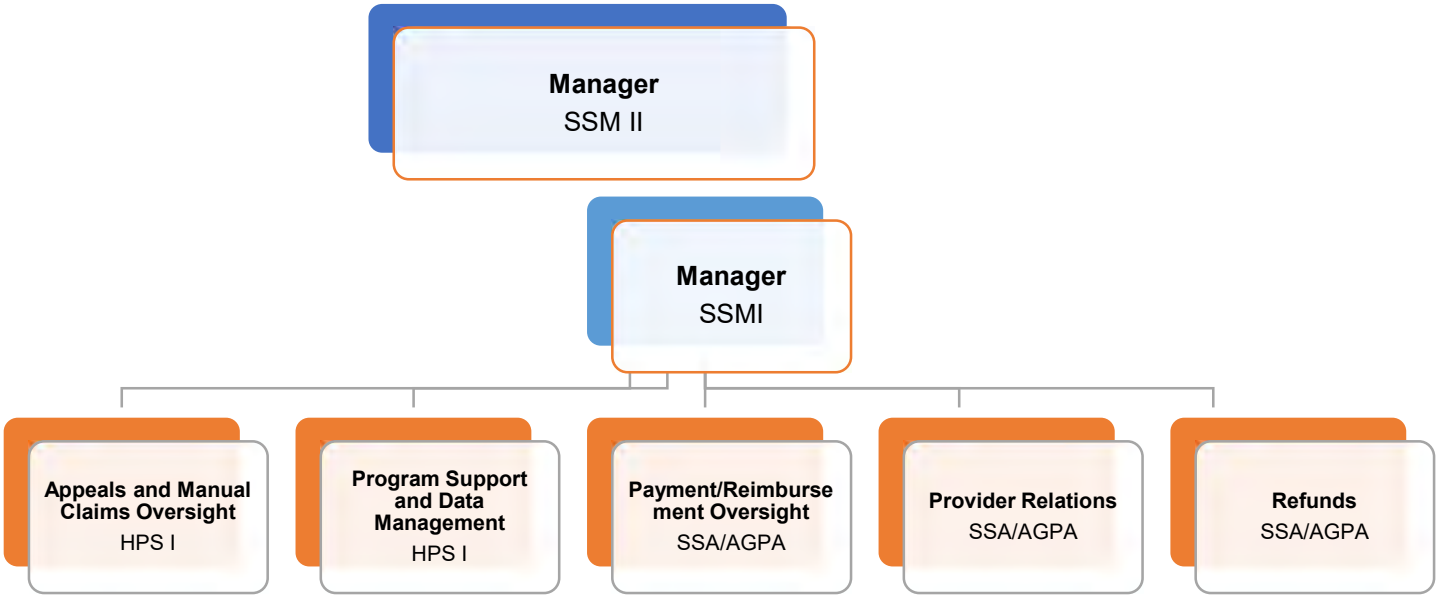
Personal Services Details

Salary Information

Positions		Min	Mid	Max	CY	BY	BY+1	BY+2	BY+3	BY+4
4800	- Staff Svcs Mgr I				0.0	1.0	1.0	1.0	0.0	0.0
4801	- Staff Svcs Mgr II (Supvry)				0.0	1.0	1.0	1.0	0.0	0.0
5393	- Assoc Govtl Program Analyst				0.0	3.0	3.0	3.0	0.0	0.0
8338	- Hlth Program Spec I				0.0	1.0	1.0	1.0	0.0	0.0
Total Positions					**0.0**	**6.0**	**6.0**	**6.0**	**0.0**	**0.0**

Salaries and Wages		CY	BY	BY+1	BY+2	BY+3	BY+4
4800	- Staff Svcs Mgr I	0	82	82	82	0	0
4801	- Staff Svcs Mgr II (Supvry)	0	90	90	90	0	0
5393	- Assoc Govtl Program Analyst	0	210	210	210	0	0
8338	- Hlth Program Spec I	0	76	76	76	0	0
Total Salaries and Wages		**$0**	**$458**	**$458**	**$458**	**$0**	**$0**
Staff Benefits							
5150200	- Disability Leave - Industrial	0	6	6	6	0	0
5150210	- Disability Leave - Nonindustrial	0	2	2	2	0	0
5150350	- Health Insurance	0	21	21	21	0	0
5150450	- Medicare Taxation	0	7	7	7	0	0
5150500	- OASDI	0	28	28	28	0	0
5150600	- Retirement - General	0	135	135	135	0	0
5150800	- Workers' Compensation	0	21	21	21	0	0
5150820	- Other Post-Employment Benefits (OPEB) Employer Contributions	0	12	12	12	0	0
5150900	- Staff Benefits - Other	0	60	60	60	0	0
Total Staff Benefits		**$0**	**$292**	**$292**	**$292**	**$0**	**$0**
Total Personal Services		**$0**	**$750**	**$750**	**$750**	**$0**	**$0**

Attachment B: Proposed Section Organization Chart



STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 10/20)

Fiscal Year	Business Unit	Department	Priority No.
2021-22	4440	Department of State Hospitals	N/A

Budget Request Name	Program	Subprogram
4440-074-BCP-2021-MR	4400 – ADMINISTRATION 4410 – STATE HOSPITALS	4400010–HEADQUARTERS ADMIN 4410010–ATASCADERO 4410020–COALINGA 4410030–METROPOLITAN 4410040–NAPA 4410050–PATTON

Budget Request Description

COVID-19 Workers' Compensation (SB 1159)

Budget Request Summary

The Department of State Hospitals (DSH) requests $16.5 million General Fund in fiscal year (FY) 2021-22, $14.4 million General Fund in FY 2022-23, $14.7 million General Fund in FY 2023-24, and $16 million General Fund in FY 2024-25, and 7.0 limited-term positions for workers' compensation costs related to the 2019 novel coronavirus disease (COVID-19). This request also includes Budget Bill Language to provide augmentation authority related to costs associated with Senate Bill (SB) 1159.

Requires Legislation	Code Section(s) to be Added/Amended/Repealed
☐ Yes ☒ No	

Does this BCP contain information technology (IT) components? ☐ Yes ☒ No *If yes, departmental Chief Information Officer must sign.*	Department CIO	Date

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.

Project No. **Project Approval Document:** **Approval Date:**

If proposal affects another department, does other department concur with proposal? ☐ Yes ☐ No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By	Date	Reviewed By	Date
Department Director	**Date**	**Agency Secretary**	**Date**

Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☐ ITCU ☐ FSCU ☐ OSAE ☐ Dept. of Technology

PPBA	Date submitted to the Legislature

Analysis of Problem

A. Budget Request Summary

DSH requests $16.5 million General Fund in FY 2021-22, $14.4 million General Fund in FY 2022-23, $14.7 million General Fund in FY 2023-24, and $16 million General Fund in FY 2024-25, and 7.0 limited-term positions for workers' compensation costs related to COVID-19. This request also includes Budget Bill Language to provide augmentation and reversion authority related to costs associated with SB 1159. This request will provide additional funding for (1) the increased volume of claims related to COVID-19 and (2) enable DSH to meet tighter time constraints required by Chapter 85, Statutes of 2020 (SB 1159) in processing and evaluating workers' compensation claims and return-to-work activities.

B. Background/History

SB 1159 creates a rebuttable presumption, until January 1, 2023, that an employee's illness or death resulting from COVID-19, arose out of and in the course of employment and is compensable under workers' compensation if the employee is a specified front-line employee, or if the place of employment experiences an outbreak of COVID-19. It also makes a claim relating to a COVID-19 illness presumptively compensable after 30 or 45 days, rather than 90 days, which means the claim is presumed to be work-related unless evidence is presented to the contrary within the first 30 or 45 days.

DSH oversees five state hospitals (Atascadero, Coalinga, Metropolitan, Napa, and Patton) and employs nearly 13,000 staff. Additionally, DSH provides services in jail-based competency treatment (JBCT) programs and conditional release (CONREP) programs throughout the 58 counties. In FY 2019-20, DSH served 10,962 patients within state hospitals and jail-based facilities, with average daily census of 6,143 and 333 respectively. The CONREP program maintains an average daily census of approximately 650.

DSH strives to facilitate the successful treatment and reintegration of the individuals in its care back to their communities equipped with the tools to be mentally fit, drug-free, healthy, and employable members of society by providing education, trade skill, and treatment programs. All workers' compensation claims are processed and managed by DSH and the State Compensation Insurance Fund (SCIF) with all return-to-work functions processed by DSH.

On May 6, 2020, Governor Newsom issued Executive Order N-62-20, which created a rebuttable workers' compensation presumption for all "essential" employees in California. Similar to SB 1159, the trigger for the presumption is either a positive test for COVID-19 or a doctor's diagnosis of COVID19, followed up by a positive COVID-19 test within 30 days of the initial diagnosis. Additionally, the employee must show they performed labor or services at their place of employment at the employer's direction on or after March 19, 2020. The workers' compensation presumption created by the Executive Order extended from March 19, 2020 to July 5, 2020.

C. State Level Consideration

DSH will be significantly impacted by SB 1159 as it provides 24-hour care and treatment for patients in congregate living facilities and has experienced a significant number of employees test positive for COVID-19 to date. As of February 16, 2021, the State of California has submitted 9,229 COVID-19 claims to SCIF, of those reported, 1,531 are DSH COVID-19 workers' compensation claims, or approximately sixteen and one-half percent of the total COVID-19 claims.

D. Justification

Increase in COVID-19 Related Workers' Compensation Claims

As of February 16, 2021, DSH has reported 1,531 COVID-19 workers' compensation claims to SCIF. This equates to about 255 COVID-19 claims per each of the six Locations (five Hospitals and Sacramento Headquarters) or about 139 COVID-19 claims per month system-wide. The quantity of COVID-19 specific claims have more than doubled the number of workers' compensation claims processed by DSH, which typically averages approximately 125 new claims per month statewide. Claims for COVID-19 require Return to Work Coordinators (RTWC) to gather a substantial amount of background evidence within a shortened timeframe to provide to SCIF, in order for SCIF to make an informed compensability (accept/deny) decision on each COVID-19 claim. The referenced timeline has been shortened to a 30 or 45-day requirement per the language in SB 1159, whereas previously a 90-day timeline was used. The increase in cases as a result of COVID-19 as well as the shortened timelines has exacerbated workload for the RTWCs which process these claims.

Additional workload impacts are detailed in SB 1159, Section 3212.88, which creates a requirement for DSH to report to SCIF data relevant to whether an outbreak of COVID-19 has occurred in a particular DSH location. SCIF must interpret the data and apply the compensable presumption for COVID-19. These impacts are similar to that of the other code sections because the number of claims will be increased and timeframes shortened, but Section 3212.88 creates the additional task of reporting data on a continual basis to determine whether the threshold is triggered for an outbreak within any given 14-day window. These reporting requirements will create an ongoing need for an allocation of resources to compile and report the relevant data and to compensate for claims which qualify under this section of the new presumption statutes.

With respect to the projected compensation for COVID-19 claims, DSH anticipates submitting approximately 555 claims for COVID-19 each fiscal year for 2020-21 and 2021-22, and 278 claims for the partial fiscal year 2022-23, for a total of 1,388 COVID-19 claims through the applicable reporting period under SB 1159. This assumption is based on six months of data (1,109 claims) carried forward for 12 months (2,218 claims), with a reduction applied due to the increase of therapeutics and vaccine distribution. The estimated cases are further broken out and categorized based on severity (Minor 67%; Moderate 30%; Severe 3%), which is based on observations of COVID-19 claims made by SCIF. The department estimates the 555 annual claim submissions to be categorized as follows: 372 minor (67 percent); 166 moderate (30 percent); and 17 severe (three (3) percent). Expense types and amounts of costs vary in each category and increase based on the severity of the case. Additionally, DSH estimates two deaths per Fiscal Year due to COVID-19.

Included in the projected annual costs are medical costs and fees, Death Benefits each year. Additionally, there are other costs associated with each claim, such as temporary disability, industrial disability liability, discovery/deposition costs, and other legal expenses. To note, the projected settlements for claims are assumed to steadily increase throughout the four years, as payouts of $290 per week are compounded over several years and can extend for fifteen years or more (life expectancy) for severe cases. As additional cases are filed each year, the number of payouts DSH makes will proportionately increase. Please see Attachment B for a breakdown of the projected costs.

Given the high degree of uncertainty about the quantity and costs of claims, DSH requests the inclusion of Budget Bill Language to permit funding increases for this purpose, subject to 30-day Joint Legislative Budget Committee notification. If funding remains unspent, the Budget Bill Language will also stipulate the reversion of funding to the General Fund. To the extent some of the severe claims continue into future years, DSH may pursue additional funding for FY 2025-26 and beyond. Please see Attachment C for the proposed provisional language.

Increase in Volume and Change in Mandated Timeline of Return to Work Activities

Currently, each DSH location has at least two RTWCs. These staff provide return-to-work services for both non-industrial and workers' compensation-related cases/claims. Due to the COVID-19 pandemic, the RTWC role has experienced an increase in workload, including, but not limited to: responding to employee and management questions related to COVID-19; assisting employees who have been ordered to quarantine, isolate, or who have tested positive for COVID-19; reviewing medical notes; processing limited-term light duty and/or temporary modified work assignments as result of COVID-19; engaging with employees who assert they are high-risk and unable to work on-site; and assisting with inquiries regarding Families First Coronavirus Response Act benefits.

Further, it is anticipated some employees may experience long-term residual effects from COVID-19 which may prevent them from returning to work in their classification, which requires other return-to-work options such as disability retirements, medical transfers, demotions, or resignation. Each of these RTWC functions requires detailed analyses of each individual employee's health factors, restrictions/limitations, work history, comparable classification reviews, vacancy reviews, and essential functions reviews. Employees are able to appeal options and decisions determined by RTWCs and hiring authorities, which can extend the workload impact on RTWCs. Lastly, it is anticipated RTWC workload will extend long after the expiration of SB 1159, as employees must reach their maximum medical improvement before final determinations can be made, which can extend for long periods of time. The average timeline for maximum medical improvement to be declared is 102 weeks or approximately two years.

As the workload analysis details, COVID-19 claims result in an estimated result in an estimated 12,894 hours of work for each fiscal year. Due to the increased workload for COVID-19 return-to-work activities and to assist with the fluctuating COVID-19 return-to-work needs within the hospitals, DSH requests $969,000 for 7.0 positions which will be designated as a strike team in DSH headquarters. The requested positions are 1.0 Staff Services Manager III and 6.0 Associate Governmental Program Analysts. Funding and positions for the strike team will be limited term through FY 2024-25. By having the team report to headquarters, it allows DSH the flexibility to dispatch the strike team members to triage any field locations with active needs due to increased COVID-19 cases and workload. As field locations experience increases, the assigned Strike Team member will remotely pull workload from the specific field location and provide critical support. Once workload decreases at the assigned field location and cases have returned to normal levels, the Strike Team member will be reassigned to support the next field location with increased cases and workload. Please see Attachment D for the workload analysis associated with the Strike Team.

E. Outcomes and Accountability

DSH will hire the requested positions to ensure compliance with the increased reporting and shortened timeframe requirements as detailed in SB 1159. DSH will utilize the requested funding to pay out the projected increases of claims as a result of COVID-19 and SB 1159.

F. Analysis of All Feasible Alternatives

Alternative 1: Provide $16.5 million General Fund in FY 2021-22, $14.4 million General Fund in FY 2022-23, $14.7 million General Fund in FY 2023-24, and $16 million General Fund in FY 2024-25, and 7.0 limited-term positions for workers' compensation costs related to COVID-19. This request will provide additional funding for (1) the increased volume of claims related to COVID-19 and (2) enable DSH to meet tighter time constraints required by Chapter 85, Statutes of 2020 (SB 1159) in processing and evaluating workers' compensation claims and return-to-work activities.

Pros:

- Provides DSH the necessary funding for workers' compensation costs as a result of COVID-19 related claims.
- Provides necessary positions to process workers' compensation claims as a result of COVID-19, report required information to SCIF within the identified timeframes and support ongoing return to work functions for DSH.

Cons:

- Results in additional General Fund resources.

Alternative 2: Maintain Status Quo

Pros:

- Does not require any General Fund costs.

Cons:

- Creates an unfunded liability for DSH.
- Claims inventory reduction practices will suffer due to the workload imposed by SB 1159.DSH will not have the necessary positions to process workers' compensation claims as a result of COVID-19, report required information to SCIF within the identified timeframes and support ongoing return-to-work functions.

G. Implementation Plan

Implementation of SB 1159 was effective September 17, 2020. DSH is actively refining its internal workers' compensation claims tracking process and has identified a proposed item where COVID-19 specific claims will be coded for cost tracking per this request. DSH will hire positions effective July 1, 2021, pending budget approval. The internal COVID-19 claims tracking will be implemented as soon as possible, with cost coding to the proposed budget line item effective July 1, 2021, pending budget approval.

H. Supplemental Information

Attachment A – BCP Fiscal Detail Sheet

Attachment B – Workers' Compensation Costs

Attachment C – SB 1159 – Proposed Budget Bill Language

Attachment D – DSH Workload Analysis

Attachment D – Proposed Organization Structure

I. Recommendation

DSH recommends approval of alternative 1 for workers' compensation costs related to COVID-19. This request will provide additional funding for (1) the increased volume of claims related to COVID-19 and (2) enable DSH to meet tighter time constraints required by Chapter 85, Statutes of 2020 (SB 1159) in processing and evaluating workers' compensation claims and return-to-work activities.

Attachment A: BCP Fiscal Detail Sheet

BCP Title: COVID-19 Workers' Compensation (SB 1159)

BR Name: 4440-074-BCP-2021-MR

Budget Request Summary

	CY	BY	BY+1	BY+2	BY+3	BY+4
Personal Services						
Positions - Permanent	0.0	7.0	7.0	7.0	7.0	0.0
Total Positions	0.0	7.0	7.0	7.0	7.0	0.0
Salaries and Wages						
Earnings - Permanent	0	522	522	522	522	0
Total Salaries and Wages	$0	$522	$522	$522	$522	$0
Total Staff Benefits	0	15,855	13,732	14,050	15,345	0
Total Personal Services	$0	$16,377	$14,254	$14,572	$15,867	$0
Operating Expenses and Equipment						
5301 - General Expense	0	56	56	56	56	0
5304 - Communications	0	7	7	7	7	0
5320 - Travel: In-State	0	7	7	7	7	0
5324 - Facilities Operation	0	35	35	35	35	0
5346 - Information Technology	0	7	7	7	7	0
Total Operating Expenses and Equipment	$0	$112	$112	$112	$112	$0
Total Budget Request	$0	$16,489	$14,366	$14,684	$15,979	$0
Fund Summary						
Fund Source - State Operations						
0001 - General Fund	0	16,489	14,366	14,684	15,979	0
Total State Operations Expenditures	$0	$16,489	$14,366	$14,684	$15,979	$0
Total All Funds	$0	$16,489	$14,366	$14,684	$15,979	$0
Program Summary						
Program Funding						
4400010 - Headquarters Administration	0	16,482	14,359	14,677	15,972	0
4400020 - Hospital Administration	0	7	7	7	7	0
Total All Programs	$0	$16,489	$14,359	$14,684	$15,979	$0

Salary Information

Positions		Min	Mid	Max	CY	BY	BY+1	BY+2	BY+3	BY+4
4802	- Staff Svcs Mgr III				0.0	1.0	1.0	1.0	1.0	0.0
5393	- Assoc Govtl Program Analyst				0.0	6.0	6.0	6.0	6.0	0.0
Total Positions					0.0	7.0	7.0	7.0	7.0	0.0

Salaries and Wages		CY	BY	BY+1	BY+2	BY+3	BY+4
4802	- Staff Svcs Mgr III	0	105	105	105	105	0
5393	- Assoc Govtl Program Analyst	0	417	417	417	417	0
Total Salaries and Wages		$0	$522	$522	$522	$522	$0
Staff Benefits							
5150200	- Disability Leave - Industrial	0	7	7	7	7	0
5150210	- Disability Leave - Nonindustrial	0	2	2	2	2	0
5150350	- Health Insurance	0	24	24	24	24	0
5150450	- Medicare Taxation	0	8	8	8	8	0
5150500	- OASDI	0	32	32	32	32	0
5150600	- Retirement - General	0	154	154	154	154	0
5150700	- Unemployment Insurance	0	1	1	1	1	0
5150800	- Workers' Compensation	0	15,544	13,421	13,739	15,034	0
5150820	- Other Post-Employment Benefits (OPEB) Employer Contributions	0	14	14	14	14	0
5150900	- Staff Benefits - Other	0	69	69	69	69	0
Total Staff Benefits		$0	$15,855	$13,732	$14,050	$15,345	$0
Total Personal Services		$0	$16,377	$14,254	$14,572	$15,867	$0

Attachment B

California Department of State Hospitals
SB 1159 – Workers' Compensation Claims Costs

Medical and State Fund Costs

Case Category	Estimated Cases[1]	Cost per Test	Treatment Cost[2]	Emergency Room Cost	Hospital Inpatient Cost[3]	State Fund Fees[4]	Subtotal
Minor (67%)	372	$ -	$600	$ -	$ -	$ -	$223,200
Moderate (30%)	166	$ -	$1,800	$ 5,000	$ -	$4,173	$1,821,518
Severe (3%)	17	$ -	$30,000	$ 5,000	$250,000	$4,173	$4,915,491
Subtotal	555						$6,960,659

Annual Claims Settlement Costs

Case Category	Settlement Cases[5]	$290 per Week[6]	Years to Fully Pay Out	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
Minor (15%)	56	$15,080	0.25	$211,120	$211,120	$211,120	$211,120
Moderate (100%)	166	$15,080	4.00	$2,503,280	$5,006,560	$7,509,840	$10,013,120
Severe (100%)	17	$15,080	12.00	$256,360	$512,720	$769,080	$1,025,440
Subtotal	239			$2,970,760	$5,730,400	$8,490,040	$11,249,680

Additional Annual Claims Costs

Description	Estimated Cases	Cost	Total
Temporary Disability/Industrial Disability Liability[7]	555	$5,058	$2,804,661
Medical-Legal Expenses[8]	328	$5,000	$1,640,000
Discovery/Deposition Expenses[9]	67	$2,500	$167,500
Subtotal			$4,612,161

[1] The total estimated cases are based on six months of data (1,109 claims) carried forward for 12 months (2,218 claims), with a reduction applied due to the increase of therapeutics and pending vaccine. The estimated cases are further broken out and categorized based on severity (Minor 67%; Moderate 30%; Severe 3%), which is estimated based on observations of COVID-19 claims made by State Fund.

[2] Treatment costs are expected to be required for each claim and vary based on case category. The estimates used in this table were extracted from Covered California's Policy/Actuarial Brief (March 22, 2020), page 6.

[3] DSH estimates lengthy or extended hospital stays will be required for Severe case claims.

[4] State Fund charges fees for Moderate and Severe case category claims. The estimated fees are based on current State Fund fees DSH pays for these claims.

[5] DSH estimates a percentage of each case will settle based on historical claims data for injuries with similar severity.

[6] Permanent Disability due to a claimant weekly. This is weekly payment is $290

[7] Each claim will be eligible for this benefit, which is paid at full Weekly Wage for the first 22 days, and 2/3 Weekly Wage up to a total of 104 weeks that a claimant is off work due to injury. Estimate was acquired through average Weekly Wage ($1,600) and 2/3 Weekly Wage for historical COVID-19 claimant's with positive tests and accepted claims. The average Days off work for these claimant's averaged 26 days or $5,058 per claim.

[8] The amount of medical-legal expenses is estimated for a percentage of each case category (50% Minor; 70% Moderate; 100% Severe), based on historical claims data for cases with similar severity.

[9] The amount of discovery/deposition expenses is estimated at 12% of the projected total of 1,774 claims annually, based on historical claims data for cases requiring litigation (10% plus an additional 2% estimated for additional litigation anticipated for COVID-19 related injuries).

Annual Death Benefits Costs

Description	Estimated Cases	Cost	Total
Death Benefits[10]	2	$500,000	$1,000,000
Subtotal			$1,000,000

Total Annual Claims Costs Projection by Fiscal Year

Description	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
Medical and State Fund Costs	$6,960,659	$3,480,330	$1,740,165	$696,066
Annual Claims Costs	$2,970,760	$5,730,400	$8,490,040	$11,249,680
Additional Annual Claims Costs	$4,612,161	$3,209,831	$2,508,665	$2,087,966
Annual Death Benefits Costs	$1,000,000	$1,000,000	$1,000,000	$1,000,000
Grand Total	$15,543,580	$13,420,560	$13,738,870	$15,033,712

[10] There have been 5 employee deaths reported as a result of COVID-19 since the start of the pandemic. DSH estimates another 2 deaths per Fiscal Year due to increase of therapeutics and pending vaccine.

Attachment C

California Department of State Hospitals
SB 1159 – Proposed Budget Bill Language

Item 4440-011-0001

14. The funds appropriated in this item shall be used only to support workers' compensation claims pursuant to Chapter 85, Statutes of 2020 (Senate Bill 1159). Upon approval of the Department of Finance, the amount available for expenditure in this item may be adjusted for necessary workers' compensation expenditures and state operations resources necessary to process the claims. Any augmentation shall be authorized not sooner than 30 days after notification in writing to the chairperson of the Joint Legislative Budget Committee. Any unspent funds at the end of the 2021-22 fiscal year shall revert to the General Fund. Notwithstanding Section 26.00, the funds appropriated in this item may be transferred between schedules. Any transfer requires the prior approval of the Department of Finance.

Attachment D

Limited Term Staff Services Manager III (461-212-4802-xxx)				
Specific Task	***Hours Required To Accomplish***	***Frequency of Task (Monthly)***	**Months**	***Total Hours Projected (Annually)***
Provide guidance to Return-to-Work managers, supervisors and staff in the analysis, interpretation and application of government codes, laws, rules, and regulations, Memorandum of Understanding, court and state agency decisions, and policies and guidelines that apply to or impact the development, maintenance, and enhancement of the department's return to work programs.	1.00	12	12	144
Routinely consult and provide direction to departmental supervisory and management level staff regarding return-to-work issues as a subject matter expert in all areas of workers' compensation and return to work. Manage ongoing projects and assignments relating to subjects affecting the Return-To-Work Program. In consultation with the Chief of HR, develop strategic and operational plans to meet organizational objectives.	3.00	15	12	540
Coach and direct the work of Staff Services Managers I and II who are responsible for all return-to-work functions. Ensure all workers' compensation claims filed by injured employees are processed in accordance with State Fund and internal department guidelines and policies.	1.00	3	12	36
Oversee COVID-19 related tasks, provides consultation to staff regarding: • Guidelines review, research, and revisions. • Assisting employees who have been ordered to quarantine or isolate, tested COVID positive, ordered to re-test. • Legislative analysis related to COVID. • Employee and Management questions related to COVID. • Reviewing medical notes, request for telework. • Limited Term Light Duty Assignments and Temporary Modified Work Assignments related COVID. • Engaging with employees considered high-risk. • Assisting with new Executive Orders related to COVID (Families First Coronavirus Response Act, etc.) • Additional tracking solutions.	15.00	4	12	720
Participate in work group and high-level departmental meetings. Oversee and coordinate the development and review of data and statistical information and provides timely data analysis and summary reports to top management, complete special assignments as requested.	2.00	4	12	96
Participate in the interactive process with employees and management, including, but not limited to, face-to-face meetings, telephone calls, and written correspondence to discuss options and return to work plans.	1.50	35	12	630
TOTAL HOURS PROJECTED ANNUALLY				**2,166**
TOTAL HOURS PROJECTED ANNUALLY: 1,776 (hours/1,776 = PYs)				
TOTAL POSITIONS NEEDED				**1.2**

Limited Term Associate Governmental Program Analyst (461-212-5393-xxx)				
Specific Task	***Hours Required To Accomplish***	***Frequency of Task (Monthly)***	**Months**	***Total Hours Projected (Annually)***
Process Medical Personnel Actions including, but not limited to, communication through the interactive process with injured employees off work, review medical notes, restrictions or limitations that may interfere with the injured employee's essential functions, research and identify available positions for medical transfers or demotions, consult with DSH Legal, Human Resources, and Office of Human Rights to ensure proposed accommodations and Medical Personnel Action conforms to state and federal laws, assist the Hiring Authority in arranging for medical transfer or demotion.	4.00	12	12	576
Process Fitness-for-Duty evaluations including, but not limited to, determining if it is appropriate, identifying appropriate evaluator, scheduling appointment, preparing appointment letter and cover letter, review Fitness-for-Duty results, development case plan based upon results, and process invoice for payment.	4.00	12	12	576
Process Limited Term Light Duty Assignments and Temporary Modified Work Assignments including, but not limited to, reviewing medical restrictions, discussing accommodation options with injured employees and managers. Prepare documents to formalize Limited Term Light Duty Assignments and Temporary Modified Work Assignments.	1.00	70	12	840
Process Reasonable Accommodations including, but not limited to, reviewing medical restrictions, researching accommodation solutions, discussing accommodation options with employees and managers, and preparing documents to formalize Reasonable Accommodations.	4.00	12	12	576
Facilitate the interactive process with employees and management, including, but not limited to, issuing options letter, face-to-face meetings, telephone calls, and written correspondence to discuss options and return to work plans. Prepares correspondence including, but not limited to, options letters, physician clarification letters, leave of absence approval/denial, and reasonable accommodation determinations.	1.00	110	12	1320
Review settlement authority requests, supporting medical reports and permanent disability rating reports from State Fund are appropriate and accurate. Prepare and provide settlement recommendations to executive management regarding settlement requests.	2.00	35	12	840
Report to State Fund all new work-related injuries and illnesses where the injured employee pursues a workers' compensation claim or received medical treatment beyond first aid or there is time away from work or work restrictions. Meet with injured employees, supervisors and potential witnesses to gather and review all relevant information in connection with the work-related injuries or illnesses. In consultation with Facilities, preserve faulty equipment for possible subrogation.	2.00	45	12	1080
Contact medical provider for clarification on work restrictions when the injured employee is released to return to work. Consult with supervisors and Human Resources as appropriate before returning the injured employee to work.	0.50	12	12	72
Create and maintain case file in the Workers' Compensation Claims Management System (WCCMS). Upload pertinent documents into WCCMS. Audit case files when the case is closed to ensure all documents are in the file and organized. Filing documents in the Workers' Compensation file.	1.00	70	12	840

(Continued) Limited Term Associate Governmental Program Analyst (461-212-5393-xxx)				
Specific Task	***Hours Required To Accomplish***	***Frequency of Task (Monthly)***	**Months**	***Total Hours Projected (Annually)***
In consultation with Staff Services Manager I, participate in conference calls and meetings with State Fund Legal and State Fund Claims representatives and DSH Legal on sensitive or highly complex claims.	1.00	45	12	540
Prepare memos and letters to the injured employees, supervisors, and State Fund. Request 3290s from State Fund to ensure the department personnel specialists issue payment timely to the injured employee. Provide recommendations to Return-to-Work Manager and executive of Enhanced Industrial Disability Leave denials.	1.00	70	12	840
Assist with the investigation of new work-related injuries and illnesses. Coordinate and schedule meetings between injured employees, witnesses, and State Fund investigators.	1.00	45	12	540
Ensure all work-related injuries and illness are recorded on the Cal/OSHA 300 Log and the Cal/OSHA 301 Incident Report is completed and filed. Monitor and update current and prior year 300 Logs as appropriate and ensure the 300A Summary is accurate.	1.00	45	12	540
Process and prepare the Cal/OSHA Annual Summary (Cal/OSHA 300A) for approval. Post the Annual Summary. Process and submit the Cal/OSHA Annual Summary data to Federal OSHA and the Bureau of Labor Statistics.	2.00	12	12	288
Analyzes and interprets applicable government codes, laws, rules, and regulations, memorandums of Understanding, court and State personnel Board decisions, policies and guidelines that apply to or impact claim files.	1.00	12	12	144
Ad hoc administrative duties include, but not limited to, copying, scanning, faxing, organizing physical file documentations and mail. Monitor general email boxes for the Return-to-Work and Workers' Compensation Program.	1.00	45	12	540
Participate in statewide and departmental training classes and meetings.	1.00	12	12	144
Participate in work group and special assignments as requested.	1.00	12	12	144
Compile data and statistical information and provide timely data analysis and summary reports to upper management.	2.00	12	12	288
TOTAL HOURS PROJECTED ANNUALLY				**10,728**
TOTAL HOURS PROJECTED ANNUALLY: 1,776 (hours/1,776 = PYs)				
TOTAL POSITIONS NEEDED				**6**

Position Distribution			
Location	**Position Name**	**Position Number**	**Amount**
Atascadero	Associate Governmental Program Analyst (Limited Term)	461-212-5393-xxx	1
Coalinga	Associate Governmental Program Analyst (Limited Term)	461-212-5393-xxx	1
Metropolitan	Associate Governmental Program Analyst (Limited Term)	461-212-5393-xxx	1
Napa	Associate Governmental Program Analyst (Limited Term)	461-212-5393-xxx	1
Patton	Associate Governmental Program Analyst (Limited Term)	461-212-5393-xxx	1
Sacramento	Staff Services Manager III (Limited Term)	461-212-4802-xxx	1
Sacramento	Associate Governmental Program Analyst (Limited Term)	461-212-5393-xxx	1
Total			**7**

Current Return-to-Work Positions			
Location	**Position Name**	**Position Number**	**Amount**
Atascadero	Staff Services Manager I	455-543-4800-xxx	1
Atascadero	Associate Governmental Program Analyst	455-543-5393-xxx	2
Atascadero	Staff Services Analyst	455-543-5157-xxx	1
Coalinga	Staff Services Manager I	437-543-4800-xxx	1
Coalinga	Staff Services Analyst	437-543-5157-xxx	2
Metropolitan	Staff Services Manager II	487-543-4801-xxx	1
Metropolitan	Staff Services Manager I	487-543-4800-xxx	0
Metropolitan	Associate Governmental Program Analyst	487-543-5393-xxx	1
Metropolitan	Staff Services Analyst	487-543-5157-xxx	1
Napa	Staff Services Manager I	480-510-4800-xxx	1
Napa	Associate Governmental Program Analyst	480-510-5393-xxx	0
Patton	Staff Services Manager I	502-543-4800-xxx	1
Patton	Associate Governmental Program Analyst	502-543-5393-xxx	2
Patton	Staff Services Analyst	502-543-5157-xxx	1
Sacramento	Staff Services Manager II	461-212-4801-xxx	1
Sacramento	Staff Services Manager I	461-212-4800-xxx	2
Sacramento	Associate Governmental Program Analyst	461-212-5393-xxx	2
Sacramento	Research Data Analyst II	461-212-5731-xxx	1
Sacramento	Associate Governmental Program Analyst (RA)	461-212-5393-xxx	1
Total			22

Attachment E

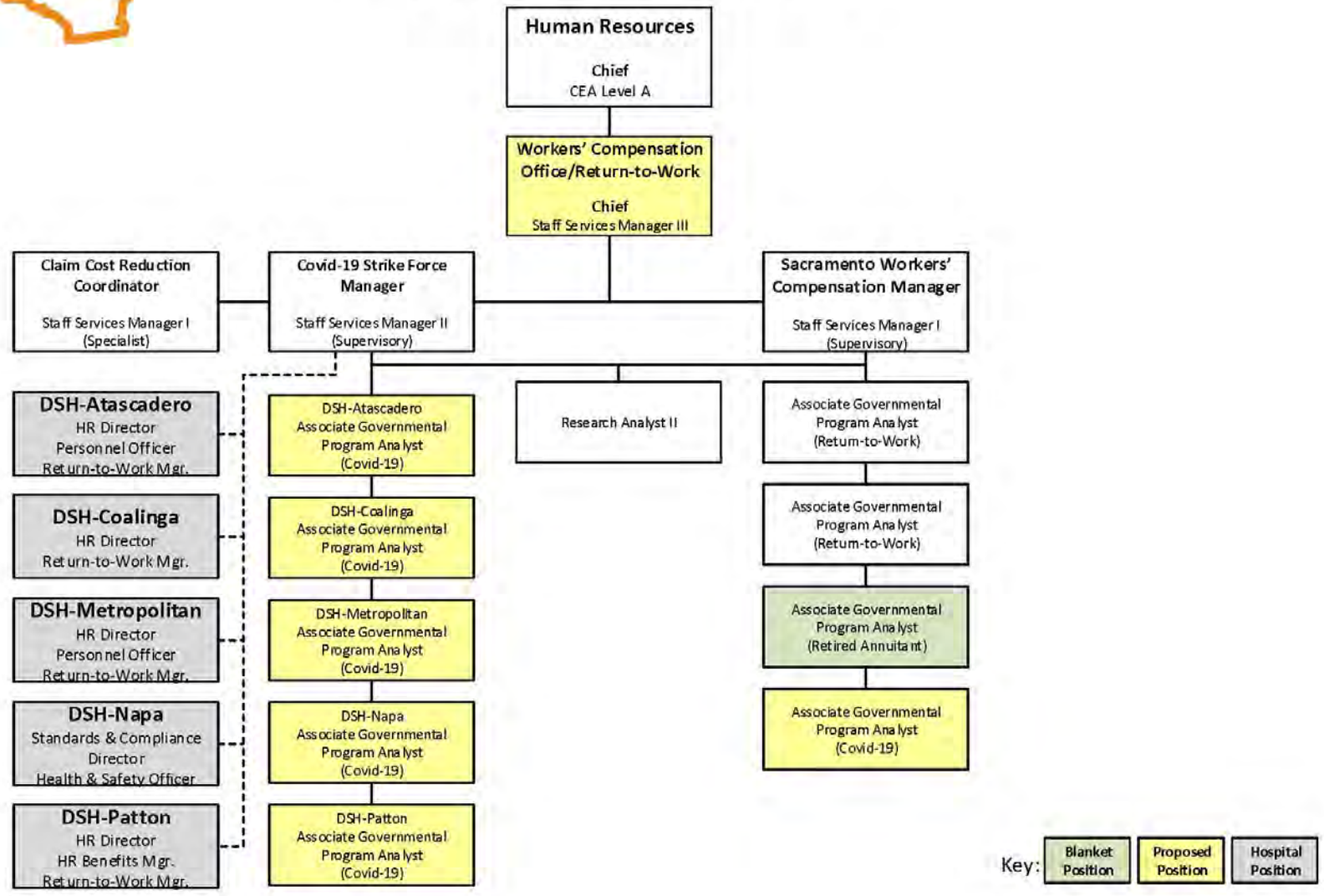
Department of State Hospitals

Administrative Services Division

Human Resources Branch

Workers' Compensation Office

Proposed Organizational Structure



This Budget Change Proposal (BCP) is part of the "STATEWIDE COVID-19 BCP" and can be found at the Department of Finance Website.

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 10/20)

Fiscal Year	Business Unit	Department	Priority No.
2021-22	4440	Department of State Hospitals	2

Budget Request Name	Program	Subprogram
4440-114-BCP-2021-MR	4410-State Hospitals	4410010-Atascadero; 4410020-Coalinga; 4410030-Metropoliatin; 4410040-Napa; 4410050-Patton

Budget Request Description

MR Infrastructure Package – One-Time Deferred Maintenance

Budget Request Summary

The Department of State Hospitals (DSH) requests one-time $85 million General Fund, available over three years, to address critical deferred maintenance, special repairs/replacement, and regulatory compliance projects at DSH's five hospitals. The planned projects include those related to fire and life safety, critical infrastructure, and any facilities modernization required to complete major repairs and systems replacements.

It is also requested that provisional language be added to extend the encumbrance and expenditure period to June 30, 2025 (see Attachment C).

Requires Legislation	Code Section(s) to be Added/Amended/Repealed
☐ Yes ☒ No	Click or tap here to enter text.

Does this BCP contain information technology (IT) components? ☐ Yes ☒ No *If yes, departmental Chief Information Officer must sign.*	Department CIO Click or tap here to enter text.	Date Click or tap to enter a date.

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.

Project No. Click or tap here to enter text. **Project Approval Document:** Click or tap here to enter text.

Approval Date: Click or tap to enter a date.

If proposal affects another department, does other department concur with proposal? ☐ Yes ☐ No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By	Date	Reviewed By	Date
Nicole Hicks, Chief Operating Officer	5/14/2021	Brent Houser, Admin Deputy Director	5/14/2021
Department Director	**Date**	**Agency Secretary**	**Date**
Stephanie Clendenin	5/14/2021	Mark Ghaly, MD, MPH	5/14/2021

Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☐ ITCU ☐ FSCU ☐ OSAE ☐ CALSTARS ☐ Dept. of Technology

PPBA	Date submitted to the Legislature
Steven Pavlov	5/14/2021

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 10/20)

Attachment A
BCP Fiscal Detail Sheet

BCP Title: MR Infrastructure Package – One-Time Deferred Maintenance

BR Name: 4440-114-BCP-2021-MR

	CY	BY	BY+1	BY+2	BY+3	BY+4
Operating Expenses and Equipment						
5324 - Facilities Operation	0	85,000	0	0	0	0
Total Operating Expenses and Equipment	**$0**	**$85,000**	**$0**	**$0**	**$0**	**$0**
Total Budget Request	**$0**	**$85,000**	**$0**	**$0**	**$0**	**$0**
Fund Source - State Operations						
0001 - General Fund	0	85,000	0	0	0	0
Total State Operations Expenditures	**$0**	**$85,000**	**$0**	**$0**	**$0**	**$0**
Total All Funds	**$0**	**$85,000**	**$0**	**$0**	**$0**	**$0**
Program Funding						
4410010 - Atascadero	0	30,000	0	0	0	0
4410020 - Coalinga	0	4,200	0	0	0	0
4410030 - Metropolitan	0	12,100	0	0	0	0
4410040 - Napa	0	15,000	0	0	0	0
4410050 - Patton	0	23,700	0	0	0	0
Total All Programs	**$0**	**$85,000**	**$0**	**$0**	**$0**	**$0**

Attachment B

FACILITY LOCATION	PROJECT TITLE AND DESCRIPTION	ESTIMATED COST
DSH-Atascadero	The Budget Act of 2016 funded the replacement of 435,226 sq. ft. of DSH-Atascadero's roof membrane and 59-air handling units (AHUs). After near completion of the working drawings, it was identified that the scope was under-estimated due to unanticipated electrical, structural, and mechanical omissions. Therefore, with the funding available, only 211,000 sq. ft. of roof membrane and 31 AHUs replaced. This request would fund the remaining 224,226 sq. ft. of roof membrane and 28 AHUs.	$30,000,000
DSH-Coalinga	Road repairs and road resurfacing for emergency vehicle access and staff safety. There have been incidents of staff tripping (resulting in significant injury in some cases) due to the cracks in the roadways. Also, there are sections of roadway that have been torn out to repair underground leaks that are currently just filled with gravel and a few other areas that have deteriorated due to soil and traffic conditions.	$4,200,000
DSH-Metropolitan	Demolish the existing Tank #2 (North Tank) 750,000-gallon steel tank and replace with a new 1,000,000-gallon dedicated fire water storage tank to meet current and future campus fire flow requirements.	$5,600,000
DSH-Metropolitan	Replace chillers, install cooling tower, and remove cooling tower and storage tank.	$6,500,000
DSH-Napa	Replace existing roof (226,000 sq. ft.) on Bldg. 168 (Receiving and Treatment) with new roof, insulation, HVAC curbing and fall protection as required.	$15,000,000
DSH-Patton	Replace N Building roof and air handlers. The roof has surpassed its expected life cycle. The roof is composed of a gravel surfaced built-up roof. Pools of water form on the roof during and after rains causing water to penetrate and damage the interior of the building and the substrate.	$14,000,000
DSH-Patton	Repair security perimeter roads for grading and paving along security compound for additional security patrolling.	$4,200,000
DSH-Patton	Replace/repair various modular buildings on campus that have surpassed their lifespan and are in dire need for immediate repair or complete replacement.	$5,500,000
Total		**$85,000,000**

Attachment C

Amend Provision 12 of Item 4440-011-0001 as follows:

"12. Of the funds appropriated in Schedule (2), $100,000,000 shall be expended to address deferred maintenance projects that represent critical infrastructure deficiencies. The amount allocated shall be available for encumbrance or expenditure until June 30, 2025."

STATE HOSPITALS

STATE HOSPITALS
LANTERMAN-PETRIS-SHORT (LPS)
POPULATION AND PERSONAL SERVICES ADJUSTMENT
Program Update

General Fund	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	**0.0**	**0.0**	**0.0**	**$0**	**$0**	**$0**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
May Revision	**0.0**	**3.0**	**3.0**	**$0**	**$17,082**	**$88,540**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*3.0*	*3.0*	*$0*	*$17,082*	*$88,540*
Total	**0.0**	**3.0**	**3.0**	**$0**	**$17,082**	**$88,540**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*3.0*	*3.0*	*$0*	*$17,082*	*$88,540*

Reimbursement Authority	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	0.0	0.0	0.0	$0	$8,102	$8,102
May Revision	0.0	0.0	0.0	$0	-$*24,704*	-$*96,162*
Total	**0.0**	**0.0**	**0.0**	**$0**	**-$24,704**	**-$96,162**

BACKGROUND

The Lanterman-Petris-Short (LPS) population includes multiple civil commitment patients who have been admitted to the Department of State Hospitals (DSH) under the LPS Act (WIC section 5000 et seq.). Welfare and Institutions Code (WIC) 5358 specifies DSH as one treatment option, however, there are multiple treatment options for the LPS population including a medical, psychiatric, nursing, or other state-licensed facility, or a county hospital, hospital operated by the Regents of the University of California, a United States government hospital, or other nonmedical facility approved by the State Department of Health Care Services or an agency accredited by the State Department of Health Care Services. These patients require mental health treatment and are committed through civil court proceedings if legal criteria concerning a danger to themselves or others, or grave disability, are met. The LPS population is referred to DSH by local community mental health programs through involuntary civil commitment procedures pursuant to the LPS Act. WIC section 4330 requires counties to reimburse DSH for their use of hospital beds and services provided pursuant to the LPS Act.

As of March 30, 2021, LPS patients reflect 15 percent of DSH's average daily census (ADC). The remaining percentage of patients (85 percent) reflect DSH's forensic commitment types including: Incompetent to Stand Trial (IST), Coleman patients pursuant to Penal Code (PC) 2684, Not Guilty by Reason of Insanity, Offenders with a Mental Health Disorder, and Sexually Violent Predator. Over the past several years, DSH has experienced LPS patient census growth coupled with pressures to admit IST patients. DSH has implemented expanded capacity proposals over the years including, but not limited to DSH-Metropolitan's Increased Secured Bed Capacity project, jail-based competency programs, and community-based restoration programs. However, DSH continues to face significant pressures to admit its forensically committed patients quicker.

LPS Waitlist and Census Growth Impacting Capacity to Serve Forensic Patients

Beginning September 1, 2014, the billing process for LPS patients changed to monthly billing, based on a county's actual bed usage. This replaced the past process of billing based on a county's bed purchase agreement and excess usage above the contracted bed purchase. The current billing framework has led to a steady increase in the number of LPS patients served over time in institutional state hospital beds despite a subset of the population being ready to be served in a lower level of care setting. Community alternatives to inpatient care are always the preferred treatment setting for discharge-ready patients due to the less restrictive setting, as required by law. It also increases opportunities for patients to reengage in the community.

The shift from a bed purchase agreement to actual bed usage, combined with IST patients deemed non-restorable not being returned to the county pending their conservatorship investigation as required by statute, then converting to LPS status, and thus bypassing the LPS waitlist is resulting in an increasing LPS census in DSH secure treatment beds. This issue contributes to a reduction in DSH's capacity to provide timely care for those already on the IST waitlist and are awaiting admission to DSH. The ADC for LPS has increased from 554 in fiscal year (FY) 2013-14 to 773 in FY 2019-20, and the LPS waitlist has grown from nine to 201 during this same time period. The ADC for ISTs has increased from 1,274 in FY 2013-14 to 1,762 in FY 2019-20, and the IST waitlist has grown from 389 to 1,212 during this same time period. DSH currently has a waitlist of 282 LPS patients, as compared to the IST waitlist of 1,649 as of March 15, 2021.

As of February 22, 2021, the current LPS census was 764, with 360 LPS patients residing in the non-secured treatment area, and 404 in the secured treatment area which is otherwise allocated to treat IST patients. LPS patients are treated in the secured treatment area as there is insufficient unsecured bed capacity in the DSH system to treat the growing LPS patient population. In FY 2019-20, there were a total of 313 IST patients identified as non-restorable pursuant to Penal Code Section 1370 (b)(1) remaining in DSH beds beyond the statutorily defined ten days. Of the 313 non-restorable IST patients in beds beyond the statutorily defined ten days, a total of 75 or 24 percent of that population converted to LPS and remained in a State Hospital bed, bypassing the LPS waitlist. These 313 non-restorable IST patients occupied beds for a total of 24,595 days, an average of 78.6 days per patient, limiting the number of new patients from the IST waitlist who could be admitted for treatment. This accounts for approximately 149 additional IST patients which could have been served by DSH. In addition, DSH has identified 143 LPS patients currently receiving treatment who are considered discharge ready and have not been placed in lower treatment settings by the county. Upon identification of being clinically appropriate for discharge, DSH notifies the county the patient is discharge ready and works with the conservator, usually the county Public Guardian for placement. Delays by the County in locating placements to discharge LPS patients who DSH has determined to be ready for discharge prevents DSH from admitting and treating further LPS or IST patients from the waitlist. Furthermore, the LPS census increases if discharge rates are not as fast as the IST to LPS conversion rates.

Additional Challenges Impacting DSH Capacity

For over seven years, DSH has experienced an increase in referrals, growing waitlists, and lengthy wait times of ISTs on felony charges committed to its system for care. With continued investments during this same time in state hospital beds and jail-based competency treatment programs (955 beds total, the equivalent of building a state hospital), as well as providing for community-based restoration and diversion, prior to the pandemic, DSH had reduced its waitlist

and wait times significantly from its former high in April 2018. However, the COVID-19 pandemic has reversed DSH's trajectory, and catapulted DSH into a significant IST challenge that it will be unable to recover from without fully focusing its care and treatment on DSH's forensic patient population.

Due to the need to develop admission observation units, isolation units, and space for persons under investigation in response to COVID-19, DSH's IST census in its hospital programs has significantly decreased. Furthermore, during the pandemic, DSH has had to halt admissions twice to protect patients and employees from exposure to COVID-19. The following table reflects the changes to the waitlist.

Month	IST Waitlist
April 2018	1,016
March 2020	850
March 2021	1,672

DESCRIPTION OF CHANGE

DSH proposes to update the statutes governing LPS patients to remove DSH as a treatment placement option and maintain treatment for LPS only at the county level. This action is necessary to enable DSH to dedicate its full bed capacity to forensic patients and reflect DSH's statutory and constitutional obligations for the treatment of forensic patients due to ongoing and increasing pressures and referrals for individuals found IST. Three of the major proposed changes are:

- Halting admissions for new LPS patients as of July 1, 2021
- Identifying LPS patient reduction targets over the next three fiscal years until all current LPS patients are placed in the community
- Implementing a 150 percent charge of the daily bed rate for counties exceeding LPS bed usage above the DSH specified reduction amounts

DSH anticipates the full transition of LPS patients residing in a DSH bed will require three years to implement. The multi-year approach will allow time for DSH to work with California Mental Health Services Authority (CalMHSA), California Behavioral Health Director's Association (CBHDA) and counties on discharge and transition planning and provide DSH time to assess its non-secured treatment area space to determine the appropriate modifications needed to serve forensically committed patients.

From July 1, 2021 through December 31, 2021, DSH will engage CalMHSA and counties on the development of a transition plan. DSH proposes starting January 1, 2022 to begin reducing the LPS population from the current census. CalMHSA and counties will need to identify the allocation of beds per county with technical assistance provided by DSH. Counties will continue to be billed the current daily bed rate based on the number of patients currently residing in a DSH bed. However, if counties exceed their bed usage amount in accordance with the reduction targets noted below, DSH will charge up to 150 percent of the daily bed rate to the counties for patient beds in excess of the cap. DSH proposes the following LPS bed reduction percentages over a three-year period:

- FY 2021-22: Achieve 33 percent LPS patient reduction by June 30, 2022
- FY 2022-23: Achieve 66 percent LPS patient reduction by June 30, 2023

- FY 2023-24: Achieve 100 percent LPS patient reduction in DSH bed by June 30, 2024

The reduction in LPS patients would result in an equivalent number of State Hospital beds becoming available to serve IST patients on the waitlist. Where LPS patients have average length of stay (ALOS) of 3.2 years, ISTs have an ALOS of approximately 155 days. By reducing all of the LPS patients by the end of FY 2023-24, using 764 LPS beds as the baseline and phased over three years, DSH estimates it could serve an additional 260 ISTs during FY 2021-22, an additional 878 ISTs during FY 2022-23, an additional 1,521 ISTs during FY 2023-24 and an additional 1,799 ISTs ongoing annually.

Funding and Workload Considerations

By reducing LPS bed usage gradually and to zero LPS bed usage by the end of FY 2023-24, this would result in a decreased amount of reimbursement received from counties proportionate to the reduction in bed days multiplied by the per diem bed rate. The decrease in the number of LPS patients served projects to result in a loss of reimbursement DSH receives from the counties by $16.6 million in FY 2021-22, $88.1 million in FY 2022-23, and $145.5 million in FY 2023-24. The loss in county reimbursement will require the General Fund to close the funding gap needed to serve IST patients. The table below reflects the projected loss in reimbursement based on the phasing out of LPS bed usage from FY 2021-22 to FY 2023-42.

Projected Loss of Reimbursements Based on Phased Reduction in LPS Beds				
Fiscal Year	**Level of Care**	**Rate**	**Reduction of Patient Days[1]**	**Forgone Reimbursement**
2021-22	ICF/Acute	$626	26,520	$16,601,520
2022-23	ICF/Acute	$626	140,670	$88,059,420
2023-24	ICF/Acute	$626	232,470	$145,526,220

[1]Calculated based on LPS patients discharging from an ICF/Acute level-of-care starting in January 1, 2022 at a rate of 42 patients per month in FY 2021-22 and a rate of 21 patients per month for FY 2022-23 through FY 2023-24. The reduction/discharging of LPS patients assumes a baseline of 764 LPS patients. The actual rate of discharge will be dependent on collaboration between CalMHSA, counties, and DSH.

The fiscal estimate is based on the current LPS daily bed rate structure and is subject to change based on a number of variables including but not limited to the following: rate of LPS discharge from a DSH bed, total number of LPS patients discharged, and the level of care a patient was discharged from. Additionally, there are other complicating factors to consider for projection purposes, such as penalties assessed to a county should they exceed the reduction targets identified. Given the uncertainty of the rate of discharges and any assessment of penalties, DSH requests budget bill language to provide DSH with the flexibility in FY 2021-22 and annually to adjust its authority to reflect an accurate amount. Without the authority to adjust within the current year and annually, DSH could be over or under projecting its needs.

Proposed Provisional Language

Item 4440-011-0001
xx. The Department of Finance is authorized to approve expenditures in those amounts made necessary by decreased reimbursements resulting from Lanterman-Petris-Short caseload reductions during the 2021–22 fiscal year that are within or in excess of amounts appropriated in this act for that year. The Department of Finance shall provide written notification of the augmentation to the Joint Legislative Budget Committee within 10 days from the date of approval.

Limited-Term Resources for Implementation

Additional resources are necessary to implement the transition away from serving LPS patients and oversee, manage, and evaluate efforts towards implementation. DSH requests the following positions:

- 1.0 Staff Services Analyst in the Hospital Strategic Planning and Implementation Division to monitor and troubleshoot discharge and bed management of LPS patients and conversion of beds to IST.
- 1.0 Attorney III to address legal concerns raised by the counties, including county counsel, behavioral health, and public guardians, and assist with advising DSH on resolution. Additionally, assist with statute interpretation in any discussions or negotiations with CalMHSA
- 1.0 Staff Services Manager I (Specialist) to serve as DSH's liaison with CalMHSA through the duration of implementation to conduct stakeholder engagement, monitor compliance, escalate issues, and notify counties of updates.

DSH requests $480,000 General Fund in FY 2021-22 through FY 2023-24 to support 3.0 three-year limited term (LT) positions necessary to address the workload associated in implementing the statutory changes removing DSH as a placement option for LPS patients.

STATUTORY CHANGES

Trailer Bill Language (TBL) is necessary to implement this proposal. WIC 5358 will require amendments to reflect DSH no longer serving as one of the placement options for an LPS patient. Additionally, WIC sections 4330 – 4335 provide the existing statutory framework for the county bed billing process, which will require adjustments providing DSH the authority to implement the gradual reduction of LPS bed usage. These sections will also reflect DSH's authority to apply 150 percent of the current daily bed rate to a county for exceeding its bed cap.

TIMELINE

DSH's current MOU with the counties is set to expire June 30, 2021. DSH proposes extending the current MOU via an amendment for another six months while DSH concurrently works with CalMHSA on the strategy for discharging LPS patients and transitioning away from DSH as a placement option. Starting January 1, 2022, counties will be expected to discharge patients to meet the 33-percent reduction goal by June 30, 2022 and meet the annual reduction targets or DSH will charge 150 percent of the current daily bed rate for any bed usage above the bed reduction. DSH's proposal to halt LPS patient admissions, implement LPS bed usage reductions, and implementing an excess bed rate would be subject to trailer bill language being included as part of the 2021 Budget Act.

BCP Fiscal Detail Sheet

BCP Title: Lanterman-Petris-Short (LPS) **BR Name: 4440-093-ECP-2021-MR**

Budget Request Summary

	FY21					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Personal Services						
Positions - Permanent	0.0	3.0	3.0	3.0	0.0	0.0
Total Positions	**0.0**	**3.0**	**3.0**	**3.0**	**0.0**	**0.0**
Salaries and Wages						
Earnings - Permanent	0	264	264	264	0	0
Total Salaries and Wages	**$0**	**$264**	**$264**	**$264**	**$0**	**$0**
Total Staff Benefits	0	168	168	168	0	0
Total Personal Services	**$0**	**$432**	**$432**	**$432**	**$0**	**$0**
Operating Expenses and Equipment						
5301 - General Expense	0	24	24	24	0	0
5304 - Communications	0	3	3	3	0	0
5320 - Travel: In-State	0	3	4	3	0	0
5324 - Facilities Operation	0	15	15	15	0	0
5346 - Information Technology	0	3	3	3	0	0
539X - Other	0	16,602	88,059	145,526	145,526	145,526
Total Operating Expenses and Equipment	**$0**	**$16,650**	**$88,108**	**$145,574**	**$145,526**	**$145,526**
Total Budget Request	**$0**	**$17,082**	**$88,540**	**$146,006**	**$145,526**	**$145,526**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	17,082	88,540	146,006	145,526	145,526
Total State Operations Expenditures	**$0**	**$17,082**	**$88,540**	**$146,006**	**$145,526**	**$145,526**
Total All Funds	**$0**	**$17,082**	**$88,540**	**$146,006**	**$145,526**	**$145,526**

Program Summary

Program Funding						
4400010 - Headquarters Administration	0	477	478	477	0	0
4400020 - Hospital Administration	0	3	3	3	0	0
4410010 - Atascadero	0	332	1,761	2,911	2,911	2,911
4410030 - Metropolitan	0	7,470	39,626	65,486	65,486	65,486
4410040 - Napa	0	4,649	24,657	40,747	40,747	40,747
4410050 - Patton	0	4,151	22,015	36,382	36,382	36,382

Total All Programs		**$0**	**$17,082**	**$88,540**	**$146,006**	**$145,526**	**$145,526**

BCP Title: Lanterman-Petris-Short (LPS) **BR Name: 4440-093-ECP-2021-MR**

Personal Services Details

Positions	Salary Information Min	Mid	Max	CY	BY	BY+1	BY+2	BY+3	BY+4
4800 - Staff Svcs Mgr I				0.0	1.0	1.0	1.0	0.0	0.0
5157 - Staff Svcs Analyst (Gen)				0.0	1.0	1.0	1.0	0.0	0.0
5795 - Atty III				0.0	1.0	1.0	1.0	0.0	0.0
Total Positions				**0.0**	**3.0**	**3.0**	**3.0**	**0.0**	**0.0**

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
4800 - Staff Svcs Mgr I	0	82	82	82	0	0
5157 - Staff Svcs Analyst (Gen)	0	52	52	52	0	0
5795 - Atty III	0	130	130	130	0	0
Total Salaries and Wages	**$0**	**$264**	**$264**	**$264**	**$0**	**$0**
Staff Benefits						
5150200 - Disability Leave - Industrial	0	3	3	3	0	0
5150210 - Disability Leave - Nonindustrial	0	1	1	1	0	0
5150350 - Health Insurance	0	12	12	12	0	0
5150450 - Medicare Taxation	0	4	4	4	0	0
5150500 - OASDI	0	16	16	16	0	0
5150600 - Retirement - General	0	78	78	78	0	0
5150800 - Workers' Compensation	0	12	12	12	0	0
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	7	7	7	0	0
5150900 - Staff Benefits - Other	0	35	35	35	0	0
Total Staff Benefits	**$0**	**$168**	**$168**	**$168**	**$0**	**$0**
Total Personal Services	**$0**	**$432**	**$432**	**$432**	**$0**	**$0**

BCP Fiscal Detail Sheet

BCP Title: Lanterman-Petris-Short (LPS) **BR Name: 4440-094-ECP-2021-MR**

Budget Request Summary

	FY21					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Operating Expenses and Equipment						
539X - Other	0	-16,603	-88,060	-145,527	-145,527	-145,527
Total Operating Expenses and Equipment	**$0**	**$-16,603**	**$-88,060**	**$-145,527**	**$-145,527**	**$-145,527**
Total Budget Request	**$0**	**$-16,603**	**$-88,060**	**$-145,527**	**$-145,527**	**$-145,527**

Fund Summary

Fund Source - State Operations						
0995 - Reimbursements	0	-16,603	-88,060	-145,527	-145,527	-145,527
Total State Operations Expenditures	**$0**	**$-16,603**	**$-88,060**	**$-145,527**	**$-145,527**	**$-145,527**
Total All Funds	**$0**	**$-16,603**	**$-88,060**	**$-145,527**	**$-145,527**	**$-145,527**

Program Summary

Program Funding						
4410010 - Atascadero	0	-332	-1,761	-2,911	-2,911	-2,911
4410030 - Metropolitan	0	-7,471	-39,627	-65,487	-65,487	-65,487
4410040 - Napa	0	-4,649	-24,657	-40,747	-40,747	-40,747
4410050 - Patton	0	-4,151	-22,015	-36,382	-36,382	-36,382
Total All Programs	**$0**	**$-16,603**	**$-88,060**	**$-145,527**	**$-145,527**	**$-145,527**

STATE HOSPITAL
DSH- METEROPOLITAN INCREASED SECURE BED CAPACITY
Program Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	**-120.6**	**0.0**	**0.0**	**-$18,617**	**$0**	**$0**
One-time	*-120.6*	*0.0*	*0.0*	*-$18,617*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
May Revision	**0.0**	**-1.2**	**-1.2**	**$0**	**$17**	**$17**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*-1.2*	*-1.2*	*$0*	*$17*	*$17*
Total	**-120.6**	**-1.2**	**-1.2**	**-$18,617**	**$17**	**$17**
One-time	*-120.6*	*0.0*	*0.0*	*-$18,617*	*$0*	*$0*
Ongoing	*0.0*	*-1.2*	*-1.2*	*$0*	*$17*	*$17*

BACKGROUND:

To provide additional capacity to address the ongoing system-wide forensic waitlist, particularly focusing on the Incompetent to Stand Trial (IST) patient waitlist, the 2016 Budget Act included capital outlay construction funding for the Increased Secure Bed Capacity (ISBC) project at Department of State Hospital (DSH) Metropolitan. This project added security fencing and infrastructure for existing patient buildings at the hospital, which had primarily been used to house civilly committed Lanterman-Petris-Short (LPS) patients. These patients were transferred from the Continuing Treatment West (CTW) to the non-secured 100s Building in October 2018. With the new security infrastructure, these buildings can now be used for the treatment of forensic patients. Specifically, this project included:

- Enclosing the CTW Building with fencing to secure 376 beds
- Enclosing the Skilled Nursing Facility (SNF) Building with fencing to secure 129 beds
- Enclosing the adjacent park next to the CTW Building for recreation activities
- Creating a new, larger visitor center as well as expand parking facilities
- Installing required sally-ports, security kiosks, security alarms, security cameras, security lighting, and perimeter roads to ensure surveillance and access for emergency response vehicles around newly secured areas

In the 2020 Budget Act, DSH had a one-time savings of 41.7 positions and $6.5 million due to activation delays and received ongoing position authority and funding for 2.0 positions: 1.0 Pharmacist I and 1.0 Pharmacy Technician. Due to an increase of patient census, the 2.0 positions were needed to operate the reopened Satellite Pharmacy to support the five IST units.

In the 2021-22 Governor's Budget, DSH continued to experience delays in the activation of the three remaining units. Due to COVID-19, the CTE Fire Alarm Upgrade Project and all Unit construction was placed on hold. DSH projected a one-time current year (CY) savings of $18.617 million and 120.6 positions.

Unit Activations:

Unit 1 was activated on September 23, 2019, as reported in the fiscal year (FY) 2020-21 Governor's Budget, and Unit 2 was activated on January 29, 2020. In addition, as reported in the FY 2020-21 May Revision, DSH experienced a one-time savings of $26.5 million and 171.3 positions in FY 2019-20 and $6.8 million and 43.7 positions in FY 2020-21. These savings resulted from further unforeseen construction delays and State Fire Marshal code compliance requirements.

In the FY 2020-21 May Revision, DSH assumed delayed activation of Units 3, 4 and 5. One of the inactivated units was converted to a COVID-19 isolation unit. The other two were proposed to be used as "swing space" for the Continuing Treatment East (CTE) Fire Alarm project.

In the 2021-22 Governor's Budget, DSH-Metropolitan prioritized using the three inactive units for COVID-19 response. One unit was utilized for isolation of patients testing positive for COVID-19, and the other two units were used so DSH-Metropolitan could create Admission Observation Units (AOUs). These AOUs are used to cohort, test and observe newly admitted patients for COVID-19 prior to being moved to a housing unit.

DESCRIPTION OF CHANGE:

As of the FY 2021-22 May Revision, one of the three un-activated units will remain an Isolation Unit for COVID-19 positive patients at DSH-Metropolitan. The other two un-activated units are being utilized as swing space for the CTE Fire Alarm Project. There are currently six units that need the Fire Alarm installed. Complete installation on two units takes roughly six weeks, therefore the projected completion date of the CTE Fire alarm installation is projected to be in August or September 2021 pending no further delays.

In addition, DSH-Metropolitan is utilizing two units at the Norwalk Alternate Care Site (ACS) as admission observation space for newly admitted patients. This space consists of single cell dorms where patients will quarantine for 14 days before moving to a housing unit at DSH-Metropolitan. This environment is better suited to contain and isolate a patient from the rest of the population in the event of COVID-19 infection.

Activation Timeline Adjustment

Unit Activation	Number of Beds	Scheduled Activation as of 2021-22 Governor's Budget	Scheduled Activation as of 2021-22 May Revision	Change from Governor's Budget
Unit 1	48	September 23, 2019	September 23, 2019	No change - Activated
Unit 2	48	January 29, 2020	January 29,2020	No change - Activated
Unit 3	48	July 2021	September 2021	2-month delay
Unit 4	46	July 2021	September 2021	2-month delay
Unit 5	46	July 2021	September 2021	2-month delay

As DSH is showing a minimal delay in activation from what was reported in the Governor's Budget, no additional position authority or funding savings will be reported. Staff hiring for the un-activated units however will be phased in to coincide with the completion of the CTE Fire Alarm Project. An updated phasing plan on hiring for Units 3, 4, and 5 will be provided as construction of the CTE Fire Alarm project nears completion. DSH will provide an update in the FY 2022-23 Governor's Budget.

While this aspect of the proposal still yields an increase in savings, DSH is taking a more systematic approach to adjusting staffing when activation timelines change. In previous updates, when savings were scored DSH would delay every position associated with the proposal. However, the Department has already filled certain positions with the emphasis on those necessary in developing the infrastructure for the new units. The positions DSH does not anticipate scoring savings on are related to management, supervisors and protective services. DSH does not propose adjusting these management and supervisory positions because those positions are primarily responsible for establishing the new units, developing policies and procedures, and setting- up program objectives and goals. In addition, management and supervisors are responsible for staffing the units, security coordination, and assisting with preparing the units and licensing efforts once construction is complete. DSH's staffing and associated scored funding relate directly to the treatment team and other unit-based staffing, which will be filled upon unit activations.

Position authority and Funding Calculation Correction

As DSH is finalizing the position phase in associated with the bed activations, a position authority and funding calculation error was observed. In the FY 2018-19 May Revision, DSH noted a one-time reduction of 1.2 positions and one-time request of $17,000 for position funding in FY 2020-21. However, after further analysis, DSH noted that the one-time reduction and fund request in the FY 2018-19 May Revision should have been ongoing. DSH has corrected the position authority and funding calculation error to reflect a permanent reduction of 1.2 position authority and ongoing request of $17,000 in BY 2021-22 and ongoing.

DSH-Metropolitan Increased Secure Bed Capacity				
	FY 18-19	**FY 19-20**	**FY 20-21**	**FY 21-22**
FY 2018-19 Governor's Budget				
Positions	346.1	473.4	473.4	473.4
Funding	$53,085	$68,953	$68,953	$68,953
FY 2018-19 May Revision				
Positions	-183.3	-131.2	-1.2	0.0
Funding	-$28,304	-$18,374	$17	$0
FY 2019-20 Governor's Budget				
Positions	0.0	119.3	130.0	130.0
Funding	$0	$18,589	$20,117	$20,117
FY 2019-20 May Revision				
Positions	-22.5	-20.1	-128.5	-128.5
Funding	-$3,476	-$3,055	-$19,850	-$19,850
FY 2020-21 Governor's Budget				
Positions	0.0	-51.1	2.0	2.0
Funding	$0	-$7,928	$294	$294
FY 2020-21 May Revision				
Positions	0.0	-171.3	-43.7	0.0
Funding	$0	-$26,455	-$6,758	$0
FY 2021-22 Governor's Budget				
Positions	0.0	0.0	-120.6	0.0
Funding	$0	$0	-$18,617	$0
FY 2021-22 May Revision				
Positions	0.0	0.0	0.0	-1.2
Funding	$0	$0	$0	$17
Total Request by Year Ongoing				
Positions	**140.3**	**219.0**	**311.4**	**475.7**
Funding	**$21,305**	**$31,730**	**$44,156**	**$69,531**

BCP Fiscal Detail Sheet

BCP Title: Metropolitan Increased Secure Bed Capacity **BR Name: 4440-075-ECP-2021-MR**

Budget Request Summary

	FY21					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Personal Services						
Positions - Permanent	0.0	-1.2	-1.2	-1.2	-1.2	-1.2
Total Positions	**0.0**	**-1.2**	**-1.2**	**-1.2**	**-1.2**	**-1.2**
Salaries and Wages						
Earnings - Permanent	0	35	35	35	35	35
Total Salaries and Wages	**$0**	**$35**	**$35**	**$35**	**$35**	**$35**
Total Staff Benefits	0	7	7	7	7	7
Total Personal Services	**$0**	**$42**	**$42**	**$42**	**$42**	**$42**
Operating Expenses and Equipment						
5301 - General Expense	0	-10	-10	-10	-10	-10
5304 - Communications	0	-2	-2	-2	-2	-2
5320 - Travel: In-State	0	-2	-2	-2	-2	-2
5324 - Facilities Operation	0	-10	-10	-10	-10	-10
5346 - Information Technology	0	-1	-1	-1	-1	-1
Total Operating Expenses and Equipment	**$0**	**$-25**	**$-25**	**$-25**	**$-25**	**$-25**
Total Budget Request	**$0**	**$17**	**$17**	**$17**	**$17**	**$17**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	17	17	17	17	17
Total State Operations Expenditures	**$0**	**$17**	**$17**	**$17**	**$17**	**$17**
Total All Funds	**$0**	**$17**	**$17**	**$17**	**$17**	**$17**

Program Summary

Program Funding						
4410030 - Metropolitan	0	17	17	17	17	17
Total All Programs	**$0**	**$17**	**$17**	**$17**	**$17**	**$17**

BCP Title: Metropolitan Increased Secure Bed Capacity **BR Name: 4440-075-ECP-2021-MR**

Personal Services Details

Positions	Salary Information Min	Mid	Max	CY	BY	BY+1	BY+2	BY+3	BY+4
4588 - Assoc Accounting Analyst				0.0	-0.4	-0.4	-0.4	-0.4	-0.4
5142 - Assoc Pers Analyst				0.0	-0.4	-0.4	-0.4	-0.4	-0.4
5393 - Assoc Govtl Program Analyst				0.0	-0.4	-0.4	-0.4	-0.4	-0.4
7609 - Sr Psychiatrist (Supvr)				0.0	1.0	1.0	1.0	1.0	1.0
7925 - Sr Clinical Lab Technologist				0.0	-9.0	-9.0	-9.0	-9.0	-9.0
9301 - Clinical Lab Technologist (Safety)				0.0	9.0	9.0	9.0	9.0	9.0
9831 - Sr Psychologist (Hlth Facility) (Supvr)				0.0	-1.0	-1.0	-1.0	-1.0	-1.0
Total Positions				**0.0**	**-1.2**	**-1.2**	**-1.2**	**-1.2**	**-1.2**

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
4588 - Assoc Accounting Analyst	0	-27	-27	-27	-27	-27
5142 - Assoc Pers Analyst	0	-26	-26	-26	-26	-26
5393 - Assoc Govtl Program Analyst	0	-26	-26	-26	-26	-26
7609 - Sr Psychiatrist (Supvr)	0	284	284	284	284	284
7925 - Sr Clinical Lab Technologist	0	-604	-604	-604	-604	-604
9301 - Clinical Lab Technologist (Safety)	0	560	560	560	560	560
9831 - Sr Psychologist (Hlth Facility) (Supvr)	0	-126	-126	-126	-126	-126
Total Salaries and Wages	**$0**	**$35**	**$35**	**$35**	**$35**	**$35**
Staff Benefits						
5150350 - Health Insurance	0	2	2	2	2	2
5150450 - Medicare Taxation	0	1	1	1	1	1
5150500 - OASDI	0	-4	-4	-4	-4	-4
5150600 - Retirement - General	0	2	2	2	2	2
5150800 - Workers' Compensation	0	2	2	2	2	2
5150900 - Staff Benefits - Other	0	4	4	4	4	4
Total Staff Benefits	**$0**	**$7**	**$7**	**$7**	**$7**	**$7**
Total Personal Services	**$0**	**$42**	**$42**	**$42**	**$42**	**$42**

STATE HOSPITALS
ENHANCED TREATMENT PROGRAM (ETP) STAFFING
Program Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	**-30.1**	**-11.6**	**0.0**	**-$4,711**	**-$1,776**	**$0**
One-time	*-30.1*	*-11.6*	*0.0*	*-$4,711*	*-$1,776*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
May Revision	**-23.0**	**-8.2**	**0.0**	**-$3,715**	**$329**	**$1,015**
One-time	*-23.0*	*-8.2*	*0.0*	*-$3,715*	*-$686*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$1,015*	*$1,015*
Total	**-53.1**	**-19.8**	**0.0**	**-$8,426**	**-$1,447**	**$1,015**
One-time	*-53.1*	*-19.8*	*0.0*	*-$8,426*	*-$2,462*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$1,015*	*$1,015*

BACKGROUND:

The Enhanced Treatment Program (ETP) was developed to accept patients who are at the highest risk of violence and cannot be safely treated in a standard treatment environment. The ETP will provide treatment intended to return patients to a standard treatment environment, with supports that prevent future aggression while increasing safety in the facility and protecting patients and staff from harm. As such, the ETP will provide enhanced treatment, staffing, security and implement an admissions and treatment planning processes that identify and address patients' violence risk factors.

Assembly Bill (AB) 1340, Statutes of 2014, established the admissions process in statute. It is designed to identify patients at the highest risk of violence and address their risk factors. Admission into the ETP will be initiated by the referring state hospital Psychiatrist or Psychologist. The patient will then be assessed by a dedicated Forensic Psychologist who makes an initial assessment of the appropriateness of the referral. If the referral is determined to be appropriate, the patient will be evaluated by a Forensic Needs Assessment Panel (FNAP) comprised of a State Hospital Medical Director, Psychiatrist, and Psychologist. If the FNAP certifies the patient for admission into the ETP, the patient will be referred to a Forensic Needs Assessment Team (FNAT) Psychologist. The FNAT will then conduct an in-depth violence risk assessment and develop a treatment plan in coordination with the multi-disciplinary team assigned to the unit. The FNAT Psychologists are dedicated to the ongoing management and treatment of ETP patients.

Per AB 1340, treatment is the ETP's focus, and every patient will receive treatment from a multi-disciplinary team comprised of one Psychiatrist, two Psychologists, one Registered Nurse, one Clinical Social Worker, two Rehabilitation Therapists, and one Psychiatric Technician. A treatment team will be assigned to each unit. Due to the acuity of the patient population, the ETP will be staffed at a higher level than the Department's standard state hospital units. A nursing ratio of 1:1.5 was established for AM and PM shifts to allow for focused treatment, constant assessment of violence risk, and response in cases of an incident. A staff-to-patient ratio of 1:3 was established for the nocturnal (NOC) shift. The direct care staff are a combination of Registered Nurses and Psychiatric Technicians. Enhanced security will also be provided by Hospital Police Officers (HPO). There will be two to three HPOs on each unit across all shifts and will be available to provide additional support and assistance in cases of emergency. The staffing ratios were

established by an interdisciplinary workgroup which included participation from Medical Directors, Clinical and Nursing Administrators, Psychiatrists, Psychologists, Rehabilitation Therapists, Psychiatric Technicians, Clinical Social Workers, Hospital Protective Services, Clinical Operations and fiscal and program staff. To establish the staffing for the ETPs, the workgroup reviewed the nursing activities performed on the Enhanced Treatment Unit at DSH- Atascadero and developed staffing scenarios based on the program and treatment schedule.

DSH is authorized to construct four ETP units, three 13-bed units at DSH-Atascadero to serve male patients, and one 10-bed unit at DSH-Patton to serve female patients. In the fiscal year (FY) 2021-22 Governor's Budget, DSH requested a one-time reduction in Information Technology Equipment and Services of $254,000 and $4,457,000 in positions, resulting in a total reduction in FY 2020-21 of $4.7 million and 30.1 positions and a one-time reduction in FY 2021-22 of $1.8 million and 11.6 positions due to construction delays.

DSH is taking a more systematic approach to adjusting staffing when activation timelines change. In previous updates when savings were scored, DSH would delay every position associated with the proposal. However, the Department has already filled certain positions with the emphasis on those necessary in developing the infrastructure for the ETP. The positions DSH does not anticipate scoring savings on are related to management, supervisors, information technology, human resources, and protective services. DSH does not propose adjusting the management and supervisory positions because those positions are primarily responsible for establishing the ETP units, developing policies and procedures, and setting- up program objectives and goals. In addition, management and supervisors are responsible for staffing the units, security coordination, and assisting with preparing the units and licensing efforts once construction is complete. DSH's staffing and associated scored funding relate directly to the treatment team and other unit-based staffing, which will be filled upon unit activations.

DESCRIPTION OF CHANGE:

ETP Activation Timeline**:**

Units/Hospital	Construction Scheduled Initiation	Construction Scheduled Completion	Delay from 2021-22 Governor's Budget
DSH-Atascadero Unit 29	September 24, 2018	April 2021	4-month delay
DSH-Atascadero Unit 33	October 2021	May 2022	3-month delay
DSH-Atascadero Unit 34	November 2021	June 2022	4-month delay
DSH-Patton Unit U-06	January 2022	July 2022	6-month delay

DSH-Atascadero ETP construction at Unit 29 was delayed due to the COVID-19 public health emergency impacts and unforeseen construction delays including State Fire Marshal approval of the fire alarm system plans, and fire alarm installation processes. Construction is expected to be completed in April 2021, followed by unit licensure, then ETP activation in May 2021.

Construction of the DSH-Atascadero ETP on Units 33 and 34 and DSH-Patton ETP on Unit U-06 has been delayed due to COVID-19 public health emergency impacts and the resulting state hospital population pressures. Because DSH temporarily suspended admissions early in the pandemic, followed by implementation of admission cohort procedures that limit the rate of admissions to adhere to strict infection control protocols, DSH has a significant backlog of pending

Incompetent to Stand Trial (IST) admissions. ETP construction on Units 33 and 34 will take 100 beds offline at DSH-Atascadero. The adjusted schedule will defer ETP construction on Unit 33 until October 2021 and Unit 34 until November 2021 in order to implement measures to reduce the IST waitlist.

DSH-Patton will resume the U Building fire sprinkler project in July 2021, followed by ETP construction on U-06 beginning in January 2022.

Due to the delays identified above, DSH anticipates a savings of $3.3 million in FY 2020-21 and reduction of 23.0 positions, and an additional savings of $1.3 million in budget year (BY) and reduction of 8.2 positions. See the charts below for a breakdown of ETP funding and position authority as of the FY 2021-22 May Revision.

DGS Suspension Fees

Due to construction delays, the Department of General Services (DGS) will assess DSH with monthly suspension fees. The DSH-Atascadero ETP General Contractor monthly suspension cost is $34,000 per month. The DGS-Project Management and Development Branch (PMDB) monthly cost to process pay requests and contractor change orders, in addition to managing the project during suspension is $4,000 per month. The total monthly increase is $38,000 per month for a total project increase of $114,000 in BY with the suspension continuing through the end of October. DSH will utilize one-time position savings to fund this suspension.

Information Technology (IT) Funding

The 2018 Budget Act included $2.1 million for IT equipment and services. Of that funding, $1.9 million was to purchase and install surveillance cameras, workstations, cabling/wiring, and intercom systems in the ETP units. The remaining funding was to support monthly equipment fees and recurring equipment. The purchase orders executed for installation services for data/voice, intercom and surveillance cameras will expire June 30, 2021. Due to construction delays, DSH anticipates core drilling services for Voice-over Internet Protocol (VoIP), telepresence and intercom, surveillance camera installation, and related training will not be completed in DSH-Atascadero Units 33, 34 and DSH-Patton Unit U-06 until after that date. In the Governor's Budget, DSH reported a current year (CY) one-time savings of $254,000 due to construction delays. At May Revision, DSH is reporting additional CY one-time savings of $396,000 for a total of $650,000. DSH requests one-time IT funding of $481,000 in FY 2021-22 for service contracts including core drilling and surveillance camera installation services in DSH-Atascadero Units 33 and 34 and DSH-Patton Unit U-06.

CY Redirection of Savings

DSH requests to use $26,000 of the savings in the CY to complete the installation of the two-way push to talk speaker system in the Unit 29 ETP. The speakers provided by the vendor have not worked correctly and did not meet the function needed by the Program. Currently, all of the speakers are severely muffled and have chirping or static.

Position Funding Gap

DSH has recognized an oversight in the phase-in process of positions that are tied to ETP. When each proposal was created, DSH costed each position at the current salary range recognized by

CalHR, which was FY 2016-17. At the time of development, only the positions in CY and BY would be included in the Department of Finance (DOF) annual Employee Compensation and Employer Contribution Retirement drills. Any positions requested in the outyears would not be included in the Employee Compensation and Retirement drills until they appear on the Schedule 8. Due to the fact these BY and outyear unestablished positions do not reflect the updated bargaining unit contract negotiations or pay differentials for qualified positions, DSH is requesting to true-up prior year positions that have already phased-in and develop a process to mitigate this issue going forward until all positions are established.

To determine the increases for prior year phase-in positions, DSH found the difference between what the phased-in positions were costed at, and the amount it would have been costed at if determined during the building of the phase-in year's budget. DSH requests $1,015,000 in BY and ongoing to account for the underfunded phased-in positions. Going forward, DSH will determine the additional funding to be requested during the development of the Governor's Budget. Positions that are going to be phased-in for BY will be trued-up and the difference will be requested.

Please see the chart below for a breakdown of ETP funding and position authority as of the FY 2021-22 Governor Budget:

ETP Cost Breakdown
(Dollars in Thousands)

Timeframe	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
2017 Budget Act	***$7,990***	***$15,228***	***$15,249***	***$15,249***	***$15,249***	***$15,249***
2018-19 Governor's Budget	($4,953)	$2,835	$8,350	$8,350	$8,350	$8,350
2018-19 May Revision	$70	($7,406)	($50)	$432	$432	$432
Total as of 2018 Budget Act	***$3,107***	***$10,657***	***$23,549***	***$24,031***	***$24,031***	***$24,031***
2019-20 Governor's Budget	$0	$0	($1,765)	$0	$0	$0
2019-20 May Revision	$0	($2,616)	($716)	$0	$0	$0
Total as of 2019 Budget Act	***$3,107***	***$8,041***	***$21,068***	***$24,031***	***$24,031***	***$24,031***
2020-21 Governor's Budget	$0	$0	($5,330)	$385	$0	$0
2020-21 May Revision	$0	$0	($3,085)	($1,385)	$0	$0
Total as of 2020 Budget Act	***$3,107***	***$8,041***	***$12,653***	***$23,031***	***$24,031***	***$24,031***
2021-22 Governor's Budget	$0	$0	$0	($4,711)	($1,776)	$0
2021-22 May Revision	$0	$0	$0	($3,715)	$329	$1,015
Total as of 2021 Budget Act[1]:	**$3,107**	**$8,041**	**$12,653**	**$14,605**	**$22,584**	**$25,046**

[1]This total is contingent on final legislative approval.

DSH-Atascadero Units 29 & 33	2017-18	2018-19	2019-20	2020-21	2021-22
FY 2017-18 Governor's Budget	44.7	115.1	115.1	115.1	115.1
FY 2018-19 Governor's Budget	-35.8	0.0	0.0	0.0	0.0
FY 2018-19 May Revision	0.0	-57.9	0.0	0.0	0.0
FY 2019-20 Governor's Budget	0.0	0.0	0.0	0.0	0.0
FY 2019-20 May Revision	0.0	-7.1	-3.4	0.0	0.0
FY 2020-21 Governor's Budget	0.0	0.0	-26.7	0.0	0.0
FY 2020-21 May Revision	0.0	0.0	-21.1	-6.0	0.0
FY 2021-22 Governor's Budget	0.0	0.0	0.0	-21.1	-5.0
FY 2021-22 May Revision	0.0	0.0	0.0	-23.0	-2.4
Total Authority Ongoing	**8.9**	**50.1**	**63.9**	**65.0**	**107.7**
DSH-Atascadero Unit 34 & DSH- Patton Unit U-06	**2017-18**	**2018-19**	**2019-20**	**2020-21**	**2021-22**
FY 2017-18 Governor's Budget	0.0	0.0	0.0	0.0	0.0
FY 2018-19 Governor's Budget	0.0	23.2	65.7	65.7	65.7
FY 2018-19 May Revision	0.0	-22.2	-5.4	0.0	0.0
FY 2019-20 Governor's Budget	0.0	0.0	-12.7	0.0	0.0
FY 2019-20 May Revision	0.0	0.0	5.7	0.0	0.0
FY 2020-21 Governor's Budget	0.0	0.0	-5.6	-1.5	0.0
FY 2020-21 May Revision	0.0	0.0	0.0	-2.4	0.0
FY 2021-22 Governor's Budget	0.0	0.0	0.0	-9.0	-6.6
FY 2021-22 May Revision	0.0	0.0	0.0	0.0	-5.8
Total Authority Ongoing	**0.0**	**1.0**	**47.7**	**52.8**	**53.3**

BCP Fiscal Detail Sheet

BCP Title: Enhanced Treatment Program **BR Name: 4440-090-ECP-2021-MR**

Budget Request Summary

	FY21					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Personal Services						
Positions - Permanent	-23.0	-8.2	0.0	0.0	0.0	0.0
Total Positions	**-23.0**	**-8.2**	**0.0**	**0.0**	**0.0**	**0.0**
Salaries and Wages						
Earnings - Permanent	-1,991	-396	367	367	367	367
Total Salaries and Wages	**$-1,991**	**$-396**	**$367**	**$367**	**$367**	**$367**
Total Staff Benefits	-986	261	648	648	648	648
Total Personal Services	**$-2,977**	**$-135**	**$1,015**	**$1,015**	**$1,015**	**$1,015**
Operating Expenses and Equipment						
5301 - General Expense	-184	-65	0	0	0	0
5304 - Communications	-23	-8	0	0	0	0
5320 - Travel: In-State	-23	-9	0	0	0	0
5324 - Facilities Operation	-115	-41	0	0	0	0
5340 - Consulting and Professional Services - Interdepartmental	0	114	0	0	0	0
5346 - Information Technology	-419	473	0	0	0	0
5368 - Non-Capital Asset Purchases - Equipment	26	0	0	0	0	0
Total Operating Expenses and Equipment	**$-738**	**$464**	**$0**	**$0**	**$0**	**$0**
Total Budget Request	**$-3,715**	**$329**	**$1,015**	**$1,015**	**$1,015**	**$1,015**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	-3,715	329	1,015	1,015	1,015	1,015
Total State Operations Expenditures	**$-3,715**	**$329**	**$1,015**	**$1,015**	**$1,015**	**$1,015**
Total All Funds	**$-3,715**	**$329**	**$1,015**	**$1,015**	**$1,015**	**$1,015**

Program Summary

Program Funding						
4400020 - Hospital Administration	-396	481	0	0	0	0
4410010 - Atascadero	-3,319	245	1,015	1,015	1,015	1,015
4410050 - Patton	0	-397	0	0	0	0

Total All Programs	**$-3,715**	**$329**	**$1,015**	**$1,015**	**$1,015**	**$1,015**

BCP Title: Enhanced Treatment Program **BR Name: 4440-090-ECP-2021-MR**

Personal Services Details

Positions			Salary Information Min	Mid	Max	CY	BY	BY+1	BY+2	BY+3	BY+4
1138	-	Office Techn (Gen)				-0.4	-0.6	0.0	0.0	0.0	0.0
4588	-	Assoc Accounting Analyst				-0.3	-0.3	0.0	0.0	0.0	0.0
5393	-	Assoc Govtl Program Analyst				-0.7	-0.8	0.0	0.0	0.0	0.0
7619	-	Staff Psychiatrist (Safety)				-0.5	0.4	0.0	0.0	0.0	0.0
8094	-	Registered Nurse (Safety)				-7.5	-6.8	0.0	0.0	0.0	0.0
8252	-	Sr Psych Techn (Safety)				-2.2	0.0	0.0	0.0	0.0	0.0
8253	-	Psych Techn (Safety)				-8.5	1.9	0.0	0.0	0.0	0.0
8324	-	Rehab Therapist (Recr-Safety)				-1.0	-0.9	0.0	0.0	0.0	0.0
9699	-	Hlth Svcs Spec (Safety)				-0.4	-0.6	0.0	0.0	0.0	0.0
9872	-	Clinical Soc Worker (Hlth/CF)-Safety				-0.5	0.4	0.0	0.0	0.0	0.0
9873	-	Psychologist (Hlth Facility-Clinical-Safety)				-1.0	-0.9	0.0	0.0	0.0	0.0
VR00	-	Various				0.0	0.0	0.0	0.0	0.0	0.0
Total Positions						**-23.0**	**-8.2**	**0.0**	**0.0**	**0.0**	**0.0**

Salaries and Wages			CY	BY	BY+1	BY+2	BY+3	BY+4
1138	-	Office Techn (Gen)	-16	-24	0	0	0	0
4588	-	Assoc Accounting Analyst	-21	-21	0	0	0	0
5393	-	Assoc Govtl Program Analyst	-47	-53	0	0	0	0
7619	-	Staff Psychiatrist (Safety)	-136	108	0	0	0	0
8094	-	Registered Nurse (Safety)	-774	-702	0	0	0	0
8252	-	Sr Psych Techn (Safety)	-167	0	0	0	0	0
8253	-	Psych Techn (Safety)	-560	125	0	0	0	0
8324	-	Rehab Therapist (Recr-Safety)	-80	-72	0	0	0	0
9699	-	Hlth Svcs Spec (Safety)	-41	-62	0	0	0	0
9872	-	Clinical Soc Worker (Hlth/CF)-Safety	-42	34	0	0	0	0
9873	-	Psychologist (Hlth Facility-Clinical-Safety)	-107	-96	0	0	0	0
VR00	-	Various	0	367	367	367	367	367
Total Salaries and Wages			**$-1,991**	**$-396**	**$367**	**$367**	**$367**	**$367**

Staff Benefits

5150200 - Disability Leave - Industrial	-27	-9	1	1	1	1
5150210 - Disability Leave - Nonindustrial	-10	3	7	7	7	7
5150350 - Health Insurance	-138	-206	-153	-153	-153	-153
5150450 - Medicare Taxation	-29	-1	10	10	10	10
5150500 - OASDI	-5	-5	1	1	1	1
5150600 - Retirement - General	-436	201	373	373	373	373
5150700 - Unemployment Insurance	-2	-4	-3	-3	-3	-3
5150800 - Workers' Compensation	-90	-37	-2	-2	-2	-2
5150900 - Staff Benefits - Other	-249	319	414	414	414	414
Total Staff Benefits	**$-986**	**$261**	**$648**	**$648**	**$648**	**$648**
Total Personal Services	**$-2,977**	**$-135**	**$1,015**	**$1,015**	**$1,015**	**$1,015**

STATE HOSPITALS
VOCATIONAL SERVICES AND PATIENT MINIMUM WAGE CASELOAD
Program Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	**0.0**	**0.0**	**0.0**	**-$100**	**$0**	**$0**
One-time	*0.0*	*0.0*	*0.0*	*-$100*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
May Revision	**0.0**	**0.0**	**0.0**	**-$625**	**$0**	**$0**
One-time	*0.0*	*0.0*	*0.0*	*-$625*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Total	**0.0**	**0.0**	**0.0**	**-$725**	**$0**	**$0**
One-time	*0.0*	*0.0*	*0.0*	*-$725*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*

BACKGROUND:

As part of the patient treatment plan and rehabilitation process, the Department of State Hospitals (DSH) offers its patients access to the Vocational Rehabilitation Program, which serves as a therapeutic program to provide a range of vocational skills and therapeutic interventions for patients. DSH clinicians work closely with DSH Vocational Rehabilitation Program managers to incorporate a treatment plan to assist patients in developing social, occupational, life, and career skills, and confidence. This assists patients in preparing for discharge and/or transition to next level of care, successful community integration when released, obtaining future employment and reducing criminal recidivism.

The program consists of clinicians evaluating the patient's current health to determine if the patient meets the preliminary criteria to participate in the program, including medical clearance and approval, determining the patient is not a danger to themselves or others and the program will be beneficial for the patient's treatment and care. The program allows patients to be paid an hourly wage for the work performed. Patient work consists of the following type of jobs:

- Custodial
- Kitchen Worker
- Product Assembler
- Laundry Attendant
- Landscaper
- Painter
- Plumbing
- Barber
- Horticulture
- Multimedia Production
- Peer Mentor
- Office Clerk
- Repair Technician

The Vocational Rehabilitation Program strives to build and enhance patient skills through direct physical experiences patients can effectively use while in the hospital or community for employment stabilization and reduction of recidivism.

The 2019 Budget Act included $3.2 million in ongoing funding beginning in fiscal year (FY) 2019-20 for DSH to implement a new uniform wage structure for DSH's Vocational Rehabilitation Program. This allows DSH to pay a standardized federal minimum wage for its patients, who are not California Department of Corrections and Rehabilitation (CDCR) inmates, participating in vocational rehabilitation programs across the five state hospitals.

In the FY 2021-22 Governor's Budget, DSH reflected a one-time estimated current year (CY) savings of $100,000. Due to COVID-19, the vocational referrals were impacted by the restrictions on patient work and the many job sites and activities that cannot host patient workers at this time.

DESCRIPTION OF CHANGE:

As of the FY 2021-22 May Revision, the Vocational Services Program is still impacted due to the restrictions from COVID-19. However, patient work is expected to begin again over the coming months as DSH continues to assess opportunities to safely and appropriately resume patient activities.

The table below reflects FY 2020-21 actual data including expenditures, average hours worked and the average number of patient workers through February 2021.

FY 2020-21 Actual Data as of February 2021

State Hospitals	Expenditures	Avg Hours Worked	Avg Number of Patient Workers
Atascadero	$308,864	57	112
Coalinga	$857,082	35	449
Metropolitan	$87,678	17	90
Napa	$68,755	13	91
Patton	$43,547	14	54
Total:	**$1,365,925**	**136**	**796**

The Vocational Services Program was brought to a halt by safety protocols instituted to prevent the spread of COVID-19. As a result, there was a considerable decrease in patient workers and wages paid. As of February 2021, the program is operating at approximately 50 percent capacity. As the number of COVID-19 cases decrease and vaccination rates increase, patients will be able to resume work on the units, and the program will eventually resume standard operations.

In an effort to open patient job sites back up, hospitals allowed some patient workers to resume working with Personal Protective Equipment (PPE), while maintaining a distance of six feet starting February 2021. New outdoor job assignments, such as landscaping, and vehicle washing positions were created to help maintain the number of patient workers allowed to work. These new assignments do not result in an increased request as there are CY savings from other assignments unable to be completed due to COVID-19. If these assignments continue once normal operations resume, a subsequent request will be submitted.

Funding

Current Year Projections

The table below displays the projected FY 2020-21 monthly average number of patient workers, monthly average hours worked per patient, and total expenditures. Due to COVID-19, DSH has adjusted its projection methodology. The below projections were calculated by utilizing FY 2020-21 actuals for hours worked, number of patient workers, and expenditures at the COVID-19 level of operations, with an assumption that standard patient work hours and wages will begin to resume in June 2021.

FY 2020-21

State Hospitals	Avg Hours Worked per Patient	Avg Number of Patient Workers	Expenditures
Atascadero	56	117	$483,000
Coalinga	33	488	$1,339,000
Metropolitan	9	171	$137,000
Napa	8	162	$107,000
Patton	14	56	$68,000
Total:	**120**	**995**	**$2,134,000**

Budget Year Projections

The table below displays the projected FY 2021-22 monthly average number of patient workers, monthly average hours worked per patient, and total expenditures. DSH is projecting that as the program resumes standard operations, the program will return to a capacity similar to FY 2019-20. An update will be provided in the FY 2022-23 Governor's Budget.

FY 2021-22

State Hospitals	Avg Hours Worked per Patient	Avg Number of Patient Workers	Expenditures
Atascadero	12	190	$197,000
Coalinga	31	640	$1,706,000
Metropolitan	3	133	$39,000
Napa	37	237	$758,000
Patton	9	209	$159,000
Total:	**91**	**1,409**	**$2,859,000**

Current Year Allocation Adjustment

Comparing the base allocation from FY 2019-20 to the FY 2020-21 projections, DSH is showing a one-time savings of $625,000 in CY. The table below displays the anticipated savings.

FY 2020-21[1]

State Hospitals	FY 2020-21 Allocation[1]	FY 2020-21 Projected Expenditures	FY 2020-21 Adjustment
Atascadero	$624,000	$483,000	-$141,000
Coalinga	$1,607,000	$1,339,000	-$268,000
Metropolitan	$133,000	$137,000	$4,000
Napa	$167,000	$107,000	-$60,000
Patton	$228,000	$68,000	-$160,000
Sacramento	$334,000	$334,000	$0
Total:	**$3,093,000**	**$2,468,000**	**-$625,000**

Budget Year Allocation Adjustment

For the hospitals, comparing the base allocation from FY 2019-20 to the FY 2020-21 projections, DSH is projecting the program resumes standard operations similar to that of FY 2019-20 as of January 2022. DSH is not requesting any additional funds at this time. An update will be provided in the FY 2022-23 Governor's Budget.

FY 2021-22

State Hospitals	FY 2021-22 Allocation	FY 2021-22 Projected Expenditures	FY 2021-22 Adjustment
Atascadero	$197,000	$197,000	$0
Coalinga	$1,706,000	$1,706,000	$0
Metropolitan	$39,000	$39,000	$0
Napa	$758,000	$758,000	$0
Patton	$159,000	$159,000	$0
Sacramento	$334,000	$334,000	$0
Total:	**$3,193,000**	**$3,193,000**	$0

Fusion II Payroll System

The Fusion II system is scheduled to be fully implemented at DSH-Atascadero, DSH-Napa and DSH-Metropolitan by June 2021, and at DSH-Coalinga and DSH-Patton by September 2021. The new implementation schedule was delayed due to technical system configurations. However, this will still replace the antiquated Trust Accounting Cashiering System II (TACS II) system and provide a single, uniform patient payroll and trust accounting system at all state hospitals.

[1] Updated FY 2020-21 allocation includes the one-time $100,000 reduction reported in the FY 2021-22 Governor's Budget.

BCP Fiscal Detail Sheet

BCP Title: Vocational Services and Patient Wages **BR Name: 4440-076-ECP-2021-MR**

Budget Request Summary

	FY21					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Operating Expenses and Equipment						
539X - Other	-625	0	0	0	0	0
Total Operating Expenses and Equipment	**$-625**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Budget Request	**$-625**	**$0**	**$0**	**$0**	**$0**	**$0**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	-625	0	0	0	0	0
Total State Operations Expenditures	**$-625**	**$0**	**$0**	**$0**	**$0**	**$0**
Total All Funds	**$-625**	**$0**	**$0**	**$0**	**$0**	**$0**

Program Summary

Program Funding						
4410010 - Atascadero	-141	0	0	0	0	0
4410020 - Coalinga	-268	0	0	0	0	0
4410030 - Metropolitan	4	0	0	0	0	0
4410040 - Napa	-60	0	0	0	0	0
4410050 - Patton	-160	0	0	0	0	0
Total All Programs	**$-625**	**$0**	**$0**	**$0**	**$0**	**$0**

STATE HOSPITALS
MISSION-BASED REVIEW – DIRECT CARE NURSING
Program Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	**0.0**	**0.0**	**0.0**	**$0**	**$0**	**$0**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
May Revision	**-39.1**	**0.0**	**0.0**	**-$4,351**	**$434**	**$434**
One-time	*-39.1*	*0.0*	*0.0*	*-$4,351*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$434*	*$434*
Total	**-39.1**	**0.0**	**0.0**	**-$4,351**	**$434**	**$434**
One-time	*-39.1*	*0.0*	*0.0*	*-$4,351*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$434*	*$434*

BACKGROUND:

In 2013, the Department of State Hospitals (DSH) initiated a comprehensive effort to evaluate staffing practices amongst the five state hospitals. This study, identified as DSH's Clinical Staffing Study, was assembled to ensure past practices and staffing methodologies continue to be adequate and appropriate for the department's growing and evolving populations, as well as consistent amongst all DSH facilities. DSH's population served has grown by 34 percent since fiscal year (FY) 2007-08, including Jail Based Competency Programs (JBCT). In addition to this growth, the composition of the population has changed, becoming increasingly more forensic and geriatric. These dynamics, along with the application of new treatment modalities, over time necessitate the review and analysis of current staffing models.

The Clinical Staffing Study is comprised of four components: Hospital Forensic Departments, 24-Hour Care Nursing Services, Protective Services, and Treatment Planning and Delivery. Each of these components involve a comprehensive examination into current staffing practices and development of staffing methodologies. These four components each provide critical and required services to DSH patients through statutorily required forensic evaluations for the courts, 24-hour housing and nursing care, safety to patients and treatment providers, and delivery of psychiatric treatment. As part of each component's assessment, the Clinical Staffing Study will review current staffing standards and practices, propose new data-driven staffing methodologies to adequately support the current populations served, assess relief factor coverage needs and review current staffing levels within core clinical and safety functions.

The staffing standard was developed through research conducted within DSH's Clinical Staffing Study and in collaboration with the Department of Finance (DOF) Research and Analysis Unit through a Mission-Based Review. The proposal examined nurse-to-patient ratios for providing 24-hour nursing care and the components available to achieve these ratios including internal registries, overtime, and position movements among facilities. The proposal additionally presented staffing methodologies for the administration of medication and the afterhours nursing supervisory structure. All methodologies will be re-assessed annually with updates provided within the annual DSH Caseload Estimate.

The 2019 Budget Act included a total of 379.5 positions and $46 million, phased-in over three years, to support the workload of providing 24-hour care nursing services within DSH. The 2020 Budget Act shifted resources in response to the economic impacts of the COVID-19 pandemic. The positions were shifted based on need and updated to be phased-in across a four-year period.

DESCRIPTION OF CHANGE:

Medication Pass Psychiatric Technicians

In the FY 2019-20 Governor's Budget, a total of 335.0 positions were allocated to support the Medication Pass rooms to be phased-in over three years. In the FY 2020-21 May Revision, all recruitment efforts were paused, and resources shifted to focus on managing COVID-19 priorities and minimizing exposure. DSH adjusted the 335.0 positions to be phased-in over four years. The phase-in resumed in July of 2020. As of March 1, 2021, 95.5 positions have been established and 63.3 have been filled. Recruitment for the positions released April 1, 2021 is in progress at DSH-Metropolitan and DSH-Napa, with an additional 0.8 positions projected to be filled May 2021. Recruitment efforts at DSH-Atascadero, DSH-Coalinga, and DSH-Patton have been paused while the hospitals refocus on critical COVID-19 priorities and on-unit Psychiatric Technicians staffing. These delays in recruitment and staffing will result in a one-time savings of $4.4 million in FY 2020-21. The table below displays the scheduled phase-ins, the total number of positions, and the filled positions.

Medication Pass Psychiatric Technicians Phase-ins						
Fiscal Year	**July 1st Positions**	**October 1st Positions**	**January 1st Positions**	**April 1st Positions**	**Total**	**Filled**
2019-20	0.0	19.7	12.6	0.0	**32.3**	**32.3**
2020-21	19.2	28.0	16.0	8.0	**71.2**	**31.0**
2021-22	49.0	25.5	17.0	8.5	**100.0**	**0.0**
2022-23	51.0	22.5	13.4	6.0	**92.9**	**0.0**
2023-24	38.6	0.0	0.0	0.0	**38.6**	**0.0**
TOTAL	**157.8**	**95.7**	**59.0**	**22.5**	**335.0**	**63.3**

Afterhours Supervising Registered Nurses (SRNs)

In the FY 2019-20 Governor's Budget, a total of 44.5 positions were allocated to provide nursing supervision afterhours to be phased-in over one year. In the FY 2020-21 May Revision, all recruitment efforts were paused, and resources shifted to focus on managing the COVID-19 priorities and minimizing exposure. DSH adjusted the 44.5 positions to be phased-in over two years. As of March 1, 2021, the hospitals are preparing recruitment efforts for the remaining 35.5 SRN positions that will be established July 1, 2021. The table below displays the scheduled phase-ins, the total number of positions, and the filled positions.

Afterhours Supervising Registered Nurses Phase-ins						
Fiscal Year	**July 1st Positions**	**October 1st Positions**	**January 1st Positions**	**April 1st Positions**	**Total**	**Filled**
2019-20	0.0	0.0	1.5	0.0	**1.5**	**1.5**
2020-21	7.5	0.0	0.0	0.0	**7.5**	**7.5**
2021-22	35.5	0.0	0.0	0.0	**35.5**	**0.0**
TOTAL	**43.0**	**0.0**	**1.5**	**0.0**	**44.5**	**9.0**

Alignment of Position Authority

The proposal reallocated position authority between the hospitals to provide DSH-Metropolitan and DSH-Napa authorized positions to meet the need identified by the Direct Care Nursing Budget Change Proposal (BCP). The hospital position shifts are in the following status:

- DSH-Atascadero shifted 112.0 positions out of 132.0
- DSH-Coalinga shifted 55.0 positions out of 76.1
- DSH-Patton shifted 27.4 positions out of 27.4
- Once all position shifts are complete, this will equate to a total gain of 142.5 positions for DSH-Metropolitan and 93.0 positions for DSH-Napa

Due to current filled positions and recruitment efforts in process, some of the vacant positions originally identified in the BCP to move between hospitals are no longer vacant, and therefore unavailable to be shifted to a different location. DSH will continue to work with the hospitals to identify remaining positions to be shifted as vacancies are identified. As of March 1, 2021, 69.0 of the shifted positions have been filled and recruitment and hiring efforts continue at DSH-Napa and DSH-Metropolitan to fill the remaining positions. This effort redistributed position authority only and did not reallocate funding, so there are no savings associated with the unfilled positions.

Licensed Vocational Nurses

DSH has been evaluating nursing classifications that may assist with reducing mandatory overtime hours. Licensed Vocational Nurses (LVN) have been identified as a classification that may be more accessible and easier to recruit. Hospitals have been given the opportunity to reclass vacant nursing classifications into LVNs. The table below displays positions that have been converted to LVNs at each hospital.

Converted Licensed Vocational Nurses				
Hospital	**Psychiatric Technicians (8253)**	**Registered Nurses (8094)**	**Licensed Vocational Nurses (8274)**	**Filled**
Atascadero	0.0	-4.0	4.0	4.0
Coalinga	0.0	0.0	0.0	0.0
Metropolitan	0.0	0.0	0.0	0.0
Napa	0.0	0.0	0.0	0.0
Patton	0.0	0.0	0.0	0.0
Total	**0.0**	**-4.0**	**4.0**	**4.0**

Temporary Help and Contracted Help Hours

Temporary help position authority is used to meet intermittent nursing staffing needs. The BCP added 254.0 temporary help position authority to better align budgeted levels with the levels used during FY 2017-18. As of the FY 2021-22 May Revision, DSH will not be requesting additional temporary help resources. DSH will reevaluate their temporary help needs in in the FY 2022-23 Governor's Budget to determine if additional authority is needed. As stipulated in the original BCP, future requests may include increasing the temporary help authority to better align with hospital staffing needs and reduce overtime usage.

Redirected Off-Unit Positions

DSH identified 50.0 nursing classification positions to be redirected from administrative functions back to providing nursing services on the units. As part of this redirection of off-unit nursing staff, DSH established 50.0 administrative positions, primarily using interchangeable classifications Staff Services Analysts (SSA) or Associate Governmental Program Analysts (AGPA), in order to redirect 50.0 nursing positions back to the units.

As of March 1, 2021, all 50.0 positions have been shifted back to the units, and all 50.0 of the administrative positions received have been filled.

Position Funding Gap

DSH has recognized an oversight in the phase-in process of positions that are tied to MBR – Direct Care Nursing. When each proposal was created, DSH costed each position at the current salary range recognized by CalHR. At the time of development, only the positions in current year (CY) and budget year (BY) would be included in the DOF annual Employee Compensation and Employer Contribution Retirement drills. Any positions requested in the outyears would not be included in the Employee Compensation and Retirement drills until they appear on the Schedule 8. Due to the fact these BY and outyear unestablished positions do not reflect the updated bargaining unit contract negotiations or pay differentials for qualified positions, DSH is requesting to true-up prior year positions that have already phased-in and develop a process to mitigate this issue going forward until all positions are established.

To determine the increases for prior year phase-in positions DSH found the difference between what the phased-in positions were costed at, and the amount it would have been costed at if determined during the building of the phase-in year's budget. DSH requests $434,000 in BY and ongoing to account for the underfunded phased-in positions. Going forward, DSH will determine the additional funding to be requested during the development of the Governor's Budget. Positions that are going to be phased-in for BY will be trued-up and the difference will be requested.

BCP Fiscal Detail Sheet

BCP Title: Mission Based Review: Direct Care Nursing **BR Name: 4440-084-ECP-2021-MR**

Budget Request Summary

	FY21					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Personal Services						
Positions - Permanent	-39.1	0.0	0.0	0.0	0.0	0.0
Total Positions	**-39.1**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Salaries and Wages						
Earnings - Permanent	-2,502	380	380	380	380	380
Total Salaries and Wages	**$-2,502**	**$380**	**$380**	**$380**	**$380**	**$380**
Total Staff Benefits	-1,223	54	54	54	54	54
Total Personal Services	**$-3,725**	**$434**	**$434**	**$434**	**$434**	**$434**
Operating Expenses and Equipment						
5301 - General Expense	-313	0	0	0	0	0
5304 - Communications	-39	0	0	0	0	0
5320 - Travel: Out-of-State	-39	0	0	0	0	0
5324 - Facilities Operation	-196	0	0	0	0	0
5346 - Information Technology	-39	0	0	0	0	0
Total Operating Expenses and Equipment	**$-626**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Budget Request	**$-4,351**	**$434**	**$434**	**$434**	**$434**	**$434**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	-4,351	434	434	434	434	434
Total State Operations Expenditures	**$-4,351**	**$434**	**$434**	**$434**	**$434**	**$434**
Total All Funds	**$-4,351**	**$434**	**$434**	**$434**	**$434**	**$434**

Program Summary

Program Funding						
4410010 - Atascadero	-1,335	50	50	50	50	50
4410020 - Coalinga	-668	96	96	96	96	96
4410030 - Metropolitan	-668	76	76	76	76	76
4410040 - Napa	-11	143	143	143	143	143
4410050 - Patton	-1,669	69	69	69	69	69
Total All Programs	**$-4,351**	**$434**	**$434**	**$434**	**$434**	**$434**

BCP Title: Mission Based Review: Direct Care Nursing **BR Name: 4440-084-ECP-2021-MR**

Personal Services Details

Positions	Salary Information Min	Mid	Max	CY	BY	BY+1	BY+2	BY+3	BY+4
8253 - Psych Techn (Safety)				-39.1	0.0	0.0	0.0	0.0	0.0
VR00 - Various				0.0	0.0	0.0	0.0	0.0	0.0
Total Positions				**-39.1**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
8253 - Psych Techn (Safety)	-2,502	0	0	0	0	0
VR00 - Various	0	380	380	380	380	380
Total Salaries and Wages	**$-2,502**	**$380**	**$380**	**$380**	**$380**	**$380**
Staff Benefits						
5150200 - Disability Leave - Industrial	-33	-2	-2	-2	-2	-2
5150210 - Disability Leave - Nonindustrial	-13	-7	-7	-7	-7	-7
5150350 - Health Insurance	-174	-191	-191	-191	-191	-191
5150450 - Medicare Taxation	-37	10	10	10	10	10
5150500 - OASDI	0	12	12	12	12	12
5150600 - Retirement - General	-539	-172	-172	-172	-172	-172
5150700 - Unemployment Insurance	-2	0	0	0	0	0
5150800 - Workers' Compensation	-112	27	27	27	27	27
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	264	264	264	264	264
5150900 - Staff Benefits - Other	-313	113	113	113	113	113
Total Staff Benefits	**$-1,223**	**$54**	**$54**	**$54**	**$54**	**$54**
Total Personal Services	**$-3,725**	**$434**	**$434**	**$434**	**$434**	**$434**

STATE HOSPITALS
WORKFORCE DEVELOPMENT
Program Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	**0.0**	**0.0**	**0.0**	**-$425**	**$0**	**$0**
One-time	*0.0*	*0.0*	*0.0*	*-$425*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
May Revision	**-1.2**	**0.0**	**0.0**	**-$203**	**-$40**	**-$40**
One-time	*-1.2*	*0.0*	*0.0*	*-$203*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*-$40*	*-$40*
Total	**-1.2**	**0.0**	**0.0**	**-$628**	**-$40**	**-$40**
One-time	*-1.2*	*0.0*	*0.0*	*-$628*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*-$40*	*-$40*

BACKGROUND:

The provision of mental health care requires attracting and retaining a sufficient workforce of trained medical professionals, psychologists, social workers, rehabilitative therapists and nursing staff. This BCP focused on psychiatrists and nursing level of care staff due to the high vacancy rates in these classifications. In California, a medical doctor specializing in the diagnosis, treatment, and prevention of mental health illness must complete a four-year residency program in psychiatry in addition to specialized fellowship training to become a licensed psychiatrist.

While DSH employs a large number of psychiatrists, many positions remain vacant. DSH and other state employers of psychiatrists, such as California Department of Corrections and Rehabilitation (CDCR), are experiencing difficulties in filling these positions largely due to the nationwide shortage of psychiatrists. In addition, successful recruitment is also challenged by the high-risk work environment. While nursing level of care classifications vary at DSH, this request focused primarily on recruitment for registered nurses (RNs) and psychiatric technicians (PTs). These two nursing classifications reflect most of the authorized nursing positions at DSH.

The 2019 Budget Act included a total of 8.0 permanent full-time positions and $1.8 million in fiscal year (FY) 2019-20, $2.2 million in FY 2020-21, $2.4 million in FY 2021-22 and FY 2022-23 and $2.6 million in FY 2023-24 and ongoing, to support the development and implementation of a Psychiatric Residency Program and expand resources for Nursing Recruitment to meet the mission of providing mental health services to patients and reduce vacancy rates for mental health providers.

In the FY 2021-22 Governor's Budget, DSH reported a total one-time current year (CY) savings of $425,000 related to delays in program activation, contract agreements, and hiring for the Psychiatric Residency Program and the Psychiatric Technician Program.

The following table displays the progress of the implementation:

Position	Program	Authority	Filled
Program Director	Residency	1.0	1.0
Assistant Program Director	Residency	1.0	0.0
Nurse Instructor	Psych Tech Program	5.0	4.0
Associate Governmental Program Analyst (AGPA)	Psych Tech Program	1.0	1.0
TOTAL:		**8.0**	**6.0**

DESCRIPTION OF CHANGE:

Psychiatric Residency Program Update

The Residency Program at St. Joseph Medical Center (SJMC) received accreditation from the Accreditation Council for Graduate Medical Education (ACGME) in February 2021, which enables recruitment for residents. The Residency Program has matched its first cohort of seven residents and is currently anticipating beginning in July 2021. Suitable candidates for DSH's Assistant Program Director for the residency program have not yet been found. To increase the candidate pool, DSH has been recruiting for an alternative position classification; Hospital Administration Resident II. The Hospital Administration Resident II position is expected to be filled by May 1, 2021. This delay will cause an additional one-time CY savings $70,000 for a total savings of $136,000 in FY 2020-21.

Psychiatric Technician Program Update

DSH-Atascadero and Cuesta College are currently expecting cohort expansions to start in late Spring 2021. The cohort expanded to include an additional 15 students, for a total cohort size of 45 students.

DSH-Napa executed the contractual agreement with Napa Valley College and hired the Nurse Instructor position February 1, 2021. The Nurse Instructor will begin teaching at Napa Valley College starting April 2, 2021. As a result of the additional Nurse Instructor, the cohort expanded to include an additional 6 students, for a total cohort size of 36 students. The delayed hiring caused an additional one-time CY savings of $33,000 for a total savings of $102,000 in FY 2020-21.

In Governor's Budget, the contract agreement between DSH-Coalinga and West Hills College (WHC) reported delays due to limited cohort size associated with COVID-19 safety protocols, as WHC will only use DSH Nurse Instructors for cohort size of 45 students per the contract agreement. After further discussion, it was determined that the DSH-Coalinga can only allow 30 students on-site at any given time due to safety and security for staff, students, and patients, not just COVID-19 protocols. This restriction means that WHC can not commit to a contractual agreement and utilize 1.0 of the Nurse Instructor position as allocated. As a result, an additional one-time CY savings of $100,000 is realized for a total savings of $169,000 in FY 2020-21.

While increasing the WHC cohort size is no longer a viable option for DSH, the need for outreach and recruitment of these classification remains. DSH will redirect DSH-Coalinga's allocated Nurse Instructor to the DSH-Sacramento Recruitment Unit and reclass to an Associate Governmental Program Analyst (AGPA).

This position will work as a Recruitment Outreach Specialist, focusing on expanding all recruitment and outreach efforts to not only Psychiatric Technicians but also include the Registered Nurses (RN) for all five hospitals throughout all California. The AGPA's duties will include the following:

- Participating in virtual and in-person career fairs in California for both Psychiatric Technicians and RN classifications
- Cold call and email RN Nursing and Psychiatric Technician Program Directors to schedule workshops with the students for career opportunities presentations
- Work with DSH hospital staff in the targeted profession to obtain input on recruitment strategies for hard to recruit classifications
- Developing recruitment advertising materials and researching the most effective publications and websites on which to recruit for potential candidates
- Forming strategic partnerships with education and professional organizations that can assist students to obtain employment with DSH upon graduation
- Acting as the hospitals' liaison and point-of-contact for interested candidates in hospital positions

DSH requests to redirect $129,000 in ongoing funding in Budget Year (BY) from the unutilized DSH-Coalinga Nurse Instructor to fund the Recruitment Outreach Specialist, effective July 1, 2021. This redirect and reclassification would result in an ongoing savings of $40,000 in BY and ongoing.

BCP Fiscal Detail Sheet

BCP Title: Mission-Based Review--Workforce Development **BR Name: 4440-088-ECP-2021-MR**

Budget Request Summary

	FY21					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Personal Services						
Positions - Permanent	-1.2	0.0	0.0	0.0	0.0	0.0
Total Positions	**-1.2**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Salaries and Wages						
Earnings - Permanent	-117	-32	-32	-32	-32	-32
Total Salaries and Wages	**$-117**	**$-32**	**$-32**	**$-32**	**$-32**	**$-32**
Total Staff Benefits	-64	-8	-8	-8	-8	-8
Total Personal Services	**$-181**	**$-40**	**$-40**	**$-40**	**$-40**	**$-40**
Operating Expenses and Equipment						
5301 - General Expense	-10	0	0	0	0	0
5304 - Communications	-2	0	0	0	0	0
5320 - Travel: In-State	-2	0	0	0	0	0
5324 - Facilities Operation	-6	0	0	0	0	0
5346 - Information Technology	-2	0	0	0	0	0
Total Operating Expenses and Equipment	**$-22**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Budget Request	**$-203**	**$-40**	**$-40**	**$-40**	**$-40**	**$-40**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	-203	-40	-40	-40	-40	-40
Total State Operations Expenditures	**$-203**	**$-40**	**$-40**	**$-40**	**$-40**	**$-40**
Total All Funds	**$-203**	**$-40**	**$-40**	**$-40**	**$-40**	**$-40**

Program Summary

Program Funding						
4400010 - Headquarters Administration	0	128	128	128	128	128
4400020 - Hospital Administration	0	1	1	1	1	1
4410020 - Coalinga	-101	-169	-169	-169	-169	-169
4410040 - Napa	-102	0	0	0	0	0
Total All Programs	**$-203**	**$-40**	**$-40**	**$-40**	**$-40**	**$-40**

BCP Title: Mission-Based Review--Workforce Development **BR Name: 4440-088-ECP-2021-MR**

Personal Services Details

Positions	Salary Information Min	Mid	Max	CY	BY	BY+1	BY+2	BY+3	BY+4
5393 - Assoc Govtl Program Analyst				0.0	1.0	1.0	1.0	1.0	1.0
8102 - Program Asst				-0.4	0.0	0.0	0.0	0.0	0.0
8154 - Nurse Instructor				-0.8	-1.0	-1.0	-1.0	-1.0	-1.0
Total Positions				**-1.2**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
5393 - Assoc Govtl Program Analyst	0	70	70	70	70	70
8102 - Program Asst	-37	0	0	0	0	0
8154 - Nurse Instructor	-80	-102	-102	-102	-102	-102
Total Salaries and Wages	**$-117**	**$-32**	**$-32**	**$-32**	**$-32**	**$-32**
Staff Benefits						
5150200 - Disability Leave - Industrial	-2	0	0	0	0	0
5150210 - Disability Leave - Nonindustrial	0	-1	-1	-1	-1	-1
5150350 - Health Insurance	-8	-4	-4	-4	-4	-4
5150450 - Medicare Taxation	-2	0	0	0	0	0
5150500 - OASDI	-2	4	4	4	4	4
5150600 - Retirement - General	-29	-3	-3	-3	-3	-3
5150800 - Workers' Compensation	-6	-2	-2	-2	-2	-2
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	2	2	2	2	2
5150900 - Staff Benefits - Other	-15	-4	-4	-4	-4	-4
Total Staff Benefits	**$-64**	**$-8**	**$-8**	**$-8**	**$-8**	**$-8**
Total Personal Services	**$-181**	**$-40**	**$-40**	**$-40**	**$-40**	**$-40**

STATE HOSPITALS
MISSION-BASED REVIEW – COURT EVALUATIONS AND REPORTS
Program Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	**0.0**	**0.0**	**0.0**	**-$314**	**$0**	**$0**
One-time	*0.0*	*0.0*	*0.0*	*-$314*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
May Revision	**-13.7**	**0.0**	**0.0**	**-$2,707**	**$222**	**$222**
One-time	*-13.7*	*0.0*	*0.0*	*-$2,707*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$222*	*$222*
Total	**-13.7**	**0.0**	**0.0**	**-$3,021**	**$222**	**$222**
One-time	*-13.7*	*0.0*	*0.0*	*-$3,021*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$222*	*$222*

BACKGROUND:

In 2013, the Department of State Hospitals (DSH) initiated a comprehensive effort to evaluate staffing practices amongst the five state hospitals. This study, identified as DSH's Clinical Staffing Study, was assembled to ensure past practices and staffing methodologies continue to be adequate and appropriate for the department's growing and evolving populations, as well as, consistent amongst all DSH facilities. DSH's population served has grown by 34 percent since fiscal year (FY) 2007-08, including Jail Based Competency Programs (JBCT). In addition to this growth, the composition of the population has changed, becoming increasingly more forensic and geriatric. These dynamics along with the application of new treatment modalities over time necessitate the review and analysis of current staffing models.

The Clinical Staffing Study is comprised of four components: Hospital Forensic Departments, 24-Hour Care Nursing Services, Protective Services, and Treatment Planning and Delivery. Each of these components involve a comprehensive examination into current staffing practices and development of staffing methodologies. These four components each provide critical and required services to DSH patients through statutorily required forensic evaluations for the courts, 24-hour housing and nursing care, safety to patients and treatment providers, and delivery of psychiatric treatment. As part of each component's assessment, the Clinical Staffing Study was designed to review current staffing standards and practices, propose new data-driven staffing methodologies to adequately support the current populations served, assess relief factor coverage needs and review current staffing levels within core clinical and safety functions.

As part of DSH's staffing study efforts and in collaboration with the Department of Finance (DOF) Research and Analysis Unit through a Mission-Based Review, the process for completing all forensic services workload within each hospital's Forensic Services Department was examined. This examination involved review of all statutory language directing the commitment and treatment of patients, depiction of the forensic process (i.e., flow charts) from commitment to discharge for each commitment type, review of datasets available to document the throughput of the process and convening a multitude of subject matter expert interviews to document current practices and challenges. This in-depth review lead to the proposed methodologies for staffing each component of Forensic Services.

The 2019 Budget Act included 94.6 permanent full-time positions and $40.2 million, phased-in over three years, to implement a staffing standard to support the forensic services workload associated with court-directed patient treatment. The standard establishes population-driven methods for calculating staffing needs for the following forensic functions: Evaluations, Court Reports and Testimony, Forensic Case Management and Data Tracking and Neuropsychological Services (Neuropsychological Assessments and Cognitive Remediation Pilot Program).

The 2020 Budget Act shifted some of the resources approved in the 2019 Budget Act into the outyears in response to the economic impact of the COVID-19 pandemic. The positions were shifted based on need and phased-in across a four-year period.

In the Governor's Budget, DSH reported minimal position vacancies, which resulted in a one-time cost savings of $314,000 in FY 2020-21.

DECRIPTION OF CHANGE:

Evaluations, Court Reports and Testimony
In the FY 2020-21 Governor's Budget, a total of 53.1 positions were allocated to support forensic evaluations, court reports and testimony to be phased-in over three years. In the FY 2020-21 May Revision, recruitment efforts were paused, and resources shifted to focus on managing COVID-19 priorities and minimizing staff and patient exposure. DSH adjusted the 53.1 positions to be phased-in over four years. The next scheduled phase-in will occur January 1, 2022.

As of March 1, 2021, a total of 29.3 positions have been established and 23.5 positions have been filled. Additionally, DSH is projecting to fill another 1.3 positions before the end of the fiscal year. As a result, DSH recognizes an additional one-time current year (CY) savings of $1.4 million for a total savings of $1.5 million in FY 2020-21.

Evaluations, Court Reports and Testimony	7/1/2019	1/1/2021	7/1/2021	1/1/2022	7/1/2022	Total	Filled
Senior Psychiatrist Supervisor	0.0	1.0	1.0	0.0	0.0	**2.0**	**1.0**
Senior Psychiatrist Specialist	0.0	0.8	0.8	1.8	1.7	**5.1**	**0.0**
Staff Psychiatrist	-0.5	0.0	0.0	0.0	0.0	**-0.5**	**-0.5**
Senior Psychologist Supervisor	2.0	1.5	1.5	0.4	0.4	**5.9**	**2.7**
Senior Psychologist Specialist	26.8	4.2	4.1	5.1	5.0	**45.2**	**28.3**
Psychologist - Clinical	-10.5	0.0	0.0	0.0	0.0	**-10.5**	**-10.5**
Consulting Psychologist	2.0	1.0	0.9	0.5	0.5	**4.9**	**1.5**
Research Data Specialist II	1.0	0.0	0.0	0.0	0.0	**1.0**	**1.0**
TOTAL	**20.8**	**8.5**	**8.4**	**7.7**	**7.7**	**53.1**	**23.5**

Forensic Case Management and Data Tracking

In the FY 2020-21 Governor's Budget, a total of 16.3 positions were allocated to support forensic case management and data tracking, phased-in over two years. In the FY 2020-21 May Revision, recruitment efforts were paused, and resources shifted to focus on managing COVID-19 priorities and minimizing exposure. DSH adjusted the 16.3 positions to be phased-in over three years. As of the FY 2021-22 Governor's Budget, recruitment efforts have resumed and DSH has begun hiring incumbents.

As of March 1, 2021, 11.4 positions have been established. Of those positions, 6.0 have been filled and an additional 1.5 positions are projected to be filled by May 2021. An additional one-time savings of $413,000 will be recognized for a total savings of $452,000 in FY 2020-21.

Case Management and Data Tracking	7/1/2019	1/1/2021	7/1/2021	1/1/2022	7/1/2022	Total	Filled
Staff Services Manager I	1.0	0.0	0.0	0.0	0.0	**1.0**	**1.0**
Correctional Case Records Supervisor	-1.0	0.0	0.0	0.0	0.0	**-1.0**	**-1.0**
Psychiatric Technician	-6.0	0.0	0.0	0.0	0.0	**-6.0**	**-6.0**
Associate Governmental Program Analyst	15.0	2.1	2.1	0.0	0.0	**19.1**	**15.0**
Correctional Case Records Analyst	-14.5	0.0	0.0	0.0	0.0	**-14.5**	**-14.5**
Staff Services Analyst	12.0	2.9	2.9	0.0	0.0	**17.7**	**11.5**
TOTAL	**6.5**	**4.9**	**4.9**	**0.0**	**0.0**	**16.3**	**6.0**

Neuropsychological Services

In the FY 2020-21 Governor's Budget, a total of 25.2 positions were allocated to support neuropsychological services, phased-in over two years. This included 11.2 positions for conducting Neuropsychological Assessments and 14.0 positions in a Cognitive Remediation Pilot Program at DSH-Metropolitan and DSH-Napa. In the FY 2020-21 May Revision, recruitment efforts were paused, and resources shifted to focus on managing COVID-19 priorities and minimizing exposure. DSH adjusted the 25.2 positions to be phased-in over three years. The final position phase-in for Neuropsychological Services has been completed as of January 1, 2021. As of March 1, 2020, 19.1 positions have been established. Of those positions, 11.5 have been filled and an additional 1.7 positions are projected to be filled by May 2021. An additional one-time CY savings of $908,000 will be recognized for a total savings of $1.1 million in FY 2020-21.

The Cognitive Remediation Pilot Programs are progressing at both DSH-Metropolitan and DSH-Napa. These programs focus on treatment for patients identified during second level screening as having severe neurocognitive disorders. At both DSH-Metropolitan and DSH-Napa, patients have been selected for the remediation programs and baseline assessments are occurring.

Treatment space with computers has been set up and both hospitals started the first cohort group as of March 2020. In November 2020, less than 11 patients were in the program, and that number was expected to increase in February 2021. However, one of the participants in the cohort tested positive for COVID-19. This led to disruptions within the program and treatment delays.

Neuropsycho-logical Services	7/1/2019	1/1/2021	7/1/2021	1/1/2022	7/1/2022	Total	Filled
NEUROPSYCHOLOGICAL ASSESSMENTS AND TREATMENT							
Senior Psychologist Supervisor	2.0	0.8	0.8	0.0	0.0	**3.5**	**1.5**
Senior Psychologist Specialist	4.0	1.8	1.9	0.0	0.0	**7.7**	**4.0**
COGNITIVE REMEDIATION PILOT PROGRAM							
Senior Psychologist Specialist	3.0	0.5	0.5	0.0	0.0	**4.0**	**1.0**
Psychiatric Technician	4.0	3.0	3.0	0.0	0.0	**10.0**	**5.0**
TOTAL	**13.0**	**6.1**	**6.2**	**0.0**	**0.0**	**25.2**	**11.5**

Forensic Evaluator Kits

The Forensic Evaluation Departments (FED) within DSH have hired new evaluators into their departments, and as a result, there has arisen a need for additional psychological assessment instruments and software. These assessment instruments are vital in the performance of the job duties of the psychologists in the FED, which include assessment of personality, competency, malingering, and psychopathy. After the Court Evaluation Staffing Study was completed, the FED realized that while position needs were reviewed, the associated evaluation kits needed for new evaluators was not accounted for in the original request. As a result of this urgent need, DSH proposes to redirect $50,000 in CY savings to allow for the purchase of necessary assessment tools for kits.

Position Funding Gap

DSH has recognized an oversight in the phase-in process of positions that are tied to the Mission-Based Review – Court Evaluations and Reports proposal. When the proposal was created, DSH costed each position at the current salary range recognized by CalHR, which was FY 2018-19. At the time of development, only the positions in CY and budget year (BY) would be included in the DOF annual Employee Compensation and Employer Contribution Retirement drills. Any positions requested in the outyears would not be included in the Employee Compensation and Retirement drills until they appear on the Schedule 8. Due to the fact these BY and outyear unestablished positions do not reflect the updated bargaining unit contract negotiations or pay differentials for qualified positions, DSH is requesting to true-up of prior year positions that have already phased-in and develop a process to mitigate this issue going forward until all positions are established.

To determine the increases for prior year phase-in positions, DSH found the difference between what the phased-in positions were costed at, and the amount it would have been costed at if determined during the building of the phase-in year's budget. DSH requests $222,000 in BY and

ongoing to account for the underfunded phased-in positions. Going forward, DSH will determine the additional funding to be requested during the development of the Governor's Budget. Positions that are going to be phased-in for BY will be trued-up and the difference will be requested.

BCP Fiscal Detail Sheet

BCP Title: Mission-Based Review--Court Evaluations and Reports **BR Name: 4440-091-ECP-2021-MR**

Budget Request Summary

	FY21					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Personal Services						
Positions - Permanent	-13.7	0.0	0.0	0.0	0.0	0.0
Total Positions	**-13.7**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Salaries and Wages						
Earnings - Permanent	-1,685	125	125	125	125	125
Total Salaries and Wages	**$-1,685**	**$125**	**$125**	**$125**	**$125**	**$125**
Total Staff Benefits	-852	97	97	97	97	97
Total Personal Services	**$-2,537**	**$222**	**$222**	**$222**	**$222**	**$222**
Operating Expenses and Equipment						
5301 - General Expense	-110	0	0	0	0	0
5304 - Communications	-14	0	0	0	0	0
5320 - Travel: In-State	-14	0	0	0	0	0
5324 - Facilities Operation	-68	0	0	0	0	0
5346 - Information Technology	-8	0	0	0	0	0
539X - Other	44	0	0	0	0	0
Total Operating Expenses and Equipment	**$-170**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Budget Request	**$-2,707**	**$222**	**$222**	**$222**	**$222**	**$222**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	-2,707	222	222	222	222	222
Total State Operations Expenditures	**$-2,707**	**$222**	**$222**	**$222**	**$222**	**$222**
Total All Funds	**$-2,707**	**$222**	**$222**	**$222**	**$222**	**$222**

Program Summary

Program Funding						
4400010 - Headquarters Administration	-222	0	0	0	0	0
4400020 - Hospital Administration	5	0	0	0	0	0
4410010 - Atascadero	-644	25	25	25	25	25
4410020 - Coalinga	-570	33	33	33	33	33
4410030 - Metropolitan	-389	43	43	43	43	43
4410040 - Napa	-516	43	43	43	43	43

4410050 - Patton	-371	78	78	78	78	78
Total All Programs	**$-2,707**	**$222**	**$222**	**$222**	**$222**	**$222**

BCP Title: Mission-Based Review--Court Evaluations and Reports **BR Name: 4440-091-ECP-2021-MR**

Personal Services Details

Positions	Salary Information Min	Mid	Max	CY	BY	BY+1	BY+2	BY+3	BY+4
5157 - Staff Svcs Analyst (Gen)				-1.9	0.0	0.0	0.0	0.0	0.0
5393 - Assoc Govtl Program Analyst				-1.8	0.0	0.0	0.0	0.0	0.0
7609 - Sr Psychiatrist (Supvr)				-1.0	0.0	0.0	0.0	0.0	0.0
7616 - Sr Psychiatrist (Spec)				-0.9	0.0	0.0	0.0	0.0	0.0
7620 - Consulting Psychologist				-1.0	0.0	0.0	0.0	0.0	0.0
8253 - Psych Techn (Safety)				-1.1	0.0	0.0	0.0	0.0	0.0
9831 - Sr Psychologist (Hlth Facility) (Supvr)				-1.8	0.0	0.0	0.0	0.0	0.0
9839 - Sr Psychologist (Hlth Facility) (Spec)				-4.2	0.0	0.0	0.0	0.0	0.0
VR00 - Various				0.0	0.0	0.0	0.0	0.0	0.0
Total Positions				**-13.7**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
5157 - Staff Svcs Analyst (Gen)	-97	0	0	0	0	0
5393 - Assoc Govtl Program Analyst	-121	0	0	0	0	0
7609 - Sr Psychiatrist (Supvr)	-290	0	0	0	0	0
7616 - Sr Psychiatrist (Spec)	-252	0	0	0	0	0
7620 - Consulting Psychologist	-125	0	0	0	0	0
8253 - Psych Techn (Safety)	-72	0	0	0	0	0
9831 - Sr Psychologist (Hlth Facility) (Supvr)	-233	0	0	0	0	0
9839 - Sr Psychologist (Hlth Facility) (Spec)	-495	0	0	0	0	0
VR00 - Various	0	125	125	125	125	125
Total Salaries and Wages	**$-1,685**	**$125**	**$125**	**$125**	**$125**	**$125**

Staff Benefits						
5150200 - Disability Leave - Industrial	-22	-3	-3	-3	-3	-3
5150210 - Disability Leave - Nonindustrial	-9	-1	-1	-1	-1	-1
5150350 - Health Insurance	-117	-110	-110	-110	-110	-110
5150450 - Medicare Taxation	-26	3	3	3	3	3
5150500 - OASDI	-13	1	1	1	1	1
5150600 - Retirement - General	-377	1	1	1	1	1
5150800 - Workers' Compensation	-76	11	11	11	11	11
5150820 - Other Post-Employment Benefits	0	143	143	143	143	143

	(OPEB) Employer Contributions					
5150900 -	Staff Benefits - Other	-212	52	52	52	52	52
Total Staff Benefits		**$-852**	**$97**	**$97**	**$97**	**$97**	**$97**
Total Personal Services		**$-2,537**	**$222**	**$222**	**$222**	**$222**	**$222**

STATE HOSPITALS
MISSION-BASED REVIEW – TREATMENT TEAM AND PRIMARY CARE
Program Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	**0.0**	**10.0**	**10.0**	**$0**	**$0**	**$0**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*10.0*	*10.0*	*$0*	*$0*	*$0*
May Revision	**-13.4**	**44.3**	**0.0**	**-$4,417**	**$22,778**	**$28,016**
One-time	*-13.4*	*0.0*	*0.0*	*-$4,417*	*$12,193*	*$0*
Ongoing	*0.0*	*44.3*	*113.0*	*$0*	*$10,585*	*$28,016*
Total	**-13.4**	**54.3**	**123.0**	**-$4,417**	**$22,778**	**$28,016**
One-time	*-13.4*	*0.0*	*0.0*	*-$4,417*	*$12,193*	*$0*
Ongoing	*0.0*	*54.3*	*123.0*	*$0*	*$10,585*	*$28,016*

BACKGROUND:

In 2013, the Department of State Hospitals (DSH) initiated a comprehensive effort to evaluate staffing practices among the five state hospitals. This study, identified as DSH's Clinical Staffing Study, was conducted to ensure past practices and staffing methodologies continue to be both adequate and appropriate for the department's growing and evolving populations, and consistent among all DSH hospitals. DSH's population served has grown by 34 percent since fiscal year (FY) 2007-08, including Jail Based Competency Programs (JBCT). In addition to this growth, the structure of the population has become increasingly forensic and more geriatric. These dynamics, along with the application of new treatment methods, over time necessitate the review and analysis of current staffing models.

The Clinical Staffing Study is comprised of four components: Hospital Forensic Departments, 24-Hour Care Nursing Services, Protective Services, and Treatment Planning and Delivery. Each of these involved a comprehensive examination into current staffing practices and development of staffing methodologies. These four components each provide critical and required services to DSH patients through statutorily required forensic evaluations for the courts, 24-hour housing and nursing care, safety to patients and treatment providers and delivery of psychiatric and medical treatment. As part of each component's assessment, the Clinical Staffing Study reviewed current staffing standards and practices, reviewed current staffing levels and assessed available workload data, assessed relief factor coverage needs and developed data-driven staffing methodologies to adequately support workload functions and the current populations served.

As part of DSH's staffing study efforts and in collaboration with the Department of Finance Research and Analysis Unit through a Mission-Based Review (MBR), the four core areas of Treatment Planning and Delivery were examined:

- Interdisciplinary treatment team caseload ratios and categorization of treatment and treatment units
- Primary care delivery and physician caseload
- Clinical leadership structure
- Clinical programs and best practices

The Budget Change Proposal (BCP) contained within the FY 2020-21 Governor's Budget included a total request of 250.2 positions and $64.2 million, phased in across a five-year period, to support the workload of providing psychiatric and medical care treatment to patients committed to DSH. The phase-in requested 80.9 permanent full-time positions and $32.0 million in FY 2020-21, an additional 69.0 permanent full-time positions and $37.7 million in FY 2021-22, 48.7 permanent full-time positions and $49.7 million in FY 2022-23, 30.0 permanent full-time positions and $57.5 million in FY 2023-24 and the remaining 21.6 permanent full-time positions and $64.2 million in FY 2024-25.

Due to COVID-19, the 2020 Budget Act reflected the approved methodologies contained in the BCP but was only able to provide funding and resources for the most critical portions of the proposal, approving $5 million and 12.5 positions in FY 2020-21 and $10 million and 30.0 positions in FY 2021-22 and ongoing. This item will be reporting on the progress bi-annually, through the Enrollment, Caseload and Population (ECP) process in lieu of continuing to request the funding and positions for the remainder of the proposal.

In the 2021-22 Governor's Budget, DSH requested 10.0 permanent position authority only to permanently backfill behind the positions redirected from the hospitals to create the Clinical Operations Advisory Council (COAC) in the Clinical Operations Division in Sacramento.

DESCRIPTION OF CHANGE:

With the augmentation of funding and resources, DSH prioritized the Clinical Executive Structure and the partial implementation of Primary Medical Care in FY 2020-21. Implementation of other components of this proposal - including the remaining primary care positions, treatment team positions, trauma-informed care, and discharge planning resources - were delayed pending further resources. As of the FY 2021-22 May Revision, DSH requests the funding and position authority for full implementation of the BCP to be phased in over five years in alignment with the methodology previously approved. DSH yields a one-time savings in FY 2020-21 of $4.4 million and 13.4 positions due to hiring delays. DSH requests $12.2 million in one-time funding, $10.6 million and 44.3 positions in FY 2021-22, $28 million and 113.0 positions in FY 2022-23, $39.8 million and 161.7 positions in FY 2023-24, $47.5 million and 191.7 positions in FY 2024-25, and $54.1 million and 213.3 positions in FY 2025-26 and ongoing.

The tables below summarize the total staffing needs and the total positions received.

Total Staffing Needs:

Classification	Total Need	Current Resources	Remaining Need
Assistant Director of Dietetics	1.0	0.0	1.0
Assistant Medical Director	1.0	0.0	1.0
Associate Personnel Analyst	6.0	0.0	6.0
Chief of Primary Care Services	5.0	0.0	5.0
Chief Physician & Surgeon	11.0	5.0	6.0
Chief Psychologist	1.0	0.0	1.0
Clinical Social Worker	292.3	259.3	33.0
Medical Director	6.0	0.0	6.0
Pharmacist II	1.0	0.0	1.0
Physician & Surgeon	148.4	121.5	26.9
Program Director	1.0	0.0	1.0
Psychiatrist	287.3	224.7	62.6
Psychologist	287.3	227.6	59.7
Rehabilitation Therapist	288.4	256.3	32.1
Senior Psychiatrist Supervisor	1.0	0.0	1.0
Senior Psychologist Specialist	5.0	0.0	5.0
Senior Psychologist Supervisor	2.0	0.0	2.0
Supervising Registered Nurse	1.0	0.0	1.0
Supervising Rehab Therapist	1.0	0.0	1.0
Unit Supervisor	1.0	0.0	1.0
TOTAL	**1,347.7**	**1,094.4**	**253.3**

Total Staffing Received:

Classification	Request	Received	FY 2021-22 Governor's Budget Request	Remaining Need
Assistant Director of Dietetics	1.0	0.0	1.0	0.0
Assistant Medical Director	1.0	0.0	0.0	1.0
Associate Personnel Analyst	6.0	0.0	0.0	6.0
Chief of Primary Care Services	5.0	5.0	0.0	0.0
Chief Physician & Surgeon	6.0	5.0	0.0	1.0
Chief Psychologist	1.0	0.0	0.0	1.0
Clinical Social Worker	33.0	1.0	1.0	31.0
Medical Director	6.0	6.0	0.0	0.0
Pharmacist II	1.0	0.0	1.0	0.0
Physician & Surgeon	26.9	9.0	1.0	16.9
Program Director	1.0	0.0	0.0	1.0
Psychiatrist	62.6	1.0	1.0	60.6
Psychologist	59.7	1.0	0.0	58.7
Rehabilitation Therapist	32.1	1.0	0.0	31.1
Senior Psychiatrist Supervisor	1.0	0.0	1.0	0.0
Senior Psychologist Specialist	5.0	0.0	0.0	5.0
Senior Psychologist Supervisor	2.0	1.0	1.0	0.0
Supervising Registered Nurse	1.0	0.0	1.0	0.0
Supervising Rehab Therapist	1.0	0.0	1.0	0.0
Unit Supervisor	1.0	0.0	1.0	0.0
TOTAL	**253.3**	**30.0**	**10.0**	**213.3**

Interdisciplinary Treatment Team

The Treatment Team is responsible for the planning and delivery of treatment, discipline-specific other workload, administrative and professional responsibilities, crisis prevention, unit milieu work and crisis and incident management. DSH has received 4.0 of the needed Interdisciplinary Treatment Team positions which will be phased in beginning on July 1, 2021.

In the FY 2021-22 May Revision, DSH requests 20.7 positions and $5.4 million in funding in 2021-22, 56.4 positions and $13.0 million in funding in 2022-23 and ongoing for the Interdisciplinary Treatment Team. To see the full request of Interdisciplinary Treatment Team for 2023-24 through 2025-26, please see the below tables detailing the phase-in specifics.

The allocation and implementation of MBR - Treatment Team positions were delayed as a result of the COVID-19 pandemic. As a result, an updated phase-in will be extended across 5-years, beginning in FY 2020-21. The following tables display the phase-in of positions by classification for the Interdisciplinary Treatment Team, starting in FY 2021-22:

Interdisciplinary Treatment Team: Psychiatrist				
Fiscal Year	**July 1st**	**October 1st**	**March 1st**	**Total**
2021-22	0.0	7.5	0.0	**7.5**
2022-23	12.3	2.9	0.6	**15.8**
2023-24	15.3	0.0	0.0	**15.3**
2024-25	11.0	0.0	0.0	**11.0**
2025-26	11.0	0.0	0.0	**11.0**
			TOTAL	**60.6**

Interdisciplinary Treatment Team: Psychologist				
Fiscal Year	**July 1st**	**October 1st**	**March 1st**	**Total**
2021-22	9.0	0.0	0.0	**9.0**
2022-23	14.0	0.0	0.0	**14.0**
2023-24	15.5	0.0	0.0	**15.5**
2024-25	9.0	0.0	0.6	**9.6**
2025-26	10.6	0.0	0.0	**10.6**
			TOTAL	**58.7**

Interdisciplinary Treatment Team: Clinical Social Worker				
Fiscal Year	**July 1st**	**October 1st**	**March 1st**	**Total**
2021-22	(0.8)	0.0	0.0	**0.2**
2022-23	15.6	0.0	0.0	**15.6**
2023-24	8.2	0.0	0.0	**8.2**
2024-25	3.0	0.0	0.0	**3.0**
2025-26	0.0	0.0	0.0	**0.0**
			TOTAL	**26.0**

Interdisciplinary Treatment Team: Rehabilitation Therapist				
Fiscal Year	**July 1st**	**October 1st**	**March 1st**	**Total**
2021-22	4.0	0.0	0.0	**4.0**
2022-23	11.0	0.0	0.0	**11.0**
2023-24	9.7	0.0	0.0	**9.7**
2024-25	6.4	0.0	0.0	**6.4**
2025-26	0.0	0.0	0.0	**0.0**
			TOTAL	**31.1**

Primary Medical Care

As of the FY 2021-22 May Revision, DSH has established 5.0 Chief Physician & Surgeons effective January 1, 2021. As of February 1, 2021, zero positions have been filled. Chief Physician and Surgeon positions will be filled by the Chief of Primary Care after an appointment is made. DSH is anticipating hiring these positions in July 2021. The delay in hiring has resulted in a one-time savings of $968,000 in FY 2020-21.

Additionally, DSH established 9.0 Physician and Surgeon positions effective January 1, 2021, which were allocated based on staff-to-patient ratios. As of February 1, 2021, zero positions have been filled and 9.0 are vacant. As determined by Executive Leadership, the new Chief Physician and Surgeons will take lead on hiring the newly allocated Physician and Surgeons. As the new Chief Physician and Surgeons have yet to be appointed, DSH is not projecting these positions to be hired this FY, the delay in hiring resulted in a one-time savings of $1.6 million in FY 2020-21.

As of the FY 2021-22 May Revision, DSH requests 5.6 positions and $1.9 million in associated funding in 2021-22 and 12.3 positions and $4.3 million in 2022-23 and ongoing for the Primary Medical Care staffing.

The following table displays the phase-in of positions for the Primary Medical Care Staffing, as well as the status of currently filled positions:

Primary Medical Care					
Positions	**1/1/2021**	**7/1/2021**	**7/1/2022**	**Total**	**Filled**
Chief Physician & Surgeon	0.0	0.0	1.0	**1.0**	0.0
Physician & Surgeon	0.0	5.6	11.3	**16.9**	0.0
TOTAL	**0.0**	**5.6**	**12.3**	**17.9**	**0.0**

Trauma-Informed Care

DSH-Sacramento received 1.0 Senior Psychologist Supervisor for the Trauma-Informed Care staffing, which was phased-in October 1, 2020. Once the position was established, the scope and duties were reassessed. As the Trauma-Informed Care leadership requirements would need to be able to include management of multi-disciplinary groups of staff, it was determined that the best classification for this position would be a Program Director. Recruitment for this position is currently in-progress. This position is expected to be filled by April 2021. The delay in hiring resulted in a one-time savings of $116,000 in FY 2020-21.

As of the FY 2021-22 May Revision, DSH is requesting 5.0 positions and $1.0 million in associated funding in 2021-22 and ongoing for the Trauma-Informed Care staffing.

The following table displays the planned phase-in of positions for the Trauma-Informed Care staffing:

Trauma-Informed Care				
Positions	**10/1/2020**	**7/1/2021**	**Total**	**Filled**
Senior Psychologist Supervisor	0.0	0.0	**0.0**	0.0
Senior Psychologist Specialist	0.0	5.0	**5.0**	0.0
TOTAL	**0.0**	**5.0**	**5.0**	**0.0**

Clinical Executive Structure

The Clinical Executive Structure is needed to establish standard practices and procedures, provide leadership to staff and supervisors, and engage in administrative tasks such as recruitment and retention.

Administrative Support Positions

The increase of staff within this proposal, as well as the complexities associated with filling these classifications, creates a need for an adjustment of personnel staff. As of the 2021-22 May Revision, DSH is requesting 6.0 positions and $779,000 in associated funding in BY and ongoing for Administrative Support staffing.

The following table displays the planned phase-in of positions for the Administrative Support Staffing:

Administrative Support				
Positions	**7/1/2021**	**7/1/2022**	**Total**	**Filled**
Associate Personnel Analyst	6.0	0.0	**6.0**	0.0
TOTAL	**6.0**	**0.0**	**6.0**	**0.0**

Clinical Executive Leadership

The Clinical Executive Leadership positions provide leadership for various departments and disciplines. They are required to meet the legal requirements for the practice of medicine in California as determined by the Medical Board of California or the California Board of Osteopathic Examiners and must meet all legal requirements to practice psychiatry in California.

To be able to successfully recruit and fill the Medical Leadership positions (Medical Director, Assistant Medical Director, and Chief of Primary Care) there are several administrative approval processes to be pursued through the California Department of Human Resources (CalHR). These include Safety Retirement approvals for these leadership positions and establishment and conversion of exempt positions. While DSH is in process of obtaining these approvals, DSH is currently recruiting for its Medical Director positions. Once the Medical Director positions are filled, the Medical Director's will be responsible for filling the Assistant Medical Director and Chief of Primary Care positions.

The revised COVID-adjusted phase-ins began October 1, 2020 and consisted of 6.0 Medical Directors and 1.0 Assistant Medical Director. Of these positions, 4.0 Medical Directors and the 1.0 Assistant Medical Director were established augmenting existing position authority, the associated funding, and the existing Exempt Entitlements. The remaining 2.0 positions were established using new position authority and existing Exempt Entitlements. The remaining recruitment for these positions has begun and they are anticipated to be filled May 2021. The delay in hiring Medical Directors has resulted in a one-time savings of $990,000 in FY 2020-21. The delay in establishing the Assistant Medical Director has resulted in a one-time savings of $52,000 in FY 2020-21.

On February 1, 2021, 5.0 Chief of Primary Care Services positions, one per hospital, were established using new position authority and existing Exempt Entitlements. Recruitment for these positions has begun and they are anticipated to be filled May 2021. The delay in hiring has resulted in a one-time savings of $649,000 in FY 2020-21.

As of the FY 2021-22 May Revision, DSH is requesting 1.0 position authority and $357,000 in associated funding for the Clinical Executive Leadership.

The table below summarizes the total positions received for the Clinical Executive Leadership.

Classification	Request	Received	Remaining Need
Medical Director	6.0	6.0	0.0
Assistant Medical Director	1.0	0.0	1.0
Chief of Primary Care Services	5.0	5.0	0.0
TOTAL	**12.0**	**11.0**	**1.0**

The following table displays the planned phase-in of positions for the Clinical Executive Leadership Staffing, as well as the status of currently filled positions:

Clinical Executive Leadership			
Positions	**7/1/2021**	**Total**	**Filled**
Assistant Medical Director	1.0	**1.0**	0.0
TOTAL	**1.0**	**1.0**	**0.0**

Discharge Strike Team

The Discharge Strike Team will focus on establishing and strengthening relationships with placement communities to improve knowledge of various community resources, address barriers to placement and improve communication in efforts to expedite placement. These efforts will allow DSH to increase the rate of patient discharge and patient placement into a lower level of care for eligible patients. As of the FY 2021-22 May Revision, DSH requests 6.0 positions and $890,000 associated funding in 2021-22 and ongoing.

The following table displays the planned phase-in of positions for the Discharge Strike Team Staffing:

Discharge Strike Team				
Positions	**7/1/2021**	**7/1/2022**	**Total**	**Filled**
Program Director	1.0	0.0	**1.0**	0.0
Clinical Social Worker	5.0	0.0	**5.0**	0.0
TOTAL	**6.0**	**0.0**	**6.0**	**0.0**

Clinical Operations Advisory Council Positions (COAC)

The Clinical Operations Division facilitates the development, evaluation and maintenance of clinical standards for DSH. Included as part of this division is COAC, an interdisciplinary leadership team of clinicians from across the system, which is responsible for developing interdisciplinary best practices that can be standardized and deployed systemwide. COAC serves a critical need as it provides leadership for the provision of quality clinical care and therapeutic services to DSH patients. In the original MBR Treatment Team and Primary Care BCP, DSH believed that COAC consisted of 10.0 positions and requested 9.0 position authority based on need. During the FY 2021-22 Governor's Budget, DSH determined the COAC program actually consisted of 11.0 positions and as a result increased the position authority requested to 10.0 positions. The permanent position authority is only requested to permanently backfill behind the positions redirected from the hospitals to create COAC in the Clinical Operations Division in Sacramento.

As of the FY 2021-22 May Revision, DSH is not requesting additional position authority or associated funding.

The table below summarizes the total positions requested for replenishing the positions redirected from the hospitals for COAC.

Classification	Request
Senior Psychiatrist Supervisor	1.0
Clinical Social Worker	1.0
Psychiatrist	1.0
Supervising Rehab Therapist	1.0
Physician and Surgeon	1.0
Assistant Director of Dietetics	1.0
Pharmacist II	1.0
Unit Supervisor	1.0
Senior Psychologist Supervisor	1.0
Supervising Registered Nurse	1.0
TOTAL	**10.0**

Equipment, Facilities, and Infrastructure Funding

With the large increase in staffing from the MBR Treatment Team BCP, DSH reviewed current resources and determined that additional modular office buildings, furnishings, and information technology (IT) infrastructure would be needed beyond the standard complement allocated per position. In order to fully implement this proposal, DSH requests one-time funding of $12.2 million in BY to support the purchase and installation of these office spaces and equipment. Additionally, DSH requests an extended time period to encumber and expend these funds as the COVID-19 pandemic is still ongoing and delays may occur as a result. Below is the proposed provisional language:

XX. Of the amount appropriated in Schedule (2), $12,193,000 related to the implementation of the Mission Based Review – Treatment Team shall be expended for Information Technology infrastructure, Facilities and Minor Equipment. The amount allocated shall be available for encumbrance or expenditure until June 30, 2024.

BCP Fiscal Detail Sheet

BCP Title: Mission Based Review: Treatment Team **BR Name: 4440-085-ECP-2021-MR**

Budget Request Summary

	FY21					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Personal Services						
Positions - Permanent	-13.4	44.3	113.0	161.7	191.7	213.3
Total Positions	**-13.4**	**44.3**	**113.0**	**161.7**	**191.7**	**213.3**
Salaries and Wages						
Earnings - Permanent	-2,802	6,600	17,603	25,019	29,888	34,081
Total Salaries and Wages	**$-2,802**	**$6,600**	**$17,603**	**$25,019**	**$29,888**	**$34,081**
Total Staff Benefits	-1,451	3,269	8,603	12,202	14,560	16,595
Total Personal Services	**$-4,253**	**$9,869**	**$26,206**	**$37,221**	**$44,448**	**$50,676**
Operating Expenses and Equipment						
5301 - General Expense	-80	355	904	1,294	1,534	1,706
5304 - Communications	-11	46	113	163	193	213
5320 - Travel: In-State	-11	46	113	163	193	213
5324 - Facilities Operation	-52	3,424	567	812	962	1,070
5346 - Information Technology	-10	7,555	113	162	192	213
5368 - Non-Capital Asset Purchases - Equipment	0	1,483	0	0	0	0
Total Operating Expenses and Equipment	**$-164**	**$12,909**	**$1,810**	**$2,594**	**$3,074**	**$3,415**
Total Budget Request	**$-4,417**	**$22,778**	**$28,016**	**$39,815**	**$47,522**	**$54,091**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	-4,417	22,778	28,016	39,815	47,522	54,091
Total State Operations Expenditures	**$-4,417**	**$22,778**	**$28,016**	**$39,815**	**$47,522**	**$54,091**
Total All Funds	**$-4,417**	**$22,778**	**$28,016**	**$39,815**	**$47,522**	**$54,091**

Program Summary

Program Funding						
4400010 - Headquarters Administration	-228	897	839	839	839	839
4400020 - Hospital Administration	-10	55	113	162	192	213
4410010 - Atascadero	-661	3,869	3,683	5,310	6,587	7,863
4410020 - Coalinga	-1,574	3,700	5,471	7,994	9,449	10,844
4410030 - Metropolitan	-404	4,827	5,884	8,490	9,923	11,499

4410040 - Napa	-770	5,130	6,884	10,431	13,264	15,317
4410050 - Patton	-770	4,300	5,142	6,589	7,268	7,516
Total All Programs	**$-4,417**	**$22,778**	**$28,016**	**$39,815**	**$47,522**	**$54,091**

BCP Title: Mission Based Review: Treatment Team **BR Name: 4440-085-ECP-2021-MR**

Personal Services Details

Positions			Salary Information Min	Mid	Max	CY	BY	BY+1	BY+2	BY+3	BY+4
5142	-	Assoc Pers Analyst				0.0	6.0	6.0	6.0	6.0	6.0
7552	-	Physician & Surgeon (Safety)				-4.5	5.6	16.9	16.9	16.9	16.9
7561	-	Chief Physician & Surgeon				-2.5	0.0	1.0	1.0	1.0	1.0
7619	-	Staff Psychiatrist (Safety)				0.0	7.5	23.3	38.6	49.6	60.6
8103	-	Program Director				0.0	1.0	1.0	1.0	1.0	1.0
8324	-	Rehab Therapist (Recr-Safety)				0.0	5.0	16.0	25.7	32.1	32.1
9831	-	Sr Psychologist (Hlth Facility) (Supvr)				-0.5	0.0	0.0	0.0	0.0	0.0
9839	-	Sr Psychologist (Hlth Facility) (Spec)				0.0	5.0	5.0	5.0	5.0	5.0
9872	-	Clinical Soc Worker (Hlth/CF)-Safety				0.0	4.2	19.8	28.0	31.0	31.0
9873	-	Psychologist (Hlth Facility-Clinical-Safety)				0.0	9.0	23.0	38.5	48.1	58.7
VR00	-	Various				-5.9	1.0	1.0	1.0	1.0	1.0
Total Positions						**-13.4**	**44.3**	**113.0**	**161.7**	**191.7**	**213.3**

Salaries and Wages			CY	BY	BY+1	BY+2	BY+3	BY+4
5142	-	Assoc Pers Analyst	0	419	419	419	419	419
7552	-	Physician & Surgeon (Safety)	-1,042	1,295	3,912	3,912	3,912	3,912
7561	-	Chief Physician & Surgeon	-613	0	245	245	245	245
7619	-	Staff Psychiatrist (Safety)	0	2,074	6,443	10,673	13,715	16,757
8103	-	Program Director	0	102	102	102	102	102
8324	-	Rehab Therapist (Recr-Safety)	0	408	1,304	2,095	2,617	2,617
9831	-	Sr Psychologist (Hlth Facility) (Supvr)	-64	0	0	0	0	0
9839	-	Sr Psychologist (Hlth Facility) (Spec)	0	603	603	603	603	603
9872	-	Clinical Soc Worker (Hlth/CF)-Safety	0	363	1,717	2,427	2,688	2,686
9873	-	Psychologist (Hlth Facility-Clinical-Safety)	0	979	2,501	4,186	5,230	6,383
VR00	-	Various	-1,083	357	357	357	357	357
Total Salaries and Wages			**$-2,802**	**$6,600**	**$17,603**	**$25,019**	**$29,888**	**$34,081**

Staff Benefits								
5150200	-	Disability Leave - Industrial	-39	89	232	329	392	446
5150210	-	Disability Leave - Nonindustrial	-11	26	70	100	119	136

5150350	-	Health Insurance	-130	305	810	1,150	1,375	1,567
5150450	-	Medicare Taxation	-43	98	262	374	447	510
5150500	-	OASDI	-4	24	24	24	24	24
5150600	-	Retirement - General	-643	1,358	3,559	5,043	6,016	6,854
5150700	-	Unemployment Insurance	-1	4	16	25	29	33
5150800	-	Workers' Compensation	-130	305	810	1,150	1,375	1,567
5150820	-	Other Post-Employment Benefits (OPEB) Employer Contributions	-80	185	494	702	837	956
5150900	-	Staff Benefits - Other	-370	875	2,326	3,305	3,946	4,502
Total Staff Benefits			**$-1,451**	**$3,269**	**$8,603**	**$12,202**	**$14,560**	**$16,595**
Total Personal Services			**$-4,253**	**$9,869**	**$26,206**	**$37,221**	**$44,448**	**$50,676**

STATE HOSPITALS
MISSION-BASED REVIEW – PROTECTIVE SERVICES
Program Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	**0.0**	**12.0**	**12.0**	**0.0**	**$0**	**$0**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*12.0*	*12.0*	*$0*	*$0*	*$0*
May Revision	**0.0**	**35.8**	**71.3**	**$0**	**$6,534**	**$11,410**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$820*	*$973*
Ongoing	*0.0*	*35.8*	*71.3*	*$0*	*$5,714*	*$10,437*
Total	**0.0**	**47.8**	**83.3**	**$0**	**$6,534**	**$11,410**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$820*	*$973*
Ongoing	*0.0*	*47.8*	*83.3*	*$0*	*$5,714*	*$10,437*

BACKGROUND:

In 2013, the Department of State Hospitals (DSH) initiated a comprehensive effort to evaluate staffing practices amongst the five state hospitals. This study, identified as DSH's Clinical Staffing Study, was assembled to ensure past practices and staffing methodologies continue to be adequate and appropriate for the department's growing populations, as well as, consistent amongst all DSH facilities. DSH's population served has grown by 34 percent since fiscal year (FY) 2007-08 (including Jail-Based Competency Treatment (JBCT) programs). In addition to this growth, the composition of the population has changed, becoming increasingly more forensic and geriatric. Forensic patients are those referred to DSH through the state's criminal court system. These dynamics along with the application of new treatment modalities over time necessitate the review and analysis of current staffing models.

The Clinical Staffing Study is comprised of four components: Hospital Forensic Departments, 24-Hour Care Nursing Services, Protective Services and Treatment Planning and Delivery. Each of these components involve a comprehensive examination into current staffing practices and development of staffing methodologies. These four components each provide critical and required services to DSH patients through statutorily required forensic evaluations for the courts, 24-hour housing and nursing care, safety to patients and treatment providers and delivery of psychiatric treatment. As part of each component's assessment, the Clinical Staffing Study reviews current staffing standards and practices, proposes new data-driven staffing methodologies to adequately support the current populations served, assesses relief factor coverage needs and reviews current staffing levels within core clinical and safety functions.

DSH Protective Services encompasses all operations necessary for providing a secure and safe treatment environment for patients and a safe work environment for DSH employees. This service extends to operating a safe facility within the residing communities and ensuring safety to all individuals entering the hospital grounds. As a law enforcement agency, DSH Protective Services provide 24-hour police services responsible for the safety of all hospital operations, including:

- Ensuring safety and security for the patients and staff during daily living activities and therapeutic treatments

- Securing all hospital housing and buildings occupied by patients and staff
- Securely managing and overseeing the inflow and outflow of patients, staff and visitors
- Safely transporting forensic patients to medical appointments, procedures and court appearances
- Providing 24-hour safety and security custodial presence to patients hospitalized in outside hospitals
- Securing all hospital grounds both inside and outside the secured treatment areas (STA)

The Protective Services component focuses entirely on three key elements:

- Identification of staffing standards across all protective services operations
- Developing standardized methodologies for calculating staffing needs
- Identification of the appropriate relief factors to ensure sufficient coverage across all posts

In the fiscal year (FY) 2020-21 Governor's Budget, DSH requested 46.3 permanent full-time positions and $7.9 million in FY 2020-21, an additional 47.8 permanent full-time positions and $13.4 million in FY 2021-22 and on-going, in addition to $12.0 million in FY 2022-23 to implement the staffing standard to support protective services functions at DSH. As part of DSH's staffing study efforts and in collaboration with the Department of Finance (DOF) Research and Analysis Unit through a Mission-Based Review (MBR), the process for completing all protective services workload within DSH-Napa's Support Services and Operations Divisions was examined. The proposed standard identifies protective service posts and establishes workload-driven staffing methodologies to allocate adequate resources for essential police functions and reduce overtime usage. DSH is continuing to enhance data collection efforts and will provide updates on data findings impacting the presented standards.

Subsequent to the release of FY 2020-21 Governor's Budget, California, our nation, and the world were impacted by the COVID-19 pandemic. In response to the COVID-19 economic impacts, the 2020 Budget Act reflected approved methodologies that were presented in the Budget Change Proposal (BCP); however, no dollars or positions were authorized. Going forward, DSH plans to report on the progress bi-annually of the implementation, through the Enrollment, Caseload and Population (ECP) process in lieu of continuing to request the funding and positions for the remainder of this proposal.

As of the FY 2020-21 Governor's Budget, DSH utilized DSH's overtime budget for off-grounds custody to administratively establish additional Hospital Police Officer (HPO) positions in FY 2020-21. In FY 2019-20, the hospitals spent $1.5 million on overtime costs for off-ground custody. With the annual cost of a Hospital Police Officer being $117,000, the $1.5 million in funding will be able to support 12.0 positions. The permanent position authority for this proposal was requested for budget year (BY) and ongoing.

The tables below summarize the total staffing needs as identified and approved in the BCP and staffing study:

Classification	Total Need	Current Resources	Remaining Need
OPS: Chief of Law Enforcement	1.0	1.0	0.0
OPS: Assistant Chief of Law Enforcement	1.0	0.0	1.0
Chief of Police	5.0	0.0	5.0
Assistant Chief of Police	5.0	5.0	0.0
Hospital Police Lieutenant	6.0	3.0	3.0
Hospital Sergeant	18.6	14.3	4.3
Hospital Police Officer	212.2	131.4	80.8
TOTAL	**248.8**	**154.7**	**94.1**

The following table displays the Staffing received:

Classification	Total Need	Received	Remaining Need
OPS: Chief of Law Enforcement	1.0	0.0	0.0
OPS: Assistant Chief of Law Enforcement	1.0	0.0	1.0
Chief of Police	5.0	0.0	5.0
Assistant Chief of Police	5.0	0.0	0.0
Hospital Police Lieutenant	6.0	0.0	3.0
Hospital Sergeant	18.6	0.0	4.3
Hospital Police Officer	212.2	12.0	68.8
TOTAL	**248.8**	**12.0**	**82.1**

DESCRIPTION OF CHANGE:

In the FY 2020-21 May Revision, the Mission-Based Review: Protective Services proposal was Deferred Without Prejudice. In the FY 2021-22 Governor's Budget, DSH reported it administratively established 12.0 HPO on January 1, 2021 and requested ongoing position authority for off-grounds custody. As of the 2021-22 May Revision, DSH requests the remaining positions and funding proposed in the original BCP presented in the 2020-21 Governor's Budget.

Support and Operations Division

Support and Operations division personnel are responsible for the security of main sally-ports, visiting centers, package centers, transportation, admission units, off-grounds custody, perimeter kiosks, hospital patrol (i.e. corridor and building patrol, grounds and patient services patrol, perimeter patrol), investigations and the communication and dispatch centers at the hospitals. Personnel in this division include Hospital Police Lieutenant, Hospital Police Sergeant, and Hospital Police Officers.

In the FY 2020-21 Governor's Budget, DSH administratively established a total of 12.0 positions. A While DSH actively runs ongoing job postings for HPO positions, the applicants still need to complete the extensive recruitment process, which includes completion of the Office of Protective Services (OPS) Police Academy. OPS Police Academy cohorts are held 3-4 times per calendar year, with the most recent cohort completion in late April. As of February 1, 2021, these 12.0 positions have been established and DSH anticipates filling with the late April OPS Police Academy cohort graduates. In the 2021-22 May Revision, DSH requests an additional 29.8 positions and $4.1 million in associated funding in 2021-22, an additional 35.5 positions and $4.7

million in associated funding in 2022-23, and an additional 10.8 positions and $1.4 million in 2023-24 ongoing for the Support and Operations Division.

The following table displays the Support Services Division Staffing needs:

Classification	Total Need	Current Resources	Remaining Need
Hospital Police Lieutenant	6.0	3.0	3.0
Hospital Sergeant	18.6	14.3	4.3
Hospital Police Officer	212.2	131.4	80.8
TOTAL	**236.8**	**148.7**	**88.1**

The following table displays the Support Services Division Staffing received:

Classification	Request	Administratively Established	Remaining Need	Positions Filled
Hospital Police Lieutenant	3.0	0.0	3.0	0.0
Hospital Sergeant	4.3	0.0	4.3	0.0
Hospital Police Officer	80.8	12.0	68.8	0.0
TOTAL	**88.1**	**12.0**	**76.1**	**0.0**

As result of the OPS Police Academy schedule, DSH has determined a phase-in schedule for the requested positions which aligns with cohorts in an effort to maximize funding and recruitment. The following tables display the planned phase-in of positions for the Support and Operations Division staffing, as well as the status of currently filled positions:

Support and Operations Division: Hospital Police Lieutenants							
Fiscal Year	**July 1st**	**Aug 1st**	**Oct 1st**	**Jan 1st**	**Feb 1st**	**Total**	**Filled**
2020-21	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0
2021-22	0.0	0.0	2.3	0.0	0.0	**2.3**	0.0
2022-23	0.7	0.0	0.0	0.0	0.0	**0.7**	0.0
					TOTAL:	**3.0**	**0.0**

Support and Operations Division: Hospital Police Sergeants							
Fiscal Year	**July 1st**	**Aug 1st**	**Oct 1st**	**Jan 1st**	**Feb 1st**	**Total**	**Filled**
2020-21	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0
2021-22	0.0	0.0	3.2	0.0	0.0	**3.2**	0.0
2022-23	1.1	0.0	0.0	0.0	0.0	**1.1**	0.0
					TOTAL:	**4.3**	**0.0**

Support and Operations Division: Hospital Police Officers							
Fiscal Year	**July 1st**	**Aug 1st**	**Oct 1st**	**Jan 1st**	**Feb 1st**	**Total**	**Filled**
2020-21[1]	0.0	0.0	0.0	6.0	0.0	**6.0**	0.0
2021-22	6.0	10.2	8.4	0.0	5.7	**30.3**	0.0
2022-23	9.2	10.8	8.8	0.0	4.9	**33.7**	0.0
2023-24	10.8	0.0	0.0	0.0	0.0	**10.8**	0.0
					TOTAL:	**80.8**	**0.0**

[1] These positions were administratively established. Permanent position authority was requested in the FY 2021-22 Governor's Budget.

Executive Leadership Structure

With the DSH patient population increasing, the demographics of the patient population has shifted from a largely civil population to a majority of forensic patient population. With the increase in patient population and demographic shifts, the number of DSH employees has also increased to ensure compliance with mandated licensing requirements. The OPS leadership strives to streamline processes and procedures on an enterprise level and to provide ongoing training, supervision, and guidance to law enforcement personnel to ensure the safety and security of the patients, staff and community. In the 2021-22 May Revision, DSH requests 6.0 positions and $2.4 million in associated funding in 2021-22 and ongoing for the Executive Leadership Structure.

The following table displays the Executive Leadership Structure Staffing needs:

Classification	Total Need	Current Resources	Remaining Need
OPS: Chief of Law Enforcement	1.0	1.0	0.0
OPS: Assistant Chief of Law Enforcement	1.0	0.0	1.0
Chief of Police	5.0	0.0	5.0
Assistant Chief of Police	5.0	5.0	0.0
TOTAL	**12.0**	**6.0**	**6.0**

The following table displays the Executive Leadership Structure Staffing received:

Classification	Request	Received	Remaining Need
OPS: Chief of Law Enforcement	0.0	0.0	0.0
OPS: Assistant Chief of Law Enforcement	1.0	0.0	1.0
Chief of Police	5.0	0.0	5.0
Assistant Chief of Police	0.0	0.0	0.0
TOTAL	**6.0**	**0.0**	**6.0**

The following table displays the planned phase-in of positions for the Executive Leadership Structure Staffing, as well as the status of currently filled positions:

Executive Leadership Structure			
Positions	**7/1/2021**	**Total**	**Filled**
OPS: Chief of Law Enforcement	0.0	**0.0**	0.0
OPS: Assistant Chief of Law Enforcement	1.0	**1.0**	0.0
Chief of Police	5.0	**5.0**	0.0
Assistant Chief of Police	0.0	**0.0**	0.0
TOTAL	**6.0**	**6.0**	**0.0**

Total Staffing Requested:

Classification	Request	Administratively Established	Remaining Need
OPS: Chief of Law Enforcement	0.0	0.0	0.0
OPS: Assistant Chief of Law Enforcement	1.0	0.0	1.0
Chief of Police	5.0	0.0	5.0
Assistant Chief of Police	0.0	0.0	0.0
Hospital Police Lieutenant	3.0	0.0	3.0
Hospital Sergeant	4.3	0.0	4.3
Hospital Police Officer	80.8	12.0	68.8
TOTAL	**94.1**	**12.0**	**82.1**

Field Training Overtime Funding

Once HPO cadets complete the OPS Police Academy coursework and graduate, it is mandatory to perform four months of field training with another officer. Because of the field training requirements there will be a need for two HPO's to be on the same post. These overtime costs will only be required during the implementation of the Protective Services proposal. The table below displays the total one-time funding needed by location per FY:

Overtime Funding Need				
Hospital	**2021-22**	**2022-23**	**2023-24**	**Total**
Atascadero	$162,000	$65,000	$0	**$227,000**
Metropolitan	$173,000	$154,000	$45,000	**$372,000**
Napa	$485,000	$754,000	$257,000	**$1,496,000**
TOTAL	**$820,000**	**$973,000**	**$302,000**	**$2,095,000**

BCP Fiscal Detail Sheet

BCP Title: Mission Based Review: Protective Services **BR Name: 4440-083-ECP-2021-MR**

Budget Request Summary

	FY21					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Personal Services						
Positions - Permanent	0.0	35.8	71.3	82.1	82.1	82.1
Total Positions	**0.0**	**35.8**	**71.3**	**82.1**	**82.1**	**82.1**
Salaries and Wages						
Earnings - Permanent	0	3,147	5,650	6,409	6,409	6,409
Overtime/Other	0	820	973	302	0	0
Total Salaries and Wages	**$0**	**$3,967**	**$6,623**	**$6,711**	**$6,409**	**$6,409**
Total Staff Benefits	0	1,995	3,644	4,141	4,141	4,141
Total Personal Services	**$0**	**$5,962**	**$10,267**	**$10,852**	**$10,550**	**$10,550**
Operating Expenses and Equipment						
5301 - General Expense	0	286	571	657	657	657
5304 - Communications	0	35	72	82	82	82
5320 - Travel: In-State	0	35	72	82	82	82
5324 - Facilities Operation	0	180	357	411	411	411
5346 - Information Technology	0	36	71	82	82	82
Total Operating Expenses and Equipment	**$0**	**$572**	**$1,143**	**$1,314**	**$1,314**	**$1,314**
Total Budget Request	**$0**	**$6,534**	**$11,410**	**$12,166**	**$11,864**	**$11,864**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	6,534	11,410	12,166	11,864	11,864
Total State Operations Expenditures	**$0**	**$6,534**	**$11,410**	**$12,166**	**$11,864**	**$11,864**
Total All Funds	**$0**	**$6,534**	**$11,410**	**$12,166**	**$11,864**	**$11,864**

Program Summary

Program Funding						
4400010 - Headquarters Administration	0	264	264	264	264	264
4400020 - Hospital Administration	0	36	71	82	82	82
4410010 - Atascadero	0	1,132	1,337	1,272	1,272	1,272
4410020 - Coalinga	0	264	264	264	264	264
4410030 - Metropolitan	0	1,145	1,717	1,829	1,784	1,784
4410040 - Napa	0	3,429	7,493	8,191	7,934	7,934

4410050 - Patton	0	264	264	264	264	264
Total All Programs	**$0**	**$6,534**	**$11,410**	**$12,166**	**$11,864**	**$11,864**

BCP Title: Mission Based Review: Protective Services **BR Name: 4440-083-ECP-2021-MR**

Personal Services Details

Positions			Salary Information Min	Mid	Max	CY	BY	BY+1	BY+2	BY+3	BY+4
-						0.0	33.5	68.3	79.1	79.1	79.1
1935	-	Hosp Police Lieut				0.0	2.3	3.0	3.0	3.0	3.0
OT00	-	Overtime				0.0	0.0	0.0	0.0	0.0	0.0
Total Positions						**0.0**	**35.8**	**71.3**	**82.1**	**82.1**	**82.1**

Salaries and Wages			CY	BY	BY+1	BY+2	BY+3	BY+4
-			0	2,960	5,406	6,165	6,165	6,165
1935	-	Hosp Police Lieut	0	187	244	244	244	244
OT00	-	Overtime	0	820	973	302	0	0
Total Salaries and Wages			**$0**	**$3,967**	**$6,623**	**$6,711**	**$6,409**	**$6,409**
Staff Benefits								
5150200	-	Disability Leave - Industrial	0	40	73	82	82	82
5150210	-	Disability Leave - Nonindustrial	0	13	23	27	27	27
5150350	-	Health Insurance	0	139	255	289	289	289
5150450	-	Medicare Taxation	0	45	82	93	93	93
5150600	-	Retirement - General	0	1,093	1,998	2,272	2,272	2,272
5150700	-	Unemployment Insurance	0	4	6	6	6	6
5150800	-	Workers' Compensation	0	139	255	289	289	289
5150820	-	Other Post-Employment Benefits (OPEB) Employer Contributions	0	121	221	252	252	252
5150900	-	Staff Benefits - Other	0	401	731	831	831	831
Total Staff Benefits			**$0**	**$1,995**	**$3,644**	**$4,141**	**$4,141**	**$4,141**
Total Personal Services			**$0**	**$5,962**	**$10,267**	**$10,852**	**$10,550**	**$10,550**

STATE HOSPITALS
COVID-19 RESPONSE
Informational Only

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	**0.0**	**0.0**	**0.0**	**$0**	**$0**	**$0**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
May Revision	**0.0**	**0.0**	**0.0**	**$0**	**$0**	**$0**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Total	**0.0**	**0.0**	**0.0**	**$0**	**$0**	**$0**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*

BACKGROUND:

The Department of State Hospital (DSH) executed a COVID-19 response plan across its system that followed guidance from the California Department of Public Health (CDPH), the Centers for Disease Control and Prevention (CDC) and other state and local partners. Under these circumstances, DSH took the following steps:

- In mid-March, DSH activated its Emergency Operation Center. DSH hospitals activated their Incident Command Centers and developed incident action plans to better communicate and coordinate DSH's pandemic response efforts, including infection control and respiratory protection.
- Implemented policies and procedures for infection control, respiratory protection, COVID-19 testing and personal protective equipment at its hospitals.
- Pursuant to Executive Order N-35-20, DSH issued directives temporarily suspending admissions and discharges of its patients as part of efforts to implement containment and mitigation strategies and significant infection control measures across its system.
- Resumed admissions for specified patient types in April 2020 and for all remaining patient types in May 2020.
- Implemented policies to reduce the risk of patients with COVID-19 entering DSH facilities by requiring updated health information related to COVID-19 from sending facilities; not accepting individuals currently positive for COVID-19, under investigation for COVID-19 or currently quarantined due to an exposure; and admitting patients in cohorts each week to screen, observe and isolate cohorts as needed.

In the 2021-22 Governor's Budget, DSH provided the following updates:

- COVID-19 Cases and Hospital Updates; As of December 1, 2020, DSH performed 31,543 tests on a cumulative total of 6,217 patients across all five hospitals, with a total of 583 patients testing positive. DSH also performed 17,363 staff tests statewide and with a total of 663 testing positive.
- Quarantine/Isolation/Surge Capacity; Each hospital developed quarantine and isolation plans, including COVID-19 pandemic emergency plans and supplemental procedures addressing management of isolation units and infection control methods. In addition, DSH entered into an Interagency Agreement with California Department of Corrections and

Rehabilitation to utilize a portion of the Southern Youth Correctional Reception Center and Clinic in Norwalk, CA through September 30, 2021 as an Alternate Care Site (ACS).

- Isolation and Testing; When a patient is actively displaying symptoms of COVID-19, nursing staff immediately isolate the patient in a private room and laboratory samples for COVID-19 are taken. Once the test confirms that the patient has tested positive for COVID-19, the patient is transferred to the COVID-19 isolation unit for disease care and will be isolated for a minimum of 14 days.
- Vaccination Planning; DSH took a number of preparatory steps to ensure the effective delivery of vaccines to health care workers and patients once the COVID-19vaccinations are approved.
- Support; DSH has made a significant effort to ensure that both Employees and Patients receive support. Through efforts such as establishing an Employee Support line, making the California Chaplain Corps available, and collaborating with the state's Employee Assistance Program (EAP) and educating and providing updates on COVID-19, PPE and safety practices, sanitizing equipment, and the importance of testing.
- COVID-19 Budget Year Fiscal Impacts; Fiscal impacts for FY 2021-22 were included in the statewide COVID-19 Direct Response Expenditures proposal.

DESCRIPTION OF CHANGE:

As of the 2021-22 May Revision DSH has the below updates:

- COVID-19 Cases and Hospital Updates; As of March 30, 2021, DSH performed 64,134 tests on a cumulative total of 7,203 patients across all five hospitals, with a total of 1,885 patients testing positive. DSH also performed 86,985 staff tests statewide and with a total of 1,988 testing positive.
- Quarantine/Isolation/Surge Capacity; Each hospital continues to maintain quarantine and isolation plans, including COVID-19 pandemic emergency plans and supplemental procedures addressing management of isolation units and infection control methods. In addition, DSH is utilizing the Norwalk ACS site for Admission Observation Units (AOUs) for DSH-Metro.
- Isolation and Testing; When a patient is actively displaying symptoms of COVID-19, nursing staff immediately isolate the patient in a private room and laboratory samples for COVID-19 are taken. Once the test confirms that the patient has tested positive for COVID-19, the patient is transferred to the COVID-19 isolation unit for disease care and will be isolated for a minimum of 14 days.
- Support; DSH has continued to ensure that both Employees and Patients receive support. Through efforts such as establishing an Employee Support line, making the California Chaplain Corps available, and collaborating with the state's Employee Assistance Program (EAP) and educating and providing updates on COVID-19, PPE and safety practices, sanitizing equipment, and the importance of testing.
- COVID-19 Budget Year Fiscal Impacts; Fiscal impacts for FY 2021-22 were included in the statewide COVID-19 Direct Response Expenditures proposal.
- Vaccination Implementation; As vaccines were released in California in December 2020 to protect Californians from COVID-19, DSH began its vaccination campaign. Initially, when DSH had limited vaccination supply, vaccinations were being provided in accordance with the guidance provided by the CDC and plans approved by the CDPH that first prioritized healthcare workers who provide direct patient care and patients at the highest risk for serious illness if they contract COVID-19. As the vaccine supply increased, vaccinations were made available to all employees and patients at DSH's hospitals. DSH

continues to offer and provide vaccinations to both its healthcare workers and patients, including newly admitting patients and newly hired employees. Vaccination is strongly encouraged, but not mandatory for either healthcare workers or patients.

The following data, as of March 30, 2021, provides a cumulative view of all vaccinations administered, which may include individuals no longer employed at DSH and patients who have discharged. Represented in these two table are: total vaccines administered throughout DSH and by hospital; and the percentage of patients and staff vaccinated by DSH. The data does not include vaccines administered outside of DSH.

Please note that variations in vaccination totals by hospital can be attributed to both delivery schedules and staff and patient acceptance of the COVID vaccine, as well as hospital census. Additionally, cumulative totals and percentages can be conversely affected due to admissions and discharges over time.

Table 1: Total Vaccinations Administered by Location as of March 30, 2021

Location	DSH Employees	Patients	Total
Atascadero	2,630	1,546	4,176
Coalinga	2,576	2,013	4,589
Metropolitan	2,412	1,181	3,593
Napa	3,827	1,857	5,684
Patton	2,955	1,905	4,860
TOTAL	**14,400**	**8,502**	**22,902**

Table 2: Total Vaccination Percentage by Dose

Location	Employee 1st Dose	Employee 2nd Dose	Patient 1st Dose	Patient 2nd Dose
Atascadero	71%	57%	75%	61%
Coalinga	60%	53%	77%	74%
Metropolitan	69%	63%	68%	53%
Napa	77%	73%	87%	68%
Patton	60%	55%	72%	65%

**Disclaimer: Data may not reflect all vaccines administered due to a lag in data processing. Data includes accumulated first and second dose vaccination totals for each hospital.*

STATE HOSPITALS
TELEPSYCHIATRY RESOURCES
Program Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	**-6.5**	**0.0**	**0.0**	**-$911**	**$0**	**$0**
One-time	*-6.5*	*0.0*	*0.0*	*-$911*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
May Revision	**-4.7**	**0.0**	**0.0**	**-$635**	**$0**	**$0**
One-time	*-4.7*	*0.0*	*0.0*	*-$635*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Total	**-11.2**	**0.0**	**0.0**	**-$1,546**	**$0**	**$0**
One-time	*-11.2*	*0.0*	*0.0*	*-$1,546*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*

BACKGROUND:

The Department of State Hospitals (DSH) has increased its use of telepsychiatry to provide psychiatric treatment remotely to patients at hospitals where it is historically difficult to hire psychiatrics due to its geographical location. Telepsychiatry uses electronic communications and information technologies to provide clinical psychiatric care services to all patients, regardless if the patient is a penal code or civil commitment. In a conference room equipped with interactive videoconferencing equipment, treatment team staff and telepsychiatry coordinators at the hospital can present patients and their treatment plans to a Staff Psychiatrist at a remote location also equipped with videoconferencing capability. This allows the provider to observe patient behavior and discuss their care.

Although physically in another location, the remote telepsychiatrist maintains the same responsibilities as a psychiatrist physically located at the treating hospital. The telepsychiatrist actively participates in treatment conferences, serves as a member of the patient's treatment team and performs the same duties as an onsite Staff Psychiatrist, with the exception of ordering seclusion and restraint in emergency situations.

In the 2019 Budget Act, DSH added clinical oversight and supervision, telepsychiatry coordinators, as well as information technology (IT) equipment and resources to support the program. To accommodate this expansion, the 2019 Budget Act included 11.0 positions and $2.2 million in fiscal year (FY) 2019-20 and an additional 10.0 positions and $1.5 million in FY 2020-21, for a total of 21.0 positions and $3.7 million ongoing.

In response to DSH-Atascadero's continued challenges recruiting civil service Staff Psychiatrists and recruitment success of contracted Staff Psychiatrists, the allocated resources will alternatively be utilized by DSH-Coalinga effective January 1, 2021. In the 2021-22 Governor's Budget, DSH requested one-time current year (CY) reduction of 6.5 positions and $911,000 as a result of the delay in hiring at DSH-Atascadero and the resulting position redirection to DSH-Coalinga.

DESCRIPTION OF CHANGE:

Telepsychiatry Staffing Update

Staff Psychiatrist

DSH proposed to recruit and fill 18.0 existing vacant Staff Psychiatrist positions as telepsychiatrists in a two-phase process beginning in FY 2019-20. Figure 1 below outlines the phased-in plan by which telepsychiatry slots will be filled at each hospital.

Figure 1: Telepsychiatry Phase-In Plan		
	FY 2019-20[1]	FY 2020-21[2]
DSH-Atascadero	3.0	4.0
DSH-Coalinga	3.0	3.0
DSH-Napa	2.0	3.0
TOTAL	**8.0**	**10.0**

[1]These positions are physically located at DSH-Metropolitan but will provide service remotely.
[2]These positions will be physically located at DSH-Sacramento but will provide service remotely.

DSH-Coalinga filled 3.0 of the positions allocated in phase one and 7.0 of the positions allocated in phase two, for a total of 10.0 filled positions. During the last FY, there have been hospital-wide staffing fluctuations in Staff Psychiatrists, including those identified for the Telepsychiatry Resources ECP. Recruitment for these positions has included backfilling newly vacated positions, as well as filling the existing vacant telepsychiatrists. As of March 1, 2021, DSH-Coalinga is actively recruiting the remaining 3.0 telepsychiatrists available to be able to be hired in phase two.

DSH-Napa has hired 1.0 full-time telepsychiatrist and 1.0 part-time telepsychiatrist of the 2.0 positions authorized in phase one and has hired 2.0 of the 3.0 positions authorized in phase two. The remaining 1.5 telepsychiatry positions are anticipated to be hired in Summer 2021.

The table below illustrates the updated position authority, the actual number of telepsychiatry positions filled per hospital in FY 2019-20, and the projections for FY 2020-21:

Figure 2: Updated Telepsychiatrists Phase-In Plan[1]					
	FY 2019-20 Updated Authority	FY 2020-21 Updated Authority	Total Position Authority	FY 2019-20 Actuals	FY 2020-21 Actuals
DSH-Atascadero	0.0	0.0	0.0	0.0	0.0
DSH-Coalinga	3.0	10.0	13.0	3.0	10.0
DSH-Napa	2.0	3.0	5.0	1.5	3.5
TOTAL	**5.0**	**13.0**	**18.0**	**4.5**	**8.9**

[1]These positions will be physically located at various hospitals but will provide service remotely.

Eighteen offices were identified to house the telepsychiatry Staff Psychiatrists who will provide services to DSH-Coalinga and DSH-Napa. Eight of these offices are at DSH-Metropolitan and ten of these offices are designated in the new Clifford L. Allenby building currently under construction in Sacramento. The office space remains available at DSH-Metropolitan and updates have been made regarding adding minor furnishings and telepsychiatry IT equipment. The office space at

the Clifford L. Allenby building is expected to be available June 2021, once construction is complete and DSH-Sacramento has moved.

By expanding the existing telepsychiatry program to offer both a Northern and Southern California hub, DSH hopes to incentivize candidates within major metropolitan areas with greater candidate pools to apply. DSH anticipates that current recruitment success rates will increase, and historically high vacancy rates will be reduced.

Coordinators

Coordinators support the telepsychiatrists and act as an extension of the treatment team. These staff escort patients from their units to the telepsychiatry conference room, set up the equipment, establish the connection between the patient and doctor, coordinate meetings with the psychiatrist, patient and treatment teams, and maintain the overall caseload and scheduling.

DSH received authority for Psychiatric Technicians based on a 1:1 ratio to Staff Psychiatrist for telepsychiatry services. The table below illustrates the updated position authority, the actual number of Psychiatric Technicians filled per hospital in FY 2019-20 and the projections for FY 2020-21:

Figure 3: Updated Coordinators Phase-In Plan

	FY 2019-20 Updated Authority	FY 2020-21 Updated Authority	Total Position Authority	FY 2019-20 Actuals	FY 2020-21 Actuals
DSH-Coalinga	3.0	10.0	13.0	3.0	3.0
DSH-Napa	2.0	3.0	5.0	1.0	4.0
TOTAL	**5.0**	**13.0**	**18.0**	**4.0**	**7.0**

DSH-Coalinga received authority for 6.0 positions and 7.0 positions transferred from DSH-Atascadero for a total of 13.0 positions. Of these positions, 3.0 have been filled. As of March 1, 2021, DSH-Coalinga confirmed the transfer of positions, and 10.0 are vacant, with an expected fill date of June 1, 2021. This will result in an additional one-time CY savings of $457,000, for a total one-time CY savings of $1.0 million.

DSH-Napa received authority for 5.0 positions. Of these positions, 4.0 have been filled. As of March 1, 2021, 1.0 is vacant, with an expected fill date of June 1, 2021. This will result in an additional one-time CY savings of $45,000, for a total one-time CY savings of $159,000.

Oversight

To accommodate the expansion of telepsychiatry, a Senior Psychiatrist Supervisor position was authorized to provide oversight and guidance of the Staff Psychiatrists and telepsychiatry program overall. This position is located within the Clinical Operations Division of DSH-Sacramento. As of March 1, 2021, this position is vacant and is planned to be filled by May 1, 2021. This will result in an additional one-time CY savings of $133,000, for a total one-time CY savings of $357,000.

Telepsychiatry IT Equipment

To support the expansion of telepsychiatry, DSH requested one-time funds of $584,312 in FY 2019-20 and one-time funds of $626,824 and $331,225 in FY 2020-21 and ongoing to fund the necessary IT equipment, infrastructure, licensing and IT support services. The specific equipment consists of headsets, cameras, Voice Over Internet Protocol (VOIP) phones, pagers, cabling, computers and monitors. Additionally, WebEx licenses are needed for the telepsychiatrists, coordinators and Staff Psychiatrist Supervisor. All equipment for FY 2019-20 has been procured and distributed. As of March 2021, DSH is still projecting FY 2020-21 allocated funds to be fully expended by June 30, 2021.

BCP Fiscal Detail Sheet

BCP Title: Telepsychiatry Resources **BR Name: 4440-087-ECP-2021-MR**

Budget Request Summary

	FY21					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Personal Services						
Positions - Permanent	6.5	0.0	0.0	0.0	0.0	0.0
Total Positions	**6.5**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Salaries and Wages						
Earnings - Permanent	-377	0	0	0	0	0
Total Salaries and Wages	**$-377**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Staff Benefits	-184	0	0	0	0	0
Total Personal Services	**$-561**	**$0**	**$0**	**$0**	**$0**	**$0**
Operating Expenses and Equipment						
5301 - General Expense	-37	0	0	0	0	0
5304 - Communications	-4	0	0	0	0	0
5320 - Travel: In-State	-4	0	0	0	0	0
5324 - Facilities Operation	-25	0	0	0	0	0
5346 - Information Technology	-4	0	0	0	0	0
Total Operating Expenses and Equipment	**$-74**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Budget Request	**$-635**	**$0**	**$0**	**$0**	**$0**	**$0**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	-635	0	0	0	0	0
Total State Operations Expenditures	**$-635**	**$0**	**$0**	**$0**	**$0**	**$0**
Total All Funds	**$-635**	**$0**	**$0**	**$0**	**$0**	**$0**

Program Summary

Program Funding						
4400010 - Headquarters Administration	-133	0	0	0	0	0
4400020 - Hospital Administration	-4	0	0	0	0	0
4410020 - Coalinga	-453	0	0	0	0	0
4410040 - Napa	-45	0	0	0	0	0
Total All Programs	**$-635**	**$0**	**$0**	**$0**	**$0**	**$0**

BCP Title: Telepsychiatry Resources **BR Name: 4440-087-ECP-2021-MR**

Personal Services Details

Positions	Salary Information Min	Mid	Max	CY	BY	BY+1	BY+2	BY+3	BY+4
7609 - Sr Psychiatrist (Supvr)				0.5	0.0	0.0	0.0	0.0	0.0
8253 - Psych Techn (Safety)				6.0	0.0	0.0	0.0	0.0	0.0
Total Positions				**6.5**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
7609 - Sr Psychiatrist (Supvr)	-87	0	0	0	0	0
8253 - Psych Techn (Safety)	-290	0	0	0	0	0
Total Salaries and Wages	**$-377**	**$0**	**$0**	**$0**	**$0**	**$0**
Staff Benefits						
5150200 - Disability Leave - Industrial	-5	0	0	0	0	0
5150210 - Disability Leave - Nonindustrial	-1	0	0	0	0	0
5150350 - Health Insurance	-26	0	0	0	0	0
5150450 - Medicare Taxation	-6	0	0	0	0	0
5150620 - Retirement - Public Employees - Safety	-82	0	0	0	0	0
5150800 - Workers' Compensation	-17	0	0	0	0	0
5150900 - Staff Benefits - Other	-47	0	0	0	0	0
Total Staff Benefits	**$-184**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Personal Services	**$-561**	**$0**	**$0**	**$0**	**$0**	**$0**

CONDITIONAL RELEASE PROGRAM (CONREP)

FORENSIC CONDITIONAL RELEASE PROGRAM (CONREP)
GENERAL/NON-SEXUALLY VIOLENT PREDATOR (NON-SVP) PROGRAM
Caseload Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	**0.0**	**0.0**	**0.0**	**$0**	**$1,200**	**$1,200**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$1,200*	*$1,200*
May Revision	**0.0**	**0.0**	**0.0**	**$0**	**$0**	**$0**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Total	**0.0**	**0.0**	**0.0**	**$0**	**$1,200**	**$1,200**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$1,200*	*$1,200*

BACKGROUND:

The Forensic Conditional Release Program (CONREP) is the Department of State Hospital's (DSH) statewide system of community-based services for specified court-ordered forensic individuals. Mandated as a State responsibility by the Governor's Mental Health Initiative of 1984, the program began operations on January 1, 1986 and operates pursuant to statutes in Welfare and Institutions Code (WIC) 4360 (a) and (b). The goal of CONREP is to promote greater public protection in California's communities via an effective and standardized community outpatient treatment system. The CONREP population includes:

- Not Guilty by Reason of Insanity (NGI) (Penal Code (PC) 1026)
- Offender with a Mental Health Disorder (OMD) (both PC 2964 parolees who have served a prison sentence and PC 2972 parolees who are civilly committed for at least one year after their parole period ends). This category also includes the Mentally Disordered Sex Offender (MDSO) commitment under WIC 6316 (repealed).
- Felony Incompetent to Stand Trial (IST) (PC 1370 patients who have been court-approved for outpatient placement in lieu of state hospital placement)

CONREP services are also offered to Sexually Violent Predators (SVP) (WIC 6604) and are managed by a single statewide contractor, apart from the other commitment categories addressed above. Individuals suitable for CONREP may be recommended by the state hospital Medical Director to the courts for outpatient treatment. Currently, DSH contracts with seven county-operated and eight private organizations to provide outpatient treatment services to clients in all 58 counties in the state with non-SVP commitments.

As specified in PC 1600-1615 and 2960-2972, the CONREP Community Program Director, with the Court's approval (or in the case of OMDs, the Board of Parole Hearings' approval), assesses and makes the recommendation for individuals' placement in CONREP. CONREP delivers an array of mental health services to individuals during their period of outpatient treatment. In conjunction with the court-approved treatment plan, contractors coordinate and provide a wide array of services needed to support community reintegration, including forensic mental health treatment through individual and group therapy settings, life skills training, residential placement, collateral contacts (e.g., other individuals/agencies), home visits, substance abuse screenings, psychiatric services, case management, court reports, and psychological assessments. DSH

developed standards for these services which set minimum treatment and supervision levels for individuals court ordered to CONREP. Regular evaluations and assessments on treatment progress are completed by contractors during the period of state hospitalization and while receiving treatment in CONREP.

When a DSH patient is discharged to CONREP, the goal is to provide an independent living environment in the least restrictive setting. However, if a CONREP-eligible patient has not demonstrated the ability to live in the community without direct staff supervision, the patient is referred to a Statewide Transitional Residential Program (STRP). The STRPs are a cost-effective resource used by CONREP to provide patients with the opportunity to learn and demonstrate appropriate community living skills in a controlled setting with 24 hours per day, seven days per week (24/7) supervision while they transition from a state hospital to a community site. The STRP is limited to a 90 to 120-day stay as residential treatment. Once the patient has made the necessary adjustments and is ready to live in the community without structured 24/7 services, the patient is able to live in a Board & Care, Room & Board, or other independent living arrangements without direct staff supervision. In addition to the STRP, DSH continues to build out its continuum of treatment options available to better meet the needs of state hospital patients ready to step down to a lower level of care as part of their transition to CONREP. Refer to the section, "Continuum of Care: Step-Down Transitional Program Update" for more details and May Revision adjustments.

In the 2021-22 Governor's Budget, DSH requested $1.2 million ongoing beginning in budget year (BY) to support the salary and operating expense increases for contracted providers so that they can meet their contractual obligations with operating a CONREP program. As part of the budgeting process, CONREP providers request the standard cost of living and operational cost increases. CONREP county providers are obligated to provide salary increases imposed by the respective union collective bargaining contracts. Funding shortfalls have resulted in the inability to maintain the full contracted caseload either due to reduced staffing levels or steep competition in the rates paid for the limited pool of housing resources. The impact of continued funding shortfalls could result in a loss of CONREP providers willing to serve DSH patients.

DESCRIPTION OF CHANGE:

Increased Salary and Operating Expense Costs

Pursuant to WIC 4360 (a) and (b) and PC 1615, the DSH-CONREP program pays 100 percent of the costs incurred by providers that deliver treatment and supervision services to CONREP clients. DSH has experienced an increase in costs associated with salary and operating expenses for the contracted vendors that provide services to the CONREP programs. In the Governor's Budget DSH requested $1.2 million to address the increase in costs. As of the fiscal year (FY) 2021-22 May Revision, no further adjustments are needed.

Funding Methodology

Current contracts are based on FY 2018-19 budgeted compensation and operating expense costs provided by the vendors in early 2018. Based on projected average salary percentage increases and the average inflation rates for 2020, 4.5 percent was applied to the total salaries and 2.5 percent was applied to total operating expenses. As reflected in the Governor's Budget, the total cost to support increased salaries and operating costs for contracted providers is projected at $1.2 million annually. As of the FY 2021-22 May Revision, no further adjustments are requested.

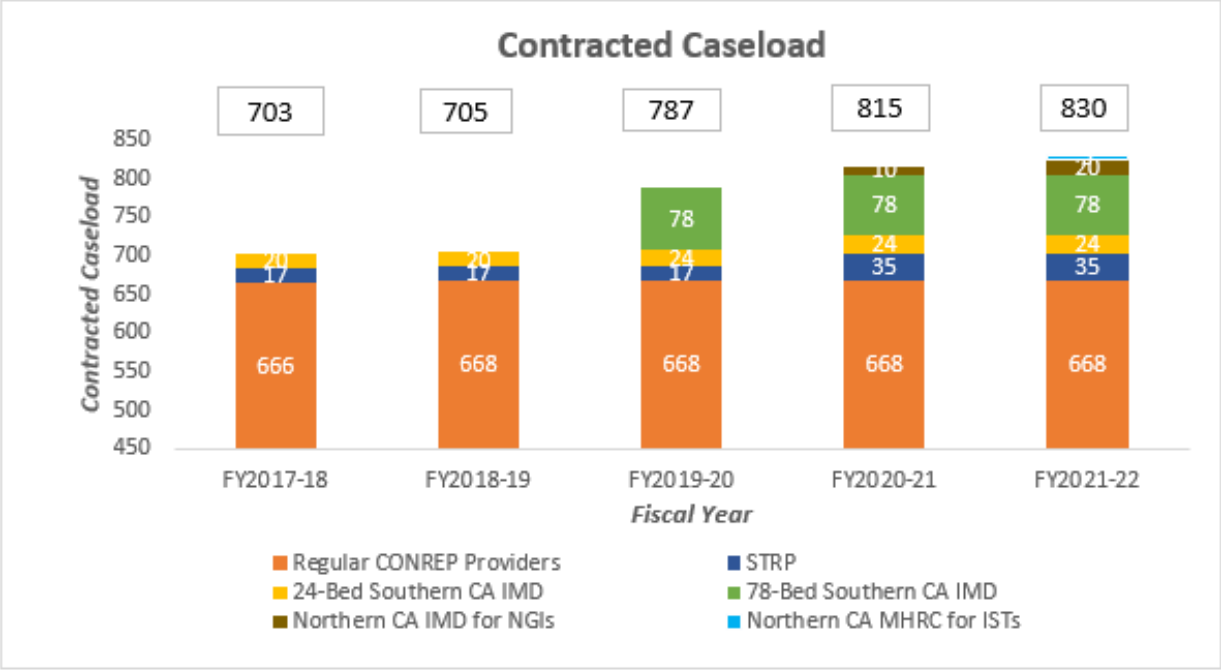
Caseload Update

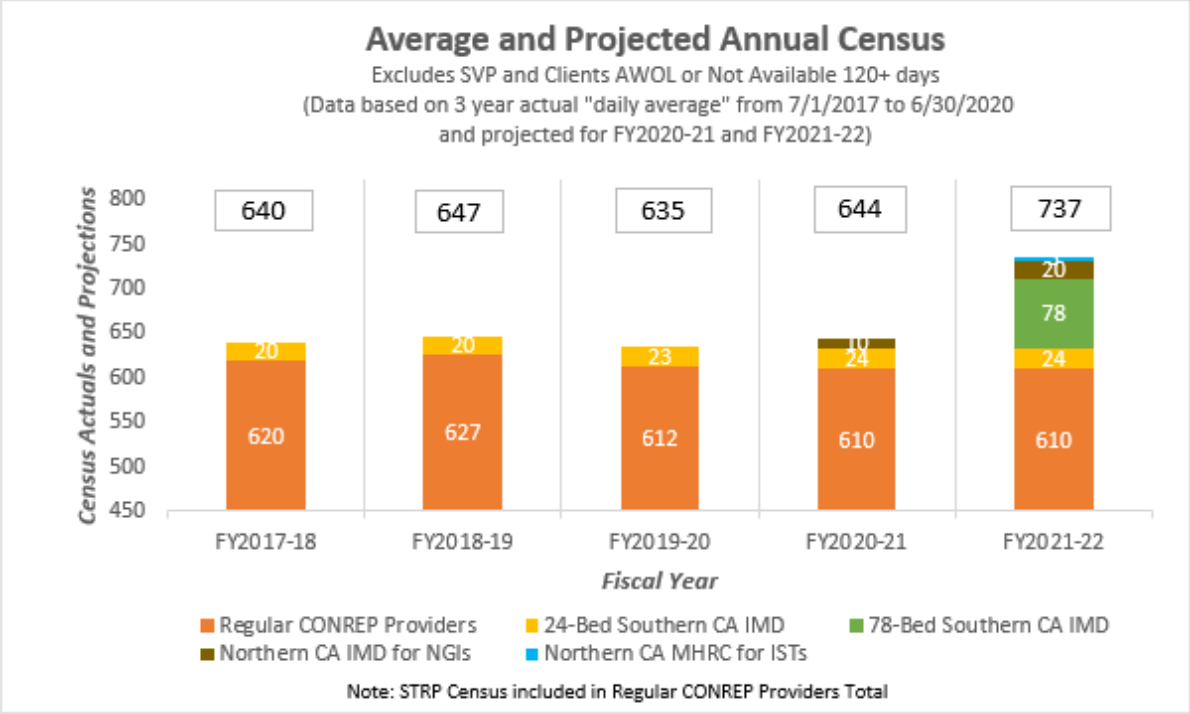
Consistent with the Governor's Budget Estimate, DSH anticipates a contracted caseload of 830 CONREP clients for FY 2021-22. This contracted caseload includes 668 regular CONREP clients, 35 STRP clients and 142 IMD clients (24-bed Southern CA IMD, 78-bed Southern CA IMD, a 20-bed Northern CA IMD and a 5-bed Northern CA MHRC).

As of February 28, 2021, there are approximately 180 patients with court or Board of Parole Hearings (BPH) orders, or who have been referred by the state hospitals for placement to CONREP and pending an order for release.

Further impacting CONREP census growth, the timeline for activation of the 78-bed step-down IMD program, Golden Legacy, originally estimated patient admissions to begin in spring 2020. However, DSH now anticipates patient admissions to occur in June 2021 due to external approval and construction delays. These limitations resulted in CONREP census starting at a lower level at the start of FY 2020-21 than originally projected.

The following charts illustrated DSH's projected contracted caseload and anticipated census, respectively.





DSH is expeditiously striving to increase patient census in the CONREP program in 2020-21. Based on current funding levels, DSH has a contracted caseload of 815 CONREP clients in FY 2020-21 and a projected contracted caseload of 830 in FY 2021-22. The projected annual caseloads for FY 2020-21 and FY 2021-22 are 644 and 752, respectively. However, since DSH absorbed the increases in salaries and operational expenses for contracted providers in CY, no adjustments to the caseload and funding levels are requested as of the 2021-22 May Revision.

FORENSIC CONDITIONAL RELEASE PROGRAM (CONREP)
SEXUALLY VIOLENT PREDATOR (SVP) PROGRAM
Caseload Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	**0.0**	**0.0**	**0.0**	**$0**	**$0**	**$0**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
May Revision	**0.0**	**0.0**	**0.0**	**$0**	**$1,845**	**$1,845**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$1,845*	*$1,845*
Total	**0.0**	**0.0**	**0.0**	**$0**	**$1,845**	**$1,845**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$1,845*	*$1,845*

BACKGROUND:

Effective January 1, 1996, Sexually Violent Predators (SVP) were added to the Forensic Conditional Release Program (CONREP) population (WIC 6604). Prior to the conditional release of the first SVP in 2003, existing CONREP providers did not have treatment services to accept SVPs as patients, requiring the Department of State Hospitals (DSH) to enter into an annual contract with a single private provider serving all 58 counties. Current statute requires that when an SVP is conditionally released into the community by court order, SVPs be conditionally released to their county of domicile and sufficient funding be available to provide treatment and supervision services.

Similar to the general non-SVP program, the CONREP-SVP program offers clients direct access to an array of mental health services with a forensic focus. Additionally, required services for SVPs in CONREP include regularly scheduled sex offender risk assessments, polygraph testing, and the review of Global Position System (GPS) data and surveillance.

In recent years, DSH experienced significant challenges that impacted the cost of operating the CONREP-SVP program. The most notable issues include locating appropriate housing and public resistance to the placement of SVPs within their communities. Once the court has ordered an SVP be released from a DSH hospital into the community via CONREP, it takes an average of 12 months to secure court-approved housing, resulting in increased pre-placement services and costs. There are three types of accommodations that CONREP-SVPs typically reside in: a house, recreational vehicle (RV), and motel. In response to public resistance to SVP placement and ensuring both patient and public safety, the need for heightened 24/7 security and monitoring also resulted in significant cost increases. As the courts approve additional petitions for release, the lack of housing options resulted in some SVPs being ordered released into their communities as transients, further increasing costs.

The number of SVPs in CONREP is limited and movement in and out of the program cannot be reliably projected utilizing historical census data. Caseload changes for the CONREP-SVP program are based on the most up-to-date information for each client including, but not limited to, court information regarding the status of those petitioning for conditional release from DSH-Coalinga, current CONREP clients petitions for unconditional release, status of clinical evaluations, clients progress in the program, housing status, and historical experience with

placement in the county of commitment. After accounting for these factors, current year (CY) and budget year (BY) caseload adjustments are made in accordance with the month projected for admission to or discharge from CONREP. Similarly, funding associated with projected caseload changes are prorated to reflect the partial-year value of phasing new clients in and out of the program.

Funding Methodology

This program is funded from the General Fund (GF) for the provision of CONREP outpatient services. The CONREP program element budget item contains all personal services and operating expenses and equipment (OE&E) costs associated with CONREP. Pursuant to WIC 4360 (a) and (b) and Penal Code (PC) Section 1615, DSH CONREP pays 100 percent of the costs incurred by providers that deliver treatment and supervision services to CONREP clients. Historically, DSH established annual contracts with providers and paid a fixed monthly rate, regardless of services provided.

To improve the program's fiscal accountability and transparency, the CONREP-SVP program has incorporated a different methodology of establishing budgets for CONREP-SVP services. Specifically, CONREP-SVP has moved away from an allocation-based methodology with contracted providers to a service-based methodology that provides funding based on the actual number of clients in CONREP programs and the services provided. Under this new methodology, the contractor works with DSH to establish monthly cost per client rates for all services based on prior actual expenditures and the monthly cost per client rates vary depending on the number served. As the census increases, the cost per client rate decreases. The contractor's reimbursement is calculated by multiplying the daily average client census for the month by the applicable established rate. Funding for other program expenses must either be approved in advance by DSH or are billed and paid in arrears for the actual cost. These expenses include pre-placement client costs, enhanced supervision client costs and life support costs. At the end of each fiscal year (FY), DSH will analyze the actual level of services provided by the contractor.

In the 2021-22 Governor's Budget, DSH presented an annual average cost per patient of $344,000 or $7.2 million annualized, based on a prior year cost analysis to support a budgeted caseload of 21 clients. Major cost drivers include the following:

- A variety of required services during outpatient treatment (caseload costs);
- Pre-placement case management (once an SVP petitions for release into CONREP, the CONREP contractor handles all activities related to placing that individual in the community including locating and paying for housing and attending court);
- Enhanced supervision and outside security costs;
- Housing and other life support costs.

The table below outlines the total costs to support 21 clients, yielding an average of $344,000 per client.

Sexually Violent Predator (SVP) Program Costs	
Service Costs:	**FY 2021-22**
1) Caseload Costs*	$5,200,000
2) Pre-Placement Client Costs	$110,000
3) Enhanced Supervision Costs	$400,000
4) Life Support Costs	$1,000,000
5) Outside Security Costs	$500,000
Total SVP Cost	**$7,210,000**
Average Cost per Patient:	**$344,000**

*Caseload costs include personnel compensation, operating expenses, travel costs, staff training, hospital liaison visits, administrative overhead as well as provider costs such as treatment services, polygraph, toxicology screening, GPS, etc.

While the total annualized value exceeded the CONREP-SVP appropriation by $369,000, DSH estimated it could absorb the costs in CY due to highly variable fluctuations in census.

DESCRIPTION OF CHANGE:

BY Caseload Adjustment

In Governor's Budget, it was estimated that up to 28 individuals could be placed into the CONREP-SVP program in BY. However, DSH conservatively assumed a total caseload of 21 SVP clients based on prior year caseload trends with consideration to the length of time it may take to successfully place a client in the community once ordered to CONREP. As of the FY 2021-22 May Revision, DSH is tracking a total of 29 SVP clients. There are 18 clients currently admitted to CONREP and another 11 who have an approved court order for release to CONREP but are awaiting placement. In addition, DSH is tracking 14 more SVP clients who have petitioned the courts for release to CONREP and are awaiting approval.

The following table provides a summary of the current and projected CONREP placements caseload:

Status	Current Status of Clients for Placement[1]	Projected CONREP Placements in FY 2021-22[1]
Currently in CONREP:	18	16
Approved for CONREP:	11	11
Total:	**29**	**27**
Petitioned for CONREP:	14	
Note: Accounts for admissions and discharges		

[1] Data has been de-identified in accordance with the California Health and Human Services Agency Data De-Identification Guidelines. Counts between 1-10 are masked with "<11" within tables or "less than 11" within the narrative. Complimentary masking is applied using "***" where further de-identification is needed to prevent the ability of calculating the de-identified number

For those awaiting placement, appropriate housing is secured, justice partners are notified of the residence, and hearing dates for release to the residence is set. As a result, DSH expects multiple releases into the community beginning in early summer 2021. Since the Governor's Budget caseload projection of 28 was conservatively assumed at 21, DSH experienced increased movement due to client discharge changes, courts approving petitions at a faster pace and proposed placements approved faster than anticipated, and now more SVP placements for a total of 25 are expected. Accounting for admissions and discharges that are phased in throughout the year, DSH assumes an average caseload of 25 (total 27 individuals) for FY 2021-22 as detailed in the table below.

# of Months	Admission Month	Projected Clients in CONREP FY21/22
12	Prior to 7/2021	18
12	Jul-21	19
11	Aug-21	22
10	Sep-21	23
9	Oct-21	24
8	Nov-21	26
7	Dec-21	26
6	Jan-22	27
5	Feb-22	27
4	Mar-22	27
3	Apr-22	27
2	May-22	27
1	Jun-22	27
Average Census for FY 2021-22:		**25**

Funding Adjustment

Consistent with costs presented in the Governor's Budget, DSH applied an annual average cost per patient of $344,000 to determine the total funding needed to support the projected average census of 25 SVP clients. As displayed in the table below, cost calculations are based on each client's expected month of admission or discharge from the program to determine the total number of clients per month and associated prorated costs.

# of Months	Admission Month	Projected Clients in CONREP FY21/22	Prorated Cost Per Client @ $344,000
12	Prior to 7/2021	18	$ 6,192,000
12	Jul-21	20	$ 688,000
11	Aug-21	22	$ 630,667
10	Sep-21	23	$ 286,667
9	Oct-21	24	$ 258,000
8	Nov-21	26	$ 458,667
7	Dec-21	26	$ -
6	Jan-22	27	$ 172,000
5	Feb-22	27	$ -
4	Mar-22	27	$ -
3	Apr-22	27	$ -
2	May-22	27	$ -
1	Jun-22	27	$ -
Average Census - FY 2021-22:		**25**	**$ 8,686,000**

DSH is requesting additional funding of $1.8 million in operating expenditures to cover the anticipated costs for an average of 25 SVP clients in CONREP during FY 2021-22. No change is requested in CY.

Sexually Violet Predator (SVP) Program Projected Census Update and Costs for FY2021-22		
	Census	**Total Cost**
Budget Year Adjustment		
2021-22 Projected Census and Cost	**25**	$ 8,686,000
2020-21 Authorized Budget		$ 6,841,000
2021-22 BY Funding Request		**$ 1,845,000**

BCP Fiscal Detail Sheet

BCP Title: CONREP Sexually Violent Predator (SVP) Caseload Update **BR Name: 4440-077-ECP-2021-MR**

Budget Request Summary

	FY21					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Operating Expenses and Equipment						
5340 - Consulting and Professional Services - External	0	1,845	1,845	1,845	1,845	1,845
Total Operating Expenses and Equipment	**$0**	**$1,845**	**$1,845**	**$1,845**	**$1,845**	**$1,845**
Total Budget Request	**$0**	**$1,845**	**$1,845**	**$1,845**	**$1,845**	**$1,845**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	1,845	1,845	1,845	1,845	1,845
Total State Operations Expenditures	**$0**	**$1,845**	**$1,845**	**$1,845**	**$1,845**	**$1,845**
Total All Funds	**$0**	**$1,845**	**$1,845**	**$1,845**	**$1,845**	**$1,845**

Program Summary

Program Funding						
4420020 - Conditional Release Program - Sexually Violent Predators	0	1,845	1,845	1,845	1,845	1,845
Total All Programs	**$0**	**$1,845**	**$1,845**	**$1,845**	**$1,845**	**$1,845**

FORENSIC CONDITIONAL RELEASE PROGRAM (CONREP)
CONTINUUM OF CARE: STEP-DOWN TRANSITIONAL PROGRAM
Program Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	**0.3**	**0.5**	**0.5**	**-$6,590**	**$7,340**	**$7,340**
One-time	*0.0*	*0.0*	*0.0*	*-$9,792*	*$0*	*$0*
Ongoing	*0.3*	*0.5*	*0.5*	*$3,202*	*$7,340*	*$7,340*
May Revision	**0.0**	**0.0**	**0.0**	***-$2,669***	**-$2,738**	**-$2,738**
One-time	*0.0*	*0.0*	*0.0*	*-$1,169*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*-$1,500*	*-$2,738*	*-$2,738*
Total	**0.3**	**0.5**	**0.5**	**-$9,259**	**$4,602**	**$4,602**
One-time	*0.0*	*0.0*	*0.0*	*-$10,961*	*$0*	*$0*
Ongoing	*0.3*	*0.5*	*0.5*	*$1,702*	*$4,602*	*$4,602*

BACKGROUND:

The Forensic Conditional Release Program (CONREP) is the Department of State Hospitals' (DSH) statewide system of community-based services for specified court-ordered forensic individuals. Mandated as a State responsibility by the Governor's Mental Health Initiative of 1984, the program began operations on January 1, 1986 and operates pursuant to statutes in Welfare and Institutions Code (WIC) 4360 (a) and (b). The goal of CONREP is to promote greater public protection in California's communities via an effective and standardized community outpatient treatment system.

The CONREP population includes:

- Not Guilty by Reason of Insanity (NGI) patients Penal Code (PC) 1026
- Offender with a Mental Health Disorder (OMD) patients (both PC 2964 parolees who have served a prison sentence and PC 2972 parolees who are civilly committed for at least one year after their parole period ends)
- Felony Incompetent to Stand Trial (IST) patients (PC 1370) who have been court-approved for outpatient placement in lieu of state hospital placement), and Offender with a Mental Health Disorder (WIC 6316)

CONREP services are also offered to Sexually Violent Predator (SVP) patients (WIC 6604).

CONREP delivers an array of mental health services to individuals during their period of outpatient treatment. In conjunction with the court-approved treatment plan, contractors coordinate and provide a wide array of services needed to support community reintegration, including forensic mental health treatment through individual and group therapy settings, life skills training, residential placement, collateral contacts (e.g., other individuals/agencies), home visits, substance abuse screenings, psychiatric services, case management, court reports, and psychological assessments. DSH developed standards for these services which set minimum treatment and supervision levels for individuals court ordered to CONREP. Regular evaluations and assessments on treatment progress are completed by contractors during the period of state hospitalization and while receiving treatment in CONREP.

78-Bed Southern CA IMD Facility (Golden Legacy)

The 2019 Budget Act included $5.1 million in fiscal year (FY) 2019-20 and $11.0 million in FY 2020-21 and ongoing to establish a 78-bed step-down program for state hospital patients ready for CONREP in 18-24 months. DSH identified an Institute for Mental Disease (IMD) facility in Southern California in the community that will allow for patients to step down into a lower restrictive environment and focus on the skills necessary for independent living when transitioning to CONREP. These beds are essential to preparing OMD and NGI patients who have been institutionalized for a number of years. This type of setting allows patients to step down into a lower restrictive environment and focus on developing the skills necessary for transition to a more independent living environment in CONREP.

The IMD program will be operated by a private contractor who owns the facility, has experience in working with the CONREP population and has a strong interest in increasing capacity to serve more clients with behavioral health challenges.

The existing space is currently licensed as a skilled nursing facility (SNF) and the provider has received programmatic approval from Department of Health Care Services (DHCS), Mental Health and Substance Use Division (MHSUD) to establish a Special Treatment Program (STP) designation. The physical space requires modifications to assure safety and security of the patients. This includes increasing the height of the perimeter fencing on patient courtyards, performing safety modifications such as break-away curtain hooks in shower stalls and mitigating ligature risks in patient rooms and common areas. In addition to these modifications, the space will need to be updated with new paint and patient rooms will be furnished with equipment appropriate for the population to be served.

The timeline for activation of the 78-bed step-down program was originally estimated to take approximately seven to nine months. Activation activities include:

- STP certification
- Retrofitting/Safety Modifications (Requires approval by the Office of Statewide Health Planning and Development (OSHPD))
- Development of policies and procedures
- Recruitment, hiring and training staff
- Phased-in admissions of patients

Additional Step-Down Program Capacity Efforts

To expand the number of community beds available for patients ready for outpatient treatment but still need a higher level of care within CONREP, DSH is partnering with several community-based providers to build out the continuum of care and increase the availability of placement options.

The 2021-22 Governor's Budget included a request for $3.2 million and 0.3 positions in current year (CY) and $7.3 million and 0.5 positions in budget year (BY) and ongoing. To support the FY 2020-21 costs, DSH proposed to utilize one-time savings from the activation delays of the 78-bed Southern CA facility. The first of these additional step-down programs includes establishing a contract with another IMD facility in Northern California for 10 beds in FY 2020-21 at a cost of $1.7 million. In addition, DSH is currently negotiating with a Northern California Mental Health Rehabilitation Center (MHRC) to establish a 20-bed program that will serve ISTs ordered to

CONREP. As proposed in the 2021-22 Governor's Budget, DSH initially anticipated the contract execution and activation for this new MHRC program to occur in February 2021 at an estimated CY cost of $1.5 million. Updates as of the 2021-22 May Revision are reflected below.

Additionally, expansion of CONREP capacity and placement of patients will allow DSH to backfill some of the vacated state hospital beds with ISTs pending placement to DSH and not eligible for outpatient treatment. Similarly, operational adjustments implemented in response to the COVID-19 pandemic have slowed state hospital admissions over the last year. However, the rate of referrals has not reduced and is significantly outpacing DSH's ability to admit new patients. Expanding the availability of beds to treat DSH patients on the path to transitioning to the community in other lower acuity facilities is critical to providing timely access to those requiring and awaiting treatment in higher acuity state hospital settings.

DESCRIPTION OF CHANGE:

As of the FY 2021-22 May Revision, DSH will reflect a one-time savings of $1.2 million and an additional ongoing savings of $1.5 million in CY due to further delays in construction and contract negotiations. DSH will also reflect a savings of $2.7 million in BY and ongoing due to a reduction in the number of beds previously assumed in the Governor's Budget.

78-Bed Southern CA IMD Facility (Golden Legacy) – Additional CY Savings -$1.2 million

The 78-bed IMD contract with Golden Legacy was executed in July 2020, with an effective date of January 1, 2020. DSH originally anticipated that activation of this new program would begin with recruitment and training activities in July 2020, following with patient admissions starting in August 2020. In the Governor's Budget, DSH assumed a delay to program activation, estimating a start date in April 2021 and resulting in one-time CY cost savings of $9.8 million in FY 2020-21. The timing of activation is predicated on physical space modifications required to assure safety and security of the patients. As of March 2021, the architectural changes proposed are still pending regulatory approval. This, along with operational impacts of COVID-19, has further delayed the retrofit's projected completion date. While the provider received programmatic approval from DHCS to establish an STP designation, this site cannot be activated until a physical certification is obtained.

Although still pending official regulatory approval, architectural plans for the Golden Legacy program are finalized and based on the updated construction timeline, program activation is expected to occur by July 2021 assuming no further delays of regulatory approvals. As a result of this delay, DSH estimates an additional one-time CY savings of $1.2 million and does not anticipate an impact to BY funding authorized.

DSH is working closely with Golden Legacy on program planning and startup activities. To avoid further delays, the provider is in the process of recruiting, hiring and training the staff. Additionally, the provider is developing a patient referral process and identifying prospective patients for transfer so placement can be facilitated immediately upon activation.

10-Bed to a 20-Bed Northern CA Step-Down IMD for NGIs - No Change Requested

Activation of the Northern California 10-bed step-down IMD program began in July 2020, which included development of policies and procedures, training staff, and phased admissions. As of March 2021, all 10 beds are either filled or reserved for a patient ready for placement but pending

a court order for release from the state hospital. Additionally, the IMD expressed interest in expanding to a 20-bed program in FY 2021-22. The current contract totals $1.7 million at the current per diem rate plus additional funds to support supplemental services to be billed in arrears for actual costs. Supplemental services include client transportation costs, life support and enhanced supervision. DSH utilized $1.7 million in one-time CY savings from the delayed activation of the 78-bed Golden Legacy program to support this emergency contract. As proposed in the Governor's Budget, DSH requests to continue this contract, along with expanding the program by an additional 10 beds in BY and ongoing for a total of $3.6 million.

20-Bed Northern CA Step-Down MHRC for ISTs – Additional CY Savings -$1.5 million; BY Savings -$2.7 million

DSH is also negotiating with a Northern California MHRC facility to establish a program that will serve ISTs who have been ordered to CONREP. In the Governor's Budget, DSH requested additional funding of $3.7 million to support activation of this future program. At that time, DSH anticipated the contract execution and program activation to occur by February 2021, at an estimated CY cost of $1.5 million. DSH planned to cover this cost utilizing CY savings from the delayed activation of the 78-bed Golden Legacy program. However, contract negotiation for the new MHRC CONREP IST program has taken longer than anticipated and program activation is now expected to occur in July 2021. Additionally, the facility is no longer able to dedicate all 20 beds as previously assumed. As a result, the MHRC facility will be implementing the program starting with five dedicated beds, with the potential for future expansion. As of the May Revision, DSH will no longer utilize the one-time CY savings of $1.5 million and now anticipates an updated ongoing cost of $912,500 for the 5-bed program. This equates to a BY savings of $2.7 million.

The chart below reflects the breakdown of total CY savings, and the ongoing BY costs by program.

Continuum of Care 2021-22 May Revision Update		
	Bed Capacity	**Total Budget**
Current Year 2020-21:	**78**	**$10,961,000**
FY 2020-21 Northern CA IMD for NGIs	10	$1,658,408
FY 2020-21 Northern CA MHRC for ISTs	0	$ -
0.3 Program Manager	-	$44,000
Total Current Year Savings:	**88**	**-$9,258,592**
Budget Year 2021-22:		
Southern CA Facility (IMD)	78	$10,961,000
FY 2021-22 Northern CA IMD for NGIs	20	$3,611,825
FY 2021-22 Northern CA MHRC for ISTs	5	$912,500
0.5 Program Manager	-	$78,000
Total Budget Year:	**103**	**$15,563,325**

BCP Fiscal Detail Sheet

BCP Title: CONREP Continuum of Care **BR Name: 4440-078-ECP-2021-MR**

Budget Request Summary

	FY21					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Operating Expenses and Equipment						
5340 - Consulting and Professional Services - External	-2,669	-2,738	-2,738	-2,738	-2,738	-2,738
Total Operating Expenses and Equipment	**$-2,669**	**$-2,738**	**$-2,738**	**$-2,738**	**$-2,738**	**$-2,738**
Total Budget Request	**$-2,669**	**$-2,738**	**$-2,738**	**$-2,738**	**$-2,738**	**$-2,738**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	-2,669	-2,738	-2,738	-2,738	-2,738	-2,738
Total State Operations Expenditures	**$-2,669**	**$-2,738**	**$-2,738**	**$-2,738**	**$-2,738**	**$-2,738**
Total All Funds	**$-2,669**	**$-2,738**	**$-2,738**	**$-2,738**	**$-2,738**	**$-2,738**

Program Summary

Program Funding						
4420010 - Conditional Release Program	-2,669	-2,738	-2,738	-2,738	-2,738	-2,738
Total All Programs	**$-2,669**	**$-2,738**	**$-2,738**	**$-2,738**	**$-2,738**	**$-2,738**

FORENSIC CONDITIONAL RELEASE PROGRAM (CONREP)
GENERAL/NON-SEXUALLY VIOLENT PREDATOR (NON-SVP) PROGRAM
MOBILE FORENSIC ASSERTIVE COMMUNITY TREATMENT (FACT) TEAM

New Program

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	**0.0**	**2.0**	**2.0**	**$0**	**$5,577**	**$7,977**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$1,500*	*$0*
Ongoing	*0.0*	*2.0*	*2.0*	*$0*	*$4,077*	*$7,977*
May Revision	**0.0**	**0.0**	**0.0**	**$0**	**$4,090**	**$6,280**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$1,000*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$3,090*	*$6,280*
Total	**0.0**	**2.0**	**2.0**	**$0**	**$9,667**	**$14,257**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$2,500*	*$0*
Ongoing	*0.0*	*2.0*	*2.0*	*$0*	*$7,167*	*14,257*

BACKGROUND:

The Forensic Conditional Release Program (CONREP) is the Department of State Hospitals' (DSH) statewide system of community-based services for specified court-ordered forensic individuals. Mandated as a State responsibility by the Governor's Mental Health Initiative of 1984, the program began operations on January 1, 1986 and operates pursuant to statutes in Welfare and Institutions Code (WIC) 4360 (a) and (b). The goal of CONREP is to promote greater public protection in California's communities via an effective and standardized community outpatient treatment system.

The CONREP population includes:

- Not Guilty by Reason of Insanity (NGI) patients Penal Code (PC) 1026
- Offender with a Mental Health Disorder (OMD) patients (both PC 2964 parolees who have served a prison sentence and PC 2972 parolees who are civilly committed for at least one year after their parole period ends)
- Felony Incompetent to Stand Trial (IST) patients (PC 1370) who have been court-approved for outpatient placement in lieu of state hospital placement), and Offender with a Mental Health Disorder (WIC 6316)

CONREP services are also offered to Sexually Violent Predator (SVP) patients (WIC 6604).

Individuals suitable for CONREP may be recommended by the state hospital Medical Director to the courts for outpatient treatment. Currently, DSH contracts with seven county-operated and three private organizations to provide outpatient treatment services to clients in all 58 counties in the state with non-SVP commitments. As specified in PC 1600-1615 and 2960-2972, the CONREP Community Program Director, with the Court's approval (or in the case of an OMD, the Board of Parole Hearings' approval), assesses and makes the recommendation for individuals' placement in CONREP.

CONREP delivers an array of mental health services to individuals during their period of outpatient treatment. In conjunction with the court-approved treatment plan, contractors coordinate and provide a wide array of services needed to support community reintegration, including forensic mental health treatment through individual and group therapy settings, life skills training, residential placement, collateral contacts (e.g., other individuals/agencies), home visits, substance abuse screenings, psychiatric services, case management, court reports, and psychological assessments. DSH developed standards for these services which set minimum treatment and supervision levels for individuals court ordered to CONREP. Regular evaluations and assessments on treatment progress are completed by contractors during the period of state hospitalization and while receiving treatment in CONREP.

The current structure of CONREP is based around a centralized outpatient clinic that supports an assigned county or region with the goal of providing an independent living environment in the least restrictive setting. However, if a CONREP-eligible patient has not demonstrated the ability to live in the community without direct staff supervision, the patient is referred to a Statewide Transitional Residential Program (STRP). The CONREP centralized outpatient clinic provides the majority of treatment services whereby clients must seek transportation or walk to access the services, with the exception of the few clients (less than 30) residing in a STRP bed and participating in home visits. Living in a residence within close proximity to the clinic or along a major bus route is essential to accessing treatment timely and on a regular basis. Since it is impractical to place individuals in areas that would require a client to navigate multiple bus routes or obtain a costly taxi ride, the current type of service model limits the inventory of housing secured for placement of CONREP clients.

In the 2021-22 Governor's Budget, DSH requested $5.6 million and 2.0 positions in 2021-22, $8.0 million and 2.0 positions in 2022-23 and 2023-24, and $8.2 million and 2.0 positions in 2024-25 and ongoing to partner with CONREP providers and implement a mobile treatment team based on the forensic assertive community treatment (FACT) model of care. This will expand the continuum of treatment options for clients served through CONREP. FACT teams are mobile and provide 24/7 services to clients as needed to support the client's success and reduce the likelihood of rehospitalization through de-escalation and crisis intervention practices. A FACT model of care can be used to place ISTs who may be suitable for outpatient treatment in an area where a community-based restoration program is not available. Additionally, it will provide increased support, as needed, for patients committed as NGI and OMD transitioning from a state hospital to CONREP. The FACT program will allow an increase in CONREP housing and, as of the Governor's Budget, was estimated to serve up to 100 clients at any given time. Expansion of CONREP capacity external to DSH hospitals will allow DSH to backfill some of the vacated state hospital beds with ISTs awaiting placement. To begin the program planning process and to secure housing and provider contracts by January 2022, DSH requested program support consisting of a Clinical Social Worker and a Health Program Specialist (HPS) I.

DESCRIPTION OF CHANGE:

DSH has been in discussions with several potential providers that can provide housing, treatment, and other support services to CONREP FACT clients. DSH is actively working with one potential provider with forensic experience and knowledge of this patient population who has expressed interest in providing these services. Based on their experience with scaling up similar programs, the prospective provider indicated that they are able to activate a total of 180 new beds across three regions of the state within the timeline proposed in the Governor's Budget: 60 beds in Northern California, 60 beds in the Bay Area, and 60 beds in Southern California. This reflects an

increase of 80 beds from the original estimate of 100 beds requested in the Governor's Budget. To support this change, DSH requests $4.1 million in the budget year (BY), commensurate with a start date of January 1, 2022, $6.3 million in fiscal years (FY) 2022-23 and 2023-24, and $6.5 million annually beginning in FY 2024-25. Consistent with the Governor's Budget, DSH assumes a cost of $75,000 per bed, per year to support the increase of the 10 additional beds each in Southern California and Northern California. For the 60 new beds in the Bay Area, DSH assumes $78,000 per bed, per year to account for the higher cost of housing and personnel support in this region. Additionally, DSH requests program start up and implementation costs of $1,000,000 in BY and $100,000 in BY+1 and ongoing to support an additional 10 housing sites.

The charts below display the comparison of CONREP FACT implementation costs between the 2021-22 Governor's Budget and May Revision.

Forensic Assertive Community Treatment (FACT) Summary of Costs as of Governor's Budget						
Budget Category	**CY**	**BY**	**BY+1**	**BY+2**	**BY+3** (3% rate inc)	**BY+4** (3% rate inc)
FACT Program						
Start-Up/Program Implementation Costs	$ -	$ 1,500,000	$ 150,000	$ 150,000	$ 150,000	$ 150,000
FACT Housing/Treatment - 100 beds	$ -	$ 3,750,000	$ 7,500,000	$ 7,500,000	$ 7,725,000	$ 7,725,000
Subtotal FACT Program	*$ -*	*$ 5,250,000*	*$ 7,650,000*	*$ 7,650,000*	*$ 7,875,000*	*$ 7,875,000*
Program Support Costs						
DSH Staff Salaries, Benefits & Operating Expenses	$ -	$ 287,000	$ 287,000	$ 287,000	$ 287,000	$ 287,000
DSH Staff - Additional Travel	$ -	$ 20,000	$ 20,000	$ 20,000	$ 20,000	$ 20,000
Ongoing Provider Training & Technical Assistance	$ -	$ 20,000	$ 20,000	$ 20,000	$ 20,000	$ 20,000
Subtotal DSH Support	*$ -*	*$ 327,000*	*$ 327,000*	*$ 327,000*	*$ 327,000*	*$ 327,000*
GRAND TOTAL at GOVERNOR'S BUDGET	**$ -**	**$ 5,577,000**	**$ 7,977,000**	**$ 7,977,000**	**$ 8,202,000**	**$ 8,202,000**

Forensic Assertive Community Treatment (FACT) Summary of Costs as of May Revision						
Budget Category	**CY**	**BY**	**BY+1**	**BY+2**	**BY+3** (3% rate inc)	**BY+4** (3% rate inc)
FACT Program						
Start-Up/Program Implementation Costs (10 sites)	$ -	$ 1,000,000	$ 100,000	$ 100,000	$ 100,000	$ 100,000
FACT Housing/Treatment - 60 beds	$ -	$ 2,340,000	$ 4,680,000	$ 4,680,000	$ 4,820,400	$ 4,820,400
FACT Housing/Treatment - 20 beds	$ -	$ 750,000	$ 1,500,000	$ 1,500,000	$ 1,545,000	$ 1,545,000
GRAND TOTAL at MAY REVISION	**$ -**	**$ 4,090,000**	**$ 6,280,000**	**$ 6,280,000**	**$ 6,465,400**	**$ 6,465,400**
TOTAL FACT PROGRAM BUDGET	**$ -**	**$ 9,667,000**	**$ 14,257,000**	**$ 14,257,000**	**$ 14,667,400**	**$ 14,667,400**

At this time, DSH does not assume any changes to the timeline originally proposed in the Governor's Budget. DSH continues to anticipate having a service provider by early fall 2021 to support hiring and training activities, along with patient packet reviews to facilitate program activation and patient placement by January 2022.

BCP Fiscal Detail Sheet

BCP Title: CONREP Mobile FACT Team **BR Name: 4440-079-ECP-2021-MR**

Budget Request Summary

	FY21					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Operating Expenses and Equipment						
5340 - Consulting and Professional Services - External	0	4,090	6,280	6,280	6,465	6,465
Total Operating Expenses and Equipment	**$0**	**$4,090**	**$6,280**	**$6,280**	**$6,465**	**$6,465**
Total Budget Request	**$0**	**$4,090**	**$6,280**	**$6,280**	**$6,465**	**$6,465**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	4,090	6,280	6,280	6,465	6,465
Total State Operations Expenditures	**$0**	**$4,090**	**$6,280**	**$6,280**	**$6,465**	**$6,465**
Total All Funds	**$0**	**$4,090**	**$6,280**	**$6,280**	**$6,465**	**$6,465**

Program Summary

Program Funding						
4420010 - Conditional Release Program	0	4,090	6,280	6,280	6,465	6,465
Total All Programs	**$0**	**$4,090**	**$6,280**	**$6,280**	**$6,465**	**$6,465**

CONTRACTED PATIENT SERVICES

CONTRACTED PATIENT SERVICES
JAIL-BASED COMPETENCY TREATMENT PROGRAMS AND ADMISSION, EVALUATION, AND STABILIZATION CENTER (JBCT/AES)
EXISTING PROGRAMS AND ACTIVATION UPDATES
Program Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	**0.0**	**0.0**	**0.0**	**-$3,163**	**$62**	**$62**
One-time	*0.0*	*0.0*	*0.0*	*-$3,163*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$62*	*$62*
May Revision	**0.0**	**7.0**	**7.0**	**$0**	**$6,501**	**$8,717**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*-$2,203*	*$0*
Ongoing	*0.0*	*7.0*	*7.0*	*$0*	*$8,704*	*$8,717*
Total	**0.0**	**7.0**	**7.0**	**-$3,163**	**$6,563**	**$8,779**
One-time	*0.0*	*0.0*	*0.0*	*-$3,163*	*-$2,203*	*$0*
Ongoing	*0.0*	*7.0*	*7.0*	*$0*	*$8,766*	*$8,779*

BACKGROUND:

The Department of State Hospitals (DSH) admits Incompetent to Stand Trial (IST) patients under Penal Code (PC) 1370, which are trial defendants determined by the court to be unable to participate in their trial because they are not able to understand the nature of the criminal proceedings or assist counsel in the conduct of their defense. DSH contracts with a number of California counties to provide restoration of competency services while the IST patient is housed in county jail facilities. Jail-Based Competency Treatment (JBCT) programs are designed to treat IST patients with lower acuity and to quickly restore them to trial competency, generally within 90 days. If a JBCT program is unable to restore an IST patient to trial competency quickly, the patient is referred to a state hospital for longer-term IST treatment. In the 2020 Budget Act, DSH's JBCT Program received an augmentation of $6.1 million to expand the JBCT program in new locations. This funding provided DSH the ability to provide restoration of competency services to a wider geographic range of patients.

In the fiscal year (FY) 2021-22 Governor's Budget, DSH reflected a one-time savings in the current year (CY) of $3.2 million, which will be used to fund new JBCT programs. In addition, DSH requested contract funding of $62,000 to support increased operational expenses required to employ a mobile psychologist who will travel to multiple JBCT locations. DSH provided updates to activations of new programs previously authorized and proposed funding adjustments for several programs who have identified increased costs. Significant adjustments included the delay in both the activation of the Calaveras County 10-bed JBCT program and the Kern Admission, Evaluation and Stabilization (AES) Center's 30-bed expansion.

The information below reflects an update on current programs and planned activations in CY and budget year (BY) as well as the ongoing impact of the proposed changes.

DESCRIPTION OF CHANGE:

As of the FY 2021-22 May Revision, DSH requests $6.5 million in FY 2021-22, reflecting a one-time savings of $2.2 million to offset costs, and $8.7 million in FY 2022-23 and ongoing.

Existing JBCT Program Updates - Cost Increase

Kern AES Center: 60-Beds (BY One-Time Savings -$2.2 Million)

In the Governor's Budget, DSH assumed the expansion of the additional 30 male beds would occur in July 2021. As of the FY 2021-22 May Revision, DSH now estimates that startup activities for this 30-bed expansion will begin in mid-fall 2021, with patient admissions beginning December 2021. The Kern AES Center continues to experience delays in procuring the service contracts needed to renovate the treatment space along with recruiting challenges. New Deputy Sheriff Academies, due for graduation in Spring 2021 and Summer 2021 will allow for recruitment of new custody staff to support the program activation by December 2021.

Additionally, in the Governor's Budget, DSH presented a request to increase the AES Center's capacity by an additional 16 beds to accommodate female IST referrals. As of the May Revision, DSH is unable to secure housing for females due to the facility's physical layout and accommodations needed for COVID-19 isolation. DSH did not formally request funding for this expansion so no savings will be achieved as a result of not moving forward with this expansion.

Due to these changes, DSH expects a one-time savings in BY of $2.2 million.

San Bernardino JBCT Program: 146-Beds (BY and Ongoing Request $4.4 Million)

This program's 146-bed contract expired on December 31, 2020. Due to increases in operational expenditures, staffing increases associated with recent expansions, and in order to support the San Bernardino JBCT providing off-ramping services, the county is no longer able to sustain a daily bed rate of $390. As a result, the county has requested a new daily bed rate of $472; an $82 per day, per bed increase. Utilizing savings from the delayed expansion of the Kern AES Center, DSH absorbed CY cost increases to support the daily bed rate of $472. However, DSH is not able to absorb the ongoing costs and requests $4.4 million in BY and ongoing to support the daily bed rate increase.

Riverside JBCT Program: 25-Beds (BY and Ongoing Request $374,000)

This program's 25-bed contract expired on December 31, 2020. Due to increases in operational expenditures, the county is no longer able to sustain a daily bed rate of $361 and requested a new daily bed rate of $402, a $41 per day, per bed increase. This new daily bed rate will be effective July 1, 2021, DSH requests $374,000 in BY and ongoing to support the daily bed rate increase.

Sacramento JBCT Program: 44-Beds (BY and Ongoing Request $369,000)

This program's 44-bed contract will expire June 30, 2021. In FY 2020-21, DSH was unable to commit to securing a contract with Sacramento County beyond the current extension to June 30, 2021 and cannot maintain future contract costs within the program's maximum budget of $452

per day, per bed beginning in FY 2021-22. The county indicated that overall jail and JBCT clinical costs increased to a rate of approximately $475 per day, per bed. This deficit in funding equates to $23 per day, per bed. This new daily bed rate will be effective July 1, 2021, DSH requests $369,000 in BY and ongoing to support the daily bed rate increase. This $23 rate increase reflects cost increases in the following categories:

- Contracted staff's salary commensurate with contract salary increases
- County health staff's salary commensurate with bargained salary increases
- An increase in the jail facility's daily rate, which includes items such as food and food supplies, utilities, janitorial supplies, medication and medical supplies

It should be noted that extensive contract negotiation occurred between the program and DSH and, as a result, the contract term has only been extended through June 30, 2022. This extension will allow DSH additional time to work with the county to understand all JBCT cost drivers. If the bed rates continue to increase, DSH will not be able to absorb the cost increases within existing resources and, therefore, cannot continue with the current 44-bed contract.

Mendocino JBCT Program: Conversion from Small County Model to 6-Beds (BY and Ongoing Request $420,000)

This program's small county model contract will expire on April 30, 2021. Due to increases in IST commitments to DSH from Mendocino County, the program will transition from a small county model to a dedicated 6-bed JBCT program. Currently, as a small county model, Mendocino is funded at a rate of $500,000 per year and reimbursed based on the number of beds used, which the county has already exceeded. To support the increase in IST commitments, DSH has utilized contract dollars available due to the delayed activation of the Calaveras JBCT program to increase the Mendocino contract and allow for additional admissions. DSH estimates, with a daily bed rate of $420, the 6-bed program will cost approximately $920,000 which reflects a difference of $420,000 above the current budget authority for this program.

DSH requests an additional $420,000 in BY and ongoing to help support the conversion of the Mendocino JBCT from a small county model to a dedicated 6-bed program.

Contra Costa JBCT: 9-Bed Regional Program Expansion (BY and Ongoing Request $1.4 Million)

In the Governor's Budget, DSH assumed this 10-bed program would activate in April 2021. Due to unanticipated construction and renovations needed in the designated JBCT area, DSH now estimates activation will occur in April 2022. DSH will utilize the full CY savings of $382,000 and the remaining BY savings of $503,000 from the delayed activation to fund the construction and renovation. Additionally, the layout of the JBCT programming area allows for a regional 19-bed program to serve IST commitments from multiple counties statewide. DSH requests additional funding for BY and ongoing in the amount of $1.4 million for the additional nine beds to support a new regional JBCT program with a total of 19 beds in BY and ongoing.

Monterey JBCT Program: 10-Bed (BY and Ongoing Request $77,000)

This program's 5-bed contract will expire on June 30, 2021. DSH anticipates a five percent increase to the program's $420 daily bed rate to support increases in operational expenditures. This results in a new daily bed rate of $441. To support these increases, DSH requests $77,000 in BY and ongoing.

Butte JBCT Program: 5-Beds (BY Request $26,000; Ongoing Request $39,000)

This program's 5-bed contract will expire on October 31, 2021. DSH anticipates a five percent increase to the program's $420 daily bed rate to support increases in operational expenditures. This results in a new daily bed rate of $441. To support these increases, DSH requests $26,000 in BY and $39,000 in FY 2022-23 and ongoing.

San Joaquin JBCT Program: 2-Bed Expansion (BY and Ongoing Request $305,000)

Currently, the San Joaquin JBCT program is funded for a total capacity of 10 beds but there has been a consistent level of IST referrals to support a 12-bed program. To accommodate this change, DSH proposes to increase the program's capacity to support two additional beds at the current daily bed rate for a new total capacity of 12 beds beginning in July 2021. To support this expansion, DSH requests $305,000 in BY and ongoing.

There are no additional updates or reports for other existing programs as of the May Revision.

DSH Program Oversight and Support Resources (BY and Ongoing Request $1.4 Million)

To support the expansion, implementation and management of both new and existing JBCT programs, DSH requests 7.0 permanent fulltime positions with the associated funding of $1.4 million. As of the May Revision, DSH implemented a total of 21 programs (20 JBCTs and one AES center) throughout the state, with a total bed capacity of 425 dedicated beds and two small county model programs. Additionally, seven new JBCT programs are proposed for implementation and activation in the BY. Adding to the workload of the team, DSH is in the process of implementing the Statewide IST Off-Ramp (SISTOR) program. DSH did not receive dedicated staffing resources to support new program activation efforts and ongoing oversight. The current volume of workload associated with each existing and new JBCT site exceeds DSH's current capacity to provide dedicated clinical oversight.

Since the program began, DSH was authorized for one Assistant Chief Psychologist (FY 2016-17), one Consulting Psychologist (CP) dedicated to the Kern Admission, Evaluation and Stabilization (AES) Center (FY 2017-18), and one additional CP and a Health Program Specialist (HPS) I position (FY 2019-20). At the time the Assistant Chief Psychologist position was requested, there were three JBCT programs with three additional counties in the pipeline to establish programs. Much of the stakeholder engagement related to new program development was coordinated directly by the division Deputy Director, Assistant Deputy and Chief Psychologist of the Conditional Release Program (CONREP). This included budget proposal development, conducting tours of prospective jail programming space, and meeting with the Sheriff, justice partners and clinical providers. It was unknown at the time to what extent the program would need to expand to accommodate the IST population and waitlist as they are currently projected. Moreover, the original concept for the JBCT programs focused on a fast track program, with larger bed capacity that would serve the easier to treat patients on a regional scale. As more IST bed capacity was needed to address the growing rate of IST referrals, DSH developed new JBCT program models that could be scaled to meet the unique issues of each county while meeting the demands faced by the department. This included establishing single county model programs that ranged from 5-10 beds, developing co-ed programs, and creating a small county model program for very small rural counties that allowed for individual programming without dedicated bed and treatment space and a lower rate of IST referrals. All of these models require thoughtful analysis, resource and treatment space planning, and lengthy negotiations on both budget and contract

provisions. Additionally, DSH has sought to evolve the JBCT programs to treat all IST patients, not just those who are deemed easier to restore to competency. With this shift, lengths of stay are increased, as are the number of IST cases the programs request to bypass, the need to seek involuntary medication orders and respond to litigation inquiries. This requires a higher intensity of oversight, case consultation, training and support to the programs to manage admissions, discharges and transfers of JBCT patients.

The original workload for these programs did not factor in continued expansion of the program, and the associated workload. The JBCT programs continue to grow and evolve due to the increased number of participating counties, beds, and overall complexity of the program. New county engagement and program development is demanding and time-consuming. Given the significant growth in the IST waitlist and litigation faced by DSH, the need to continue expanding the program is critical. Similarly, the need to develop and update policies and procedures, conduct site visits, and formally assess performance of the current county providers is equally critical to the success of the program. Thus, this workload cannot be sustained without more staff. Formal program reviews need to occur and the protocols for this workload need to be developed, both of which require additional resources. The Deputy Director, Assistant Deputy and Chief Psychologist of CONREP are no longer able to support new JBCT program development as these positions are focused on other new program initiatives including development of the new DSH Diversion, Community Based Restoration program, and expanding the continuum of care and bed capacity of CONREP. Further, the division leadership is also responsible for a large forensic evaluation workload of other DSH legal commitments.

The primary roles of the CP are to closely monitor the performance of the JBCT programs by reviewing census data to ensure that beds are filled, patients are restored to competency, identify and resolve barriers to patient placement and provide clinical support and consultation on particularly difficult patient cases. This may include assisting JBCT programs through the Involuntary Medication Order (IMO) and Administrative Law Judge processes in order to obtain appropriate medication for patients. As a last resort, due to acuity and the need for a more appropriate housing placement, CPs may facilitate the transfer of a patient from a JBCT/AES to a state hospital, which further increases DSH's IST pending placement list.

Additional clinical support is needed to closely monitor each program's performance to ensure higher competency restoration rates and fewer transfers to state hospitals. With the rapid expansion of DSH's JBCT programs, both new programs established in counties and the expansion of existing programs, DSH has seen an increase in the number of ISTs transferred from a JBCT program to a state hospital, at an average of approximately 36% statewide. Some counties with larger JBCT programs have a transfer rate of as high as 53%. This indicates that DSH needs to increase resources to provide more intensive technical assistance to JBCTs to position them for success and reduce the transfer rate to state hospital beds. Currently, as DSH continues to establish new JBCTs, the ability to provide thorough oversight, consultation to the counties, and frequent site visits has diminished. This interferes with DSH's ability to ensure programmatic, clinical and contractual compliance. With the rapid growth, CPs now spend a large portion of their time providing technical support to new counties as they prepare to implement programs. Program expansion and developing the capacity to provide sufficient technical expertise and support to JBCTs go hand in hand,

The staffing request is based on lessons learned regarding program activities, including the importance of a hands-on approach with counties and providers to ensure programs are operating effectively and efficiently. DSH requests additional CPs to provide greater oversight by reducing

the amount of assigned JBCT programs per CP, with the goal of reducing the rate of JBCT to state hospital IST transfers and reserving the state hospital beds for most acute ISTs and those unable to be placed into a JBCT/AES program.

DSH also requests 1.0 Chief Psychologist to provide supervision and training of the CPs, consultation with DSH Legal and the Patient Management Unit on complex patient and/or county issues, and ongoing review and administration of the overall JBCT program.

Additional program staff are needed to support JBCT program activations, provide greater administrative monitoring of contract compliance, and negotiate new and renewed JBCT contracts to ensure fiscal accountability.

Please see specific position details below:

1.0 Chief Psychologist – Program Support and Oversight ($250,000 in BY and ongoing)

- Recruit, train and supervise CPs, monitor work performance
- Review clinical and administrative performance of JBCTs and provide feedback on program effectiveness
- Establish and maintain relationships with courts, sheriffs, and county stakeholders throughout the state to ensure patients are being referred appropriately
- Oversee program site visits, review clinical assessments
- Participate in contract negotiations and development of MOUs between feeder counties and regional program
- Ensure that ongoing standards for JBCTs are met
- Develop policies and procedures and ensure that programs receive necessary and ongoing training in support of these policies and procedures
- Develop and oversee the quarterly JBCT program trainings to share best practices, treatment modalities, and share DSH expectations
- Provide technical support and consultation on the most complex patient and/or county issues
- Consult with DSH Legal and Patient Management Unit on patient acuity or transfer issues and provide support to the CPs in the facilitation of Psychopharmacology Resource Network consults
- Monitor census trends and provide frequent reports on the success of efforts made to reduce the rate of IST transfers

4.0 Consulting Psychologists – Program Support and Oversight ($821,000 in BY and ongoing)

- Assist in monitoring the clinical and administrative performance of the JBCT/AES programs
- Gather and use data to support findings of program deficiencies. Monitor JBCT/AES programs' plan to resolve deficiencies and maintain compliance
- Provide consultation in the development of corrective action plans
- Travel statewide to assigned programs to conduct routine site visits and conduct peer review of patient charts and psychological assessments
- Identify trends and areas for continuous quality improvement

- Provide consultation, training, and technical assistance related to the operation of the JBCT/AES programs, including implementation of new programs and support of existing programs
- Identify and provide consultation in preventing barriers to the timely placement of incompetent to stand trial defendants in the JBCT/AES programs
- Case consultation with JBCT sites for treatment and/or medication options with the goal of reducing number of patient transfers to a state hospital bed

1.0 Health Program Specialist – Program Support and Oversight ($141,000 in BY and ongoing)

- Analyze administrative problems related to the program (implementation and ongoing) and recommend effective action, including recommending development of new or amending current policies and procedures
- Conducts administrative review of JBCT programs to ensure for fiscal and contractual compliance
- Take lead in maintaining policies, procedures, standards, and/or monitoring tools. Respond to related inquiries
- Work closely with CPs to monitor patient census trends
- Serve as a liaison between DSH and JBCT/AES program staff to provide ongoing technical and administrative assistance on the program requirements
- Coordinate site visit logistics for program reviews, site visits and general tours requested by external stakeholders
- Perform independent analysis of fiscal and programmatic data in support of the JBCT and AES budget
- Develop caseload estimates and budget change proposals for the JBCT programs and AES Centers which includes, but is not limited to, coordinating with departmental research staff to forecast JBCT and AES population trends, researching and analyzing program and policy impacts, developing cost estimates and written narratives to convey findings, recommendations, and proposed budget changes.

1.0 Associate Governmental Program Analyst – Program Support and Oversight ($130,000 in BY and ongoing)

- Provide technical support in the planning, implementation, and oversight of competency restoration services through state-administered contracts for the JBCT/AES programs
- Provide ongoing technical assistance to custody and clinical staff on the JBCT Program and AES Center components and requirements
- Provide support to program staff in completing requested data reports
- Negotiate new contracts and renewal of existing contracts to ensure rate can be supported within existing departmental resources or prepares a request for additional resources as needed. Analyzes proposed budgets submitted by counties
- Review invoices submitted from counties based on services outlined in their contracts
- Coordinate recurring calls and ongoing communication with interested counties and existing JBCT programs, including planning of all program activation teleconferences
- Serve as a liaison between DSH and program staff in relation to program implementation.

These 7.0 positions requested are based on a staff-to-program ratio of the existing 21 JBCT/AES and new SISTOR programs. These positions do not account for the additional JBCT programs that DSH expects to start up in BY, as proposed in the Governor's Budget and May Revision, or

future new programs. As DSH moves from rapid growth to a mode of stabilization and maintenance of all JBCT programs, it will assess whether these resources are sufficient and will consider whether additional CPs and program support is needed to maintain the desired level of programmatic oversight. Please see Attachment A: Workload Analysis for additional workload details and calculations.

Travel, Training and Technical Assistance Resources (BY and Ongoing Request $42,000)

In an effort to provide greater programmatic training, share best practices and latest treatment modalities, DSH will conduct quarterly meetings for the JBCT Program Directors and JBCT custodial and clinical staff. To support this cost, DSH requests $42,000 in BY and ongoing to support the travel costs for both DSH and JBCT program staff. The current funding level for the JBCTs does not include travel costs for the contracted JBCT program staff. DSH plans to host these quarterly meetings in Sacramento County, which is a centralized region for the JBCTs. Ongoing training and support are essential to the success of the JBCT/AES programs and will reinforce efforts to enhance local capacity and reduce the rate of ISTs transferred to state hospital beds.

Support Resources for JBCT/AES		
Position Title	**FTE**	**Total Position Cost**
Chief Psychologist	1	$250,000
Consulting Psychologist	4	$821,000
Health Program Specialist I	1	$141,000
Associate Governmental Program Analyst	1	$130,000
Travel, Training and Technical Assistance	N/A	$42,000
Totals	**7**	**$1,384,000**

Attachment A: Workload Analysis

California Department of State Hospitals
JBCT/AES Programs
Workload Analysis

Chief Psychologist

ACTIVITY TASK	PROJECTED ONE-TIME & ONGOING WORKLOAD		
	Hours to Complete Task	Number of Times Task is Completed per Year	NUMBER OF HOURS ANNUALLY
Specific Task:			
Review clinical and administrative performance of JBCTs and provide feedback on program effectiveness. Use data and program review outcomes to identify trends and areas for continuous quality improvement. Support CPs who provide consultation, training, and technical assistance related to the operation of the JBCT/AES programs. Identify and provide consultation in preventing barriers to the timely placement of incompetent to stand trial defendants in the JBCT/AES programs. Ensure that ongoing standards for JBCTs are met.	14.0	22.0	308.0
Recruit, onboard, train and indirectly supervise CPs. Directly supervise Assistant Chief Psychologist. Participate in weekly consultation meetings with CPs to discuss program updates and for staff development. Attend mandated training and ongoing training as needed.	6.0	50.0	300.0
Respond to escalated inquiries from counties regarding patient waitlist issues. Further escalate issues as needed to FSD and DSH executive leadership. Provide testimony on behalf of the Department as needed.	12.0	24.0	288.0
Develop and oversee the implementation of DSH's Statewide IST Off-Ramp (SISTOR) program, including participate in the selection of a provider, negotiate contract terms and rates, monitor performance and provide consultation on issues or barriers. Oversee performance metrics and provide regular reporting to FSD and DSH executive leadership. Monitor for areas of performance improvement or the availability to expand the program.	6.0	36.0	216.0
Participate in meetings with new counties about JBCT program. Train staff and assist in the activation of new programs. Educate staff about what to submit to Court and what data needs to be captured. Assist with referral process. Attend other recurring unit-based and FSD leadership meetings.	4.0	48.0	192.0
Oversee the development of policies and procedures and ensure that programs receive necessary and ongoing training in support of these policies and procedures. Maintain policies and procedures to ensure that appropriate updates are made as needed and that notification of these changes are provided. Monitor changes to policies and determine whether regulations are needed.	12.0	16.0	192.0
Develop, organize, and lead the annual JBCT summit for Sheriffs Departments and clinical providers. Summit will facilitate knowledge transfer, best practices, review of barriers, and information sharing between programs.	60.0	2.0	120.0
As the program chief, provide technical support and consultation on the most complex patient and/or county issues that are escalated by the CPs, Assistant Chief Psychologist, DSH Legal, DSH Research Evaluation and Data (RED) team, or DSH Patient Management Unit (PMU). This may include providing support to the CPs on patient acuity and/or transfer issues and facilitation of Psychopharmacology Resource Network consults with DSH Clinical Operations.	8.0	12.0	96.0
Oversee program site visits and review clinical assessments. This may include travel to JBCT/AES programs to participate in routine site visits of existing programs, newer programs that may need greater support and technical assistance, or sites that demonstrate a higher transfer rate of ISTs to a state hospital. Document observations and findings from site visit in a report. Provide consultation regarding corrective action plan and monitor the resolution of deficiencies and transfer rate. As part of program reviews, provide frequent reviews and assessments of the programs' overall adequacy and available capacity, especially as it may pertain to adjustments to the programs' size, model, and ability to support expansions as needed.	3.0	23.0	69.0
Monitor census trends and provide frequent reports to departmental and division leadership on the success of efforts to made to reduce the rate of IST transfers.	3.0	23.0	69.0
Develop and oversee the quarterly program meetings for JBCT Program Directors to share best practices, treatment modalities, and share DSH expectations.	8.0	8.0	64.0
Establish and maintain relationships with the courts, sheriffs, and county stakeholders throughout the state to ensure patients are being referred appropriately.	2.0	10.0	20.0
Participate and provide consultation on the development of Memorandums of Understanding (MOU) between feeder and regional counties to ensure that patients are referred appropriately and admitted timely and without barriers.	1.0	12.0	12.0
		TOTAL HOURS PROJECTED ANNUALLY:	**1,946.0**
		TOTAL POSITIONS PROJECTED:	**1.1**

Notes: Current programs = 20 JBCTs, 1 AES, and 1 SISTOR program

California Department of State Hospitals
JBCT/AES Programs
Workload Analysis

Consulting Psychologist

ACTIVITY TASK	PROJECTED ONE-TIME & ONGOING WORKLOAD			
	Hours	Number of Current Programs Sites	Number of Times Task is Completed per Year	NUMBER OF HOURS ANNUALLY
Specific Task:				
Assist in monitoring the clinical performance of the JBCT/AES programs. Identify trends and areas for continuous quality improvement. Provide consultation, training, and technical assistance related to the clinical operation of the JBCT/AES programs. Gather and use data to support findings of program deficiencies. Monitor JBCT/AES programs' plan to resolve deficiencies. Provide consultation in the development of corrective action plans. Continual follow up with the JBCT/AES program until corrective actions are implemented and resolved. Coordination with FSD Leadership, legal, PMU, and RED team. Avg 5 hours per week x 22 sites x 52 weeks	5.0	22.0	52	5,720.0
Case consultation with JBCT sites re: difficult patients and treatment options with the goal of reducing number of transfers to SH. Connect JBCT staff with Clinical Ops or Patton psychiatrists for case consultation. Assist JBCT sites with IMO process and ALJs as needed to help obtain appropriate medication for IST patients. Facilitating the appropriate placement of patients at each hospital when needed. Avg 3 hours per week x 22 sites x 52 weeks	3.0	22.0	52	3,432.0
Travel to JBCT/AES programs to conduct routine site visits. Document observations and findings from site visit in a report. Monitor and conduct peer review of patient charts and psychological assessments for fidelity. Provide JBCT/AES consultation regarding corrective action plan. Monitor JBCT/AES programs' plan to resolve deficiencies. Average of 12 hours per visit inclusive of travel for each site, 4x per year.	12.0	22.0	4	1,056.0
Participate in the organization and planning of JBCT/AES formal program reviews as needed. Travel to JBCT/AES programs to conduct formal program reviews. Observe major program clinical and administrative operations. Document observations and findings from formal program reviews in a report. Provide JBCT/AES consultation regarding corrective action plan. Monitor JBCT/AES programs' plan to resolve deficiencies. Formal Program Review will occur at each site every 3 years. With planning/prep, travel, interviews, documentation and report development - approx. 96 hours per Formal Program Review x approx. 8 sites per year and will include minimum 3 staff at each FPR (96 hours x 3 staff = 288 hours). (Future goal but not yet in practice).	288.0	8.0	1	2,304.0
Responds to questions from programs regarding statewide policies and procedures. Participates in the development and ongoing update of policies and procedures. Reviews site-specific policies. Trains JBCT/AES staff in the policies and procedures. Approx. 4 hours of work monthly to support each site.	4.0	22.0	12	1056.0
Annual summit and training with Sheriff's Depts and clinical providers for facilitation of knowledge transfer, best practices, review of barriers, info sharing between regional programs. Quarterly calls with PDs at JBCTs with same goal.	2.0	-	52	104.0
Actively participate in multiple weekly meetings to facilitate program oversight and planning. Provide written and verbal reports on weekly basis, providing updates, observations, findings, triage issues, report data, etc. to FSD and Department Leadership. Facilitate regular meetings and communication to coordinate on JBCT/AES operations and patient movement (admissions, discharges, transfers) with Patient Management Unit (PMU), Research/Evaluation, FSD management and DSH legal. Respond to inquiries from internal stakeholders, PRA/media requests.	6.0	-	52	312.0
Serve as a liaison between the JBCT/AES programs and the courts/legal. Respond to questions from legal about patients in JBCT programs or on the waitlist or other issues. Provide case consultation and technical assistance to legal/the courts as necessary to provide information about the JBCT/AES referral procedure and resolve issues impacting the JBCT/AES programs.	2.0	22.0	52	2,288.0
Participate in meetings with new counties about JBCT program. Train staff and assist in the activation of new programs. Educate staff about what to submit to Court and what data needs to be captured. Assist with referral process. Average 4 hours per week.	4.0	-	52	208.0
Participate in consultation meetings with other CPs. Participate in 1:1 supervision weekly to discuss program updates with supervisor. Average 2 hours per week	2.0	-	52	104.0
Attend mandated, ongoing training, annual state or national conferences as well as participate in onboarding activities. Participate in presentation of program outcomes. Participate in required continuing education training. Average 72 hours 3x per year.	72.0	-	3	216.0
			TOTAL HOURS PROJECTED ANNUALLY:	**16,800.0**
			TOTAL POSITIONS PROJECTED:	**9.5**
			PRIOR AUTHORIZED POSITIONS:	**-2.0**
			NET TOTAL POSITIONS:	**7.5**

Notes: Current programs = 20 JBCTs, 1 AES, and 1 SISTOR program

*While the workload calculations indicate that a higher number of positions is required needed, DSH requests only 4.0 CP positions in order to more efficiently recruit and onboard staff. Workload will be reassessed in the future to determine where additional resources are needed.

California Department of State Hospitals
JBCT/AES Programs
Workload Analysis

Health Program Specialist I

ACTIVITY TASK	PROJECTED ONE-TIME & ONGOING WORKLOAD		
	Hours to Complete Task	Number of Tasks Ongoing	NUMBER OF HOURS ONGOING
Specific Task:			
Supports development of the bi-annual caseload estimate and budget change proposal process for the JBCT Programs and AES Centers which includes, but is not limited to, coordinating with departmental research staff to forecast JBCT and AES population trends, researching and analyzing program and policy impacts, developing cost estimates and written narratives to convey findings, recommendations, and proposed budget changes. Performs independent analysis of fiscal and programmatic data in support of the JBCT and AES budget development process. Drafts responses on behalf of the division to inquiries from the Department's Budget Management Branch, California Health and Human Services Agency, Department of Finance, and/or Legislative Analyst's Office. Develops and sends notifications of new JBCT program contracts and activations for purposes of distribution to the Department of Finance and legislative stakeholders.	120.0	2	240.0
With guidance from the Chief/Asst Chief, coordinate development and maintenance of standardized clinical and administrative policies for JBCT programs. Includes maintenance of procedure manual, standards, and program regulations. Analyze administrative problems related to the program (implementation and ongoing) and recommend effective action, including but not limited to recommending development of new or amending current policies and procedures. Responds to related inquiries.	60.0	12	720.0
Provides support to the Chief Psychologist in the development of the annual statewide JBCT summit to support local JBCT program directors. Work with the Chief Psychologist and Assistant Chief Psychologist in the development and implementation of training and technical assistance needs of JBCT programs. Takes lead in the development of securing trainers or other consultants to support training and TA needs of the program.	120.0	1	120.0
Travels to JBCT/AES programs statewide and assists clinical staff in performing regular site visits and formal program reviews to ensure program compliance with department policies and procedures. Performs administrative site reviews to ensure compliance with scope of work, budget, and outcomes outlined in executed contract. As part of administrative JBCT review process, develops auditing protocols, schedules reviews, and works closely with DSH Audits and Accounting staff to analyze findings, determine corrective action plan, and monitor the JBCT programs to ensure compliance with corrective action plan.	80.0	12	960.0
Serves as the primary administrative contract manager and lead over processing contracts; leads negotiations with counties and provides consultation and support to the AGPA in the development of the JBCT and AES contracts, including development of master scope of work, budget and outcomes reporting. Coordinates with county stakeholders, DSH Contracts, DSH Legal, and FSD management. As a lead, provides oversight and consultation on the most complex amendments/revisions to contracts. Develops MOUs between DSH and JBCT/AES programs. Resolves significant and complex contract and program compliance issues.	80.0	12	960.0
Monitors JBCT census levels and works closely with DSH RED staff in tracking patient and program demographics to target efforts for population management and program effectiveness.	12.0	12	144.0
Serves as a liaison between DSH and JBCT/AES program staff on complex and escalated administrative, contractual, or fiscal issues. Provides ongoing technical and administrative assistance on the program requirements.	12.0	12	144.0
In conjunction with the Consulting Psychologist, reviews Special Incident Reports (SIR), makes recommendations regarding the program's incident trends and makes follow-up reviews as needed to monitor programs adjustments in response to the incident.	8.0	12	96.0
Serves as the lead for Public Records Act (PRA) and Media requests for DSH JBCT program. Participate in the research and development of information used to prepare legislative bill analyses.	4.0	6	24.0
Participate in weekly unit/program meetings; consultation meetings with other CPs. Participate in 1:1 supervision weekly to discuss program updates with supervisor. Average 2 hours per week	2.0	52.00	104.0
As a lead, provides support in the recruitment, training, and onboarding of new JBCT support staff.	40.0	1	40.0
		TOTAL HOURS PROJECTED ANNUALLY:	**3,552.0**
		TOTAL POSITIONS PROJECTED:	**2.0**
		PRIOR AUTHORIZED POSITION:	**-1.0**
		NET TOTAL POSITIONS:	**1.0**

Notes: current programs = 20 JBCTs, 1 AES, and 1 SISTOR program

California Department of State Hospitals
JBCT/AES Programs
Workload Analysis

Associate Governmental Program Analyst

ACTIVITY TASK	PROJECTED ONE-TIME & ONGOING WORKLOAD			
	Hours	Number of Current Programs Sites	Number of Times Task is Completed per Year	NUMBER OF HOURS ANNUALLY
Specific Task:				
Provide support in the planning, implementation, and oversight of JBCT program including assisting in the development of new contracts and contract renewals and outreach to county stakeholders in order to support the Department's efforts towards statewide expansion of the JBCT Programs and AES Centers.	40.0	1.0	12	480.0
Processes all JBCT, AES, and IST Off-Ramp contracts and renewals. Drafts, updates, and prepares JBCT contract amendments, including scope of work deliverables and budget detail. Prepares and tracks contract renewal and amendment packets and reviews and validates contract budget costs, working in conjunction with DSH Business Services staff.	40.0	22.0	1	880.0
Manage master listserv/contact lists, and serves as initial point-of-contact for JBCT programs. Coordinates weekly stakeholder calls, including planning of all program activation teleconferences. Maintains weekly JBCT program status tracker, communication log and other ad-hoc trackers related to program operations.	1.5	22.0	52	1,716.0
Provide support to clinical and program staff in completing and gathering requested data and outcomes reports to support site visits and formal program reviews. Coordinates site visit logistics for program reviews, site visits and general tours requested by external stakeholders. Assist program leadership in identifying, analyzing and responding to issues related to program implementation and compliance. Performs analysis of assigned JBCT programs to support the HPS I and assigned Consulting Psychologists with developing responses to inquiries regarding fiscal and programmatic data.	16.0	22.0	12	4,224.0
Evaluates program monthly expenditures, monitors the fiscal status of the overall JBCT and AES program budget allotment, and reconciles appropriations with expenditures and funds available. Independently reviews complex Administration Division reports to ensure accuracy and updates information as needed. Work with DSH Budgets and DSH Accounting staff to research issues related to budget/expenditure tracking, changes impacting the the contracts' budget, etc. Present monthly budget reports to management.	40.0	1.0	12	480.0
Implement and maintain tracking systems to regularly monitor each county's JBCT/AES contract budget and expenditures. Process invoices and reconcile invoice expenditures to the actual patient census served and recommend action for approval or adjustment of invoices.	6.0	22.0	12	1,584.0
Coordinates with DSH Research, Evaluation and Data (RED) staff to transmit data for outcomes and weekly census reporting. Responds to inquiries requiring program interpretation of data trends/issues.	1.5	-	52	78.0
Coordinate with Community Program Directors on statewide tracking of IST placement evaluations on monthly basis, track trends and provide regular reports to Chief Psychologist and FSD Leadership.	6.0	-	12	72.0
Coordinate with the Department's Technology Services Division and the JBCT and AES contractors to facilitate the electronic transmission of documents via the secure file transfer system, WatchDox. Download weekly documents from each program, file and transmit to other staff who need reports.	0.5	22.0	52	572.0
Participate in weekly unit/program meetings. Participate in 1:1 supervision weekly to discuss program updates with supervisor. Average 2 hours per week.	2.0	-	52	104.0
Performs bill reviews and serves as back up to researching information and assisting in the development of legislative analyses.	8.0	-	12	96.0
			TOTAL HOURS PROJECTED ANNUALLY:	**10,286.0**
			TOTAL POSITIONS PROJECTED:	**5.8**

Notes: Current programs = 20 JBCTs, 1 AES, and 1 SISTOR program

*While the workload calculations indicate that a higher number of positions is required needed, DSH requests only 1.0 AGPA position in order to more efficiently recruit and onboard staff. Workload will be reassessed in the future to determine where additional resources are needed.

BCP Fiscal Detail Sheet

BCP Title: JBCT Existing Programs and Activation Updates **BR Name: 4440-080-ECP-2021-MR**

Budget Request Summary

	FY21					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Personal Services						
Positions - Permanent	0.0	7.0	7.0	7.0	7.0	7.0
Total Positions	**0.0**	**7.0**	**7.0**	**7.0**	**7.0**	**7.0**
Salaries and Wages						
Earnings - Permanent	0	814	814	814	814	814
Total Salaries and Wages	**$0**	**$814**	**$814**	**$814**	**$814**	**$814**
Total Staff Benefits	0	416	416	416	416	416
Total Personal Services	**$0**	**$1,230**	**$1,230**	**$1,230**	**$1,230**	**$1,230**
Operating Expenses and Equipment						
5301 - General Expense	0	56	56	56	56	56
5304 - Communications	0	7	7	7	7	7
5320 - Travel: In-State	0	7	7	7	7	7
5324 - Facilities Operation	0	35	35	35	35	35
5340 - Consulting and Professional Services - External	0	5,117	7,333	7,333	7,333	7,333
5346 - Information Technology	0	7	7	7	7	7
539X - Other	0	42	42	42	42	42
Total Operating Expenses and Equipment	**$0**	**$5,271**	**$7,487**	**$7,487**	**$7,487**	**$7,487**
Total Budget Request	**$0**	**$6,501**	**$8,717**	**$8,717**	**$8,717**	**$8,717**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	6,501	8,717	8,717	8,717	8,717
Total State Operations Expenditures	**$0**	**$6,501**	**$8,717**	**$8,717**	**$8,717**	**$8,717**
Total All Funds	**$0**	**$6,501**	**$8,717**	**$8,717**	**$8,717**	**$8,717**

Program Summary

Program Funding						
4400010 - Headquarters Administration	0	37	37	37	37	37
4400020 - Hospital Administration	0	7	7	7	7	7
4430020 - Jail Based Competency Treatment	0	6,457	8,673	8,673	8,673	8,673
Total All Programs	**$0**	**$6,501**	**$8,717**	**$8,717**	**$8,717**	**$8,717**

BCP Title: JBCT Existing Programs and Activation Updates **BR Name: 4440-080-ECP-2021-MR**

Personal Services Details

Positions	Salary Information Min	Mid	Max	CY	BY	BY+1	BY+2	BY+3	BY+4
5393 - Assoc Govtl Program Analyst				0.0	1.0	1.0	1.0	1.0	1.0
7620 - Consulting Psychologist				0.0	4.0	4.0	4.0	4.0	4.0
8338 - Hlth Program Spec I				0.0	1.0	1.0	1.0	1.0	1.0
9859 - Chief Psychologist - CF				0.0	1.0	1.0	1.0	1.0	1.0
Total Positions				**0.0**	**7.0**	**7.0**	**7.0**	**7.0**	**7.0**

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
5393 - Assoc Govtl Program Analyst	0	70	70	70	70	70
7620 - Consulting Psychologist	0	510	510	510	510	510
8338 - Hlth Program Spec I	0	76	76	76	76	76
9859 - Chief Psychologist - CF	0	158	158	158	158	158
Total Salaries and Wages	**$0**	**$814**	**$814**	**$814**	**$814**	**$814**
Staff Benefits						
5150200 - Disability Leave - Industrial	0	11	11	11	11	11
5150210 - Disability Leave - Nonindustrial	0	3	3	3	3	3
5150350 - Health Insurance	0	37	37	37	37	37
5150450 - Medicare Taxation	0	12	12	12	12	12
5150500 - OASDI	0	9	9	9	9	9
5150600 - Retirement - General	0	176	176	176	176	176
5150700 - Unemployment Insurance	0	1	1	1	1	1
5150800 - Workers' Compensation	0	37	37	37	37	37
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	23	23	23	23	23
5150900 - Staff Benefits - Other	0	107	107	107	107	107
Total Staff Benefits	**$0**	**$416**	**$416**	**$416**	**$416**	**$416**
Total Personal Services	**$0**	**$1,230**	**$1,230**	**$1,230**	**$1,230**	**$1,230**

CONTRACTED PATIENT SERVICES
JAIL-BASED COMPETENCY TREATMENT (JBCT) PROGRAMS
NEW PROGRAM UPDATES
New Item

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	**0.0**	**0.0**	**0.0**	**$785**	**$6,275**	**$6,275**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$785*	*$6,275*	*$6,275*
May Revision	**0.0**	**0.0**	**0.0**	**$0**	**$6,792**	**$13,760**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$6,770*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$22*	*$13,760*
Total	**0.0**	**0.0**	**0.0**	**$785**	**$13,067**	**$20,035**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$6,770*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$785*	*$6,297*	*$20,035*

BACKGROUND:

The Department of State Hospitals (DSH) continues to build out its continuum of care, which supports Incompetent to Stand Trial (IST) patients by working with a number of counties to develop new Jail-Based Competency Treatment (JBCT) programs in their local jails and secure contracts to activate these programs in the budget year (BY). The target range of beds for each county is based on an analysis of the county's monthly trend of felony IST referrals. Negotiations and contract development are at various stages for each location, and the proposals below reflect the programs furthest along in the process. DSH requests authority to establish funding that allows contract and program development to continue moving forward.

DSH currently assumes an estimated daily bed rate of $420 for most new programs, which has been consistent with the rates established for past JBCT program activations. However, DSH notes that the average rate of JBCT beds is increasing due to the recent requests to cover larger costs incurred by the jails and their providers which may impact future budget requests. Based on the size on the program, physical layout of the jail, geographical location, and other factors, the final per diem rate may vary by program, and is anticipated to increase over time commensurate with inflation and a variety of economic factors. DSH aims to negotiate contract rate increases within existing resources, while balancing the increasing demand for IST beds and treatment along with increased IST referrals.

In the FY 2021-22 Governor's Budget, DSH requested $785,000 in the current year (CY) and $6.3 million in BY and ongoing. The proposed 2020-21 funding included $3,000 to support the Patients' Rights Advocate funding and $782,000 for two new JBCT program activations, which will be funded using the CY Kern Admission, Evaluation and Stabilization (AES) Center savings. The proposed FY 2021-22 and ongoing funding included an anticipated 31 bed capacity increase to support the growing IST patient population.

DESCRIPTION OF CHANGE:

New JBCT Programs with Dedicated JBCT Beds/Treatment Milieu

As of the FY 2021-22 May Revision, DSH has updated its assumptions commensurate with the timing of contract execution and program activation for the new programs with dedicated beds identified in the FY 2021-22 Governor's Budget. As a result, DSH is increasing its funding request to reflect the phased-in plan of new program activations, and to include one additional new program activation in BY. In total, DSH requests $6.8 million in FY 2021-22 and $13.8 million in FY 2022-23 and ongoing. The information below reflects an update on these planned program activations in BY in addition to the ongoing impact of the proposed changes:

December 2020 Proposed Activation – No change from Governor's Budget

- *Southern California County A: 8-Bed Program Update*

  In the Governor's Budget, DSH proposed to establish a JBCT program in a Southern California county that will provide eight beds for IST patients from that county with an estimated daily bed rate of $420. DSH assumed startup activities for program activation would occur in December 2020. Patient admission began in December 2020 and as of March 15, 2021, all beds are filled.

July 2021 Proposed Activations – Change from Governor's Budget

- *Central California County B – Request Increase: 3-Bed Expansion (BY One-Time Saving $119,000; Ongoing Request $460,000)*

  In the Governor's Budget, DSH proposed to establish a JBCT program in a Central California county that will provide six beds for IST patients from that county with a daily bed rate of $420 in July 2021. As of the May Revision, DSH requests additional funding at the same daily bed rate for three additional beds, for a total bed capacity of nine beds. The increase in bed capacity reflects the number of beds the county can support assuming patients are in the JBCT program for an average length of stay of 75 days. In addition, DSH now anticipates that startup activities for the program activation will occur in December 2021 for all nine beds due to contract negotiation delays. DSH estimates a one-time BY savings of $119,000 and requests an additional $460,000 in BY and ongoing to support the costing of the additional three beds.

- *Central California County C: Request Increase: 28-Bed Expansion: (BY Request $3.2 Million; Ongoing Request $4.3 Million)*

  In the Governor's Budget, DSH proposed to establish a JBCT program in a Central California county that will provide 12 beds for IST patients from that county with a daily bed rate of $420 in July 2021. As of the May Revision, DSH now anticipates that startup activities for program activation will occur in September 2021 due to contract negotiation delays. Moreover, the layout of the JBCT programming area allows for a regional 40-bed program to serve IST commitments from multiple counties statewide. To support the additional 28 beds, DSH now requests additional funding for BY in the amount of $3.2 million and $4.3 million in ongoing funding.

- *Northern California County F: Request Increase: Small County to Dedicated 5-Beds Activation: (BY One-Time Savings $55,000; Ongoing Request $267,000)*

  In the Governor's Budget, DSH proposed to establish a small county JBCT program in a Northern California county in July 2021 that will serve 20 to 25 IST patients annually with an estimated annual cost of $500,000. As of the May Revision, DSH proposes to establish a JBCT program in that Northern California county that will provide five beds for IST patients from that county with a daily bed rate of $420. The conversion of the county's program model from small county to a dedicated bed model reflects the number of beds the county can support assuming patients are in the JBCT program from an average length of stay of 75 days. DSH anticipates that startup activities for program activation for all five beds will occur in December 2021 due to negotiation delays. DSH estimates a one-time BY savings of $55,000 and requests an additional $267,000 in ongoing to support the conversion from a small county model to a dedicated five bed program.

- *Northern California County G – Request Increase: 2-Bed Expansion (BY One-Time Savings $144,000; Ongoing Request $307,000)*

  In the Governor's Budget, DSH proposed to establish a JBCT program in a Northern California county that will provide five beds for IST patients from that county with a daily bed rate of $420 in July 2021. As of the May Revision, DSH requests additional funding at the same daily bed rate for two additional beds, for a total bed capacity of seven beds. The increase in bed capacity reflects the number of beds the county can support assuming patients are in the JBCT program for an average length of stay of 75 days. DSH also now anticipates that startup activities for program activation for all seven beds will occur in December 2021 due to contract negotiation delays. DSH estimates a one-time BY savings of $144,000 and requests an additional $307,000 in ongoing funding to support the costs of the additional two beds.

December 2021 Proposed Activation – New JBCT Program Request

- *Northern California County I: Request to Establish 15-Bed Program (BY $1.4 Million; Ongoing $2.3 Million)*

  DSH proposes to establish a JBCT program in a Northern California county that will provide 15 beds for IST patients from that county. DSH assumes program activation will occur December 2021 at a daily bed rate of $420. The estimated cost to support all 15 beds in BY is approximately $1.4 million, with an ongoing full annual cost of $2.3 million.

- *Northern California County J: Request to Establish 15-Bed Program (BY $1.4 Million; Ongoing $2.3 Million)*

  DSH proposes to establish a JBCT program in a Central California county that will provide 15 beds for IST patients from that county. DSH assumes program activation will occur December 2021 at a daily bed rate of $420. The estimated cost to support all 15 beds in BY is approximately $1.4 million, with an ongoing full annual cost of $2.3 million.

- *Central California County K: Request to Establish 4-Bed Program (BY $357,000; Ongoing $614,000)*

DSH proposes to establish a JBCT program in a Central California county that will provide four beds for IST patients from that county. DSH assumes program activation will occur December 2021 at a daily bed rate of $420. The estimated cost to support all four beds in BY is approximately $357,000, with an ongoing full annual cost of $614,000.

March 2022 Proposed Activation – New JBCT Program Request

- *Northern California County H: Request to Establish 20-Bed Program (BY $1.1 Million; Ongoing $3.2 Million)*

  DSH proposes to establish a regional JBCT program in a Northern California county that will provide 20 beds for IST patients from all counties. DSH assumes program activation will occur March 2022 at a daily bed rate of $441. The county has identified to DSH that due to the jail's rural location, the county anticipates recruitment challenges. DSH is requesting an additional five percent to the estimated daily bed rate of $420 to bolster recruitment and retention efforts. Assuming program activation will occur March 2022 at the daily bed rate of $441, the estimated cost to support all 20 beds in BY is approximately $1.1 million, with an ongoing full annual cost of $3.2 million.

<u>New Small County JBCT Models</u>

As of the May Revision, DSH updated its assumptions commensurate with the timing of contract execution and program activation for the three new small county JBCT models identified in the 2021-22 Governor's Budget. The information below reflects an update on these planned program activations in BY:

July 2021 Proposed Activations: - Change from Governor's Budget

- *Northern California County D: Small County Activation: (BY One-Time Savings - $208,000)*

  In the Governor's Budget, DSH proposed to establish a small county JBCT program in a Northern California county in July 2021 that will serve 20 to 25 IST patients annually with an estimated annual cost of $500,000. DSH now anticipates that startup activities for program activation will occur in December 2021 due to contract negotiation delays. This change will result in a one-time cost savings of approximately $208,000 in BY, with no fiscal impact to outyears.

- *Northern California County E: Small County Activation: (BY One-Time Savings - $84,000)*

  In the Governor's Budget, DSH proposed to establish a small county JBCT program in a Northern California county in July 2021 that will serve 20 to 25 IST patients annually with an estimated annual cost of $500,000. As of the May Revision, DSH now anticipates that startup activities for program activation will occur in September 2021 due to contract negotiation delays. This change will result in a one-time cost savings of approximately $84,000 in BY, with no fiscal impact to outyears.

Patients Right's Advocacy Funding: Increase Request (BY and Ongoing Request $22,000)

In the Governor's Budget, DSH requested $22,000 in FY 2020-21 and ongoing to fund contracted patients' rights advocacy services to support the proposed new JBCT programs in order to comply with Assembly Bill (AB) 103 (Statutes of 2017). AB 103 requires that all DSH patients have equal access to patients' rights advocacy resources, including IST patients who are admitted to JBCT programs. However, as of the May Revision, DSH requests an increase in funds to support the proposed activation of four new programs and the expansion of two programs. DSH requests an additional $22,000 in BY and ongoing to support this change.

CONTRACTED PATIENT SERVICES
JAIL-BASED COMPETENCY TREATMENT PROGRAMS AND ADMISSION, EVALUATION, AND STABILIZATION CENTER (JBCT/AES)
Total Bed Capacity and Projected Funding

The following tables demonstrate the funding requested in the fiscal year (FY) 2021-22 Governor's Budget in comparison to the changes presented in the FY 2021-22 May Revision the JBCT Program's total capacity and projected funding.

Total JBCT Capacity and Projected Funding for Existing Programs						
Existing JBCT Program Bed Capacity and Proposed Funding as presented in the Governor's Budget						
	Bed Capacity in FY 2020-21	**Bed Capacity in FY 2021-22**	**Per Diem Rate**	**2020-21**	**2021-22**	**2022-23**
JBCT-Related Travel Reimbursement	N/A	N/A	N/A	$0	$62,000	$62,000
Calaveras JBCT	10	10	$420	-$960,000	$0	$0
Kern AES	60	106	$480	-$2,203,000	$0	$0
Riverside JBCT	25	25	$360.64	-	-	-
Sacramento JBCT	44	44	$452	-	-	-
San Bernardino JBCT	146	146	$390	-	-	-
Contra Costa JBCT	0	10	$420	-	-	-
Butte JBCT	5	5	$420	-	-	-
Solano JBCT	10	10	$417.75	-	-	-
San Luis Obispo JBCT	5	5	$424.28	-	-	-
San Joaquin JBCT	10	10	$417.42	-	-	-
San Diego JBCT	30	30	$391	-	-	-
Sonoma JBCT	12	12	$431	-	-	-
Stanislaus JBCT	18	18	$375	-	-	-
Monterey JBCT	10	10	$419.25	-	-	-
Kings JBCT	5	5	$409.69	-	-	-
Humboldt JBCT	6	6	$418.64	-	-	-
Shasta JBCT	6	6	$373.73	-	-	-
Placer JBCT	15	15	$374.44	-	-	-
Santa Barbara JBCT	10	10	$418.46	-	-	-
Mariposa JBCT[1]	N/A	N/A	N/A	-	-	-
Mendocino JBCT[1]	N/A	N/A	N/A	-	-	-
Governor's Budget Total:	**427**	**483**	N/A	**-$3,163,000**	**$62,000**	**$62,000**

Existing JBCT Program Bed Capacity and Proposed Funding as of May Revision (Costs reflect changes to assumptions presented in Governor's Budget)						
	Bed Capacity in FY 2020-21	**Bed Capacity in FY 2021-22**	**Per Diem Rate**	**2020-21**	**2021-22**	**2022-23**
Kern AES	60	90	$480	$0	-$2,203,200	$0
San Bernardino JBCT	146	146	$472	$0	$4,369,780	$4,369,780
Riverside JBCT	25	25	$402	$0	$374,125	$374,125
Sacramento JBCT	44	44	$475	$0	$369,380	$369,380
Mendocino JBCT[1]	N/A	6	N/A	$0	$419,800	$419,800
Contra Costa JBCT	0	19	$420	$0	$1,379,700	$1,379,700
Monterey JBCT	10	10	$420	$0	$76,650	$76,650
Butte JBCT	5	5	$420	$0	$25,410	$38,325
San Joaquin JBCT	10	12	$418	$0	$305,140	$305,140
Calaveras JBCT	10	10	$420	-	-	-
Solano JBCT	10	10	$417.75	-	-	-
San Luis Obispo JBCT	5	5	$424.28	-	-	-
San Diego JBCT	30	30	$391	-	-	-
Sonoma JBCT	12	12	$431	-	-	-
Stanislaus JBCT	18	18	$375	-	-	-
Kings JBCT	5	5	$409.69	-	-	-
Humboldt JBCT	6	6	$418.64	-	-	-
Shasta JBCT	6	6	$373.73	-	-	-
Placer JBCT	15	15	$374.44	-	-	-
Santa Barbara JBCT	10	10	$418.46	-	-	-
Mariposa JBCT[1]	N/A	N/A	N/A	-	-	-
Program Oversight and Support Resources	N/A	N/A	N/A	$0	$1,384,000	$1,384,000
May Revision Total:	**427**	**484**	**N/A**	**$0**	**$6,500,785[2]**	**$8,716,900**

[1] Specific to the small county models, due to the payment model with both fixed and variable costs, a per diem rate is not applicable for these programs. Additionally, each small county model will serve up to 15 IST patients annually.
[2] Savings from delayed activations for New JBCT programs will offset the total BY request for both Existing and New JBCT programs. (See Existing JBCT programs.)

Total JBCT Capacity and Projected Funding for New Programs						
New JBCT Program Bed Capacity and Proposed Funding as presented in the Governor's Budget						
	Bed Capacity in FY 2020-21	**Bed Capacity in FY 2021-22**	**Per Diem Rate**	**2020-21**	**2021-22**	**2022-23**
Southern California County A JBCT	8	8	$420	$782,000	$1,226,000	$1,226,000
Central California County B JBCT	0	6	$420	$0	$920,000	$920,000
Central California County C JBCT	0	12	$420	$0	$1,840,000	$1,840,000
Northern California Small County D JBCT	N/A	N/A	N/A	$0	$500,000	$500,000
Northern California Small County E JBCT	N/A	N/A	N/A	$0	$500,000	$500,000
Northern California Small County F JBCT	N/A	N/A	N/A	$0	$500,000	$500,000
Northern California County G JBCT	0	5	$420	$0	$767,000	$767,000
Patients' Rights Advocate Funding	N/A	N/A	N/A	$3,000	$22,000	$22,000
Governor's Budget Total:[1]	**8**	**31**	N/A	**$785,000**	**$6,275,000**	**$6,275,000**
New JBCT Program Bed Capacity and Proposed Funding as of May Revision **(Costs reflect changes to assumptions presented in Governor's Budget)**						
	Bed Capacity in FY 2020-21	**Bed Capacity in FY 2021-22**	**Per Diem Rate**	**2020-21**	**2021-22**	**2022-23**
Southern California County A JBCT	8	8	$420	$0	$0	$0
Central California County B JBCT	0	9	$420	$0	-$118,440	$459,900
Central California County C JBCT	0	40	$420	$0	$3,250,800	$4,292,400
Northern California Small County D JBCT	N/A	N/A	N/A	$0	-$208,333	$0
Northern California Small County E JBCT	N/A	N/A	N/A	$0	-$83,333	$0
Northern California County F JBCT	N/A	5	$420	$0	-$54,800	$266,500
Northern California County G JBCT	0	7	$420	$0	-$143,220	$306,600
Northern California County H JBCT	0	20	$441	$0	$1,100,000	$3,200,000
Northern California County I JBCT	0	15	$420	$0	$1,335,600	$2,299,599
Northern California County J JBCT	0	15	$420	$0	$1,335,600	$2,299,599
Central California County K JBCT	0	4	420	$0	$356,160	$613,200
Patients' Rights Advocate Funding	N/A	N/A	N/A	$0	$22,000	$22,000
May Revision Total:	**8**	**123**	N/A	**$0**	**$6,792,034**	**$13,759,789**

BCP Fiscal Detail Sheet

BCP Title: Jail-Based Competency Treatment (JBCT) Program - New **BR Name: 4440-081-ECP-2021-MR**

Budget Request Summary

	FY21					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Operating Expenses and Equipment						
5340 - Consulting and Professional Services - External	0	6,792	13,760	13,760	13,760	13,760
Total Operating Expenses and Equipment	**$0**	**$6,792**	**$13,760**	**$13,760**	**$13,760**	**$13,760**
Total Budget Request	**$0**	**$6,792**	**$13,760**	**$13,760**	**$13,760**	**$13,760**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	6,792	13,760	13,760	13,760	13,760
Total State Operations Expenditures	**$0**	**$6,792**	**$13,760**	**$13,760**	**$13,760**	**$13,760**
Total All Funds	**$0**	**$6,792**	**$13,760**	**$13,760**	**$13,760**	**$13,760**

Program Summary

Program Funding						
4430020 - Jail Based Competency Treatment	0	6,792	13,760	13,760	13,760	13,760
Total All Programs	**$0**	**$6,792**	**$13,760**	**$13,760**	**$13,760**	**$13,760**

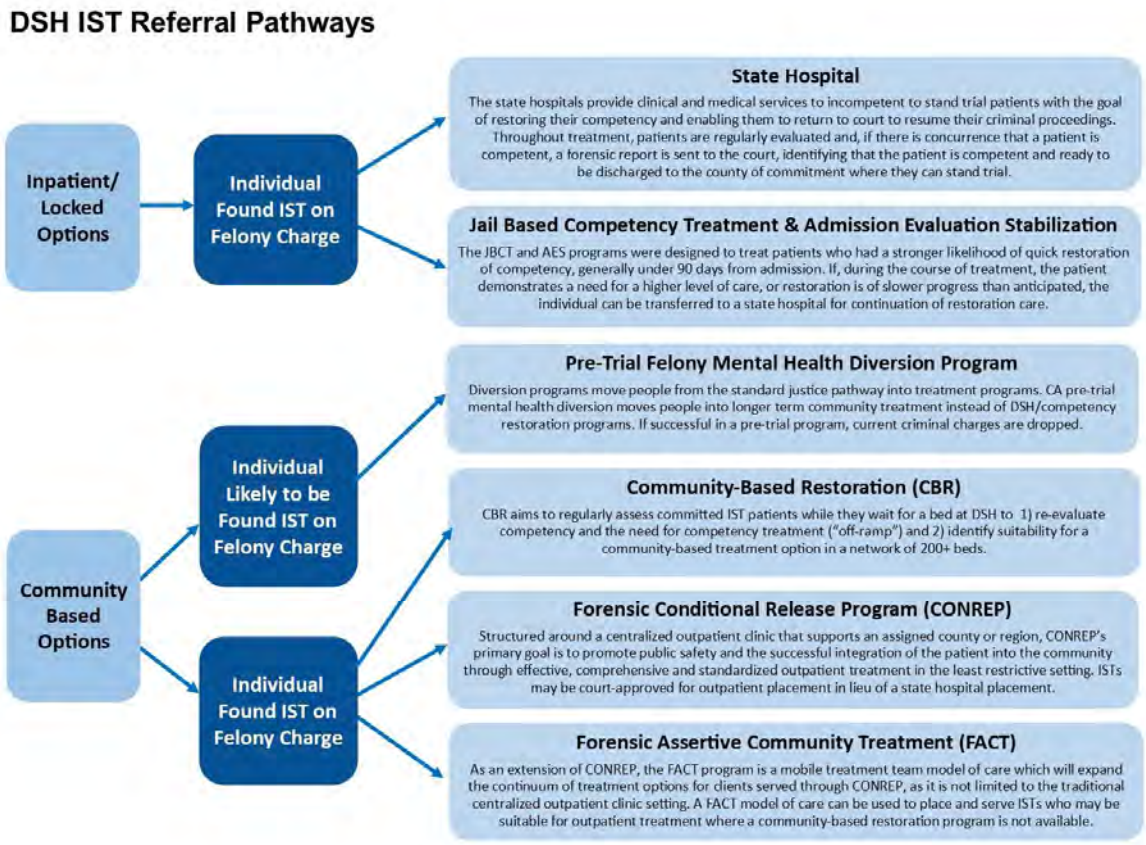
CONTRACTED PATIENT SERVICES
FELONY MENTAL HEALTH DIVERSION PROGRAM
Program Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	**0.0**	**3.0**	**3.0**	**0.0**	**$47,584**	**$1,230**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$47,584*	*$1,230*
Ongoing	*0.0*	*3.0*	*3.0*	*$0*	*$0*	*$0*
May Revision	**0.0**	**0.0**	**0.0**	**$0**	**$0**	**$0**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Total	**0.0**	**3.0**	**3.0**	**$0**	**$47,584**	**$1,230**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*3.0*	*3.0*	*$0*	*$47,584*	*$1,230*

BACKGROUND:

The 2018 Budget Act included $100 million one-time General Fund, available for expenditure between fiscal year (FY) 2018-19 through FY 2022-23, to establish the Felony Mental Health Diversion Program (Diversion). The Diversion Program authorizes the Department of State Hospitals (DSH) to contract with counties to develop new, or expand existing, Diversion programs. These county programs serve individuals with serious mental illnesses who are diagnosed with schizophrenia, schizoaffective disorder, or bipolar disorder with potential to be found Incompetent to Stand Trial (IST) on felony charges.

The following graphic shows the different inpatient or locked, and community-based programs currently available as well as new programs proposed in this year's budget for the treatment of the felony IST population:



County Program Funding

Of the $100 million, $99.5 million was available to fund counties. Of the $99.5 million, $91 million was earmarked for the 15 counties with the highest referrals of felony ISTs to DSH in FY 2016-17: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, Santa Barbara, Santa Clara, Solano, Sonoma, and Stanislaus. Funding was specifically earmarked for these top 15 counties; therefore, they did not have to submit a competitive application to participate in the program (Round 1).

Of the $99.5 million, $8.5 million was made available to other counties. In December 2018, DSH released a Request for Application (RFA) to all other counties in the state to apply for a portion of the $8.5 million available in a competitive funding process (Round 2). In June 2019, DSH awarded the "Round 2" funding to the following counties: Del Norte, Marin, Placer, San Francisco, San Luis Obispo, Santa Cruz, and Yolo.

In November 2019, DSH released a second competitive RFA (Round 3) to counties not included in Round 1 or awarded funds in Round 2. A total of $4.4 million in program savings from the original 15 counties has been awarded to a third round of counties: Humboldt, San Mateo, Siskiyou, and Ventura counties.

Program Administration

Of the $100 million, $500,000 was dedicated for 2.0 staff, operating expenses, and research contract funding. With a fully staffed Diversion team, DSH has been able to work closely with the Council of State Governments Justice Center (CSG) and the Council on Criminal Justice and Behavioral Health (CCJBH). Both DSH and CCJBH have contracts with CSG to develop technical assistance trainings, learning materials and program templates for county use, and to connect DSH and CCJBH with experts in other states who have prior experience implementing Diversion programs. The DSH team joined the CSG California Stepping Up Initiative Partners group, which brings together stakeholders in criminal justice and behavioral health to discuss potential solutions to the issue of the seriously mentally ill in the criminal justice system.

County Program Implementation Status

As of April 2021, 20 counties have activated their felony Diversion programs and an additional four counties have fully executed contracts with DSH and planned activation dates for spring 2021.

In total, current participating counties anticipate diverting 820 felony ISTs over the course of their programs. The following table displays county status, funding, target population total and program activation dates:

County Program Status				
Activated Programs				
County	**Funding Round**	**Funding**	**3-Year Population Target**	**Program Start Date**
Alameda	1	$3,114,100	22	3/2/2021
Contra Costa	1	$3,114,100	22	7/1/2020
Del Norte	2	$426,000	9	6/1/2020
Fresno	1	$5,843,700	42	3/15/2021
Humboldt	3	$979,800	23	7/1/2020
Kern	1	$7,891,400	56	1/13/2020
Los Angeles	1	$25,864,100	200	3/1/2019
Marin	2	$531,476	12	6/12/2020
Placer	2	$1,065,000	21	2/1/2021
Sacramento	1	$4,478,900	32	3/8/2021
San Bernardino	1	$7,464,800	53	1/1/2020
San Diego	1	$3,328,000	30	10/27/2020
San Francisco	2	$2,300,400	30	7/1/2020
San Luis Obispo	2	$1,278,000	9	8/20/2019
Santa Barbara	1	$2,644,500	18	9/22/2020
Santa Clara	1	$2,840,000	20	7/1/2020
Santa Cruz	2	$1,362,536	45	10/1/2020
Sonoma	1	$3,839,100	27	1/1/2020

Ventura	**3**	**$2,428,200**	**18**	**3/2/2021**
Yolo	**2**	**$1,100,000**	**8**	**2/3/2021**
Subtotal		**$81,894,112**	**697**	
Executed Contracts				
County	**Funding Round**	**Funding**	**3-Year Population Target**	**Estimated Start Date**
Riverside	1	$6,910,100	48	Spring 2021
San Mateo	3	$835,757	12	Spring 2021
Siskiyou	3	$$194,00	40	Spring 2021
Solano	1	$3,242,300	23	Spring 2021
Subtotal		**$11,182,157**	**123**	
Grand Total		**$93,076,269**	**820**	

In late May 2020, DSH was informed that Stanislaus County, one of the original "Top 15" counties guaranteed funding under this program, chose not to participate. According to the county, their withdrawal was due to COVID-19 economic issues and a lack of other county resources to establish the program. In February 2021, DSH was informed that San Joaquin County, another one of the original "Top 15" counties, could not move forward with a contract at this time. The San Joaquin County stakeholder team has been unable to find and procure suitable and appropriately priced housing in their community. Please see the section *Request Extension of FY 2018-19 Funding for Counties* for the associated savings and DSH's request to utilize those funds for other counties.

Program Administration Update

DSH continues to provide all counties participating in the Diversion program with technical assistance and training opportunities. As of April 30, 2020, DSH has provided 78.5 hours of in-person and web-based training to counties. In FYs 2018-19 and 2019-20, DSH technical assistance focused primarily on topics to support county planning and initial implementation efforts. Topics for FY 2020-21 focus on supporting counties as their programs are activated and becoming established. Current topics include a series of the following:

- Appropriate medications and psychopharmacology considerations for prescribers in Diversion programs
- Fairness and bias in risk assessments
- How to use risk assessments to inform client treatment plans
- The role of county probation in mental health diversion programs
- Case plan review sessions with DSH psychiatrists, external experts, and other county staff to assist counties in evaluating more difficult cases

Additionally, DSH partnered with the Department of Health Care Services and the California Institute for Behavioral Health Solutions to provide additional trainings to counties across the state. Through a contract with the University of Cincinnati's Corrections Institute (UCCI), the partnership created two online e-learning modules that launched on June 30, 2020. In August and September of 2020, UCCI successfully led four virtual training sessions for cohorts of 15 county participants. This training focused on Core Correctional Practices - risk mitigation strategies - that county-based mental health treatment providers can utilize when working with clients involved in the criminal justice system.

Finally, the Competency to Stand Trial group applied for and was awarded membership in the Substance Abuse and Mental Health Services Administration (SAMHSA) Gather, Assess, Integrate, Network, and Stimulate (GAINS) Center Communities of Practice in FY 2019-20. Through this Communities of Practice program, the Diversion team and our county participated in a national learning collaborative with other states developing solutions to the competency to stand trial crisis. As part of this group, DSH and counties shared experiences with and learned from the experiences of other states. The Diversion program also received complimentary technical assistance from national experts coordinated through the SAMHSA GAINS Center. In July 2019, Drs. Lisa Callahan and Deb Pinals, two national experts in mental health and criminal justice diversion, provided a two-day in-person training to counties participating in the DSH Diversion program. The training focused on helping counties finalize their program plans, brought various county stakeholders together, and helped the counties continue to network as a program cohort.

SAMHSA GAINS extended its Communities of Practice program into 2020. The DSH Diversion team and counties were invited to attend a series of virtual seminars led by national experts on topics related to competency restoration and community treatment. The seminar series provided stakeholders with 30 hours of free training in May, June, and July; similar to Summer 2019. SAMHSA also provided additional direct technical assistance to the DSH program from Dr. Deb Pinals. Dr. Pinals who, in partnership with DSH psychiatrists, provided three case consultation sessions to DSH counties in August 2020.

Diversion Program Data Collection Efforts and Research

DSH is actively collecting the data required in Welfare and Institutions Code (WIC) 4361 from every county with an activated Diversion program. Data is collected quarterly in arrears on all county Diversion Program participants. As of December 31, 2020, 291 individuals have been diverted to a county-run program. DSH is continuing to work one-on-one with all other counties as they prepare to activate programs to ensure data collection is as seamless as possible for the county and DSH. The following table provides a high-level snapshot of the Diversion Program participants:

Diversion Program Participant Descriptive Data		
Program Information	**Total Number**	**Percentage**
Total Diverted as 12/31/2020	291	100%
Total Found IST Prior to Diversion[1]	88	30%
Total Found Likely to Be IST Prior to Diversion	175	60%
Total ISTs Eligible for Diversion[2]	276	95%
Total ISTs Diverted Directly from DSH Waitlist	28	10%
Diagnosis	**Total Number**	**Percentage**
Schizophrenia	126	43.3%
Schizoaffective Disorder	95	32.6%
Bipolar Disorder	67	23%
Nonqualifying Disorder[3]	3	1%
Ethnicity	**Total Number**	**Percentage**
Black	107	36.8%
Hispanic	86	29.6%
White	76	26.1%
Other	17	5.8%
American Indian	3	1%
Asian	2	0.7%
Gender	**Total Number**	**Percentage**
Male	187	64%
Female	104	36%
Living Situation at Arrest	**Total Number**	**Percentage**
Homeless	251	86.3%
Not Homeless	40	13.7%
Felony Charges	**Total Number**	**Percentage**
Assault/ Battery	90	31%
Other	50	17.2%
Theft	49	16.9%
Robbery	42	14.5%
Criminal Threats	25	8.6%
Arson	23	7.9%
Kidnapping	11	3.8%

Abdul Lateef Jameel Poverty Action Lab North America Grant

In September 2019, DSH was awarded an incubation grant of $39,600 from the Abdul Lateef Jameel Poverty Action Lab (J-PAL) North America of the Massachusetts's Institute of Technology. J-PAL North America supports the development and implementation of randomized control trials (RCTs) in public health and welfare programs. DSH Diversion was awarded the use of J-PAL academicians and funding to determine if an RCT of the Diversion program is feasible. Regular meetings with the J-PAL team began in October 2019 but have been on hold due to COVID-19 since spring 2020. J-PAL has approved a no-cost extension on this grant to DSH through June 30, 2022. DSH and J-PAL will resume meeting in spring 2021.

[1] Some courts are ordering ISTs into Diversion before they are referred to DSH for treatment.
[2] DSH works directly with each county when it identifies diversion participants who do not meet all eligibility requirements of the program.
[3] DSH works directly with each county when it identifies diversion participants who do not meet all eligibility requirements of the program.

FY 2021-22 Governor's Budget Request

In the FY 2021-22 Governor's Budget, DSH requested a total of $46.4 million in one-time funding for FY 2021-22, $1.2 million in funding for FY 2021-22 through FY 2025-26, and position authority of 3.0 beginning in FY 2021-22 and ongoing. DSH requested 1.0 Senior Psychologist (Supervisory), 1.0 Staff Services Manager II (Specialist) and 1.0 Associate Governmental Program Analyst to manage the roll-out and ongoing operation of this program and to support the workload of expanding this program statewide. DSH requested one-time funding of $29.0 million to expand the existing Diversion program and provide an opportunity for counties currently not participating to join. Additionally, DSH proposed to provide one-time funding of $17.4 million to existing DSH-funded county diversion programs to expand the number of IST defendants served by these programs.

Consistent with the Diversion program funding authorized in FY 2018-19, DSH proposed a one-time appropriation in FY 2021-22 that can be obligated over a three-year period. DSH requested to extend the availability of $8.0 million that was appropriated in FY 2018-19 for the pilot project by 12 months. The additional 12 months requested will grant DSH and participating counties sufficient time to complete the full three-year pilot program. DSH will also contract with UC Davis to consolidate and analyze data received from counties and track recidivism data from participants who have completed the Diversion program.

Support Resources for DSH Diversion Expansion					
	BY	BY+1	BY+2	BY+3	BY+4
Staff Svcs Mgr II	$ 179,000	$ 179,000	$ 179,000	$ 179,000	$ 179,000
Sr. Psych (Supvr)	$ 238,000	$ 238,000	$ 238,000	$ 238,000	$ 238,000
Assoc Govtl Prog Analyst	$ 142,000	$ 142,000	$ 142,000	$ 142,000	$ 142,000
Travel	$ 75,000	$ 75,000	$ 75,000	$ 75,000	$ 75,000
UC Davis Research	$ 472,499	$ 496,332	$ 509,148	$ 522,474	$ 536,334
Consulting	$ 100,000	$ 100,000	$ 100,000	$ 100,000	$ 100,000
TOTAL	**$ 1,206,499**	**$ 1,230,332**	**$ 1,243,148**	**$ 1,256,474**	**$ 1,270,334**

DESCRIPTION OF CHANGE:

Extension of Original Program Resources

DSH continues to request an extension of 12 months by re-appropriating the original funds allocated to the Diversion program in FY 2018-19. It should be noted that this re-appropriation of existing funds will be reflected in the updated Budget Bill Language. By the end of FY 2020-21, DSH will have an estimated net total of $6.6 million of the original appropriation remaining. Savings are due to the following:

- Two of the original "Top 15" counties – San Joaquin and Stanislaus – withdrew from the program; total one-time savings of approximately $6.4 million
- Two of the original "Top 15" counties – San Diego and Santa Clara – contracted for less than the maximum amount appropriated, providing a total one-time savings of approximately $4.0 million

- The final allocations for the Round 2 approved county programs were less than the original $8.5 million allocation based on the funding requested by the counties, providing a total savings of approximately $400,000
- Salary savings in FY 2018-19 from staff hiring delays, providing a total one-time savings of approximately $200,000

DSH redirected $4.4 million to Round 3 counties, leaving DSH with a remaining balance of $6.6 million for allocation to counties. DSH will use the reappropriated balance as follows:

- Reengage San Joaquin County in program development. The county indicated they wanted to continue to explore solutions to participate in this funding opportunity but needed additional time to continue to engage community stakeholders and third-party vendors for housing.
- Provide San Diego and Santa Clara counties the opportunity to contract for the full amount originally appropriated for their counties.
- Provide additional funding to any other Round 1, 2 or 3 county that would like to extend their program.

Expansion of DSH Diversion Pilot Program Statewide

In the FY 2021-22 Governor's Budget, DSH requested a total of $46.4 million to expand existing county programs by 10-20% and provide funding to all other counties in the state. DSH recognizes that this program is still in the pilot phase and requested to expand the program before a final analysis of the original program has been completed. However, as of March 8, 2021, the IST waitlist is 1,656. DSH estimates that most new county programs can be activated by July 1, 2022 and that existing programs can expand their capacity prior to the end of the FY. As proposed, this expansion will add enough capacity to treat an additional 397 ISTs over three years (approximately 132 ISTs per year) if all counties participate.

Conversations with county stakeholders and associations over the last several months indicate that counties welcome the opportunity to expand diversion funding within existing programs and to new counties. In addition, DSH is reviewing the records (police reports, criminal arrest history, competency evaluator reports and jail medical records) of ISTs pending placement to a DSH program to assess whether an individual on the waitlist could be an appropriate candidate for diversion. As of March 2020, DSH found that little more than half of IST cases on the waitlist reviewed may be eligible for diversion based on the diagnosis and/or the condition of homelessness in relation to the charged offense. These individuals are not likely to pose a safety risk to the community with appropriate medication and treatment and are not charged with one of the exclusionary crimes listed in Penal Code (PC) 1001.36. The IST files reviewed represent defendants from across the state and from counties of various size. Given these findings, DSH anticipates that with additional funding, more ISTs can and should be diverted from DSH into community treatment.

In order to create less of an additional financial burden on counties who elect to participate in this program, DSH proposes that Welfare and Institutions Code section 4361 (WIC §4361) be updated so that counties with current programs who choose to expand after July 1, 2021 are not required to provide any additional match funding.

In addition, to ensure that the expansion of programs is alleviating pressure on the waitlist, DSH will require any county expanding programming beyond the initial 30 percent population target to

agree to focus diversion efforts on defendants found IST. So, if a county agrees and accepts funding to expand their current program by an additional 20 percent, that 20 percent must be ISTs on the DSH waitlist. As part of this expansion, DSH will waive the requirement to only divert defendants with schizophrenia, schizoaffective disorder and bipolar disorder for the defendants diverted from the waitlist. Counties will be able to divert ISTs from the waitlist with any current diagnosis listed in the Diagnostic and Statistical Manual of Mental Disorders except for a primary diagnosis of anti-social personality disorder, borderline personality disorder, and pedophilia and consistent with the authority outlined in Penal Code section 1001.36.

CONTRACTED PATIENT SERVICES
INCOMPETENT TO STAND TRIAL (IST) DIVERSION PROGRAM
SUPPLEMENTAL REPORTING LANGUAGE

Informational Only

BACKGROUND:

The Budget Act of 2019 added the following Provisional Language: *Item 4440-011-0001—Department of State Hospitals 1. Incompetent to Stand Trial Diversion Program. Trial courts shall work with the Judicial Council to provide data pursuant to mental health diversion programs set forth in Penal Code section 1001.36 including the number of petitions that were granted. When possible, the courts shall also report the (1) number of petitions that were denied (2) number of petitions denied because the defendant did not meet the statutory requirements for eligibility, (3) number of individuals who successfully completed the diversion program, and (4) number of individuals that were terminated from the program. The Judicial Council will make this data available to the Legislature and the Department of State Hospitals on an annual basis commencing July 1, 2020. The Department of State Hospitals shall include this report in the data elements it receives from counties that have contracted with the department for mental health diversion programs funded pursuant to Chapter 6.5 (commencing with Section 4361) of the Welfare and Institutions Code.*

In response to the Provisional Language request, the Department of State Hospitals (DSH) and the Judicial Council worked to ensure the Superior Courts of California data related to Penal Code (PC) section 1001.36 is transmitted and incorporated into the county data sets collected from the pre-trial diversion program (per Welfare and Institutions Code (WIC) 4361). This report describes the methodologies employed by both departments to collect the data required by WIC 4361 and the Provisional Language, as well as challenges encountered. Additionally, a high-level summary of the data collected as of December 31, 2020 is provided.

FY 2021-22 GOVERNOR'S BUDGET REPORT:

I. Judicial Council Data Collection Methodology

Pursuant to the Supplemental Report of the 2019 Budget Act by the Legislative Analyst's Office regarding Assembly Bill 1810 (Stats. 2018, ch. 34), trial courts are required to work with the Judicial Council of California to provide data pursuant to mental health diversion programs set forth in PC 1001.36 and the Judicial Council is to make this data available to the Legislature and DSH on an annual basis, beginning January 1, 2020. In response to those requirements, the Judicial Council amended its quarterly superior court data surveys to include items asking superior courts to report totals of petitions for mental health diversion, petition outcomes, and program outcomes. These items were further amended to distinguish between petitions and diversions for cases including at least one felony charge and total petitions and diversions.

Below is the language of the survey items that the Judicial Council uses to collect mental health diversion data:

- Number of petitions received for pretrial mental health diversion pursuant to PC 1001.36
- Number of petitions received for pretrial mental health diversion pursuant to PC 1001.36 for individuals charged with at least one felony
- Number of pretrial mental health diversion petitions granted

- Number of pretrial mental health diversion petitions granted for individuals charged with at least one felony
- Number of pretrial mental health diversion petitions denied
- Number of pretrial mental health diversion petitions denied for individuals charged with at least one felony
- Number of petitions for mental health diversion denied because defendant does not meet the statutory requirements for eligibility under PC 1001.36(b)
- Number of petitions for mental health diversion denied because defendant does not meet the statutory requirements for eligibility under PC 1001.36(b) for individuals charged with at least one felony
- Number of pretrial mental health diversion petitions in which the individual successfully completed diversion
- Number of pretrial mental health diversion petitions in which the individual successfully completed diversion for individuals charged with at least one felony

Data Collection Challenges

The end of the first quarter of 2020 (the first period for which the reporting of these data were mandatory for courts) and the usual reporting period for data reflecting activity during that quarter (one month following the end of the quarter) corresponded with the initial weeks of the COVID-19 shelter-in-place (SIP) order in California. This, in addition to subsequent orders and the closure of many court buildings, meant superior court staff across much of the state may not have the opportunity to access the data systems or set up the queries required to report these data to the Judicial Council. The data for these petitions and programs reported therefore should not be interpreted as a comprehensive count of statewide totals but rather a subset of them. The data that has been reported, moreover, may not have been as thoroughly vetted as it would have been in usual circumstances and as such may be subject to future changes.

II. DSH Data Collection Methodology

Pursuant to WIC 4361, counties funded by DSH for a Felony Mental Health Diversion program are required to submit quarterly data reports that capture the following information:

- The number of individuals that the court ordered to post-booking diversion and the length of time for which the defendant has been ordered to diversion
- The number of individuals originally declared incompetent to stand trial on felony charges that the court ultimately ordered to diversion
- The number of individuals participating in diversion
- The name, social security number, date of birth, and demographics of each individual participating in the program[1]
- The length of time in diversion for each participating individual[1]
- The types of services and supports provided to each individual participating in diversion[1]
- The number of days each individual was in jail prior to placement in diversion[1]
- The number of days that each individual spent in each level of care facility[1]
- The diagnoses of each individual participating in diversion[1]
- The nature of the charges for each individual participating in diversion[1]
- The number of individuals who completed diversion

[1] This information shall be confidential and shall not be open to public inspection.

- The name, social security number, and birthdate of each individual who did not complete diversion and the reasons for not completing[2]

DSH operationalized the collection of these data points via a master data dictionary and workbook. As counties complete the contracting process with DSH, the DSH data team collaborates with the county data teams to individualize the master data dictionary and workbook for each county. Typically, adjustments to the data dictionary occur in the section capturing services provided as each program has a different combination of available treatment opportunities.

Once counties begin diverting, they have 90 days after the end of each quarter to submit data reports to DSH. DSH provides each county with access to a secure online file transfer system to upload reports. DSH established reporting quarters in alignment with the state fiscal year (FY):

- Quarter 1 – July 1 through September 30
- Quarter 2 – October 1 through December 31
- Quarter 3 – January 1 through March 31
- Quarter 4 – April 1 through June 30

Data Collection Challenges

DSH has encountered two main issues related to the collection of data for this project to date. The first issue is challenges to DSH's authority to collect patient-level data from certain County Counsels and county information security departments. DSH released a Department Letter (DL 19-001) in October 2019 establishing its authority to collect this information as a "health oversight agency" as defined by the Health Insurance Portability and Accountability Act of 1996 (42 C.F.R. part 164.501) and as a program evaluator and auditor per 42 C.F.R. part 2.53. Clarifying this authority to the counties allows DSH to require the submission of patient-level mental health and substance use disorder treatment for the purposes of evaluating these programs.

The second challenge to the collection of data in FY 2019-20 has been the COVID-19 pandemic. Numerous counties that had planned to activate programs and begin diverting individuals before June 30, 2020 were delayed due to the numerous impacts of the pandemic, including court closures, budget cuts and hiring freezes in the county, mass releases of inmates at the local jails and virus outbreaks at the jails. These delays have reduced the number of counties reporting to DSH in FY 2019-20. DSH anticipates most, if not all, remaining counties will activate their programs in FY 2020-2021 and DSH will be able to report a more robust data set to the legislature in the next report.

III. Summary of Data Reported to Judicial Council and DSH

The following tables are a high-level summary of the data reported to DSH and the Judicial Council per the requirements of the Provisional Language.

[2] This information shall be confidential and shall not be open to public inspection.

FY 2018-19

DSH began collecting county data in FY 2018-19 as the first two county programs activated. The Judicial Council, however, was not required to collect data from counties until the first quarter of FY 2019-20.

FY 2018-19 Totals	
Judicial Council Data	**Statewide Total**
PC 1001.36 Petitions Received	N/A
PC 1001.36 Petitions Received (Felony)	N/A
PC 1001.36 Petitions Granted	N/A
PC 1001.36 Petitions Granted (Felony)	N/A
PC 1001.36 Petitions Denied	N/A
PC 1001.36 Petitions Denied (Felony)	N/A
PC 1001.36 Petitions Denied due to Statute	N/A
PC 1001.36 Petitions Denied due to Statute (Felony)	N/A
PC 1001.36 Successful Completions	N/A
PC 1001.36 Successful Completions (Felony)	N/A
PC 1001.36 Unsuccessful Terminations	N/A
PC 1001.36 Unsuccessful Terminations (Felony)	N/A
DSH Data	**Statewide Total**
WIC 4361 Diversion Orders	34
WIC 4361 Diversion Started	29
WIC 4361 Unsuccessful Terminations	0
WIC 4361 Successful Completions	0

FY 2019-20

DSH collected data throughout the FY and activated three additional county programs. The Judicial Council officially began collecting data in the third quarter of the FY, however the courts could voluntarily submit data prior to the third quarter.

FY 2019-20 Totals	
Judicial Council Data	**Statewide Total**
PC 1001.36 Petitions Received	1915
PC 1001.36 Petitions Received (Felony)	555
PC 1001.36 Petitions Granted	674
PC 1001.36 Petitions Granted (Felony)	216
PC 1001.36 Petitions Denied	245
PC 1001.36 Petitions Denied (Felony)	98
PC 1001.36 Petitions Denied due to Statute	93
PC 1001.36 Petitions Denied due to Statute (Felony)	48
PC 1001.36 Successful Completions	77
PC 1001.36 Successful Completions (Felony)	30
PC 1001.36 Unsuccessful Terminations	60
PC 1001.36 Unsuccessful Terminations (Felony)	< 11
DSH Data	**Statewide Total**
WIC 4361 Diversion Orders	114
WIC 4361 Diversion Started	115
WIC 4361 Unsuccessful Terminations	< 11
WIC 4361 Successful Completions	0

FY 2020-21 Quarter 1 and Quarter 2 (July-December 2020)

DSH received county diversion data for the first and second quarters of FY 2020-21 (July-December 2020). A total of thirteen counties had active programs during this time and twelve reported the required data to DSH. The remaining one county did not inform DSH of its program activation in time to review the program data dictionary and approve the data collection template prior to the last data collection deadline. Data from this county will be integrated in future reports.

FY 2020-21 Quarter 1 Totals (July-September)	
Judicial Council Data	**Statewide Total**
PC 1001.36 Petitions Received	363
PC 1001.36 Petitions Received (Felony)	201
PC 1001.36 Petitions Granted	226
PC 1001.36 Petitions Granted (Felony)	91
PC 1001.36 Petitions Denied	126
PC 1001.36 Petitions Denied (Felony)	77
PC 1001.36 Petitions Denied due to Statute	91
PC 1001.36 Petitions Denied due to Statute (Felony)	62
PC 1001.36 Successful Completions	117
PC 1001.36 Successful Completions (Felony)	43
PC 1001.36 Unsuccessful Terminations	25
PC 1001.36 Unsuccessful Terminations (Felony)	9
DSH Data	**Statewide Total**
WIC 4361 Diversion Orders	46
WIC 4361 Diversion Started*	101
WIC 4361 Unsuccessful Terminations	4
WIC 4361 Successful Completions	1

*21 defendants who started Diversion in Q1 did not meet program eligibility requirements; DSH provides direct TA to counties when ineligible clients are identified in the data

FY 2020-21 Quarter 2 Totals (October-December)	
Judicial Council Data	**Statewide Total**
PC 1001.36 Petitions Received	244
PC 1001.36 Petitions Received (Felony)	129
PC 1001.36 Petitions Granted	208
PC 1001.36 Petitions Granted (Felony)	72
PC 1001.36 Petitions Denied	92
PC 1001.36 Petitions Denied (Felony)	50
PC 1001.36 Petitions Denied due to Statute	42
PC 1001.36 Petitions Denied due to Statute (Felony)	25
PC 1001.36 Successful Completions	86
PC 1001.36 Successful Completions (Felony)	21
PC 1001.36 Unsuccessful Terminations	8
PC 1001.36 Unsuccessful Terminations (Felony)	4
DSH Data	**Statewide Total**
WIC 4361 Diversion Orders	79
WIC 4361 Diversion Started	71
WIC 4361 Unsuccessful Terminations	3
WIC 4361 Successful Completions	1

*4 defendants who started Diversion in Q1 did not meet program eligibility requirements; DSH provides direct TA to counties when ineligible clients are identified in the data

Number of Counties Reporting by Quarter

The following tables display the total number of counties reporting on each data element by FY quarter from 2018-19 through 2020-21.

Fiscal Year 2018-19				
January - March 2019				
Judicial Council Data	**Total Counties Reporting**	**Data Unavailable**	**Item Left Blank**	**No Data Received**
PC 1001.36 Petitions Received	N/A	N/A	N/A	N/A
PC 1001.36 Petitions Received (Felony)	N/A	N/A	N/A	N/A
PC 1001.36 Petitions Granted	N/A	N/A	N/A	N/A
PC 1001.36 Petitions Granted (Felony)	N/A	N/A	N/A	N/A
PC 1001.36 Petitions Denied	N/A	N/A	N/A	N/A
PC 1001.36 Petitions Denied (Felony)	N/A	N/A	N/A	N/A
PC 1001.36 Petitions Denied due to Statute	N/A	N/A	N/A	N/A
PC 1001.36 Petitions Denied due to Statute (Felony)	N/A	N/A	N/A	N/A
PC 1001.36 Successful Completions	N/A	N/A	N/A	N/A
PC 1001.36 Successful Completions (Felony)	N/A	N/A	N/A	N/A
PC 1001.36 Unsuccessful Terminations	N/A	N/A	N/A	N/A
PC 1001.36 Unsuccessful Terminations (Felony)	N/A	N/A	N/A	N/A
DSH Data	**Total Counties Reporting**	**Data Unavailable**	**Item Left Blank**	**No Data Received**
WIC 4361 Diversion Orders	2	0	0	0
WIC 4361 Diversion Started	2	0	0	0
WIC 4361 Unsuccessful Terminations	2	0	0	0
WIC 4361 Successful Completions	2	0	0	0
April - June 2019				
Judicial Council Data	**Total Counties Reporting**	**Data Unavailable**	**Item Left Blank**	**No Data Received**
PC 1001.36 Petitions Received	N/A	N/A	N/A	N/A
PC 1001.36 Petitions Received (Felony)	N/A	N/A	N/A	N/A
PC 1001.36 Petitions Granted	N/A	N/A	N/A	N/A
PC 1001.36 Petitions Granted (Felony)	N/A	N/A	N/A	N/A
PC 1001.36 Petitions Denied	N/A	N/A	N/A	N/A
PC 1001.36 Petitions Denied (Felony)	N/A	N/A	N/A	N/A
PC 1001.36 Petitions Denied due to Statute	N/A	N/A	N/A	N/A
PC 1001.36 Petitions Denied due to Statute (Felony)	N/A	N/A	N/A	N/A
PC 1001.36 Successful Completions	N/A	N/A	N/A	N/A
PC 1001.36 Successful Completions (Felony)	N/A	N/A	N/A	N/A
PC 1001.36 Unsuccessful Terminations	N/A	N/A	N/A	N/A
PC 1001.36 Unsuccessful Terminations (Felony)	N/A	N/A	N/A	N/A
DSH Data	**Total Counties Reporting**	**Data Unavailable**	**Item Left Blank**	**No Data Received**
WIC 4361 Diversion Orders	2	0	0	0
WIC 4361 Diversion Started	2	0	0	0
WIC 4361 Unsuccessful Terminations	2	0	0	0
WIC 4361 Successful Completions	2	0	0	0

Fiscal Year 2019-20				
July - September 2019				
Judicial Council Data	**Total Counties Reporting**	**Data Unavailable**	**Item Left Blank**	**No Data Received**
PC 1001.36 Petitions Received	25	16	15	2
PC 1001.36 Petitions Received (Felony)	N/A	N/A	N/A	N/A
PC 1001.36 Petitions Granted	25	16	15	2
PC 1001.36 Petitions Granted (Felony)	N/A	N/A	N/A	N/A
PC 1001.36 Petitions Denied	23	17	16	2
PC 1001.36 Petitions Denied (Felony)	N/A	N/A	N/A	N/A
PC 1001.36 Petitions Denied due to Statute	19	21	16	2
PC 1001.36 Petitions Denied due to Statute (Felony)	N/A	N/A	N/A	N/A
PC 1001.36 Successful Completions	22	18	16	2
PC 1001.36 Successful Completions (Felony)	N/A	N/A	N/A	N/A
PC 1001.36 Unsuccessful Terminations	22	18	16	2
PC 1001.36 Unsuccessful Terminations (Felony)	N/A	N/A	N/A	N/A
DSH Data	**Total Counties Reporting**	**Data Unavailable**	**Item Left Blank**	**No Data Received**
WIC 4361 Diversion Orders	3	0	0	0
WIC 4361 Diversion Started	3	0	0	0
WIC 4361 Unsuccessful Terminations	3	0	0	0
WIC 4361 Successful Completions	3	0	0	0
October - December 2019				
Judicial Council Data	**Total Counties Reporting**	**Data Unavailable**	**Item Left Blank**	**No Data Received**
PC 1001.36 Petitions Received	25	16	16	1
PC 1001.36 Petitions Received (Felony)	25	16	16	1
PC 1001.36 Petitions Granted	24	16	17	1
PC 1001.36 Petitions Granted (Felony)	24	16	17	1
PC 1001.36 Petitions Denied	23	17	17	1
PC 1001.36 Petitions Denied (Felony)	23	17	17	1
PC 1001.36 Petitions Denied due to Statute	21	19	17	1
PC 1001.36 Petitions Denied due to Statute (Felony)	20	20	17	1
PC 1001.36 Successful Completions	24	16	17	1
PC 1001.36 Successful Completions (Felony)	24	16	17	1
PC 1001.36 Unsuccessful Terminations	22	18	17	1
PC 1001.36 Unsuccessful Terminations (Felony)	22	18	17	1
DSH Data	**Total Counties Reporting**	**Data Unavailable**	**Item Left Blank**	**No Data Received**
WIC 4361 Diversion Orders	3	0	0	0
WIC 4361 Diversion Started	3	0	0	0
WIC 4361 Unsuccessful Terminations	3	0	0	0
WIC 4361 Successful Completions	3	0	0	0

Fiscal Year 2019-20				
January - March 2020				
Judicial Council Data	**Total Counties Reporting**	**Data Unavailable**	**Item Left Blank**	**No Data Received**
PC 1001.36 Petitions Received	40	11	5	2
PC 1001.36 Petitions Received (Felony)	39	12	5	2
PC 1001.36 Petitions Granted	40	10	6	2
PC 1001.36 Petitions Granted (Felony)	39	11	6	2
PC 1001.36 Petitions Denied	38	13	5	2
PC 1001.36 Petitions Denied (Felony)	37	13	6	2
PC 1001.36 Petitions Denied due to Statute	31	17	8	2
PC 1001.36 Petitions Denied due to Statute (Felony)	31	19	6	2
PC 1001.36 Successful Completions	39	11	6	2
PC 1001.36 Successful Completions (Felony)	39	11	6	2
PC 1001.36 Unsuccessful Terminations	38	12	6	2
PC 1001.36 Unsuccessful Terminations (Felony)	37	13	6	2
DSH Data	**Total Counties Reporting**	**Data Unavailable**	**Item Left Blank**	**No Data Received**
WIC 4361 Diversion Orders	4	0	0	0
WIC 4361 Diversion Started	4	0	0	0
WIC 4361 Unsuccessful Terminations	4	0	0	0
WIC 4361 Successful Completions	4	0	0	0
April - June 2020				
Judicial Council Data	**Total Counties Reporting**	**Data Unavailable**	**Item Left Blank**	**No Data Received**
PC 1001.36 Petitions Received	37	7	5	9
PC 1001.36 Petitions Received (Felony)	36	8	5	9
PC 1001.36 Petitions Granted	37	7	5	9
PC 1001.36 Petitions Granted (Felony)	36	7	6	9
PC 1001.36 Petitions Denied	36	8	5	9
PC 1001.36 Petitions Denied (Felony)	35	9	5	9
PC 1001.36 Petitions Denied due to Statute	31	13	5	9
PC 1001.36 Petitions Denied due to Statute (Felony)	30	14	5	9
PC 1001.36 Successful Completions	36	7	6	9
PC 1001.36 Successful Completions (Felony)	36	7	6	9
PC 1001.36 Unsuccessful Terminations	36	8	5	9
PC 1001.36 Unsuccessful Terminations (Felony)	36	8	5	9
DSH Data	**Total Counties Reporting**	**Data Unavailable**	**Item Left Blank**	**No Data Received**
WIC 4361 Diversion Orders	5	0	0	0
WIC 4361 Diversion Started	5	0	0	0
WIC 4361 Unsuccessful Terminations	5	0	0	0
WIC 4361 Successful Completions	5	0	0	0
Fiscal Year 2020-21				
July - September 2020				
Judicial Council Data	**Total Counties Reporting**	**Data Unavailable**	**Item Left Blank**	**No Data Received**
PC 1001.36 Petitions Received	37	4	1	16
PC 1001.36 Petitions Received (Felony)	36	5	1	16
PC 1001.36 Petitions Granted	38	3	1	16
PC 1001.36 Petitions Granted (Felony)	37	4	1	16
PC 1001.36 Petitions Denied	35	5	2	16
PC 1001.36 Petitions Denied (Felony)	36	5	1	16
PC 1001.36 Petitions Denied due to Statute	33	8	1	16
PC 1001.36 Petitions Denied due to Statute (Felony)	33	8	1	16
PC 1001.36 Successful Completions	37	4	1	16
PC 1001.36 Successful Completions (Felony)	35	5	2	16
PC 1001.36 Unsuccessful Terminations	37	4	1	16
PC 1001.36 Unsuccessful Terminations (Felony)	37	4	1	16
DSH Data	**Total Counties Reporting**	**Data Unavailable**	**Item Left Blank**	**No Data Received**
WIC 4361 Diversion Orders	11	0	0	1
WIC 4361 Diversion Started	11	0	0	1
WIC 4361 Unsuccessful Terminations	11	0	0	1
WIC 4361 Successful Completions	11	0	0	1

Fiscal Year 2020-21				
October - December 2020				
Judicial Council Data	**Total Counties Reporting**	**Data Unavailable**	**Item Left Blank**	**No Data Received**
PC 1001.36 Petitions Received	31	7	0	20
PC 1001.36 Petitions Received (Felony)	30	8	0	20
PC 1001.36 Petitions Granted	32	6	0	20
PC 1001.36 Petitions Granted (Felony)	31	7	0	20
PC 1001.36 Petitions Denied	31	7	0	20
PC 1001.36 Petitions Denied (Felony)	30	8	0	20
PC 1001.36 Petitions Denied due to Statute	28	10	0	20
PC 1001.36 Petitions Denied due to Statute (Felony)	27	11	0	20
PC 1001.36 Successful Completions	31	7	0	20
PC 1001.36 Successful Completions (Felony)	30	8	0	20
PC 1001.36 Unsuccessful Terminations	31	7	0	20
PC 1001.36 Unsuccessful Terminations (Felony)	30	8	0	20
DSH Data	**Total Counties Reporting**	**Data Unavailable**	**Item Left Blank**	**No Data Received**
WIC 4361 Diversion Orders	12	0	0	1
WIC 4361 Diversion Started	12	0	0	1
WIC 4361 Unsuccessful Terminations	12	0	0	1
WIC 4361 Successful Completions	12	0	0	1

CONTRACTED PATIENT SERVICES
COMMUNITY-BASED RESTORATION (CBR) PROGRAM
Program Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	**0.0**	**1.0**	**1.0**	**$9,758**	**$4,503**	**$4,978**
One-time	*0.0*	*0.0*	*0.0*	*$9,758*	*$248*	*$0*
Ongoing	*0.0*	*1.0*	*1.0*	*$0*	*$4,255*	*$4,978*
May Revision	**0.0**	**4.5**	**4.5**	**-$4,876**	**$28,330**	**$54,855**
One-time	*0.0*	*0.0*	*0.0*	*-$4,876*	*$2,955*	*$8,400*
Ongoing	*0.0*	*4.5*	*4.5*	*$0*	*$25,375*	*$46,455*
Total	**0.0**	**5.5**	**5.5**	**$4,882**	**$32,833**	**$59,833**
One-time	*0.0*	*0.0*	*0.0*	*$5,114*	*$3,203*	*$8,400*
Ongoing	*0.0*	*5.5*	*5.5*	*$0*	*$29,630*	*$51,433*

BACKGROUND:

The 2018 Budget Act included $15.6 million General Fund (GF) in fiscal year (FY) 2018-19 and ongoing to support the DSH's partnership with Los Angeles (LA) County to treat LA County Felony Incompetent to Stand Trial (IST) patients in community mental health treatment settings who would otherwise be treated in a state hospital or Jail Based Competency Treatment (JBCT) program. This community-based restoration (CBR) program has expanded IST treatment options in LA County by providing a continuum of care comprised of 150 beds in three different spectrums of placements. These include a locked acute psychiatric hospital, a locked Institute of Mental Disease (IMD) or mental health rehabilitation center, and residential facilities with clinical and supportive services onsite, with established daily bed rates for each level of care. The average length of stay for a patient in a CBR program is approximately 12 months.

This program includes a Clinical/Navigation Team to stabilize patients on medications and prepare them for community placement. To support their transition out of custody, the team provides support for social and other services as needed (i.e. Supplemental Security Income and other benefits). They also connect patients to other critical services in the county with an emphasis on Substance Use Disorder (SUD) services, primary medical care, care management, and specialty mental health services.

As of March 8, 2021, the number of ISTs pending placement into a DSH facility or jail-based treatment programs was 1,656 patients. While the high number of individuals pending placement to a DSH program can be partially attributed to protective measures implemented by DSH to mitigate the impact of COVID-19, ISTs pending placement to a DSH program prior to COVID-19 impact was consistently in the high 800s. The volume of new IST referrals to DSH continues to outpace the beds available within the DSH system to serve this population.

As a result of high waitlists, DSH faces ongoing pressure from the courts to admit additional patients into its system of care. Recently, new timelines for admission were ordered by the Superior Court. These court-ordered timelines are currently under appeal and DSH is involved in ongoing, exhaustive litigation across the state related to wait times for admission. DSH continues to seek alternative solutions to increase current capacity to meet this ongoing pressure to the state hospital system. Providing services in the community for a significant number of LA County Felony IST patients will assist DSH with reducing wait times for treatment necessary in a DSH hospital for the continually growing IST caseload.

Expansion of the CBR program across the state also offers multiple benefits to counties and the felony IST population. This program is an opportunity for counties to expand their community system of care and increase capacity in their behavioral health systems. In addition, CBR creates a less restrictive treatment option that is appropriate for many felony IST defendants while simultaneously allowing them to be treated in their own communities. In the LA County model, ISTs who successfully complete treatment in CBR and have their criminal proceedings resolved are eligible for continued community placement through the permanent supportive housing program. This model of care bridges a significant gap often experienced by individuals, especially those with mental health conditions, re-entering the community after incarceration. The model of care also offers both hope for the individuals and a decreased likelihood of recidivism. DSH will work with other counties to develop similar options to the LA model.

In the 2021-22 Governor's Budget, DSH requested $9.8 million in FY 2020-21, $4.5 million and 1.0 position in FY 2021-22, and $5.0 million and 1.0 position in FY 2022-23 and ongoing to expand the LA community-based treatment program and establish new programs in additional counties to support the development of a comprehensive continuum of care for felony ISTs. DSH requested 1.0 Staff Services Manager II (SSM II) who will operate in a specialist capacity beginning in budget year (BY) and ongoing. In conjunction with established Felony Mental Health Diversion and JBCT programs, this initiative will expand the capacity to treat ISTs in the community by reducing the number of patients pending placement to DSH facilities and support the overall goal of reducing admission times for treatment. DSH planned to establish up to 200 new beds and provide time-limited transitional resources to support the off-ramp of IST defendants to the community who may be restored to competency while waiting in jail. DSH anticipated activating all 200 beds on a rolling basis beginning January 1, 2021. In addition, DSH proposed to add up to 50 CBR beds in other areas of the state in two phases, with 20 beds activating July 1, 2021 and an additional 30 beds activating by October 1, 2021.

DESCRIPTION OF CHANGE:

Based on activation timeline adjustments, the withdrawal of the Budget Change Proposal (BCP) Community Care Demonstration Project (CCDP), and updated community bed rates, DSH is estimating a one-time savings of $4.9 million in FY 2020-21, requests $28.3 million and 4.5 permanent positions in FY 2021-22, requests $54.9 million and 4.5 permanent positions in FY 2022-23, requests $51.3 million and 4.5 permanent positions in FY 2023-24, and requests $49.8 million and 4.5 permanent positions in FY 2024-25 and annually thereafter. This request will allow DSH to expand the current LA County CBR program beginning in FY 2020-21 and establish new CBR programs in additional counties beginning in FY 2021-22.

Los Angeles (LA) 300-Bed Expansion (Increase by 100 Beds from Governor's Budget)

DSH continued to work closely with the LA County Office of Diversion and Reentry (ODR) to coordinate the 200-bed expansion of the current CBR program. ODR has committed to activating 40 beds per month beginning in late March to early April 2021 which is a change from the original anticipated activation timeline of January 2021. In addition, DSH has withdrawn its request from the Governor's Budget for the CCDP program. DSH's proposals in Governor's Budget assumed that LA County may be one of the participating counties in the CCDP and so ongoing funding for this CBR expansion was folded in as part of the funding assumptions in the CCDP proposal and not reflected in this estimate item presented in the Governor's Budget. DSH is now requesting ongoing funding for the 200-bed expansion, shifting the dollars required to support this program from the CCDP proposal and requesting funding for an additional 100 beds that can be activated by September 2021.

The budget year (BY) funding requested for this expansion is $7.0 million more than the BY funding requested as part of the original CCDP proposal. This cost difference is because the funding proposed in the CCDP is a partial-year, one-time value to support the cost of continued treatment of any IST patient placed in the 200-bed expansion between January to June 2021, and prior to the county's transition to the CCDP on July 1, 2021. After discharge of any IST patients who were placed in CBR beds prior to July 1, 2021, the ongoing funding to support new IST placements in the 200-bed expansion would have been covered through the county's baseline appropriation allocated under the CCDP. As of the May Revision, this CBR proposal now assumes a full year of ongoing costs for all 200 beds in LA County.

The following table displays the total funding request for LA County:

Felony IST Community Based Restoration - Los Angeles County Program Costs			
Budget Categories	**Cost Assumptions**	**CY- 200 Beds Expansion**	**BY- 200 Beds + 100 Bed Activation September 2021**
Start-Up / Program Implementation Costs*	Average cost of $7500 per bed for new site start-up costs for 166 unlocked residential beds in CY and 67 unlocked residential beds in BY. Minor retrofitting/modifications include conversion of space for group treatment rooms and office space for on-site staffing. Other costs include the purchase of patient and office furniture, security cameras, appliances, etc. This is a one-time budget category assumed for the first year of the programs.	$ 1,245,000	$ 502,500
Clinical Program Management and Navigation Services	Centralized program operation staff are needed to identify and assess prospective clients for program participation. Functions include but are not limited to clinical assessment; criminal justice partner coordination (working with Public Defender, District Attorney, Superior Court, Jail Mental Health staff); facilitate navigation services for placement in appropriate housing/treatment bed; coordinate pre-trial probation services when appropriate; forensic report writing; court testimony; facilitate transition plan for clients post-CBR; and program adminstration support. Also includes assessing ISTs in jail or those who may have restored to competency prior to placement in a DSH program; and can be "off-ramped" from the IST waitlist.	$ 427,000	$ 1,922,000
Community Based Restoration Services - All Bed Types	Estimted costs assume various levels of care for felonty ISTs patients: 133 unlocked residential beds in CY and 233 beds in BY ongoing at $175 per bed, per day; 24 locked IMD beds in CY and 59 beds in BY ongoing at $340 per bed, per day; 4 acute psychiatric beds in the community in CY and 8 beds in BY ongoing at $600 per bed, per day.	$ 2,569,000	$ 22,486,000
Pre-Trial Probation Services	Best practice identified as part of the DSH Diversion program: pre-trial probation services for the contingent of individuals who may need a higher level of supervision while out in the community. This service provides the additional layer of public safety support that allows programs to broaden the pool of prospective program participants for the courts to consider. Approximately $4500 annually per client + 15% administrative overhead. Budget estimate assumes 133 clients in CY and BY and 203 clients in BY+1 ongoing.	$ 116,000	$ 992,000
Off-Ramp IST Transition Services	For ISTs who restore in jail prior to placement in a DSH program and can be off-ramped from the IST waitlist, funding supports the contingent of indiviudals who are eligible for release back to the community. The funding will provide the ability for the program to facilitate a "warm hand off" by providing transitional housing and services upon release from jail for a period of up to 90 days while a permanent supportive living situation is coordinated by the team. Costs assume placement in an unlocked residential bed and provision of intensive case management, clinical and psychiatric services. The budget estimate is based on the ulocked residential bed rate of $175 per day x 90 days x 150 clients.	$ 525,000	$ 1,575,000
	TOTALS	$ 4,882,000	$ 27,477,500

*Start-Up/Program Implemenation Costs are one-time only in the first year.

New County 252-Bed Expansion (Increase by 202 Beds from Governor's Budget)

Following conversations with potential counties for the additional 50 beds proposed in the Governor's Budget beginning in BY, as well as conversations about CCDP, DSH is amending its Governor's Budget request from 50 additional beds in new counties to 252 new beds in additional counties that will be activated over a three-year period. DSH has identified 17 potential counties that, with appropriate funding, could contract with DSH for a new CBR program.

In ongoing conversations with counties, DSH also learned that it is not accurate to use costs from the LA county program as the basis for costs in other counties. LA County, as compared to other counties, has an established, widespread residential treatment infrastructure that costs less to contract with for their services. LA County also has a large IST population that it can achieve economies of scale that are not feasible in other counties. Additionally, DSH learned that in order to help facilitate stabilization prior to stepping down to a lesser restrictive environment, many counties need to place IST patients in higher level, more costly secured beds such as a Psychiatric Health Facility (PHF) or Institutions for Mental Disease (IMD) bed for a longer period of time. Moreover, when directly released from jail, placement of felony IST's in a secured bed increases the willingness of key justice stakeholders to agree to community-based treatment for a greater proportion of the felony IST population. Given these circumstances, DSH proposes to fund new counties at a guaranteed rate of $108,345 annually per bed. This rate is equivalent to the cost of care at DSH for an IST ($699 per day average cost of care with an average length of stay of 155 days).

The following table displays the updated county funding request for this program based on the changes outlined above:

May Revise CBR Proposal - New County Program Beds						
Program Cost	**FY 2021-22**		**FY 2022-23**		**FY 2023-24**	
	Beds	**Cost**	**Beds**	**Cost**	**Bed**	**Cost**
Existing Beds	0	-	54	$5,900,000	222	$24,100,000
New Beds	54	$1,500,000	168	$18,200,000	30	$3,300,000
Implementation	N/A	$2,700,000	N/A	$8,400,000	N/A	$1,500,000
Subtotal	**54**	**$4,200,000**	**222**	**$32,500,000**	**252**	**$28,900,000**

The following chart shows the total estimated beds funded by this proposal by FY:

CBR Bed Expansion by FY - New LA and New County Beds*				
Program Cost	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**	**FY 2023-24**
	Beds	**Beds**	**Beds**	**Beds**
Los Angeles				
Existing Beds	0	200	300	300
New Beds	200	100	0	0
Subtotal	**200**	**300**	**300**	**300**
New Counties				
Existing Beds	0	0	54	222
New Beds	0	54	168	30
Subtotal	**0**	**54**	**222**	**252**
Grand Total	**200**	**354**	**522**	**552**

*Table only displays proposed bed activations and does not include current LA County contract of 215 beds

Third-Party Treatment Provider Option

If DSH is unable to enter into contracts with enough counties to meet the goals of this proposal, DSH proposes to enter into agreements with third-party private treatment providers to establish CBR programs and serve the county's IST commitments while continuing to partner with county justice and behavioral health stakeholders. This model could be scaled to serve individual counties or a region of counties to achieve an economy of scale and allow flexibility based on availability of housing and contracted staffing resources. This authority will enable the State to continue to increase the necessary capacity it needs now while also establishing viable treatment options in the community for felony IST defendants. If, in the future, a county is ready to run the program itself, DSH could transfer the CBR contract over to the county. This option will allow counties that may not have sufficient treatment infrastructure or workforce to still participate in the CBR program.

In addition to entering into contract with the third-party provider, DSH would also partner with the county to coordinate the operation of the CBR program and develop pathways that will provide opportunities for ISTs served. These opportunities will connect and transition the individuals to the county-run system of care after resolution of the criminal proceedings.

To ensure DSH can expedite any contracts it enters through this program – whether with counties or a third-party provider – DSH requests the inclusion of the following provisional language:

> *Contracts entered into or amended from funding included in this item, to address the Incompetent to Stand Trial (IST) waitlist challenges, are exempt from Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of Title 2 of the Government Code, Section 19130 of the Government Code, Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code, and from the review or approval of any division of the Department of General Services.*

Currently it can take 8-12 months to bid, award and execute a contract under ideal conditions. DSH requests this exemption so it can shorten this timeframe and expedite the opening of beds to treat the IST population as quickly as possible.

CBR Program Administration

In the Governor's Budget DSH requested 1.0 Staff Services Manager II (Specialist) to support the expansion of the LA CBR program by 200 beds and the establishment of 50 new beds in up to five counties. DSH also requested $40,000 per year to provide technical support and training for new counties establishing a CBR program. In the May Revision, DSH proposes a significant increase in the number of new counties that DSH will partner and provide programmatic oversight, monitoring, training and technical assistance to for the development, activation and support of these new programs. Prior to the Governor's Budget, DSH had not requested state staff and support resources. As county engagement in these programs is proposed to increase by almost 350% and the number of beds is proposed to increase by 220% as compared to Governor's Budget, a significant amount of program administration and data collection workload will increase for DSH. These increases require new positions in addition to the SSM II and technical assistance funding that is essential to the success of the program.

DSH requests the following additional administrative support resources:

- *1.0 Career Executive Assignment A*: Duties include, but are not limited to, advising the Deputy Director in overseeing expansion efforts and providing administrative oversight of community treatment programs for IST patients including CBR; assisting with long-term planning activities and developing strategies to ensure resources are based on efficient, realistic, achievable goals; ensuring recruitment and retention of competent team;

formulating, recommending and implementing departmental policies, procedures, and protocols required to effectively and efficiently administer IST programs; acting as a liaison to and collaborating on solutions to issues with county leadership, officers of the Superior Courts, and other relevant stakeholders; representing the Division and Department in a variety of meeting settings and public hearings on proposals related to IST treatment.

This position is being requested to support the significant increase in IST programs currently under development and operation in the Forensic Services Division (FSD). It is critical to have a dedicated leadership role overseeing all Community Forensic IST Programs. In addition to the expansion of CBR, FSD oversees all forensic workload to support the commitment of Offenders with Mental Health Disorders (OMD) and Sexually Violent Predators (SVP), the statewide Conditional Release Program and expansion of its continuum of care and establishment of the Forensic Assertive Community Treatment (FACT) level of care, the DSH Diversion Program, the Jail Based Competency Treatment Programs, the new SISTOR program, along with development of all new IST programs that exist external to the state hospitals and intend to reduce the IST waitlist.

- *1.0 Consulting Psychologist*: Duties include, but are not limited to providing clinical support to participating counties and DSH team on complex program, policy, clinical and legal matters relating to the operation of CBR programs; consulting with counties on the development of local programs; regular, ongoing site visits and program monitoring; development of statewide program policies and procedures; development of data collection, outcome tracking and reporting tools; analysis of data from county programs to develop strategies to increase program effectiveness and identify training needs; coordination with consultants in development of technical assistance to support identified training needs.
- *1.0 Health Program Specialist I:* Duties include, but are not limited to serving as contract manager for all CBR programs; negotiating, developing and processing all new contracts, contract renewals and contract amendments; monitoring all contracts for compliance; managing billing and invoice approval; assisting Staff Services Manager II and Consulting Psychologist on all site visits and program evaluations; developing, implementing and maintaining all program policy documents, including regular evaluation of all policies and recommendation of policy changes; analyzing fiscal and program budget; developing annual caseload estimate adjustments and requests.
- *1.0 Research Data Analyst II*: Duties include, but are not limited to collaborating with the Consulting Psychologist in the development of data collection mechanisms and reports for counties; running statistical analyses of all submitted data and developing comprehensive reports of referrals, admission, discharges, length of stay, and bed utilization; working directly with counties to validate all data submissions; producing statistical analysis of data for program staff to be included in annual population estimate updates; assisting program staff in development of policies and procedures related to data collection and research.
- *0.5 Associate Governmental Program Analyst:* Duties include, but are not limited to, processing procurements for goods and services. Assists program with contract bid process, development of final contract language, processes all contract and procurement documentation and is responsible for ensuring proper execution of all contracts. Creates purchase orders and encumbrances in FI$CAL system. Liaises with Department of General Services and other control agencies as needed regarding contracting issues.

- *Additional Travel Funding:* DSH requests an additional $60,000 per year for the Consulting Psychologist and Health Program Specialist I. DSH anticipates heavy travel during implementation of the programs, followed by quarterly visits to all county sites for program evaluation and monitoring.
- *Technical Assistance Funding:* DSH requests an additional $60,000 in training and technical assistance funding to contract with national experts to assist counties with program development, activation and ongoing needs. DSH will also utilized these funds to establish workforce development trainings specific to providing competency restoration to felony ISTs in a community setting.

The following chart shows a breakdown of all proposed changes from the Governor's Budget request:

Felony IST - Community Based Restoration Program Expansion (250 Beds) Summary of Costs at Governor's Budget					
Budget Category	**CY- LA County 200 Beds Only***	**BY- New Counties 50 Beds Only**	**BY + 1 - New Counties 50 Beds Only**	**BY + 2 - New Counties 50 Beds Only**	**BY + 3 - New Counties 50 Beds Only**
County CBR Program					
Start-Up/Program Implementation Costs	$ 1,013,000	$ 248,000	$ -	$ -	$ -
Clinical Program Management/Navigatior	$ 726,000	$ 232,000	$ 272,000	$ 272,000	$ 272,000
CBR Housing/Treatment	$ 6,708,000	$ 3,690,000	$ 4,312,000	$ 4,312,000	$ 4,312,000
Pre-Trial Probation	$ 261,000	$ 110,000	$ 171,000	$ 171,000	$ 171,000
Off-Ramp Transition Services	$ 1,050,000	$ -	$ -	$ -	$ -
Subtotal CBR Program	*$ 9,758,000*	*$ 4,280,000*	*$ 4,755,000*	*$ 4,755,000*	*$ 4,755,000*
County Support Costs					
Training & Technical Assistance	$ -	$ 40,000	$ 40,000	$ 40,000	$ 40,000
DSH Support Costs					
Salaries, Benefits & Operating Expenses	$ -	$ 163,000	$ 163,000	$ 163,000	$ 163,000
Additional Travel	$ -	$ 20,000	$ 20,000	$ 20,000	$ 20,000
Subtotal DSH Support	*$ -*	*$ 183,000*	*$ 183,000*	*$ 183,000*	*$ 183,000*
RAND TOTAL GOVERNOR'S BUDGET	**$ 9,758,000**	**$ 4,503,000**	**$ 4,978,000**	**$ 4,978,000**	**$ 4,978,000**

Felony IST - Community Based Restoration Program Expansion (552 Beds) Summary of Cost Changes at May Revision					
Budget Category	**CY- LA County 200 Beds**	**BY- LA County 100 New Beds + 54 New Counties Beds**	**BY+1 - 168 New Counties Beds**	**BY+2 - 30 New County Beds**	**BY+3 Ongoing- 300 LA Beds 252 New County Beds**
County CBR Program					
Start-Up/Program Implementation Costs	$ 232,000	$ 2,955,000	$ 8,400,000	$ 1,500,000	$ -
Clinical Program Management/Navigatior	$ (299,000)	$ 1,690,000	$ 1,650,000	$ 1,650,000	$ 1,650,000
CBR Housing/Treatment	$ (4,139,000)	$ 20,296,000	$ 41,418,000	$ 44,718,000	$ 44,718,000
Pre-Trial Probation	$ (145,000)	$ 882,000	$ 880,000	$ 880,000	$ 880,000
Off-Ramp Transition Services	$ (525,000)	$ 1,575,000	$ 1,575,000	$ 1,575,000	$ 1,575,000
Subtotal CBR Program	*$ (4,876,000)*	*$ 27,398,000*	*$ 53,923,000*	*$ 50,323,000*	*$ 48,823,000*
County Support Costs					
Training & Technical Assistance	$ -	$ 60,000	$ 60,000	$ 60,000	$ 60,000
DSH Support Costs					
Salaries, Benefits & Operating Expenses	$ -	$ 812,000	$ 812,000	$ 812,000	$ 812,000
Additional Travel	$ -	$ 60,000	$ 60,000	$ 60,000	$ 60,000
Subtotal DSH Support	*$ -*	*$ 872,000*	*$ 872,000*	*$ 872,000*	*$ 872,000*
GRAND TOTAL MAY REVISION	**$ (4,876,000)**	**$ 28,330,000**	**$ 54,855,000**	**$ 51,255,000**	**$ 49,755,000**
TOTAL CBR BUDGET	**$ 4,882,000**	**$ 32,833,000**	**$ 59,833,000**	**$ 56,233,000**	**$ 54,733,000**

*The entire CY budget request in Governor's Budget was one-time; assumed 200-bed LA expansion would transfer to CCDP budget in BY ongoing

**Start-Up/Implementation Costs are one-time

BCP Fiscal Detail Sheet

BCP Title: Community Based Restoration (CBR) Program **BR Name: 4440-082-ECP-2021-MR**

Budget Request Summary

	FY21					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Personal Services						
Positions - Permanent	0.0	4.5	4.5	4.5	4.5	4.5
Total Positions	**0.0**	**4.5**	**4.5**	**4.5**	**4.5**	**4.5**
Salaries and Wages						
Earnings - Permanent	0	462	462	462	462	462
Total Salaries and Wages	**$0**	**$462**	**$462**	**$462**	**$462**	**$462**
Total Staff Benefits	0	276	276	276	276	276
Total Personal Services	**$0**	**$738**	**$738**	**$738**	**$738**	**$738**
Operating Expenses and Equipment						
5301 - General Expense	0	36	36	36	36	36
5304 - Communications	0	5	5	5	5	5
5320 - Travel: In-State	0	65	65	65	65	65
5324 - Facilities Operation	0	23	23	23	23	23
5340 - Consulting and Professional Services - External	-4,876	27,398	53,923	50,323	48,823	48,823
5346 - Information Technology	0	5	5	5	5	5
539X - Other	0	60	60	60	60	60
Total Operating Expenses and Equipment	**$-4,876**	**$27,592**	**$54,117**	**$50,517**	**$49,017**	**$49,017**
Total Budget Request	**$-4,876**	**$28,330**	**$54,855**	**$51,255**	**$49,755**	**$49,755**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	-4,876	28,330	54,855	51,255	49,755	49,755
Total State Operations Expenditures	**$-4,876**	**$28,330**	**$54,855**	**$51,255**	**$49,755**	**$49,755**
Total All Funds	**$-4,876**	**$28,330**	**$54,855**	**$51,255**	**$49,755**	**$49,755**

Program Summary

Program Funding						
4400010 - Headquarters Administration	0	21	21	21	21	21
4400020 - Hospital Administration	0	5	5	5	5	5
4430030 - Other Contracted Services	-4,876	28,304	54,829	51,229	49,729	49,729
Total All Programs	**$-4,876**	**$28,330**	**$54,855**	**$51,255**	**$49,755**	**$49,755**

BCP Title: Community Based Restoration (CBR) Program **BR Name: 4440-082-ECP-2021-MR**

Personal Services Details

Positions	Salary Information Min	Mid	Max	CY	BY	BY+1	BY+2	BY+3	BY+4
5393 - Assoc Govtl Program Analyst				0.0	0.5	0.5	0.5	0.5	0.5
5731 - Research Data Analyst II				0.0	1.0	1.0	1.0	1.0	1.0
7500 - - C.E.A. - A				0.0	1.0	1.0	1.0	1.0	1.0
7620 - Consulting Psychologist				0.0	1.0	1.0	1.0	1.0	1.0
8338 - Hlth Program Spec I				0.0	1.0	1.0	1.0	1.0	1.0
Total Positions				**0.0**	**4.5**	**4.5**	**4.5**	**4.5**	**4.5**

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
5393 - Assoc Govtl Program Analyst	0	35	35	35	35	35
5731 - Research Data Analyst II	0	73	73	73	73	73
7500 - - C.E.A. - A	0	150	150	150	150	150
7620 - Consulting Psychologist	0	128	128	128	128	128
8338 - Hlth Program Spec I	0	76	76	76	76	76
Total Salaries and Wages	**$0**	**$462**	**$462**	**$462**	**$462**	**$462**
Staff Benefits						
5150200 - Disability Leave - Industrial	0	6	6	6	6	6
5150210 - Disability Leave - Nonindustrial	0	2	2	2	2	2
5150350 - Health Insurance	0	21	21	21	21	21
5150450 - Medicare Taxation	0	7	7	7	7	7
5150500 - OASDI	0	21	21	21	21	21
5150600 - Retirement - General	0	124	124	124	124	124
5150800 - Workers' Compensation	0	21	21	21	21	21
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	13	13	13	13	13
5150900 - Staff Benefits - Other	0	61	61	61	61	61
Total Staff Benefits	**$0**	**$276**	**$276**	**$276**	**$276**	**$276**
Total Personal Services	**$0**	**$738**	**$738**	**$738**	**$738**	**$738**

CONTRACTED PATIENT SERVICES
STATEWIDE INCOMPETENT TO STAND TRIAL OFF-RAMP (SISTOR) PROGRAM
Program Update

BACKGROUND:

The 2019 Budget Act included funding for an "Incompetent to Stand Trial (IST) Off-Ramp" team in Los Angeles (LA) County to assess felony ISTs (FIST) committed by LA County in the jail for restoration of competency prior to placement in a DSH program. FIST commitments are distinguished from misdemeanor IST (MIST) commitments as MIST commitments are by law required to be treated by counties and are only referred to DSH under very specific circumstances. Under this program, if a FIST is assessed and found to be competent, the team psychiatrically stabilizes the defendant to ensure competency is maintained. They subsequently submit a restoration of competency report to the court to allow the defendant to proceed with their case rather than be transferred to a DSH program. This effort has proven successful and, as of March 8, 2021, 345 IST defendants have been off-ramped.

Implementing IST "Off-Ramp" services in more counties prevent additional IST defendants from being transferred unnecessarily to a DSH treatment program and instead allows local communities to restore competency. These programs deploy forensically trained psychologists in contracted positions to each region to monitor FIST defendants for restoration of competency, while the defendant is incarcerated pending placement to a DSH treatment program. The contracted psychologists coordinate medication and treatment protocols with existing jail mental health staff, perform evaluations, write court reports, and provide court testimony.

The 2020 Budget Act included $1.0 million to implement four additional IST "Off-Ramp" programs in the following four regions: Bay Area, northern California, central California, and southern California. It also included an ongoing budget of $2.0 million, starting in fiscal year (FY) 2021-22 to sustain the program. The authorized funding intends to support contracted psychologists that service the off-ramp workload at multiple jails located within their assigned region. The original vision for this program, prior to the COVD-19 pandemic, assumed centralizing staff at one of the existing Jail Based Competency Treatment (JBCT) program counties, then deploy the evaluators to neighboring counties to assess and provide services to ISTs within the jails in their region. This service is referred to as the Statewide Incompetent to Stand Trial Off-Ramp (SISTOR) Program.

While DSH continues to assume some of the workload will roll out as originally envisioned, DSH is now exploring performing services virtually when videoconferencing capabilities are available in the jails and can be accommodated by the County Sheriff's staff. This model will provide greater flexibility in the recruitment and hiring of qualified psychologist staff. The estimated annual cost assumes reimbursement of contracted psychologist services including salaries, benefits, and operating expenses—which includes funds to support travel requirements. To accommodate more videoconferencing interviews, additional equipment and technology support will be needed and can be covered by the funding level assumed for this program.

The contractor(s) selected will have the latitude to implement the SISTOR program through a regional approach as originally envisioned or propose a different statewide plan that describes how to most effectively identify and reassess IST defendants on the IST waitlist. Such differences may include the increased use of telehealth and videoconferencing interviewing as well as a virtual record review.

DSH developed a Scope of Work and completed two rounds of a competitive bidding process with the goal of securing a contracted provider to implement the SISTOR program within the current year (CY). In the FY 2021-22 Governor's Budget, DSH had anticipated having a provider by the end of 2020 to ensure program activation in early 2021.

DESCRIPITON OF CHANGE:

As of the FY 2021-22 May Revision, DSH completed the bidding process, selected a provider in April 2021, and now anticipates program implementation to occur in late May 2021. This implementation delay results in a one-time CY savings of approximately $293,000. DSH intends to use this one-time CY savings to offset costs associated with the IST evaluation caseload until the SISTOR program is implemented.

The implementation delay is due to unanticipated challenges in the contracting process which resulted in an unsuccessful first round of competitive bidding. However, a subsequent round successfully resulted in a provider being selected. As part of the negotiated contract, DSH secured a provider that can ramp up quickly and scale resources to offset much of the implementation delay by providing sufficient staffing needed to complete a significant portion of the evaluation workload initially assumed.

To support the SISTOR program caseload until the provider's contract is fully executed and program implementation can begin, DSH looked to internal resources to temporarily address the growing list of IST defendants pending placement to a state hospital. DSH is utilizing forensically trained DSH evaluators (Consulting Psychologists) who conduct Offender with Mental Health Disorder (OMD) forensic evaluations of inmate referrals from the California Department of Corrections and Rehabilitation (CDCR). With time-limited, focused IST training, these staff can also perform competency evaluations of ISTs to off-ramp defendants from the IST pending placement list who may have regained competency while awaiting placement. DSH evaluators can also consider individual risk levels to recommend a referral to the county's Felony Mental Health Diversion program, if one is available. Furthermore, the evaluators can opine on potential medications to jail medical/mental health staff that may stabilize the IST defendant, or facilitate restoration while they are awaiting placement to a DSH program.

Due in part to the COVID-19 operational changes required by the prisons, county jails and courts, telehealth capacity to conduct inmate interviews, review medical/custodial records, and appear in court virtually became widely available. This facilitated efficiencies in OMD forensic evaluation workload by reducing travel and allowing evaluators located anywhere in the state to conduct forensic evaluations and interviews. Moreover, CDCR referral case rates have declined during the COVID-19 pandemic; presumably due to operational impacts experienced by CDCR. DSH assumes this is a temporary decline in OMD referrals, but if for any reason a spike in workload is experienced, DSH also employs a panel of contracted OMD evaluators that can cover the increase in OMD referrals. This will allow DSH civil service evaluators to continue supporting IST evaluation workload until the SISTOR contractor ramps up program activation.

Due to the unknown value of the final contract that will be secured with the SISTOR program provider and the additional costs incurred by DSH to temporarily cover this workload with existing OMD evaluator staff, DSH does not anticipate any additional CY savings from the delay in the SISTOR program implementation. DSH calculated the value of OMD staff salaries and benefits, as well as IST training costs for the number of evaluators identified to support the SISTOR workload. However, DSH estimates that the final annual total of the SISTOR contract will equate

to approximately $1 million and therefore proposes to redirect the remaining $1 million of SISTOR funding to support the Re-Evaluation Services for Felony IST proposal in BY and ongoing.

Refer to the table below for details on anticipated CY costs:

Current Year

One-Time Redirection of IST Off-Ramp Funding **Projected DSH Costs Incurred**				
Cost Category	**FTE/Unit**	**Rate**	**Total Cost**	**Assumptions**
Salaries/Benefits	5.2	$ 18,333	$ 286,000	13.0 Consulting Psychologists @ approx 40% for 3 months @ $220K annual salary & benefits
OE/Training	13	$ 500	$ 6,500	13 x online/virtual refresher IST evaluation training course
		Total	**$292,500**	

The table below illustrates the proposed SISTOR funding to be redirected.

	CY	**BY**	**BY+1**	**BY+2**	**BY+3**
Funding Received in 2020 Budget Act	$1,000,000	$2,000,000	$2,000,000	$2,000,000	$2,000,000
Estimated SISTOR Contract Budget	$707,500	$1,000,000	$1,000,000	$1,000,000	$1,000,000
Funding to be Redirected	$292,500	$1,000,000	$1,000,000	$1,000,000	$1,000,000

EVALUATION AND FORENSIC SERVICES

EVALUATION AND FORENSIC SERVICES
SEX OFFENDER COMMITMENT PROGRAM AND OFFENDER WITH A MENTAL HEALTH DISORDER (SOCP/OMD) PRE-COMMITMENT PROGRAM
Program Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	**0.0**	**0.0**	**0.0**	**$0**	**$0**	**$0**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
May Revision	**0.0**	**0.0**	**0.0**	**-$520**	**$0**	**$0**
One-time	*0.0*	*0.0*	*0.0*	*-$520*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Total	**0.0**	**0.0**	**0.0**	**-$520**	**$0**	**$0**
One-time	*0.0*	*0.0*	*0.0*	*-$520*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*

BACKGROUND:

The Department of State Hospitals (DSH) is required to provide forensic evaluation services to determine if an inmate within the California Department of Corrections and Rehabilitation (CDCR), prior to parole, requires continued treatment in a state hospital as an Offender with a Mental Health Disorder (OMD) or as a Sexually Violent Predator (SVP) as a condition of parole. DSH administers these services through the OMD Program and the Sex Offender Commitment Program (SOCP). DSH currently employs 3.0 Chief Psychologists, 25.0 Consulting Psychologists (CP), and 19.0 SVP Evaluators (SVP-E) in addition to contracted psychologists to perform the following services:

- Psychological evaluations
- Developing forensic evaluation reports
- Providing expert witness court testimony and consultation related to these evaluation services
- Maintaining up-to-date training associated with these programs

These services must be performed at a variety of locations throughout California, including state prisons, state hospitals, jails and courts. For those individuals determined to meet the criteria as an SVP, the forensic evaluations are time-sensitive and must be completed and referred to the District Attorney's Office no less than 20 days prior to the inmate's release from prison to comply with a statutory requirement.

The forensic evaluator staffing described above reflects the required level to support the volume of interviews, evaluations, forensic report development, and expert witness and court testimony services driven by the number of CDCR referrals for potential SVP and OMD commitments to the state hospitals. Additional workload may include, but is not limited to:

- Completing SVP update evaluations required in preparation for court
- Developing and maintaining a robust quality assurance program, including data analytics to target training and/or support needs to evaluators and CDCR stakeholders

- Participating in a mentorship program that pairs highly experienced evaluators with less experienced evaluators; developing and implementing standardized assessment protocols Maintaining licensure requirements

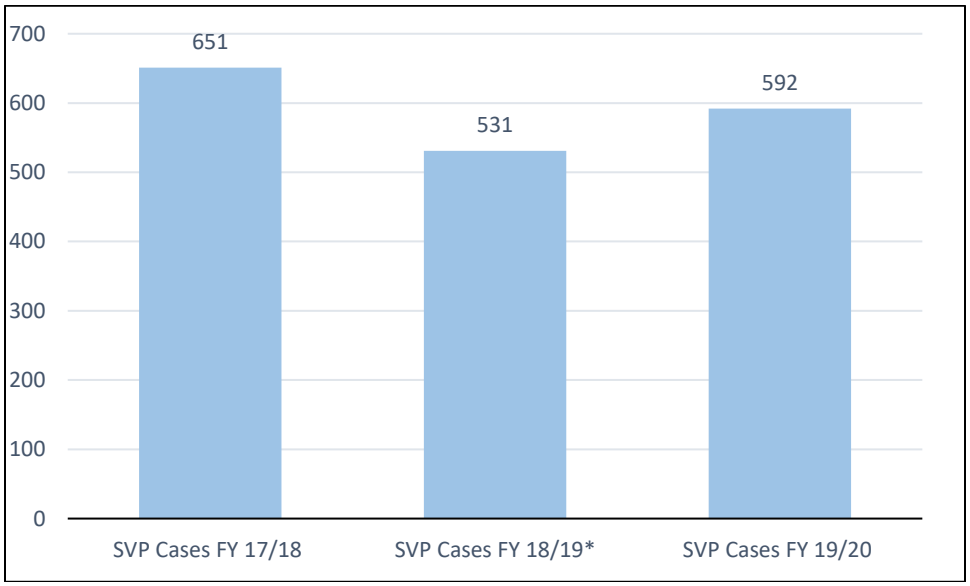
Failure to perform these forensic services accurately and timely could result in the inappropriate release of an OMD or SVP into the community, compromising public safety.

Sex Offender Commitment Program (SOCP)

The SOCP was established in 1996 pursuant to the Sexually Violent Predator Act, Welfare and Institutions Code (WIC) 6600, et seq. In accordance with WIC 6601(b), the Board of Parole Hearings (BPH) performs the clinical aspects of screening CDCR inmates to determine whether the individual is likely to be an SVP and warrants two forensic psychological evaluations by DSH.

Per WIC 6601(b), CDCR and BPH are responsible for performing a two-part screening process of CDCR inmates. This consists of identifying whether the individual committed qualifying offenses for commitment as an SVP, and if so, BPH conducting a clinical review of the individual's qualifying offense(s) and social, criminal, and institutional history to determine whether the individual is likely to be an SVP. If CDCR and BPH determine an individual is likely to be an SVP, CDCR refers the individual to DSH for a full evaluation of whether the person meets the criteria.

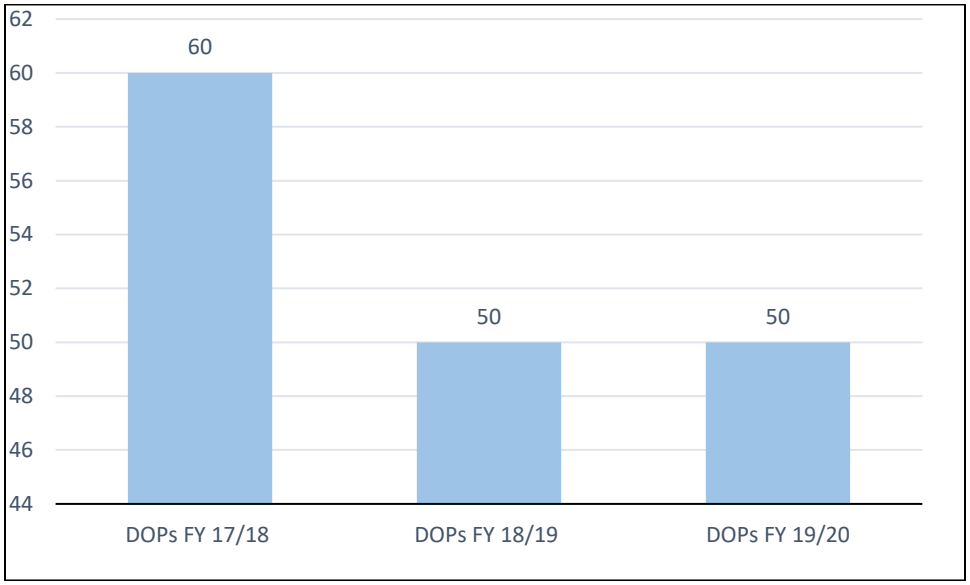
For the period between July 2019 and June 2020, approximately 592 cases were referred to DSH for full evaluations. The chart below illustrates the trends seen in the past three years:



*Decrease due to screens going to BPH

For each referral, DSH is required to complete two forensic psychological evaluations to determine if the individual meets the statutory criteria for civil commitment as an SVP. When there is a difference of opinion (DOP) by the two forensic civil service evaluators initially assigned by DSH to perform full evaluations, DSH is statutorily required to assign two additional independent evaluators who are not state government employees to assess the individuals.

For the period between July 2019 and June 2020, approximately 50 DOPs were completed by DSH. As shown below, the number of DOPs has stayed largely consistent in the past three years.



Forensic evaluations are required to travel to the inmate's location to administer an in-person interview, perform case records reviews including criminal and medical history, develop a written evaluation report and provide expert witness testimony once the case goes to trial. Updated forensic evaluations may be required as part of the preparation for court. Due to the COVID-19 pandemic, beginning March 2020, travel significantly declined. DSH utilized telepsychology to conduct most inmate interviews.

Per WIC 6600 statute, initial evaluations should be performed by civil servants. In certain incidences when a civil service evaluator is not available, such as impending release dates, a contracted evaluator will evaluate the inmate. When a contractor is used, DSH incurs additional costs to pay the contracted rates. In the past three years, the use of contractors for initial SVP evaluations has declined and rush referrals continue to make up only a small portion of the total referrals.

DSH is coordinating with CDCR/BPH to determine if there will be a workload impact to the SOCP due to referral increases as a result of programming calculations and CDCR's efforts to reduce the number of inmates due to COVID-19. DSH continues to monitor these referral trends, especially as they may result in a request for additional resources to meet the demand and comply timely with statute.

Offender with a Mental Health Disorder (OMD) Program

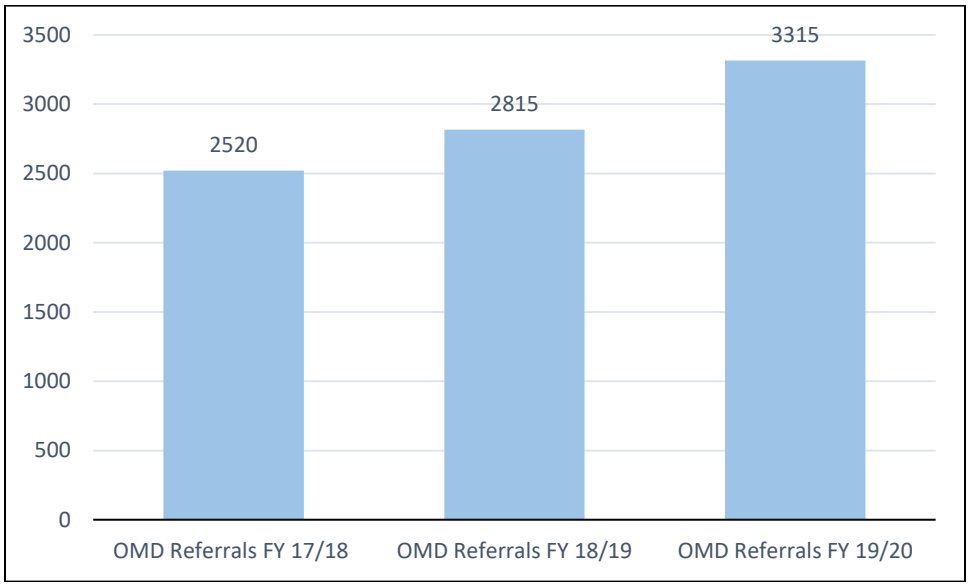
The OMD commitment was created to provide a mechanism to detain and treat severely mentally ill prisoners who have reached the end of their determinate prison terms and are dangerous to others as a result of a severe mental disorder. The law became effective July 1, 1986 and is codified in Penal Code (PC) 2960 – 2981.

The OMD commitment is a two-phase process:

OMD Commitment - First Phase

The first phase requires a certification by CDCR's Chief Psychiatrist that an inmate meets the OMD criteria. The certification process consists of CDCR conducting the initial file review and performing one clinical evaluation prior to referring to DSH. DSH then receives the OMD referral from the applicable CDCR institution and sends a clinician to the CDCR facility. The clinician then conducts the second forensic psychological evaluation and determines if the inmate meets the OMD statutory criteria prior to release from prison. DSH utilized telepsychology to conduct most inmate interviews.

For the period between July 2019 and June 2020, DSH received approximately 3,315 referrals from CDCR to perform an OMD evaluation for potential commitment to a state hospital. Of these, 322 DSH evaluations were positive and 2,993 DSH evaluations were negative. A positive evaluation means the individual was deemed a potential commitment to a state hospital. If CDCR and DSH evaluators determine that the individual should be committed to DSH as an OMD, certification paperwork is submitted to the BPH hearing officer for review. If approved, the individual is sent to DSH to serve their parole. The chart below illustrates a trend of increasing referrals in the past three fiscal years.



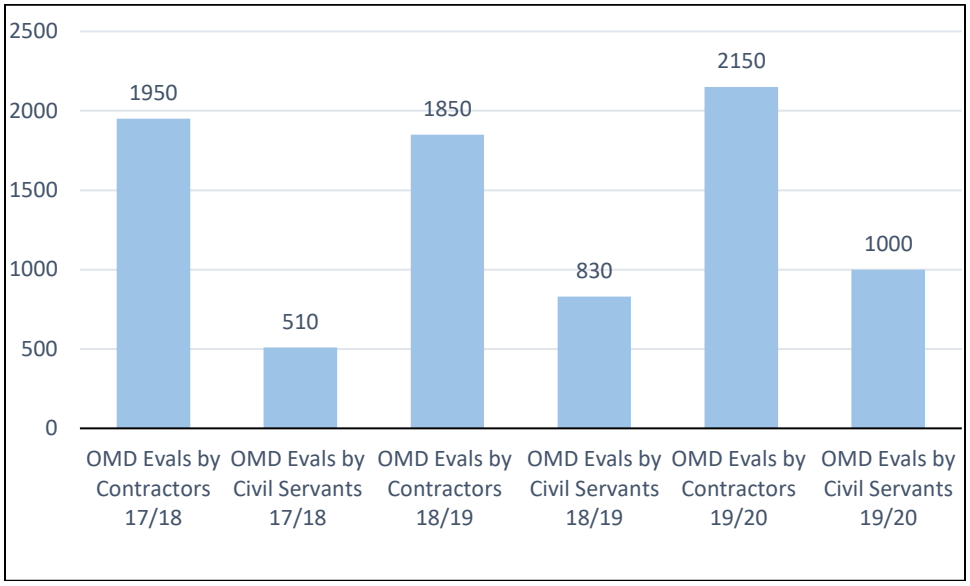
Of the referral total, 458 were admitted to a state hospital based on DSH evaluations and DOP evaluations conducted by BPH. When there is a DOP between the CDCR and DSH forensic evaluators based on criteria outlined in PC 2962, BPH is responsible for conducting two additional, independent evaluations. BPH conducts approximately 300 DOPs annually.

DSH has received an increase in OMD referral dates in part due to CDCR's efforts to initiate early release dates due to COVID-19. Shorter sentencing and early releases led to more referrals with lower acuity and shorter due dates, requiring DSH to perform parallel evaluations without waiting for the CDCR score. However, despite these changes, the hospital admission rate has remained steady in comparison to years prior to the COVID-19 pandemic.

OMD Commitment - Second Phase

The second phase is a statutory mandate requiring BPH to commit inmates who are found to meet OMD criteria to a state hospital for treatment as a special condition of parole. After a parolee is discharged from CDCR to DSH, the individual is civilly committed as an OMD for involuntary treatment.

As stated above, fiscal year (FY) 2019-20 saw an increase in OMD evaluations from years prior. However, due to the increased use of telepsychology and the decrease in travel costs due to COVID-19, DSH is currently able to absorb this increase in workload costs. DSH's reliance on contractors remains high and COVID-19 related rushes increased the use of contractors in FY 2019-20. However, the overall rate of evaluations completed by civil servants is increasing.



DSH is coordinating with CDCR/BPH to determine if there will be a workload impact to the OMD program due to referral increases as a result of programming calculations and CDCR's efforts to reduce the number of inmates. DSH continues to monitor these referral trends, especially as they may result in a request for additional resources to meet the demand and comply timely with statute.

Evaluator Workload Adjustment

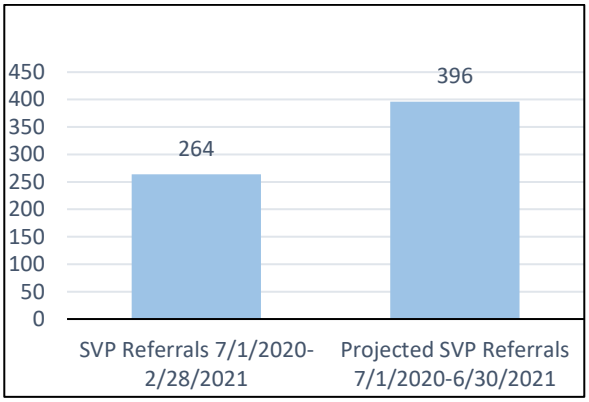
DSH conducted three separate time studies to review and analyze the increase in complexity of the SVP evaluations and the number of hours worked by the evaluators, as well as compare the ratio of civil servant to contracted employees that perform OMD evaluations. All three studies concluded that CPs and SVP-Es are working an average of more than 50 hours per week. This conflicted with the current Bargaining Unit 19 contract, which specifies evaluators' workload should average 40 hours per week over the course of the year.

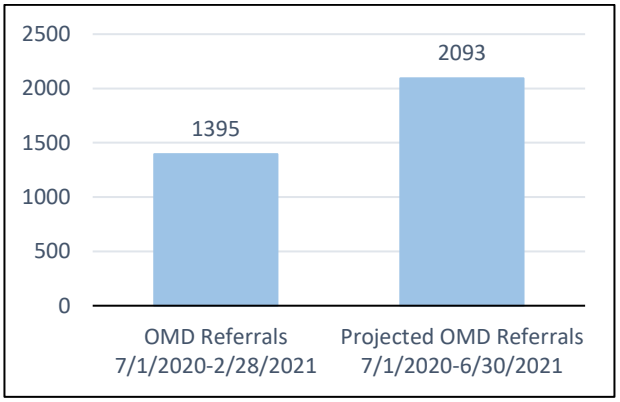
Based on the workload study data and in response to current operations, all evaluator caseloads were adjusted beginning January 1, 2020. Although the data is being collected, the subsequent review has been delayed due to COVID-19 impacts, and likely will be conducted after CDCR/BPH data is available to determine if there will be a long-term impact with increased number of referrals and to estimate the potential workload impact.

DESCRIPTION OF CHANGE:

Caseload Update

On July 10, 2020, subsequent to Executive Order N-20-36 and by authority of Government Code 8658, CDCR announced it would reduce its population by 10,000 in order to reduce the risk of transmission of COVID-19 within its facilities. As a result, CDCR has been pursuing a series of accelerated release efforts and estimated that, in addition to the 10,000 released inmates, an additional 8,000 inmates may be eligible for early release. As a result of these efforts, DSH has seen an increase in rush referrals, however overall referral totals have trended downward in recent months. The charts below display SVP and OMD referral totals for the period between July 1, 2020 to February 28, 2021 and an estimated annualized projection for FY 2020-21 based on the average trend in referrals over the first eight months.





The projected annualized number of SVP referrals is at 396 compared to 592 in FY 2019-20, and the projected annualized number of OMD referrals is 2,093 as compared to 3,315. While the current downward trend appears significant, DSH employs a blended pool of civil service and contracted evaluators. This workload shift allowed DSH to reduce the use of contracted staff and, along with the savings of performing tele-evaluations in lieu of traveling to perform in-person evaluations, created a one-time CY savings of $520,000. In addition, it allowed for the temporarily assignment of critical IST evaluation workload to OMD evaluators (refer to next section below for additional information).

In coordination with CDCR and the BPH, DSH is continuing to monitor evaluation referrals impacted by the various operational changes implemented in response to the COVID-19 pandemic. The downward trend in SVP and OMD referral rates are out of the norm, and it is anticipated that referrals will increase to pre-pandemic levels over time. DSH will continue to closely monitor these referral trends and present the caseload methodology in the FY 2022-23 Governor's Budget.

Temporary Utilization of Consulting Psychologists for IST Evaluation and "Off-Ramp" Services

To temporarily help address the growing list of IST defendants pending placement to a state hospital or Jail-Based Competency Treatment (JBCT) program, DSH looked to internal resources. DSH will be utilizing 13.0 OMD evaluators to assist in performing IST evaluations for three months. Utilizing the SISTOR program's one-time CY savings, DSH is training and temporarily utilizing OMD evaluators to perform competency evaluations of ISTs to off-ramp defendants from the IST pending placement list who may have regained competency while awaiting admission to a DSH treatment program.

Utilization of OMD Consulting Psychologists to conduct IST evaluations is possible due to the recent decrease in referrals from CDCR. As a result of the COVID-19 pandemic, telehealth capacity to conduct inmate interviews, review medical/custodial record, and virtually appear in court became widely available. This facilitated efficiencies in forensic evaluation workload by reducing travel and allowing evaluators located anywhere in the state to conduct forensic evaluations and interviews. While DSH assumes the decline in referrals is temporary, if a spike in workload is experienced, DSH's panel of contracted evaluators can cover the increase in referrals. This will allow DSH civil service evaluators to continue supporting the IST workload on a temporary basis. Since forensic evaluators are maintaining a mixed caseload of OMD and IST evaluations, there are no workforce savings to the OMD program.

BCP Fiscal Detail Sheet

BCP Title: SOCP and OMD Program Update **BR Name: 4440-086-ECP-2021-MR**

Budget Request Summary

	FY21					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Operating Expenses and Equipment						
5340 - Consulting and Professional Services - External	-520	0	0	0	0	0
Total Operating Expenses and Equipment	**$-520**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Budget Request	**$-520**	**$0**	**$0**	**$0**	**$0**	**$0**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	-520	0	0	0	0	0
Total State Operations Expenditures	**$-520**	**$0**	**$0**	**$0**	**$0**	**$0**
Total All Funds	**$-520**	**$0**	**$0**	**$0**	**$0**	**$0**

Program Summary

Program Funding						
4440 - Evaluation and Forensic Services	-520	0	0	0	0	0
Total All Programs	**$-520**	**$0**	**$0**	**$0**	**$0**	**$0**

EVALUATION AND FORENSIC SERVICES
RE-EVALUATION SERVICES FOR FELONY INCOMPETENT TO STAND TRIAL (IST)

New Program

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	**0.0**	**0.0**	**0.0**	**0.0**	**$0**	**$0**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
May Revision	**0.0**	**15.5**	**15.5**	**$0**	**$12,729**	**$11,000**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$12,729*	*$11,000*
Ongoing	*0.0*	*15.5*	*15.5*	*$0*	*$0*	*$0*
Total	**0.0**	**15.5**	**15.5**	**$0**	**$12,729**	**$11,000**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$12,729*	*$11,000*
Ongoing	*0.0*	*15.5*	*15.5*	*$0*	*$0*	*$0*

BACKGROUND:

Since 2013, DSH has treated a growing number of felony Incompetent to Stand Trial (IST) patients. Over time, the rate of growth in this population has continued to increase, and the waitlist for those seeking treatment at DSH hospitals has grown in spite of the numerous interventions DSH has instituted. The quickly increasing demand has led to significant waitlists and increasing wait times for admission. As of April 19, 2021, the number of IST individuals pending placement into a DSH facility or JBCT program was 1,615 patients. The number of ISTs pending placement to a DSH program prior to COVID-19 was over 800, but on the way down. The current number reflects the impact of protective measures implemented by DSH in response to the COVID-19 pandemic, which has compounded the waitlist and wait times. Overall, the volume of new IST referrals to DSH continues to outpace the beds available within the DSH system.

To address the increasing referrals to its system, DSH has employed a number strategies to meet the demand for IST treatment through both the expansion of DSH bed capacity and new programming designed to serve IST defendants and/or reduce the rate of IST referrals to DSH. DSH alone has increased capacity within its system of care by nearly 1,000 over the past 8-10 years. This expansion includes activating additional state hospital beds and partnering with Sheriff departments across the state to implement jail-based treatment programs. In addition to DSH bed capacity, the department has:

- Implemented multiple efficiencies within its hospitals to restore ISTs to competency as expeditiously as possible
- Established its first Community-Based Restoration Program (CBR) in partnership with the Los Angeles County Office of Diversion and Reentry. CBR is primarily an outpatient treatment program providing services to IST defendants that would otherwise be referred to DSH or a JBCT. This program was initially authorized in the 2018 Budget Act, with Los Angeles now authorized for up to 415 beds, and the Governor's Budget proposes to expand this program by an additional 50 beds in other counties.
- Implemented a pre-trial felony mental health diversion program. Authorized in the 2018 Budget Act, DSH contracts with counties to develop new or expand existing programs to

provide diversion opportunities for individuals who have been or are likely to be found IST on felony charges.

Litigation Pressures

DSH faces significant litigation pressures related to the IST waitlist. Multiple Appellate Court decisions have found DSH must admit patients within 60 days of commitment and is currently unable to comply with those 60-day orders. As a result, Public Defenders are increasingly filing writs of habeas corpus seeking release of IST Defendants from county custody, and dismissal of their pending criminal charges, alleging DSH's violation of their constitutional due process rights by failing to timely admit them and provide them competency treatment necessitates their release.

In 2019, the Superior Court of California ruled in Stiavetti v. Ahlin that DSH must admit IST defendants within 28 days and was given until October 2020 to come into compliance with this order. If the State's ongoing appeal is unsuccessful, the State could be subject to substantial fines for non-compliance of court ordered timelines (for context, Washington State has paid over $80.0 million in fines for non-compliance with a similar court order) and could potentially be placed under federal receivership or be appointed a federal monitor to oversee DSH's efforts to comply.

IST Evaluation and Off-Ramp Efforts Underway

The 2019 Budget Act included funding for an "Incompetent to Stand Trial (IST) Off-Ramp" team in Los Angeles (LA) County to assess felony ISTs (FIST) committed by LA County in the jail for restoration of competency prior to placement in a DSH program. Under this program, if a FIST is assessed and found to be competent, the team submits a restoration of competency report to the court to allow the defendant to proceed with their case rather than be transferred to a DSH program. This effort has proven successful and, as of April 12, 2021, 358 IST defendants have been off-ramped.

Implementing IST "Off-Ramp" services in more counties will reduce the number of IST defendants from being transferred unnecessarily to a DSH treatment program if the individual's competency has been restored. These services utilize forensically trained psychologists to evaluate IST defendants while in jail and pending placement to a DSH treatment program. IST "Off Ramp" services include conducting record reviews, interviewing IST defendants, performing evaluations, writing court reports, and providing court testimony. The 2020 Budget Act included $1.0 million to implement IST "Off-Ramp" services that would support the evaluation of IST defendants in other counties outside of LA county. It also included an ongoing budget of $2.0 million, starting in fiscal year (FY) 2021-22 to sustain the program. The authorized funding intends to support contracted psychologists that service the off-ramp workload at multiple jails located within their assigned region. The original vision for this program, prior to the COVD-19 pandemic, assumed centralizing evaluator staff at key regions across the state and then deploying the evaluators to neighboring counties to assess ISTs within the jails in their region. This service is referred to as the Statewide Incompetent to Stand Trial Off-Ramp (SISTOR) Program. Ultimately, the original vision for program was not executed because DSH could not secure a contract provider who could cover the entire state through a regional approach and for the funding level authorized in the budget. However, a subsequent round of competitive bidding successfully resulted in a provider being selected. DSH estimates that the final annual total of the SISTOR contract will equate to approximately $1 million and therefore proposes to redirect the remaining $1 million of SISTOR funding to offset the overall cost of this proposal. Additionally, with the implementation delay of the SISTOR program, DSH's existing Consulting Psychologist staff who perform other forensic

evaluations have been covering a small portion of this workload, in addition to their current caseload, to develop protocols and work through potential barriers. The funding needed to support their staff time is also included in the estimate of expenditures from the authorized SISTOR funding.

DSH selected a provider in April 2021, and now anticipates program implementation to occur in late May 2021. DSH realizes that scaling up these services is essential to significantly reduce the growing waitlist of IST defendants and their wait times.

DESCRIPTION OF CHANGE:

To immediately triage the growing list of IST defendants awaiting placement to a DSH facility, for competency restoration, DSH proposes to partner with local county jails across the state to re-evaluate individuals deemed IST on a felony charge waiting in jail and pending placement to a DSH treatment program for 60 days or more. Unlike the original vision for the SISTOR program, DSH plans to employ a panel of independent contracted forensic evaluators consistent with how DSH manages its responsibility for pre-commitment evaluations under the Offenders with Mental Health Disorder (OMD) and Sexually Violent Predator (SVP) statutes. As part of this process, the IST forensic evaluator will:

a) Assess if the individual has been restored while in jail, is malingering or is non-restorable.
b) File a report to the court on the status of the patient (effectively the 90-day report); and if restored, file the PC 1372 report.
c) Assess whether the individual may be a good candidate for diversion or other outpatient treatment program and inform the District Attorney and Public Defender, and the IST Diversion or community-based restoration program if one is available in the county.

DSH will prioritize IST defendants waiting in jail for more than 60 days to perform an initial re-evaluation. A second evaluation may be performed if the individual has not transferred to a DSH treatment program and updates are due to the court. In addition, DSH will offer psychopharmacology consultation, training, and technical assistance on administration of involuntary medications and long-acting injectable medications as needed to support jail treatment providers.

New program implementation is expected to begin in the budget year (BY) by stablishing the IST evaluator panel consisting of a contracted workforce, recruiting program and operations staff, and establishing protocols with county jails. DSH expects to significantly scale up the number of evaluators and evaluations that will be performed in BY, projecting that the IST defendants on the waitlist as of July 1, 2021 and the majority of new referrals received during the first year will receive an evaluation. To support the immediate need for IST re-evaluation services while DSH focuses on recruitment and other startup activities, DSH began to temporarily contract existing DSH Consulting Psychologists to perform a blended caseload of IST evaluations, along with their typical workload of Offenders with Mental Health Disorder (OMD) evaluations. In addition, the contract that will be secured under the authorized funding for SISTOR should begin prior to July 1 and can be integrated into the larger panel of forensic evaluators currently proposed for this new program.

DSH proposes to establish this program for a 4-year term beginning July 1, 2021 (FY 2021-22) to June 30, 2025 (FY 2024-25). After the third year of the program, DSH will assess the need to

extend all or a portion of the resources on an ongoing basis and if necessary, submit a new budget request for the FY 2025-26 budget cycle.

Caseload and Funding Assumptions

The workload and costs for this proposal fall into three main categories:

1. DSH contracted forensic evaluators and associated travel support when necessary to provide in person services;
2. DSH clinical, administrative, and operational staff to support coordination of service delivery; and
3. Reimbursement of jail costs for IT costs (including laptops and licenses) to facilitate the tele-interviews and a flat reimbursement rate per IST defendant evaluated available for payment to the Sheriff that will cover a portion of jail staff time to provide support and escort the patient.

Caseload Assumptions

DSH assumes that the number of IST referrals on the pending placement list as of July 1, 2021 and a significant portion of the IST referrals projected for the year will be re-evaluated. DSH assumes that only approximately 30% of ISTs referred from LA County and other counties that have an established JBCT single county model program will need to be evaluated because the majority of IST defendants committed are evaluated and subsequently admitted into the competency restoration programs operated in these counties. Additionally, DSH estimates that approximately 20% of IST defendants initially evaluated will require a second evaluation in accordance with their time awaiting placement to reassess competency or readiness for diversion or outpatient treatment, and to provide a follow up progress report to the court. Further, DSH assumes that in the first year, the evaluation caseload will be equivalent to approximately nine months of IST referrals to account for the lag time in ramping up staff and the turn rate of admissions into DSH beds. The outyears assume the rate of re-evaluations declines commensurate with new IST programs, bed capacity and increased efficiency in reducing wait times to admission to a program.

Applying the assumptions outlined above, DSH projects that 2,786 IST cases will receive one re-evaluation and 557 or 20% of cases will need a second evaluation for the baseline number of new referrals. In BY+1, DSH assumes an average rate of 2,644 IST cases that will require an initial re-evaluation, of which approximately 528 will require a second evaluation for a total annual evaluation caseload of 3,172. Beginning in BY+2, caseload is projected to decline by 25% for a total of 1,983 of which 397 will receive a second re-evaluation. This will result in a total of 2,380 in the last two years of the program. It should be noted that the assumptions used represent a conservative approach as potential delays in new program and bed activations could drive the need for more jail re-evaluation services. The caseload and assumptions applied will be reassessed with each new budget estimate cycle and as future proposed JBCT programs are activated and begin patient admissions. The table below displays the caseload assumptions.

Projected Caseload for IST Re-Evaluations			
Base Caseload	**IST Waitlist on 7/1/21**	**Annual IST Referrals**	**TOTAL**
Total Referrals to DSH[1]	1,630	4,164	5,794
Less 70% of Referrals from select counties[2]	-559	-1,520	-2,079
Adjusted Total Referrals to DSH	**1,071**	**2,644**	**3,715**
Year 1 Assumption			
9 mos IST Referrals for Evaluation[3]	804	1,983	2,786
20% Requiring 2nd Re-Evaluation			557
Total Re-Evaluations			**3,343**
Year 2 Assumption			
IST Referrals for Evaluation	0	2,644	2,644
20% Requiring 2nd Re-Evaluation			529
Total Re-Evaluations			**3,172**
Years 3 & 4 Assumption			
IST Referrals for Evaluation @ 75%	0	1,983	1,983
20% Requiring 2nd Re-Evaluation			397
Total Re-Evaluations			**2,380**

Assumptions

[1] *Annualized IST referral projection using latest 3 months Dec 2020 to March 2021 (347 avg referrals per month)*

[2] *Select counties include LA (FIST CBR); and 13 other counties who operate a JBCT program exclusively for ISTs from their county (single-county model)*

[3] *Year 1 referrals are reduced by 3 months to account for lag time for start up and churn of admissions into DSH programs.*

Contracted Forensic Evaluators

Consistent with other DSH contracted forensic evaluators, DSH proposes to pay a flat rate of $1,800 per IST re-evaluation conducted. In addition to conducting forensic evaluations, the workload includes other tasks required of the contractors, such as mandated internal trainings specific to ISTs and available programs (I.e. Diversion and CBR), the DSH system, standardized reporting protocols and other templates; expert witness testimony in court; and other required, recurring meetings on policies, process and procedures. Consistent with the caseload assumptions, the workload assumes:

- IST waitlist and new referrals will require one initial evaluation including comprehensive review of medical, mental health and custodial records; interview of the IST defendant; application of assessments (i.e. malingering, risk assessment, etc.); writing evaluation report; and coordination with case management staff for court report filings. In addition, some evaluation cases may involve travel to jails or court and court testimony.
- Of those individuals receiving an initial re-evaluation, approximately 20% will receive a second re-evaluation.

Employing a flat rate fee per evaluation should incentivize some contractors which would allow DSH to scale up the workload and throughout in the first year to triage the large number of cases on the DSH waitlist. DSH requests $6.0 million in fiscal year (FY) 2021-22 and $5.7 million in FY 2022-23, and $4.3 million in FY 2023-24 and FY 2024-25 to fund a contracted panel of forensic evaluator consulting psychologists. The table below displays the assumptions to support the cost of the contracted forensic evaluators:

	Budget Year			Budget Year+1			Budget Year+2 & 3		
Cost per Evaluation[1]	Percentage of Evaluations	Current Waitlist + New Referrals[2,3] (9 mos)	Total Cost	Percentage of Evaluations	Annual Number of Referrals[2]	Total Cost	Percentage of Evaluations	Annual Number of Referrals[2,3]	Total Cost
$1,800	100%	2,786	$ 5,015,250	100%	2,644	$ 4,758,480	75%	1,983	$ 3,568,860
	20%	557	$ 1,003,050	20%	529	$ 951,696	20%	397	$ 713,772
		3,343	**$ 6,018,300**		3,172	**$ 5,710,176**		2,380	**$ 4,282,632**

Assumptions

[1] Cost per evaluation includes all internal DSH training, include onboarding, New Employee Orientation, standardized forensic assessment and report formatting training, ongoing refresher trainings on process/compliance, and court time for providing expert witness testimony.

[2] excludes 70% referrals from LA County and single county model JBCTs

[3] Year 1 referrals are reduced by 3 months to account for lag time for start up and churn of admissions into DSH programs.

DSH Clinical, Administrative and Operational Staff

Clinical oversight to the contracted panel of forensic evaluator staff will be essential to the success of this program. One Senior Psychologist Supervisor and 2.0 Consulting Psychologists will be responsible for providing quality assurance oversight, reviewing regular samples of evaluator reports, onboarding evaluators, providing training, technical assistance, and mentorship to triage clinical questions and consult on difficult cases. In addition to these staff, 2.0 Senior Psychiatrists are necessary to support local county jail medical and mental health treatment staff by providing psychopharmacology consults, training, and technical assistance as needed by the counties.

A number of administrative and operational staff will also be required to develop and manage the contractual agreements with each of the counties; process payments to the jails; track and manage IST defendant/patient movement; gather updated medical, mental health and custodial records and provide to the evaluators; schedule re-evaluations including coordinate with the jails for IST defendant interviews; submit and track evaluator reports to the courts; information technology (IT) support to manage telehealth interviews with all of the jails; and track compliance with court reports and filings and provide information to assigned attorney, among other duties as required. Please see the detailed breakdown of the positions requested below, as well as Attachment A: Workload Analysis.

Staffing		
Classification	*Positions*	*Dollars*
Sr. Psychiatrist (Spec), Clinical Ops - PRN	2.0	$909,000
Sr. Psychologist (Sup), FSD	1.0	$212,000
Consulting Psychologists (QA), FSD	2.0	$411,000
Research Data Specialist I, RED	1.0	$141,000
Accounting Officer Specialist, Admin	0.5	$58,000
AGPA/Scheduler, FSD	6.0	$779,000
IT Associate, TSD (Helpdesk)	1.0	$127,000
Attorney III, Legal	1.0	$229,000
Legal Analyst	1.0	$117,000
SUBTOTAL CIVIL SERVICE STAFF	**15.5**	**$2,983,000**
IT Developers (PaRTS)		$350,000
TOTAL, ALL STAFFING RESOURCES	**15.5**	**$3,333,000**

DSH requests $3.3 million annually over the 4-year term of the program and 15.5 permanent positions to provide administrative and operational support, as well as programmatic oversight of the Re-Evaluation Services program. While the evaluation caseload is projected to decline, the positions requested were based on the annualized number of IST referrals and re-evaluations and excluded the increase in cases associated with the one-time pending placement list in the first year. If more case manager and case records staff are needed in the first year, DSH will attempt to cover the excess work through combination of overtime, supervisor, and clinical staff support. Part-time redirection of staff from other areas or temporary help may also be considered. In addition, the positions are requested on a permanent basis primarily because there will continue to be a full-time workload for the number of positions requested through the 4-year term of this program and limited term positions max out at two years. Moreover, there are unknown variables that could lead to a continued increase in the rate of IST referrals or delay activation of anticipated new programs and bed capacity. This could result in delayed admission for more individuals on the IST waitlist and higher caseloads for IST re-evaluation. Of this funding, $350,000 will support contracted IT Developers to enhance and modify the DSH Patient Reservation and Tracking System (PaRTS) to support the case management requirements for scheduling, jail re-evaluations, tracking competency status outcomes, disposition and movement of the IST defendant and reports to the court.

Reimbursement of Jail IT and Staff Support Costs

To support tele-evaluations in the county jails, DSH proposes to provide one-time start-up funds to allow the sheriff departments to purchase equipment (laptops or tablets) and software, including the associated licensing. To provide the necessary IT infrastructure, DSH will provide one-time startup funding of $5,000 per county.

To support the necessary logistics and coordination of escorting the patient from their cell to the interview room where the tele-interview will take place and provide monitoring coverage, DSH estimates that each IST evaluation will require approximately 90-120 minutes of a Sheriff's deputy or custodial officer. Also, included in this funding is a portion of time that may be required of administrative or support staff to pull records, provide technical assistance, or coordinate the scheduling of the IST evaluation. DSH proposes to reimburse the counties at a flat rate of $500

per IST defendant evaluated. Reimbursement will be paid out quarterly in arrears for the actual number of evaluations and interviews conducted.

DSH requests $2.0 million in BY, $1.6 million in FY 2022-23 and $1.2 million in the final two years of the program to reimburse the costs associated with the time spent by jail staff to coordinate inmate interviews and IT resources necessary to support telehealth interviews. A portion of this funding will be provided to the jails for upfront costs while staffing costs will be reimbursed quarterly in arrears once validated by DSH staff.

Jail Reimbursement Costs				
	Daily Rate/Quantity	*2021-22*	*2022-23*	*2023-24 and 2024-25*
One-Time Start Up (laptops/software) @ $5,000 per county	58	$290,000	$0	$0
Sheriff Logistics & Coordination Reimb. @ $500 per IST defendant evaluated & interviewed[1]	3,343 BY; 3,172 BY+1; 2,380 BY+2&3	$1,671,250	$1,586,160	$1,190,120
Total		**$1,961,250**	**$1,586,160**	**$1,190,120**

[1]Logistics and coordination costs assume approximately 1.5-2 hours staff time for escort and observation coverage during the IST evaluation. A portion of this includes administrative staff time to pull/transfer patient records and provide minimal tele-interview technical support.

Other Support Costs

To deploy the contracted forensic evaluator workforce, DSH will need to provide state-issued laptops, software, and the associated licensing. A portion of these IT costs will support the modifications needed to DSH's PaRTS system, which will contain the patients' medical and case records, referral packet, and ultimately house the competency assessments. In addition, the evaluators will require various types of forensic assessment and competency instruments, interview booklets, and standardized required forms, some of which are one-time purchases and others of which can be purchases in bulk. The costs below reflect the prorated costs based on the estimated number of evaluations projected to be complete each year.

DSH also requests funding to support travel, assuming that a portion of the evaluations will need to be performed in-person, in the event that tele-interviewing cannot be accommodated or in the case of a patient requiring a face-to-face assessment. Additionally, evaluators may be called to court to testify on their assessments of the patient.

Lastly, in counties where there is a JBCT program (33 county programs as of BY), DSH proposes to extend access to DSH's PaRTS system resulting in the need to provide additional software licensing to three users per site (3 staff x 33 sites). JBCT programs are incorporated under Welfare and Institutions Code (WIC) 4100 as DSH facilities and consistent with the state hospitals, providing access to PaRTS at JBCT sites is essential to managing patient movement across the system. This will create efficiencies and help to avoid erroneous admissions of IST defendants who may have already been assessed as restored to competency. At $780 per license, DSH requests a total of $77,220 annually to support this cost.

DSH requests $2.4 million in BY and $1.4 million annually in FY 2022-23 through FY 2024-25 in Operating and Expense dollars to support the IT hardware, software, and implementation costs

($65,000 of which is one-time), travel costs as needed for the forensic evaluators, and evaluation tools and materials.

DSH Operating Expenses and Equipment			
	Quantity	*2021-22*	*2022-23 to 2024-25*
Microsoft Dynamics Licensing	116	$90,480	$90,480
Additional Webex Licensing	50	$2,950	$2,950
Robotic Process Automation Tool	1	$150,000	$150,000
Laptops/Tablets	50	$75,000	$25,000
Evaluator IST Training	50	$10,000	$10,000
Evaluator Training - MOCA[1]	50	$5,625	$5,625
Contractor Evaluation Instruments	Varies	$1,992,205	$996,103
Interpreter Services Contract	Varies	$50,000	$50,000
Travel	Varies	$40,000	$40,000
Total		**$2,416,260**	**$1,370,158**

Total Funding Request

DSH requests 15.5 permanent, full-time positions and $12.7 million in FY 2021-22, $11.0 million in FY 2022-23, and $9.2 million in FY 2023-24 and 2024-25 to support implementation of this proposal. A portion of the SISTOR funds, previously funded in the 2020 Budget Act, will be redirected to offset this proposal which is reflected below.

Total Resources Requested			
	BY	**BY + 1**	**BY + 2 & 3**
15.5 Civil Service Positions Requested	$2,983,000	$2,983,000	$2,983,000
Contracted IT Developers	$350,000	$350,000	$350,000
Contracted Forensic Evaluators	$6,018,300	$5,710,176	$4,282,632
DSH OE&E Costs	$2,416,260	$1,370,158	$1,370,158
Jail Reimbursement Costs	$1,961,250	$1,586,160	$1,190,120
SUBTOTAL, ALL RESOURCES	**$13,728,810**	**$11,999,494**	**$10,175,910**
SISTOR Funding Offset [1]	*-$1,000,000*	*-$1,000,000*	*-$1,000,000*
TOTAL, ALL RESOURCES	**$12,728,810**	**$10,999,494**	**$9,175,910**

[1]$2M of ongoing funding was authorized in the 2020 Budget Act, $1M of which will be redirected to offset the IST Re-Evaluation proposal.

A significant percentage of ISTs admitted to DSH, approximately 20-25%, are competent at the time of admission. These are unnecessary admissions that take up DSH beds and further delays an individual's right to a speedy trial. As an outcome of this proposal, DSH anticipates that through its efforts to re-evaluate IST defendants in jail, individuals could be found competent and subsequently off-ramped from the waitlist prior to admission to a DSH program. This could be the result of an evaluator finding individuals who have already regained competency, including those who may have been malingering symptoms; individuals who have a severe cognitive impairment and may be deemed unrestorable, or IST defendants that have stabilized and may be an appropriate candidate to consider for a mental health diversion or competency restoration program. For every IST defendant that can be off-ramped from the DSH waitlist, the cost of their admission to a DSH bed can be avoided. Moreover, this creates greater efficiency in the use of costly DSH resources. The benefit of performing re-evaluations of felony IST defendants includes

the reduction of lengthy wait times in jail, timely delivery of treatment, and avoidance of unnecessary admissions to DSH.

Timeline

DSH requests all funding and positions effective July 1, 2021 to support program implementation in BY. Recruitment of the 15.5 civil service positions and solicitation of the contracted forensic evaluators will begin immediately so that development of standardized reporting templates, processes and procedures, a scheduling and report tracking system, and implementation of the quality assurance review process and team can begin alongside deployment of the IST re-evaluations. Based on current referral rates, DSH anticipates needing these resources for three full years post BY for ramp up and implementation, but will perform a workload and outcomes assessment in BY+3 to determine whether all resources will be needed ongoing or whether a reduction in the civil service staffing and a portion of the contracted forensic evaluators should be considered.

DSH plans to provide a bi-annual status report on the impacts of these efforts to the IST pending placement list in the Governor's Budget and May Revision caseload updates.

Attachment A: Workload Analysis

Senior Psychiatrist (Specialist) - PRN/Involuntary Medication Consult			
ACTIVITY TASK	PROJECTED ONE-TIME & ONGOING WORKLOAD		
	Hours to Complete Task	Number of Tasks per Year	NUMBER OF HOURS ANNUALLY
Specific Task			
Psychopharmacology Consultation	4.00	250	1,000
Forensic Competency Evaluation in cases with medical component	8.00	150	1,200
Involuntary Medication Evaluation	5.00	200	1,000
Training and Technical Assistance	4.00	120	480
TOTAL HOURS PROJECTED ANNUALLY			**3,680.00**
TOTAL POSITIONS PROJECTED			**2.07**

Senior Psychologist Supervisor			
ACTIVITY TASK	PROJECTED ONE-TIME & ONGOING WORKLOAD		
	Hours to Complete Task	Number of Tasks per Year	NUMBER OF HOURS ANNUALLY
Specific Task			
Provide oversight, leadership and guidance to the development and management of the IST Re-Evaluation program. Oversee development and maintenance of clinical IST forensic evaluation protocols and policies. Maintain current knowledge base on best practices in forensic evaluation through literature review to inform policy and protocol development as well as identification of training needs. Support review and selection of contracted forensic evaluator panel and procurement process. Develop and implement training program for evaluators. Participate in meetings and provide regular reports to brief management on the status of the program. Average 16 hours per week	16.00	52	832
Provide leadership in the development of the quality assurance program to monitor the work products of IST evaluators. Develop and regularly review key performance indicators and data analysis reports to identify/respond to areas of improvement. Review sampling of IST evaluation reports and oversee the quality assurance functions performed by Consulting Psychologists. Average 16 hours per week	16.00	52	832
Facilitate weekly team and cross-divisional meetings to coordinate efforts w/clinical, case management, patient management unit, legal to review time sensitive/critical cases, triage caseload concerns (i.e. reassignment of cases). Assumes 3 hours per week inclusive of planning time.	3.00	52	156
Troubleshoot and resolve clinical issues raised by consulting psychologists and evaluators	0.50	104	52
Provide coordination with jails, patient management unit, COAC PRN psychiatrists for program implementation and operations	8.00	12	96
TOTAL HOURS PROJECTED ANNUALLY			**1,968.00**
TOTAL POSITIONS PROJECTED			**1.11**

Consulting Psychologist			
ACTIVITY TASK	PROJECTED ONE-TIME & ONGOING WORKLOAD		
	Hours to Complete Task	Number of Tasks per Year	NUMBER OF HOURS ANNUALLY
Specific Task			
Quality assurance and quality control through structured peer review of randomized sampling of IST evaluation forensic reports for IST contractor staff. Average 8 hours per review and provision of feedback for 10% of the evaluations produced.	8.00	297	2,372
Assist the Senior Psychologist Supervisor in overall program operations, development and maintenance of clinical IST forensic evaluation protocols and policies. This includes development and analysis of key performance indicators to monitor quality and performance of IST evaluations. Maintain current knowledge base on best practices in forensic evluation through literature review to inform policy/protocol devleopment. Apply this information to inform develoment of training. Assume average 16 hours per week x 52 weeks	16.00	52	832
Troubleshoot and resolve clinical issues raised by evaluators	0.50	200	100
Participate in weekly team and cross-divisional meetings to coordinate efforts w/clinical, case management, patient management unit, legal to review time sensitive/critical cases, triage caseload concerns (i.e. reassignment of cases). Assumes 2 hours each x 2 staff	4.00	52	208
Participate in monthly 1:1 meetings w/supervisor. Assumes 1 hour each x 2 staff	2.00	12	24
Provide coordination with jails, patient management unit, COAC PRN psychiatrists for program implementation and operations under the general direction of the IST Senior Psychologist Supervisor	16.00	12	192
TOTAL HOURS PROJECTED ANNUALLY			**3,728.27**
TOTAL POSITIONS PROJECTED			**2.10**

Assumptions:
Assume workload based on average number of evaluation cases over 4 year term of program

Research Data Specialist I			
ACTIVITY TASK	PROJECTED ONE-TIME & ONGOING WORKLOAD		
	Hours to Complete Task	Number of Tasks per Year	NUMBER OF HOURS ANNUALLY
Specific Task			
Intense investigation into datasets collected and maintained by DSH and research into state-wide or county-based datasets; and conducting qualitative and quantitative analysis using descriptive and inferential statistical methods.	9.00	52	468
Development of regular statistical reports/dashboard automation to ensure frequent assessment of key performance indicators.	9.00	52	468
Conducting regular data reconcilation, queries, and data cleaning to ensure data quality maintenance	8.00	52	416
Develop and implement specialized studies targeting DSH patient populations to address statewide challenges.	35.00	4	140
Develop and implement outcomes research and reporting processes. Identify specific outcomes measures and datasets developed for long-term tracking/evaluation.	20.00	12	240
Conduct research on DSH populations including hospital and community-based programs [i.e. Jail-Based Competency Treatment progrmas (JBCT) and Conditional Release Programs (CONREP)]. Develop formal written/tabulated responses to the Deputy Attorney General (DAG), on behalf of the Directorate, for use in representation in declarations, at hearings and all other litigation needs. Research includes complex statistical analyses, identifying trends and abnormalities, communication with hospital staff to research operational impacts including but not limited to referrals, admission and discharge processes and bed capacity. Consult with the DAG in response to inquiries to provide input on available datasets and interpretation of data and documents produced.	10.00	12	120
TOTAL HOURS PROJECTED ANNUALLY			**1,852.00**
TOTAL POSITIONS PROJECTED			**1.04**

Classification - Accounting Officer			
ACTIVITY TASK	PROJECTED ONE-TIME & ONGOING WORKLOAD		
	Hours to Complete Task Per Month	Number of Tasks per Year	NUMBER OF HOURS ANNUALLY
Specific Task			
Review supporting documentations received and approved from the IST Re-Evaluation Program.	26.00	12.00	312.00
Audit invoices for compliance to term of the contract and calculate the amounts to be paid to the local county jail for ISTs.	26.00	12.00	312.00
Process the voucher(s) in FI$Cal to be routed to SCO for payments for up to 65 contracted forensic evaluators.	16.00	12.00	192.00
Record IST contract and forensic evaluator contractor payments on contract logs	5.00	12.00	60.00
Process corrections as needed if SCO denied the voucher(s)	0.40	12.00	4.80
Follow up on IST payments with SCO if check was lost in the mail	0.40	12.00	4.80
TOTAL HOURS PROJECTED ANNUALLY			**885.60**
TOTAL POSITIONS PROJECTED			**0.50**

Assumptions:
calculations based on workload for all 58 counties

AGPA - Scheduler			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	Hours to Complete Task	Average Number of Tasks Per Year	NUMBER OF HOURS ANNUALLY
Specific Task			
Log all basic information into tracking system for initial and second re-evaluation referrals	0.25	2,965	741
Identify and contact IST evaluator for availability and assign case.	0.25	2,965	741
Assist in coordinating re-evaluation interviews - contact jails, coordinate date/time for evaluator to conduct interview. Log information and notify both evaluator and assigned case manager. Assume support for 1/4 of evaluation caseload.	0.50	741	371
Coordinate with SVP/OMD scheduler to schedule civil service evaluators that are assigned to have combination of SVP/OMD referrals and IST referrals	0.20	50	10
Participate in weekly team and cross-divisional meetings to coordinate efforts w/clinical, case management, patient management unit, legal to review time sensitive/critical cases, triage caseload concerns (i.e. reassignment of cases)	2.00	52	104
Participate in monthly 1:1 meetings w/supervisor	1.00	12	12
On weekly basis and as requested, produce and distribute report of cases scheduled for the week, status of pending and completed cases.	1.00	60	60
TOTAL HOURS PROJECTED ANNUALLY			**2,039**
TOTAL POSITIONS PROJECTED			**1.15**

Assumptions:
Assume workload based on average number of evaluation cases over 4 year term of program

AGPA - PMU			
ACTIVITY TASK	PROJECTED ONE-TIME & ONGOING WORKLOAD		
	Hours to Complete Task	Number of Tasks per Year	NUMBER OF HOURS ANNUALLY
Specific Task			
Manages, monitors and analyzes the centralized waitlist to ensure adherence to timelines and waitlist balancing. Coordinates IST referral packets to IST re-evaluation team. Provides oversight and coordination to ensure all referrals are procesed timely. Enters initial IST referral data into PaRTS; gathers court, medical, mental health and custodial records and validates complete. Follows up with counties to track down missing records; and file records electronically for access by IST re-evaluation team, legal, state hospitals, or JBCT programs.	6.00	320	1,920
Provides consultation and guidance to Departmental facilities and stakeholders regarding the varying processes for all commitment types.	3.00	160	480
Identifies and reports on outstanding issues on referrals, transfers and returns; identifies areas of non-compliance; recommends corrective action plans to management	5.00	190	950
Provides guidance while working directly with internal and external stakeholders in relation to patient movement. Acts as the subject matter expert to ensure Memorandums of Understanding and guidelines are met.	3.00	60	180
Researching, writing and processing legislative proposals; bill analyses, budget change proposals and performing other special projects. Gathering and disseminating information on promising strategies, program successes and models; recommending, researching, writing and developing information for use on daily inquiries in relation to all areas of patient movement.	2.00	10	20
TOTAL HOURS PROJECTED ANNUALLY			**3,550.00**
TOTAL POSITIONS PROJECTED			**2.00**
Assumptions:			
Assume workload based on average number of evaluation cases over 4 year term of program			

AGPA - Case Manager			
ACTIVITY TASK	PROJECTED ONE-TIME & ONGOING WORKLOAD		
	Hours to Complete Task	Number of Tasks per Year	NUMBER OF HOURS ANNUALLY
Specific Task			
Assist in coordinating re-evaluation interviews - contact jails, coordinate date/time for evaluator to conduct interview. Log information and notify both evaluator and assigned case manager. Assume support for 3/4 of evaluation caseload.	0.50	2,224	1,112
Provide administrative support to manage caseload with assigned forensic evaluators. Gather, review case records for completeness, transmit documents to assigned evaluator. Track due dates and status of evaluation reports,	0.33	2,965	979
Review completed evaluation reports for consistency, grammar, completion; and coordinare clinical/quality assurance review with Asst Chief Psychologist and Consulting Psycholgist staff. Track outcome data (IST disposition) data, enter into system. Coordinate with the Patient Management Unit and legal to file report with court.	1.50	2,965	4,448
Assist with onboarding of evaluators, tracking license status, coordinating DSH-issued equipment and software, coordinate use of the various asessment tools/tests (track/replenish testing supplies); troubleshooting and resolve issues raised by evaluators	2.00	50	100
Troubleshoot and resolve technical and administrative issues raised by evaluators	0.50	200	100
Maintain Contact Lists for Jails, IST Evaluators and Important Contacts	0.10	20	2
Participate in weekly team and cross-divisional meetings to coordinate efforts w/clinical, case management, patient management unit, legal to review time sensitive/critical cases, triage caseload concerns (i.e. reassignment of cases). Assumes 2 hours each x 3 staff	6.00	52	312
Participate in monthly 1:1 meetings w/supervisor. Assumes 1 hour each x 3 staff	3.00	12	36
On weekly basis and as requested, produce and distribute report of evaluator case outcomes for the week, status of pending and completed cases.	1.00	60	60
Process monthly invoices in accordance with department practices to ensure correct billing amounts including validation of billings submitted by IST contract evaluators and process through Accounting. Assumes 50 evaluator contracts.	0.50	600	300
Provide contract management to develop IST contracts and coordinate through PCSS. Also monitor the fiscal status of IST contracts budget allotments.	6.00	50	300
TOTAL HOURS PROJECTED ANNUALLY			**5,658.00**
TOTAL POSITIONS PROJECTED			**3.19**

Assumptions:
Assume workload based on average number of evaluation cases over 4 year term of program

Information Technology Associate			
ACTIVITY TASK	PROJECTED ONE-TIME & ONGOING WORKLOAD		
	Hours to Complete Task	Number of Tasks per Year	NUMBER OF HOURS ANNUALLY
Specific Task			
Support of IST pre-admission IT systems	1.00	1,228	1,228
Develop and Maintain all system documentation	120.00	1	120
Video Conferencing Coordination	1.00	200	200
Video Conferencing Troubleshooting	1.00	100	100
Evaluator Video Device Onboard and Setup	2.00	40	80
Evaluator Video Device Security and Patch Management	4.00	12	48
TOTAL HOURS PROJECTED ANNUALLY			**1,776.00**
TOTAL POSITIONS PROJECTED			**1.00**

Attorney III			
ACTIVITY TASK	PROJECTED ONE-TIME & ONGOING WORKLOAD		
	Hours to Complete Task	Number of Tasks per Year	NUMBER OF HOURS ANNUALLY
Specific Task			
Reviewing court reports prepared by DSH evaluators prior to filing; assisting DSH staff in organizing and recommending what IST defendants to evaluate on the waitlist.	0.23	2,965	682
Appear in courts related to challenges to a submitted telehealth report that needs DSH presence before a court and any orders regarding telehealth evaluations, including complex orders to show cause; or coordination with the Office of the Attorney General on representation of DSH.	1.00	825	825
Participate in weekly team and cross-divisional meetings to coordinate efforts w/clinical, case management, and patient management unit to review time sensitive/critical cases, triage caseload concerns (i.e. reassignment of cases). Assumes 2 hours each staff	2.00	52	104
Assist in organizing and leading stakeholder meetings with courts, Deputy District Attorneys, Deputy Public Defenders, Deputy County Counsels, Sheriffs and Jail Mental Health providers about the new law, process for organizing and scheduling re-evaluations, and submission of reports to the court and counsel. Follow-up communication and discussions with any of the above listed parties.	4.00	36	144
Research or preparing any needed memorandum at the direction of the Chief Counsel, Deputy Chief Counsel, or Assistant Chief Counsels.	2.00	12	24
TOTAL HOURS PROJECTED ANNUALLY			**1,779.03**
TOTAL POSITIONS PROJECTED			**1.00**
Assumptions:			
Assume workload based on average number of evaluation cases over 4 year term of program			

Legal Analyst			
ACTIVITY TASK	PROJECTED ONE-TIME & ONGOING WORKLOAD		
	Hours to Complete Task	Number of Tasks per Year	NUMBER OF HOURS ANNUALLY
Specific Task			
Independently performs a full range of varied and complex paralegal duties, which are analytical in nature, and provides consultative services to management and attorneys. Coordinates with other divisions within DSH to file finalized court reports for incompetent to stand trial defendants with committing courts. Responsible for following-up with committing courts for subsequent hearings dates, calendaring, and receiving orders from the court, and communicating status of the commitment with other divisions within DSH.	0.88	1,000	880
Creates and maintains template 1372 certigfication for submission with 1372 competency reports to the court.	0.44	200	88
Coordinator with DSH divisions for edits or changes of draft court reports prior to filing with a court.	0.27	1,000	270
Assists with the management of databases, including ProLaw case management system. Follows patient and county trends. Assists with the creation of formulas for data extraction. Prepares complex data for legislative, budgetary, client and other stakeholder needs.	0.53	1,000	530
TOTAL HOURS PROJECTED ANNUALLY			**1,768.00**
TOTAL POSITIONS PROJECTED			**1.00**

BCP Fiscal Detail Sheet

BCP Title: Re-Evaluation Services for Felony Incompetent to Stand Trial (IST) **BR Name: 4440-104-ECP-2021-MR**

Budget Request Summary

	FY21					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Personal Services						
Positions - Permanent	0.0	15.5	15.5	15.5	15.5	0.0
Total Positions	**0.0**	**15.5**	**15.5**	**15.5**	**15.5**	**0.0**
Salaries and Wages						
Earnings - Permanent	0	1,759	1,759	1,759	1,759	0
Total Salaries and Wages	**$0**	**$1,759**	**$1,759**	**$1,759**	**$1,759**	**$0**
Total Staff Benefits	0	974	974	974	974	0
Total Personal Services	**$0**	**$2,733**	**$2,733**	**$2,733**	**$2,733**	**$0**
Operating Expenses and Equipment						
5301 - General Expense	0	2,116	1,120	1,120	1,120	0
5304 - Communications	0	16	16	16	16	0
5320 - Travel: In-State	0	56	56	56	56	0
5324 - Facilities Operation	0	78	78	78	78	0
5340 - Consulting and Professional Services - External	0	7,380	6,697	4,873	4,873	0
5346 - Information Technology	0	334	284	284	284	0
539X - Other	0	16	16	16	16	0
Total Operating Expenses and Equipment	**$0**	**$9,996**	**$8,267**	**$6,443**	**$6,443**	**$0**
Total Budget Request	**$0**	**$12,729**	**$11,000**	**$9,176**	**$9,176**	**$0**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	12,729	11,000	9,176	9,176	0
Total State Operations Expenditures	**$0**	**$12,729**	**$11,000**	**$9,176**	**$9,176**	**$0**
Total All Funds	**$0**	**$12,729**	**$11,000**	**$9,176**	**$9,176**	**$0**

Program Summary

Program Funding						
4440 - Evaluation and Forensic Services	0	13,191	11,512	9,688	9,688	0
4400010 - Headquarters Administration	0	81	81	81	81	0
4400020 - Hospital Administration	0	457	407	407	407	0
4430030 - Other Contracted Services	0	-1,000	-1,000	-1,000	-1,000	0

Total All Programs		**$0**	**$12,729**	**$11,000**	**$9,176**	**$9,176**	**$0**

Personal Services Details

Positions	Salary Information Min	Mid	Max	CY	BY	BY+1	BY+2	BY+3	BY+4
1401 - Info Tech Assoc				0.0	1.0	1.0	1.0	1.0	0.0
4546 - Accounting Officer (Spec)				0.0	0.5	0.5	0.5	0.5	0.0
5237 - Legal Analyst				0.0	1.0	1.0	1.0	1.0	0.0
5393 - Assoc Govtl Program Analyst				0.0	6.0	6.0	6.0	6.0	0.0
5742 - Research Data Spec I				0.0	1.0	1.0	1.0	1.0	0.0
5795 - Atty III				0.0	1.0	1.0	1.0	1.0	0.0
7616 - Sr Psychiatrist (Spec)				0.0	2.0	2.0	2.0	2.0	0.0
7620 - Consulting Psychologist				0.0	2.0	2.0	2.0	2.0	0.0
9831 - Sr Psychologist (Hlth Facility) (Supvr)				0.0	1.0	1.0	1.0	1.0	0.0
Total Positions				**0.0**	**15.5**	**15.5**	**15.5**	**15.5**	**0.0**

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
1401 - Info Tech Assoc	0	68	68	68	68	0
4546 - Accounting Officer (Spec)	0	30	30	30	30	0
5237 - Legal Analyst	0	61	61	61	61	0
5393 - Assoc Govtl Program Analyst	0	417	417	417	417	0
5742 - Research Data Spec I	0	76	76	76	76	0
5795 - Atty III	0	130	130	130	130	0
7616 - Sr Psychiatrist (Spec)	0	590	590	590	590	0
7620 - Consulting Psychologist	0	255	255	255	255	0
9831 - Sr Psychologist (Hlth Facility) (Supvr)	0	132	132	132	132	0
Total Salaries and Wages	**$0**	**$1,759**	**$1,759**	**$1,759**	**$1,759**	**$0**

Staff Benefits						
5150200 - Disability Leave - Industrial	0	23	23	23	23	0
5150210 - Disability Leave - Nonindustrial	0	7	7	7	7	0
5150350 - Health Insurance	0	81	81	81	81	0
5150450 - Medicare Taxation	0	26	26	26	26	0
5150500 - OASDI	0	48	48	48	48	0
5150600 - Retirement - General	0	425	425	425	425	0
5150700 - Unemployment Insurance	0	2	2	2	2	0
5150800 - Workers' Compensation	0	81	81	81	81	0

5150820	-	Other Post-Employment Benefits (OPEB) Employer Contributions	0	49	49	49	49	0
5150900	-	Staff Benefits - Other	0	232	232	232	232	0
Total Staff Benefits			**$0**	**$974**	**$974**	**$974**	**$974**	**$0**
Total Personal Services			**$0**	**$2,733**	**$2,733**	**$2,733**	**$2,733**	**$0**

PROGRAM UPDATE

Informational Only

2014 South Napa Earthquake Repairs

The Department of State Hospitals (DSH) collaborated with the Department of General Services (DGS), the California Office of Emergency Services (OES), and the Federal Emergency Management Agency (FEMA) to determine the estimated project costs for the repairs associated with the damage at DSH-Napa resulting from the South Napa earthquake in August 2014. DSH prioritized the repairs to DSH-Napa's buildings into the following three projects:

- *Project 1*: Repair the three buildings that have been identified as historically significant (Electric Shop Building 147, Manor House Building 181, and Central Nursing Building 183)
- *Project 2*: Repair the 23 buildings located outside the Secure Treatment Area (STA)
- *Project 3*: Cancelled

Due to ongoing challenges and delays in the availability and hiring of casual labor, DSH was not able to make significant efforts toward completing Project 3, which was comprised of minor cosmetic repairs, including plaster repairs and painting. Further complicating the issue, those repairs are within patient occupied areas. This would involve moving furniture within patient rooms to allow for proper ventilation so that plaster and paint can dry in addition to requiring swing space DSH-Napa does not have available. As such, DSH cancelled the Project 3 deliverables to allow for further analysis through its system-wide Infrastructure Master Plan, which will consider the prioritization and appropriateness of all repairs at DSH-Napa, not just those specific to the damage related to the 2014 South Napa Earthquake. The 2021-22 Governor's Budget Estimates reported a savings of $1,138,958 in FY 2018-19 and $608,479 in FY 2019-20 due to the cancellation of Project 3 repairs.

Projects Update:

- *Project 1*: Repairs to three historical buildings: Electric Shop Building 147, Manor House Building 181, and Central Nursing Building 183. Currently, the project is approximately 98% complete and is scheduled to complete construction in late March 2021. The project is experiencing minor delays due to unforeseen conditions including structural repair of roof framing in building 181 and fire sprinkler relocation in building 147 due to a conflict with new steel framing, as identified by the State Fire Marshal correction notices.
- *Project 2*: Repairs to the 23 buildings located outside the Secure Treatment Area (STA). Construction work was completed with final inspection on December 16, 2019. The total amount of reimbursement authority received for this project was $1,842,432. No further changes to this project.
- *Project 3*: Cancelled

Patient-Driven Operating Expenses

Between fiscal year (FY) 2012-13 and FY 2018-19, the DSH patient population increased significantly due to newly activated beds within the five state hospitals. For the bed activations, DSH received funding for positions and associated staff operating expenses and equipment (OE&E), but did not receive funding for patient related OE&E. Included in this category are items such as funding for outside medical care, pharmaceuticals, patient clothing, food stuffs, etc. DSH previously managed to absorb the increased costs due to savings in other areas. However, this model is no longer sustainable in the long-term to adequately support ongoing OE&E costs driven by patient care.

The 2019 Budget Act included a standardized patient OE&E cost estimate methodology based on updated census estimates for FY 2019-20 and estimated costs per patient, derived from past year actual expenditures for outside medical care contracts. As a result, the 2019 Budget Act included funding for a projected FY 2019-20 census of 6,317 and a per patient cost of $19,534 for a total patient-driven OE&E cost of $123.4 million in FY 2019-20.

Due to COVID-19 impacts on DSH operations, at this time it is difficult to project future patient driven costs as well as patient census. DSH will continue to monitor and manage these expenditures closely through the budget year and reassess for possible inclusion in the FY 2022-23 Governor's Budget.

Hospital Police Officer (HPO) Academy

The 2019 Budget Act established a new sub-program for the Hospital Police Officer Academy (HPO), in turn, contributing to a higher level of transparency and improvement in the management of Academy resources. With this change, all budget and position authority were redirected from DSH-Atascadero to its own program – the State Hospital Police Officer Academy. Having the HPO Academy separate from other facilities allows DSH to track this budget independently and report on funding, costs, and outcomes specifically. The 2019 Budget Act approved the conversion of 3.0 positions from full-time limited term to permanent to support DSH's Academy and graduate up to 150 HPO cadets annually. This expanded the Academy resources to 7.0 permanent positions.

The 2019 Budget Act added Provisional language stating:

"The State Department of State Hospitals shall provide a status update on the recruitment and retention of hospital police officers, to be included in the department's 2020-21 Governor's Budget estimate and subsequent May Revision estimate. The update shall include the number of authorized and vacant positions for each hospital, the actual attrition rate for the 2019-20 fiscal year, the projected attrition rate for the 2020-21 fiscal year, and the rate of success pertaining to the number of hospital police officer cadet graduates of the OPS Police Academy."

Hospital Police Officer Positions

As of March 1, 2021, the following is the status of HPO authorized positions:

March 1, 2021 HPO Authorized Positions[1]

Hospitals	Filled	Vacant	FTE[2]	Vacancy Rate
Atascadero	113.0	13.5	126.5	10.67%
Coalinga	207.0	8.5	215.5	3.94%
Metropolitan[3]	105.0	38.0	143.0	26.57%
Napa	101.0	5.0	106.0	4.72%
Patton	63.0	0.0	63.0	0.00%
Total	589.0	65.0	654.0	9.18%

[1] Only Includes classification 1937- Hospital Police Officer
[2] Authorized Positions as of DSH Budget Management Branch (BMB) Hospital Position Report FY 2020-21 February, Rev A
[3] Metropolitan FTEs include those positions for the Metro Increase Secure Bed Capacity project delayed due to COVID-19

Hospital Police Office Attrition Rate

As of March 1, 2021, the projected attrition rate based on actual attrition rates and trends for FYs 2017-2018, 2018-19, 2019-20 and 2020-21:

March 1, 2021 HPO Attrition Rate

Hospitals	FY 2020-21 FTE[1]	FY 2020-21 Attrition Rate[2]	Avg Estimated Monthly Pos.	FY 2021-22 Attrition Rate[3]	Avg Estimated Monthly Pos.
Atascadero	126.8	1.15%	1.5	0.89%	1.1
Coalinga	215.7	0.49%	1.1	0.75%	1.6
Metropolitan	139.0	1.56%	2.2	1.50%	2.1
Napa	106.0	0.72%	0.8	0.61%	0.7
Patton	63.0	1.11%	0.7	0.98%	0.6
Total	**650.5**	**1.01%**	**6.3**	**0.95%**	**6.1**

[1] Authorized Positions as of DSH Budget Management Branch (BMB) Hospital Position Report FY 2020-21 February, Rev A

[2] Projected attrition rate based on FY 2017-18, 2018-19, 2019-20, and 2020-21 data

[3] Projected attrition rate based on FY 2018-19, 2019-20, and 2020-21 data

Cadet Graduation Rate

Below are the actual graduation rates as of FY 2018-19 to current cadet Academy cohort:

Cadet Graduation Rates			
Academy	**Number of Cadets Attended**	**Number of Cadets Graduated**	**Graduation Rate**
Academy 27 February 12, 2018 – May 18, 2018	50	44	88.00%
Academy 28 August 13, 2018 - November 16, 2018	49	42	85.71%
Academy 29 October 1, 2019 – January 10, 2019	38	32	84.21%
Academy 30 February 11, 2019 – May 31, 2019	33	31	93.94%
Academy 31 August 12, 2019 – November 22, 2019	43	34	79.07%
Academy 32 December 2, 2019 – March 20, 2020	19	17	89.47%
Academy 33 February 10, 2020 – May 22, 2020	20	16	80.00%
Academy 34 August 24, 2020 – December 10, 2020	25	21	84.00%
Academy 35 December 28, 2020 – April 22, 2021	15	TBD	TBD
Academy 36 May 3, 2021 – August 12, 2021	TBD	TBD	TBD
TOTAL:	**292**	**237**	**85.55%**

Academy 32, 33, 34, and 35 experienced declining cadet attendance – largely due to the COVID-19 pandemic, continued delays in medical/PAT screenings at DSH Metropolitan, and issues stemming from the background investigations contract. Due to the delays caused by COVID-19, it is inconclusive whether the delays in medical/PAT screenings have been resolved. Issues initially arose with the contracted background investigations the Office of Protective Services (OPS) had in place. The contracted background investigators were unable to conduct background investigations for potential cadets in a timely and thorough manner. To resolve this issue the OPS has since moved away from contracted background investigators and is utilizing OPS investigators.

COVID-19 Impacts

Academy 34

COVID-19 continues to negatively impact the recruitment of applicants for the Hospital Police Officer (HPO) classification. The exam requires proctoring which previously had been conducted regularly, in-person at the facilities. To ensure the safety of the applicants and align with COVID-19 guidelines, exam administration was halted. The exam is usually given quarterly to replenish the HPO eligibility list with new applicants but was not administered for a year due to COVID-19. Halting exam administration drastically hindered recruitment and refreshing the list with new eligible. To rectify this issue, DSH identified an online proctoring option and established a contract for services with the exam vendor. This contract was recently established, and remote exam administration has begun in February 2021.

Academy 34 was given a slightly delayed, virtual graduation. The graduation date was pushed back from December 10, 2020 to December 18, 2020 due to barracks being closed at Camp San Luis Obispo and being occupied by other military personnel. Despite the complications and delays, 21 cadets successfully graduated.

Academy 35

COVID-19 continues to impact the recruitment and hiring of cadets for the academy. Due to stay-at-home orders, Academy 35 began with distance learning and commenced in-person training when it was safe to do so on January 25, 2021. There were cadets in Academy 35 who had to withdraw from the academy due to COVID-19 diagnoses, but plan to return and attend Academy 36. The graduation date for Academy 35 remains unaffected, and a virtual graduation will be held for the cadets in April 2021.

FY 2021-22
TECHNICAL ADJUSTMENT
Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	**0.0**	**0.0**	**0.0**	**$0**	**$0**	**$0**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
May Revision	**0.0**	**0.0**	**0.0**	**$0**	**$0**	**$0**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Total	**0.0**	**0.0**	**0.0**	**$0**	**$0**	**$0**
One-time	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*
Ongoing	*0.0*	*0.0*	*0.0*	*$0*	*$0*	*$0*

BACKGROUND:

Each year, the Department of State Hospitals (DSH) programs are provided funding for state operations in the Budget Act. Due to changes in business practices or operational needs, DSH has identified necessary technical adjustments within various programs. These adjustments are net-zero impacts to the General Fund and will accurately align budget authority with anticipated expenditures.

In the fiscal year (FY) 2021-22 Governor's Budget, DSH requested the following adjustments:

- Transfer of Accountant Trainee from DSH-Metropolitan to DSH-Sacramento
- Transfer of Clinical Operations Advisory Council (COAC) Position Funding from Hospitals to DSH-Sacramento
- Transfer of Assistant Medical Director Position from DSH-Atascadero to DSH-Sacramento
- Transfer of Funding from DSH- Metropolitan to DSH-Sacramento
- Realignment of Increased Court Appearances and Public Record Act Requests BCP
- Realignment of Post-Incident Debriefing and Support BCP
- Realignment of Reimbursement Funding
- Transfer of Senior Psychologist Specialist from DSH-Atascadero to DSH-Sacramento
- Realignment of Information Technology Funding from DSH- Atascadero to DSH-Sacramento
- Transfer of Associate Governmental Program Analyst from Forensic Services Division (FSD) to Conditional Release Program (CONREP)
- Transfer of Associate Governmental Program Analyst from Contracted Patient Services (CPS) to CONREP
- Transfer of funding for a Student Assistants from FSD to CPS

DESCRIPTION OF CHANGE:

Below are additional items that DSH requests to permanently realign in FY 2021-22 and ongoing to properly align budget and position authority with existing expenditures.

1. Realignment of Reimbursement Funding

Realignment of Reimbursement Funding			
Program	**4400**	**4410**	**Net Change**
Related Funding	-$76,000	$76,000	$0

This move will permanently realign reimbursement authority from DSH-Sacramento (4440-011-0001) to State Hospitals (4410-011-0001) where the expenses will be occurring. This is a cleanup item from DSH's budget restructure in FY 2018-19.

2. Transfer of Psychologist Position from DSH- Metropolitan to Contracted Patient Services

Transfer of Psychologist Position			
Program	**4430**	**4410**	**Net Change**
Related Funding	$189,000	-$189,000	$0

This move will permanently transfer 1.0 position authority and $194,000 from DSH-Metropolitan (4440-011-0001) to Contracted Patient Services (4440-011-0001) in Sacramento. The authority for this position belongs in Contracted Patient Services but was established at DSH- Metropolitan in 2016-17. Contracted Patient Services is now requesting to centralize the position back to Sacramento.

3. Transfer of Psychologist Position from DSH- Metropolitan to the Conditional Release Program (CONREP)

Transfer of Psychologist Position			
Program	**4420**	**4410**	**Net Change**
Related Funding	$189,000	-$189,000	$0

This move will permanently transfer 1.0 position authority and $194,000 from DSH-M (4440-011-0001) to CONREP (4440-011-0001) in Sacramento. The authority for this position belongs to CONREP but was established at DSH- Metropolitan in 2016-17. CONREP is now requesting to centralize the position back to Sacramento.

4. Transfer of funding for Project Management Contract from State Hospitals to Facilities Planning, Construction & Management (FPCM)

Transfer of funding for Project Management Contract			
Program	**4400**	**4410**	**Net Change**
Related Funding	$1,991,000	-$1,991,000	$0

This was included last year as a one-time item and this adjustment makes the change permanent. Moving funds that were given to the Hospitals to fund 5.0 Assistant Project Manager positions. These positions will be centralized and working out of FPCM, so the funds need to be redirected from the Hospitals to FPCM.

5. Transfer of Consulting Psychologist Position from Evaluation and Forensic Services to the Conditional Release Program (CONREP)

Transfer of Consulting Psychologist Position			
Program	**4440**	**4420**	**Net Change**
Related Funding	-$220,000	$220,000	$0

This move will permanently transfer 1.0 position authority and $220,000 from Evaluation & Forensic Services (4440-011-0001) to CONREP (4400-011-0001). This move is associated with a program need due to an increase in workload.

6. Transfer of Staff Services Manager II Position from Evaluation and Forensic Services to the Conditional Release Program (CONREP)

Transfer of funding for Staff Services Manager II Position			
Program	**4440**	**4420**	**Net Change**
Related Funding	-$158,000	$158,000	$0

This move will permanently transfer 1.0 position authority and $158,000 from Evaluation & Forensic Services (4440-011-0001) to CONREP (4400-011-0001). This move is associated with a program need due to an increase in workload.

7. Transfer of Workers Comp dollars related to position movement

Transfer of funding for Staff Services Manager II Position			
Program	**4410**	**4400**	**Net Change**
Related Funding	-$10,000	$10,000	$0

This move will permanently transfer workers compensation funding associated with position transfers in items number 2 and 3 from DSH- Metropolitan (4440-011-0001) to Headquarters Admin (4400-011-0001)

STATE OF CALIFORNIA
Capital Outlay Budget Change Proposal (COBCP) - Cover Sheet
DF-151 (REV 07/20)

Fiscal Year	Business Unit	Department	Priority No.
2021-2022	4440	Department of State Hospitals	1

Budget Request Name	Capital Outlay Program ID	Capital Outlay Project ID
4440-034-COBCP-2021-A1	4395	0008343

Project Title
Coalinga: Hydronic Loop Replacement - Adjustment

Project Status and Type
Status: ☒ New ☐ Continuing Type: ☒Major ☐ Minor

Project Category *(Select one)*

☒CRI *(Critical Infrastructure)*	☐WSD *(Workload Space Deficiencies)*	☐ECP *(Enrollment Caseload Population)*	☐SM (*Seismic)*
☐FLS *(Fire Life Safety)*	☐FM *(Facility Modernization)*	☐PAR *(Public Access Recreation)*	☐RC *(Resource Conservation)*

Total Request (in thousands)	Phase(s) to be Funded	Total Project Cost (in thousands)
-$23,069	Preliminary Plans, Working Drawings, and Construction	$27,463

Budget Request Summary

The Department of State Hospital (DSH) requests a decrease of $23,069,000 General Fund for the DSH-Coalinga Hydronic Loop Replacement project construction phase, based on the Department of General Services (DGS) updated cost estimate. DSH and DGS evaluated alternative system options for the project and selected a specialized hydronic loop plastic piping system which reduced the construction costs in both labor and material costs. This system will deliver the required protection from the corrosive soil thereby providing both longevity and short-term and long-term cost savings. The total request, for all phases, will be $27,463,000 with $539,000 for preliminary plans, $744,000 for working drawings, and $26,180,000 for construction.

Requires Legislation	Code Section(s) to be Added/Amended/Repealed	CCCI
☐ Yes ☒ No		7090/7090

Requires Provisional Language	Budget Package Status
☒ Yes ☐ No	☐ Needed ☐ Not Needed ☒ Existing

Impact on Support Budget

One-Time Costs	☐ Yes	☒ No	Swing Space Needed	☐ Yes	☒ No
Future Savings	☐ Yes	☒ No	Generate Surplus Property	☐ Yes	☒ No
Future Costs	☐ Yes	☒ No			

If proposal affects another department, does other department concur with proposal? ☐ Yes ☒ No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By	Date	Reviewed By	Date

Department Director	Date	Agency Secretary	Date

Department of Finance Use Only

Principal Program Budget Analyst	Date submitted to the Legislature
Barbara F. Taylor	4/1/2021

A. COBCP Abstract:

The Department of State Hospital (DSH) requests a decrease of $23,069,000 General Fund for all phases of the DSH-Coalinga Hydronic Loop Replacement project based on the updated cost estimate provided by DGS. This project replaces the severely corroded and deteriorated existing below-grade hydronic loop piping system with a completely new hydronic loop. The degrading pipelines are caused by the corrosive soil. The new hydronic loop will provide a complete distribution loop, connecting to six (6) existing buildings and nine (9) existing, below-grade points of connection. The work also includes demolition, soil compaction, material testing, asphalt, welding, inspections, and all other elements to complete the project.

DSH and DGS evaluated alternative systems and selected a specialized hydronic loop plastic piping for direct burial which drastically reduced the construction costs for both labor and materials. Revised costs were not available at the time of submission of the Governor's Budget. Total project costs are estimated at $27,463,000 including preliminary plans ($539,000), working drawings ($744,000), and construction ($26,180,000). The construction amount includes $22,133,000 for the construction contract, $1,549,000 for contingency, $1,554,000 for architectural and engineering services, and $944,000 for other project costs. The current project schedule estimates preliminary plans will begin in July 2021 and be completed in September 2021. Working drawings will begin in September 2021 and be completed in June 2022. Construction is scheduled to begin in October 2022 and will be completed November 2023.

B. Purpose of the Project:

Results from the 2021 Budget packet recommend the replacement of the HHW piping loop to address the failure of DSH-Coalinga's current system. The piping system will include direct-buried, pre-fabricated/pre-insulated, polypropylene pressure piping with heat fused connections for heating hot water (HHW) distribution piping looped around the hospital. The piping alignment will follow a pre-determined path that was developed during subgrade exploration of the facility infrastructure. The new HHW piping system will have multiple points of connection to the campus buildings. This project will include the installation of new, pre-cast concrete vaults with access manholes on both the new heating hot water hydronic valves and the existing chilled water hydronic valves to provide better access for maintenance as well as extend the operating life expectancy of the valves. A detailed phasing plan will be developed and implemented to ensure that minimal disruption to the hospital operation occurs.

Three alternative hydronic loops options were compared to the Base Alternative submitted in Governors Budget 2020 in terms of estimated construction cost, qualitative/technical factors, and implementation issues. DSH and DGS decided that using direct-buried, pre-fabricated/pre-insulated Aquatherm Blue Pipe for HHW distribution piping was the optimal choice as it drastically reduced the construction costs in both labor and material costs and provides the Department with an efficient piping system. Additionally, this method to replace the hydronic loop addresses all the issues identified in the geotechnical investigation report, and condition assessment of apparent corrosion in the pipelines, dated September 15, 2016 by GEOCON Consultants, Inc. The Aquatherm Blue Pipe is not subject to corrosion and would provide DSH with a long-term solution to the corrosive soil. Additionally, as of February 2021, Coalinga State Hospital has not received any Centers for Medicare and Medicaid Services (CMS) citations. Per CMS standards, the existing system is at risk to be associated with operational issues in the utility systems, including heat, ventilation, temperature, humidity, which can pose extended disruptions to the patient environment of care. This proposed method will meet patient care standards and operational needs for the hospital.

STATE OF CALIFORNIA **Budget Year :** 2021-22

CAPITAL OUTLAY BUDGET CHANGE PROPOSAL (COBCP) **Project Status**

FISCAL IMPACT WORKSHEET

Department Title:	4440 Department of State Hospitals
Project ID:	0008343 Coalinga: Hydronic Loop Replacement
Budget Request (BR) Name:	4440-072-COBCP-2021-A1
Project Category:	

		Existing Authority	Governor's Budget	April Revision	May Revision	Other	Future Funding	Project Total
FUNDING								
Appropriation	Phase							
4440-301-0001-2021	Preliminary Plans		0	539,000	0	0	0	539,000
4440-301-0001-2021	Working Drawings		0	744,000	0	0	0	744,000
4440-301-0001-2021	Construction		0	-24,352,000	0	0	0	-24,352,000
TOTAL FUNDING			**0**	**-23,069,000**	**0**	**0**	**0**	**-23,069,000**
PROJECT COSTS								
Preliminary Plans			0	539,000	0	0	0	539,000
Working Drawings			0	744,000	0	0	0	744,000
Construction			0	-24,352,000	0	0	0	-24,352,000
Contract			0	-21,967,000	0	0	0	-21,967,000
Contingency			0	-1,539,000	0	0	0	-1,539,000
A&E			0	-236,000	0	0	0	-236,000
Other			0	-610,000	0	0	0	-610,000
TOTAL COSTS			**0**	**-23,069,000**	**0**	**0**	**0**	**-23,069,000**

PROJECT SCHEDULE

	mm/dd/yyyy
Study Completion	
Approve Acquisition	
Start Preliminary Plans	
Approve Preliminary Plans	
Start Performance Criteria	
Approve Performance Criteria	
Approve Proceed to Bid	
Approve Contract Award	
Project Completion	

PROJECT SPECIFIC CODES

Project Management		Location	
Budget Package		City	
Project Type		County	

Project Specific Proposals: For new projects provide proposed Scope language. For continuing projects provide the latest approved Scope language. Enter Scope language in cell A110.

Conceptual Proposals: Provide a brief discussion of proposal defining assumptions supporting the level of funding proposed by fiscal year in relation to outstanding need identified for that fiscal year. (Also include scope descriptions for BY+1 through BY+4 in cell A110).

Adjustment in costs to reflect adoption of new equipment and methodology for replacing the Hydronic Loop. The adoption of a corrosive resistant, highly durable grade of plastic reduced the originally estimated project costs significantly.

STATE OF CALIFORNIA
Capital Outlay Budget Change Proposal (COBCP) - Cover Sheet
DF-151 (REV 07/20)

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Fiscal Year	Business Unit	Department	Priority No.
2021-22	4440	Department of State Hospitals	2

Budget Request Name	Capital Outlay Program ID	Capital Outlay Project ID
	4395	0005035

Project Title
Atascadero: Potable Water Booster Pump System

Project Status and Type
Status: ☐ New ☒ Continuing Type: ☒ Major ☐ Minor

Project Category *(Select one)*

☐ CRI *(Critical Infrastructure)*	☐ WSD *(Workload Space Deficiencies)*	☐ ECP *(Enrollment Caseload Population)*	☐ SM *(Seismic)*
☒ FLS *(Fire Life Safety)*	☐ FM *(Facility Modernization)*	☐ PAR *(Public Access Recreation)*	☐ RC *(Resource Conservation)*

Total Request (in thousands)	Phase(s) to be Funded	Total Project Cost (in thousands)
$ 229	Working Drawings	$ 2,195

Budget Request Summary

The Department of State Hospitals (DSH) requests a re-appropriation of $229,000 from General Funds for the working drawings phase of the Atascadero: Potable Water Booster Pump System project. The project includes installing of a potable water booster pump system to serve DSH-Atascadero. A re-appropriation is needed due to delays in the California Environmental Quality Act (CEQA) review and the real estate due diligence process. Funding for the working drawings was appropriated by the 2020 Budget Act with the authority set to expire June 30, 2021. Re-appropriation will allow DSH to complete the working drawings phase of the project and proceed to construction in Fiscal Year 2022-23.

Requires Legislation	Code Section(s) to be Added/Amended/Repealed	CCCI
☐ Yes ☒ No	Click or tap here to enter text.	6620/6620

Requires Provisional Language	Budget Package Status
☐ Yes ☒ No	☐ Needed ☐ Not Needed ☒ Existing

Impact on Support Budget
One-Time Costs ☐ Yes ☒ No Future Savings ☐ Yes ☒ No Future Costs ☐ Yes ☒ No
Swing Space Needed ☐ Yes ☒ No
Generate Surplus Property ☐ Yes ☐ No

If proposal affects another department, does other department concur with proposal? ☐ Yes ☐ No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By	Date	Reviewed By	Date
Robert Horsley, Chief, Business Management Branch Robert Horsley	Click or tap to enter a date. 2/12/2021	Nicole Hicks, Deputy Director (A) Nicole Hicks Administrative Services Division	Click or tap to enter a date. 2/12/2021
Department Director	**Date**	**Agency Secretary**	**Date**
Stephanie Clendenin S Clend	Click or tap to enter a date. 2/12/2021	Mark Ghaly, MD, MPH Samar Mizaffar	Click or tap to enter a date. 2/12/2021

Department of Finance Use Only

Principal Program Budget Analyst	Date submitted to the Legislature
Click or tap here to enter text.	Click or tap to enter a date.

A. COBCP Abstract:

The Department of State Hospitals (DSH) requests a re-appropriation of $229,000 from General Funds for the working drawings phase of the Atascadero: Potable Water Booster Pump System project. The project includes installing of a potable water booster pump system to serve DSH-Atascadero. A re-appropriation is needed due to delays in the California Environmental Quality Act (CEQA) review and the real estate due diligence process. Funding for the working drawings was appropriated by the 2020 Budget Act with the authority set to expire June 30, 2021. Re-appropriation will allow DSH to complete the working drawings phase of the project and proceed to construction in Fiscal Year 2022-23.

Total project costs are estimated at $2,195,000, including preliminary plans ($133,000), working drawings ($229,000), and construction ($1,747,000). The construction amount includes $1,451,000 for the construction contract, $102,000 for contingency, $129,000 for architectural and engineering services, and $65,000 for other project costs Preliminary plans began in October 2019 and will be completed in March 2021. Working Drawings is scheduled to begin in March 2021and completed in April 2022. Construction is scheduled to begin in November of 2022 and will be completed in July of 2023.

B. Purpose of the Project:

This project will ensure the successful and uninterrupted operation of DSH-Atascadero's main fire sprinkler system. DSH-Atascadero's water supply is generated from five underground wells located at the northeast part of the campus. Each well station has a pump that sends water from the wells to an adjacent underground reservoir. Water is then pumped nightly from the reservoir to a one-million-gallon storage tank located on top of a hill at the northern part of the campus. The storage tank then supplies water by gravity feed to the facility. The hospital's fire sprinkler system is fed from this main gravity line with the tank serving as the water reservoir for the sprinklers.

Since this is a gravity-based system, as the hospital increases its water usage, the water pressure decreases across the hospital. When multiple users draw water, such as for patient showers, dishwashing, bathroom usage, etc., the water pressure drops considerably. This pressure drop puts the main fire sprinkler system at risk, as consistent water pressure is needed for the system to function effectively. DSH-Atascadero water pressure during normal operations averages between 40 to 50 psi, which is deficient by approximately 20 psi. Should the pressure be insufficient during a fire, the risk for property damage and patient/staff injury or death is increased greatly.

Additionally, when the water pressure drop also impacts domestic water operations, such as water flow in patient showers and sinks, staff and patient toilets and urinals, and plant operations systems such as the water softening system and cooling towers.

To address this issue, and in accordance with recommendations made in a study prepared by the Department of General Services (DGS) on September 28, 2017, this project will include the installation of a booster pump station parallel to the existing main line. The pump station will consist of five pumps that will turn on when the inlet water pressure drops. When the pressure rises to an acceptable level, the booster pump station will shut off and the gravity system will provide the required pressure to the buildings. A second in-line booster pump will also be installed parallel to the distribution line at the central plant feeding the water system to handle the peak demand needs.

STATE OF CALIFORNIA **Budget Year :** 2021-22

CAPITAL OUTLAY BUDGET CHANGE PROPOSAL (COBCP) **Project Status**

FISCAL IMPACT WORKSHEET

Department Title:	4440 Department of State Hospitals
Project ID:	0005035 Atascadero: Potable Water Booster Pump System
Budget Request (BR) Name:	4440-073-COBCP-2021-A1
Project Category:	

	Existing Authority	Governor's Budget	April Revision	May Revision	Other	Future Funding	Project Total
FUNDING							
Appropriation Phase							
4440-301-0001-2020 Working Drawings		0	229,000	0	0	0	229,000
TOTAL FUNDING		**0**	**229,000**	**0**	**0**	**0**	**229,000**
PROJECT COSTS							
Working Drawings		0	229,000	0	0	0	229,000
TOTAL COSTS		**0**	**229,000**	**0**	**0**	**0**	**229,000**

PROJECT SCHEDULE

	mm/dd/yyyy
Study Completion	
Approve Acquisition	
Start Preliminary Plans	
Approve Preliminary Plans	
Start Performance Criteria	
Approve Performance Criteria	
Approve Proceed to Bid	
Approve Contract Award	
Project Completion	

PROJECT SPECIFIC CODES

Project Management		Location	
Budget Package		City	
Project Type		County	

STATE OF CALIFORNIA **Budget Year :** 2021-22

CAPITAL OUTLAY BUDGET CHANGE PROPOSAL (COBCP) **Project Status**

FISCAL IMPACT WORKSHEET

Department Title:	4440 Department of State Hospitals
Project ID:	0005035 Atascadero: Potable Water Booster Pump System
Budget Request (BR) Name:	4440-073-COBCP-2021-A1
Project Category:	

Project Specific Proposals: For new projects provide proposed Scope language. For continuing projects provide the latest approved Scope language. Enter Scope language in cell A110.

Conceptual Proposals: Provide a brief discussion of proposal defining assumptions supporting the level of funding proposed by fiscal year in relation to outstanding need identified for that fiscal year. (Also include scope descriptions for BY+1 through BY+4 in cell A110).

Reappropriation of $229,000 for working drawings due to delays in various steps related to COVID-19.

POPULATION PROFILE
Penal Code 2684 (*Coleman*) Patients

DESCRIPTION OF LEGAL CLASS:

The Department of State Hospitals (DSH) admits *Coleman* patients pursuant to Penal Code (PC) 2684, which stipulates that mentally ill patients confined in a state prison may be transferred to a DSH hospital in order to expedite their rehabilitation. The *Coleman* patients are California Department of Corrections and Rehabilitation (CDCR) patients, who are transferred from CDCR for inpatient mental health care with the expectation that they will return to CDCR (pursuant to PC 2685) when they have reached maximum benefit from treatment. If they are still mentally ill at the end of their prison term, they may receive further state hospital treatment as an Offender with a Mental Health Disorder if they meet the criteria under PC 2962. Additionally, patients who do not meet the criteria pursuant to PC 2962 may be treated at DSH either as a parolee with a mental health disorder pursuant to PC 2974, or as a Lanterman-Petris-Short civil commitment.

The following are the various *Coleman* commitments, and their corresponding citation in statute:

PC 2684	Prisoner from CDCR, under approval by the Board of Parole Hearings, that is referred to a state hospital for mental health treatment.

LEGAL REQUIREMENTS/LEGAL STATUE FOR DISCHARGE:

The goal of DSH is to provide each *Coleman* patient with the appropriate treatment to stabilize their mental health symptoms and gain the necessary skills to safely transition and reintegrate into the appropriate environment within CDCR. A patient may be eligible for discharge from DSH when the Interdisciplinary Treatment Team determines that the patient has met the requested treatment outcome expectations, the current treatment goals and objectives, and the appropriate continued care has been arranged. A patient may be discharged directly into the community when they are institutionally released from CDCR.

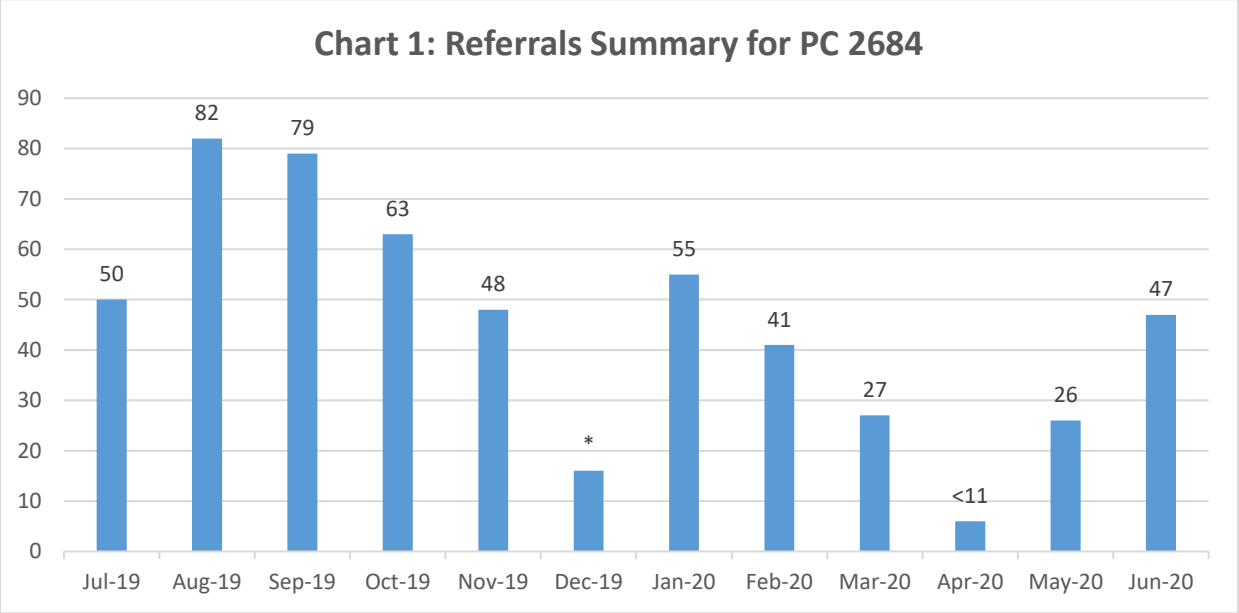
TREATMENT:

The focus of treatment for the *Coleman* population is on psychiatric stabilization. A number of *Coleman* patients are sent to DSH because of complicated presentations, such as complex medical diagnoses, cognitive issues, or developmental disabilities along with mental illness. In addition to psychiatric and medical services, psychosocial treatments are provided with a focus on helping the patient manage their mental illness symptoms and reintegrate back into a prison environment when discharged from the state hospital.

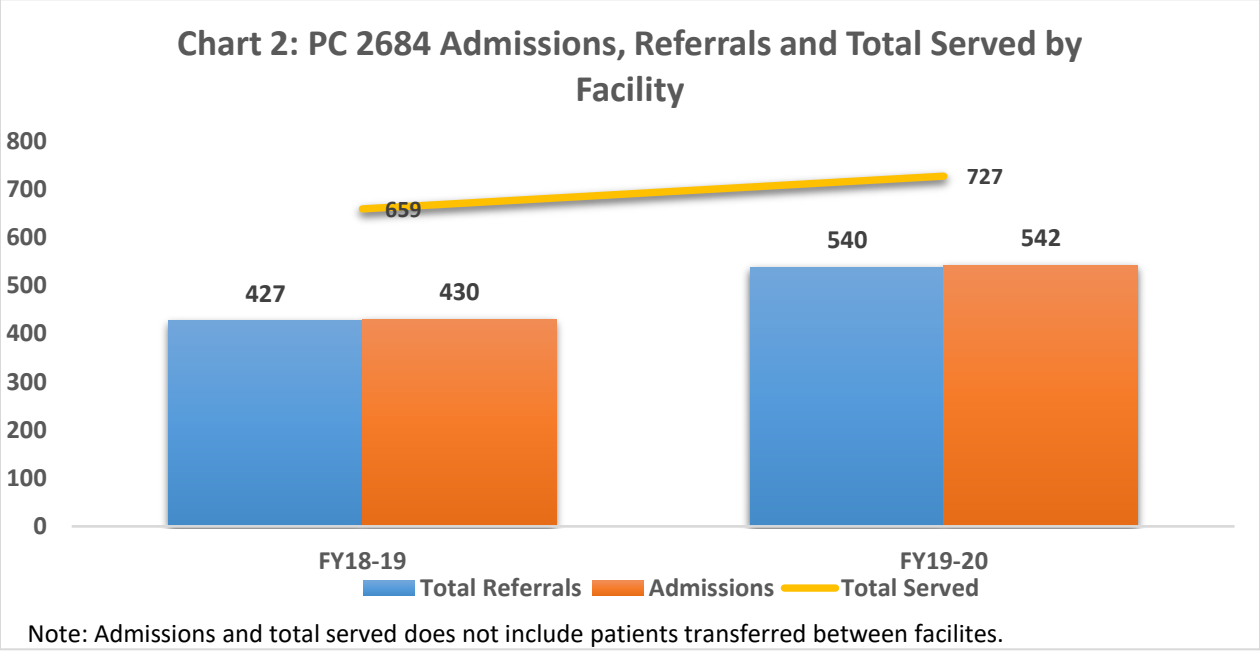
POPULATION DATA:

In FY 2019-20, 540 *Coleman* patients were referred and accepted for admission to the state hospitals, a 26 percent increase from FY 2018-19.
Of the 540 patients referred in FY 2019-20, 434 of the patients were referred to state hospitals between July 2019 and February 2020, a 48 percent increase from referrals received during the same months in FY 2018-19 - July 2018 through February 2019. At the start of the FY 2019-20, the July 1 census was 185 and on February 28, 2020, the census had increased to 298, a 61 percent increase. With the exception of a lull in December 2019, DSH continued to operate under the increased flow of referrals that remained steady prior to the COVID-19 pandemic. During the period of March 2020

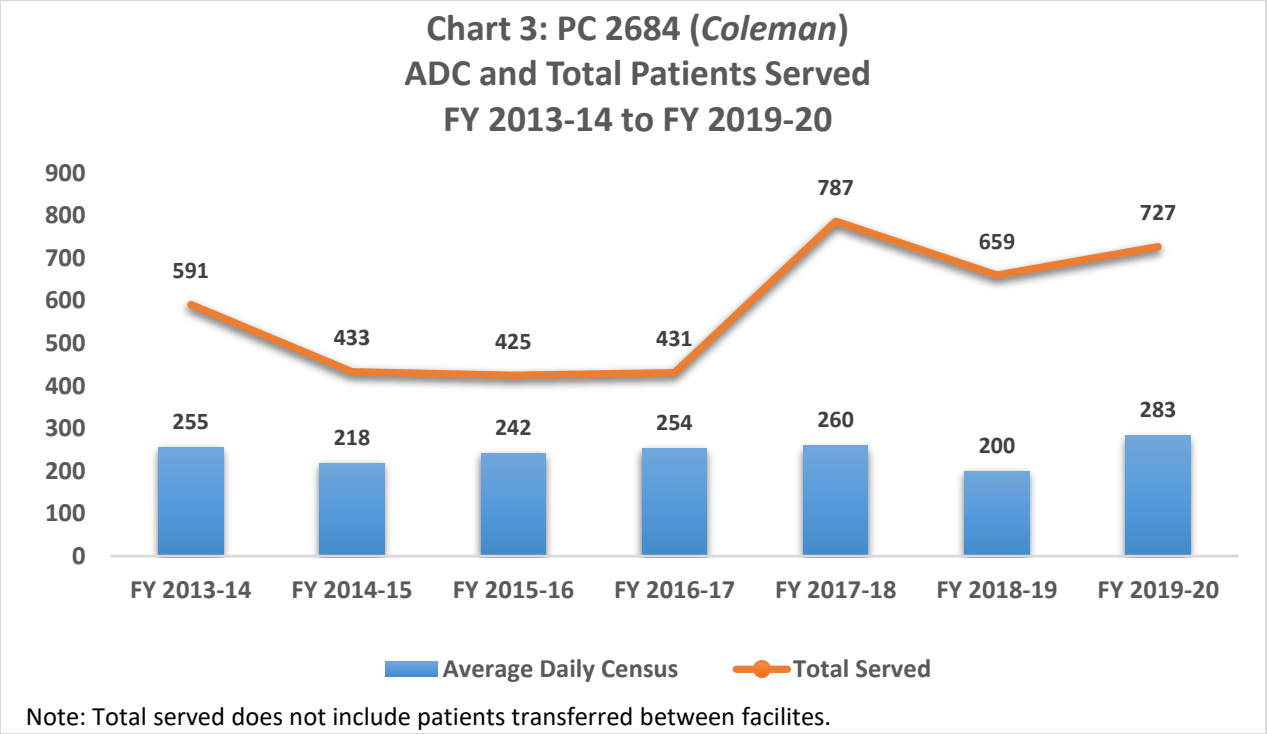
through June 2020, 106 patients were referred to DSH, a 21 percent decrease from the number of referrals received during the same time period in FY 2018-19.



Over the course of FY 2019-20, 542 *Coleman* patients were admitted into a state hospital. Chart 2 displays the admission, referrals, and total patients served systemwide for the *Coleman* population in FY 2018-19. The number of admissions increased by 26 percent even with the admission suspension that occurred from March 16, 2020 through April 16, 2020.

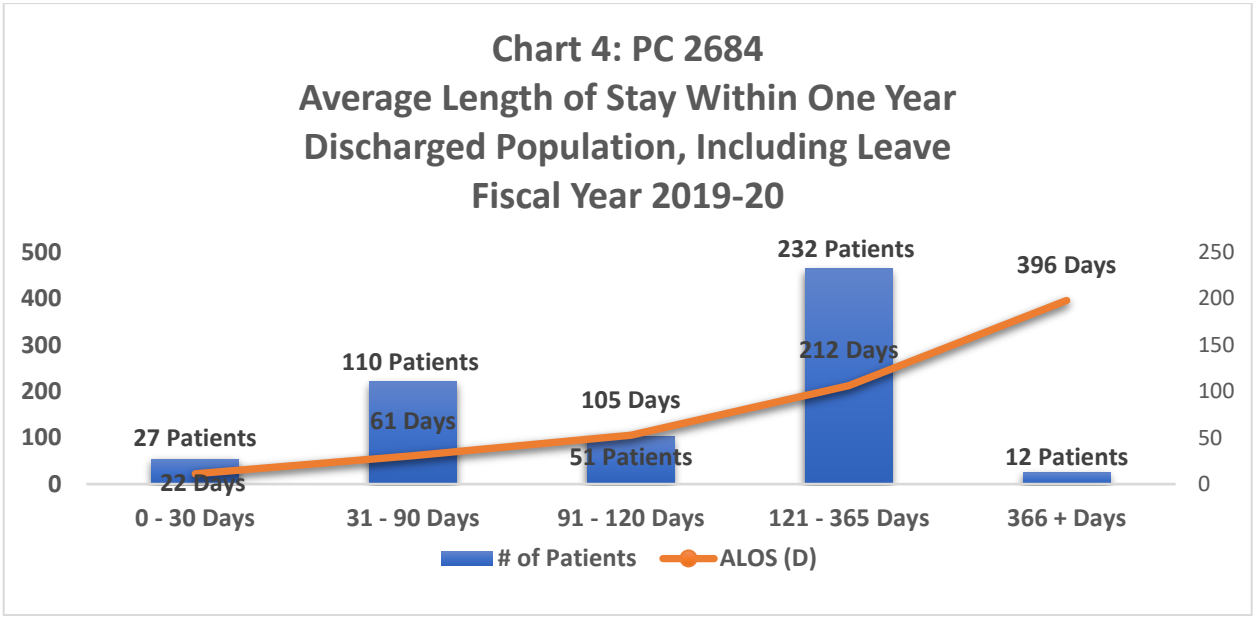


On average, 283 *Coleman* patients are treated daily in the state hospitals, representing 5 percent of the overall patient population in FY 2019-20. Chart 3 displays the average daily census (ADC) and total number of patients served for the *Coleman* population during FY 2013-14 to FY 2019-20. As of June 30, 2020, the system-wide *Coleman* census was 281 patients.



Note: Total served does not include patients transferred between facilites.

Because the focus of treatment is acute stabilization, the length of hospitalization for *Coleman* patients tends to be shorter than the other commitment types. In FY 2019-20, 432 *Coleman* patients were discharged with an average length of stay of 154 days, a little less than half a year. Chart 4 displays the distribution of lengths of stay for all discharged *Coleman* patients.



Note: Average length of stay is calculated from discharged patients, including any days on leave.

POPULATION PROFILE
Incompetent to Stand Trial Patients

DESCRIPTION OF LEGAL CLASS:

The Department of State Hospitals (DSH) admits Incompetent to Stand Trial (IST) patients under Penal Code (PC) 1370: Inquiry into the Competence of the Defendant Before Trial or After Conviction. IST patients are referred to DSH after a court has determined that they are unable to understand the nature of the criminal proceedings or assist counsel in the conduct of a defense. These defendants are then committed by the court to DSH for treatment specifically designed to enable the defendant to proceed with trial, conducted as clinically appropriate at either a state hospital or a jail-based competency treatment program. Patients receive competency-based treatment and return to court once they have regained competency and can effectively assist in their trial proceedings. IST patients committed to DSH mostly include felony criminal charges, and occasionally include misdemeanor charges.

The following are the various IST commitments, and their corresponding citation in code:

PC 1370	Incompetent to Stand Trial
PC 1370.01	Misdemeanor charges, Incompetent to Stand Trial
PC 1370.1	IST commitment for a defendant whose incompetence is due to developmental disability
PC 1372(e)	Continued hospitalization for an IST defendant who is no longer incompetent to stand trial, but who requires continued, involuntary treatment in a state hospital to maintain competency while awaiting trial and during the course of trial
PC 1370(b)(1)	Unlikely to regain competency; may apply to PC 1370, PC 1370.01, or PC 1370.1. The treating facility may recommend to the court that an individual is unlikely to regain competency regardless of length of treatment or resources available at the state hospital level of care, and if the court agrees with that recommendation, the committing county must pick up the individual within 10 days of notification by DSH.
PC 1370(c)(1)	IST that remains at DSH within 90 days of their maximum term commitment; may apply to PC 1370, PC 1370.01, or PC 1370.1. These patients are required to be picked up by their committing county 90 days prior to the expiration of their IST commitment.
PC 1610	Temporary admission while waiting for court revocation of PC 1370 (IST)

LEGAL REQUIREMENTS/LEGAL STATUE FOR DISCHARGE:

An IST patient cannot be confined for longer than is reasonably necessary for restoration of competency or determination that competency cannot be restored. The maximum IST commitment time is two years[1] for felony offenses, or up to the maximum term of imprisonment for the alleged crime, whichever is shorter (PC 1370, subdivision (c)(1)). An IST commitment may end when either: (1) the maximum time for confinement runs out; (2) the defendant obtains certification that he or she has regained competency pursuant to PC section 1372; or (3) DSH determines there is no substantial likelihood a patient will regain competency in the foreseeable future. If a patient/defendant has not regained competency to stand trial by the end of their IST commitment term or is determined there is no substantial likelihood they will regain competency in

[1] Effective January 1, 2019, the maximum term for ISTs was reduced from three years to two years, pursuant to SB 1187.

the foreseeable future, the patient/defendant must be returned to the committing county or if meets specified criteria, can be hospitalized further under a civil commitment.

As defined in PC 1370(b)(1), a patient may be deemed by the treatment team as unlikely to regain competency, and upon notification of the county of commitment, the patient must be picked up within 10 days. Often, the county will pursue other means to ensure the patient is receiving treatment and care, which may include securing a conservatorship and referring the individual back to the state hospital. In the event a patient is nearing their maximum term of commitment, the state hospital, pursuant to PC 1370(c)(1) must notify the county, who must pick up the patient at least 90 days prior to the expiration of the commitment term. On occasion, a county does not retrieve their committed patients in a timely manner or pursues conservatorship without discharging the individual in question, and the patient remains in the state hospital and in the census. In FY 2018-19, when applying the average length of stay for an IST patient, this practice resulted in a loss of 132.3 IST patients served between PC 1370(b)(1) and PC 1370(c)(1) individuals.

Misdemeanor IST commitments are only committed to DSH if there are no less restrictive placements for competency treatment and the county enters into a contract with DSH for cost of competency treatment.

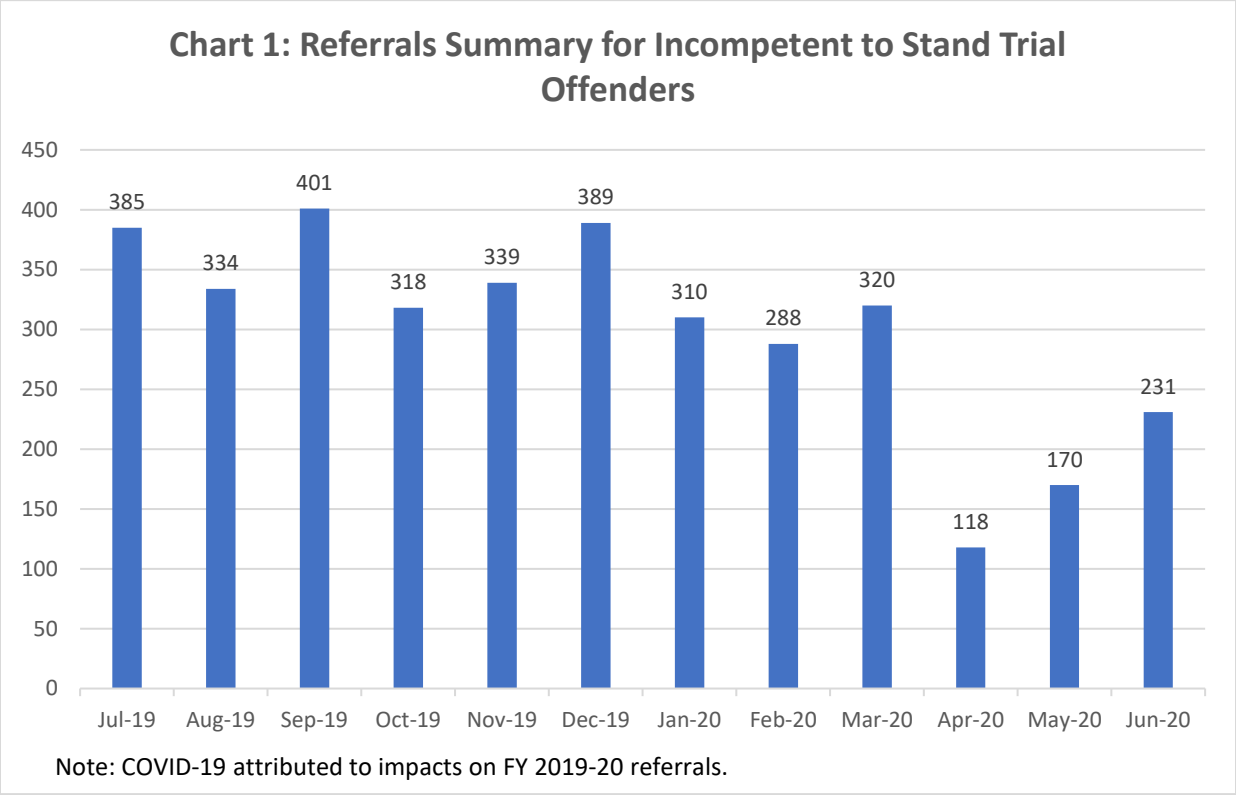
TREATMENT:

The focus of treatment for the IST population is on restoration of trial competency in the most expeditious manner. To this end, IST patients are treated in one treatment program so the training of criminal procedures can be constantly present in the treatment milieu. Once specific mental health issues and medication needs are addressed, patients are immersed in groups that train them in the various aspects of court.

Throughout treatment, patients are regularly evaluated and, if there is concurrence that a patient is competent, a forensic report is sent to the court, identifying that the patient is competent and ready to be discharged to the county of commitment where they can stand trial.

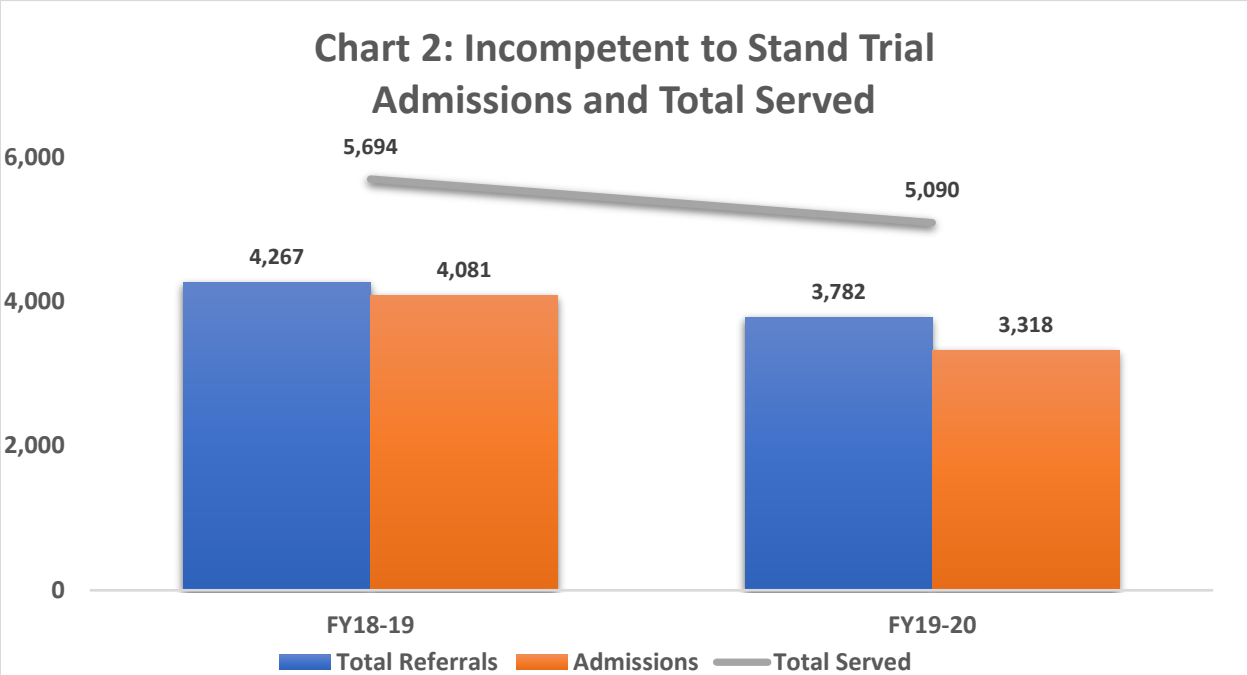
POPULATION DATA:

In FY 2019-20, 3,603 IST patients were committed to DSH, a 14 percent decrease from FY 2018-19. The COVID-19 pandemic directly impacted IST referral rates. Following Governor Gavin Newsom's Proclamation of a State of Emergency dated March 2, 2020 a shelter-in-place order went into effect on March 19, 2020. The decrease in IST referral rates is associated with county court closures following the shelter-in-place order. With the exception of a lull from April through June 2020 as a result of court closures, DSH continued to operate under the steady flow of referrals that remained consistent with prior year.



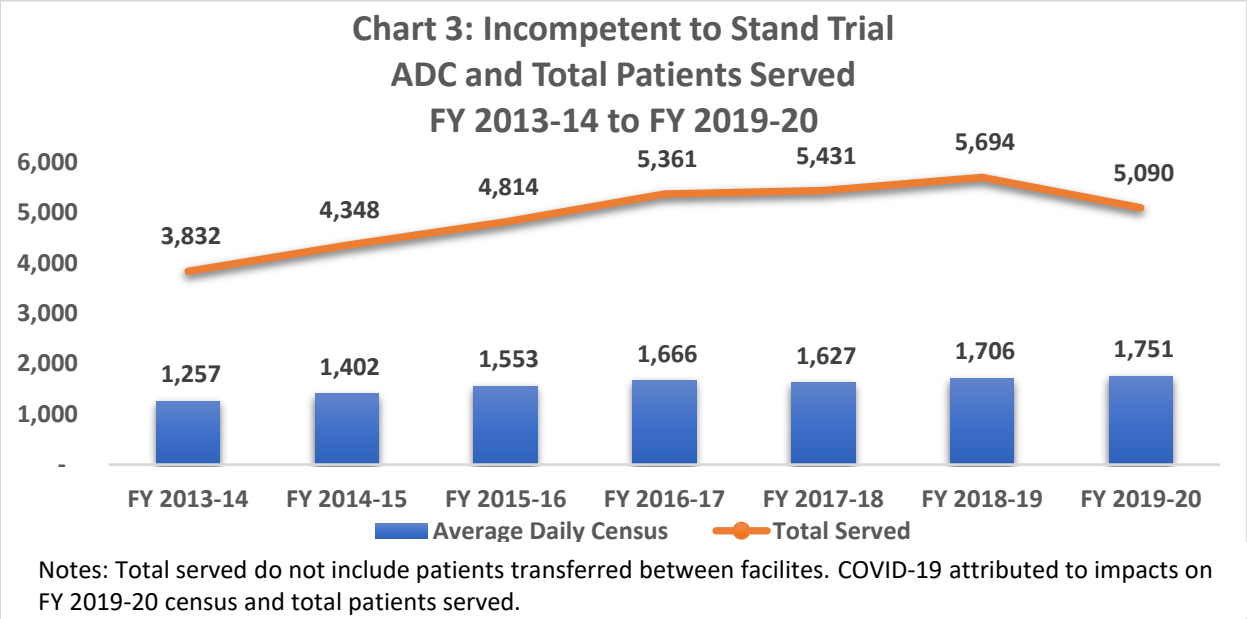
Incompetent to Stand Trial Data

Over the course of FY 2019-20, 3,318 IST patients were admitted into a state hospital and jail-based programs which is a decrease of 19 percent from the prior year. This decrease is attributed to the temporary suspension of IST admissions into DSH hospitals to mitigate the impacts of COVID-19 throughout its hospitals. As DSH resumed admissions at the end of May 2020, admission rates were impacted due to the need to cohort patients in an admission observation unit for at least 14 days while the cohort is tested for COVID-19. Admission rates were further impacted when positive COVID-19 cases were identified in an admission cohort causing the need to further test, observe and quarantine the unit, or when a hospital had a COVID-19 outbreak. Availability of single patient rooms was also a compounding factor on admission rates. Due to the need to keep newly admitted patients separate, units that normally housed multiple patients in dorm rooms were only able to house one patient per room, thus limiting the census on an observation unit to the number of rooms the unit has. DSH continuously monitored and adjusted its admissions to prioritize the safety of its patient and staff. As admissions directly correlate to patients served, DSH served 11 percent less patients in FY 2019-20 than in the prior year. Chart 2 displays referrals, admissions, and total patients served systemwide for the IST population in FY 2018-19 and FY 2019-20.



Notes: Total admissions and total served does not include patients transfers from DSH or JBCT facilities. COVID-19 attributed to impacts on FY 2019-20 referrals, admissions and total patients served.

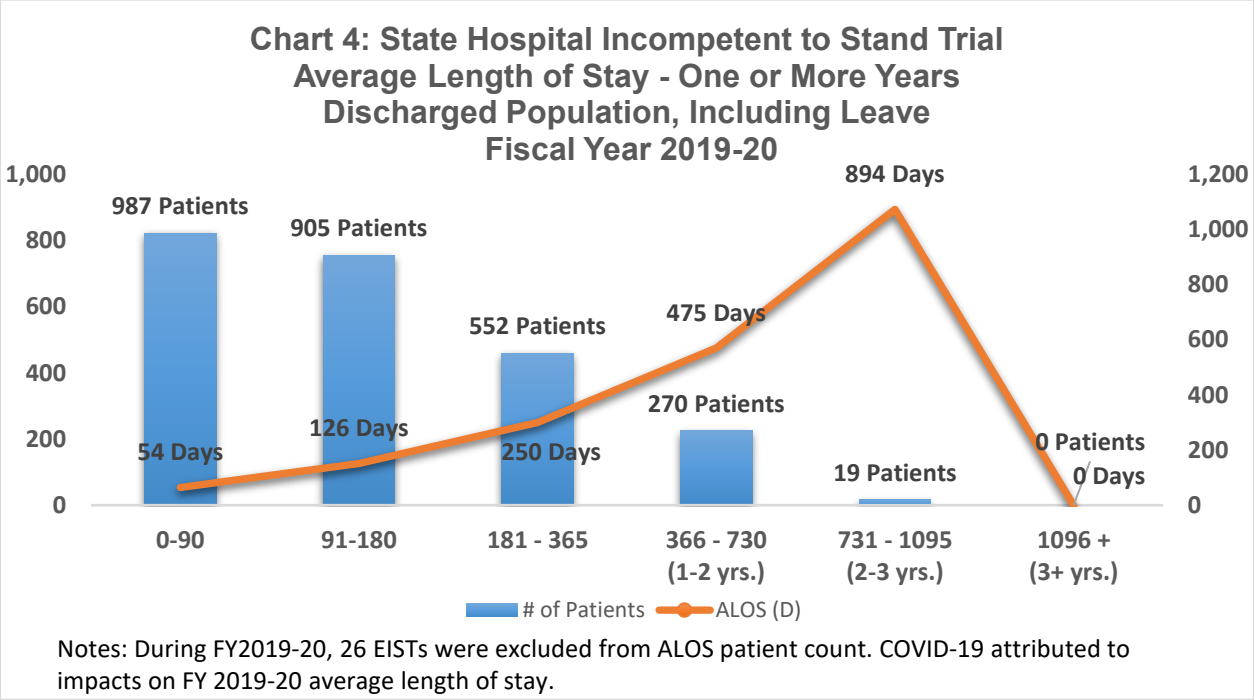
On average, 1,751 IST patients are treated daily in the state hospitals and jail-based programs, representing 27 percent of the overall patient population in FY 2019-20. Chart 3 displays the average daily census (ADC) and total number of patients served in state hospital facilities and jail-based programs for the IST population from FY 2013-14 to FY 2019-20. As of June 30, 2020, the system-wide IST census is 1,347 patients.



Notes: Total served do not include patients transferred between facilites. COVID-19 attributed to impacts on FY 2019-20 census and total patients served.

In FY 2019-20, 2,733 IST patients were discharged from state hospitals with an average length of stay of 165 days, 0.5 years. The State Hospital length of stay increased by 11 percent (or approximately 16 days) as compared to the prior year. This increase in the length of stay can be

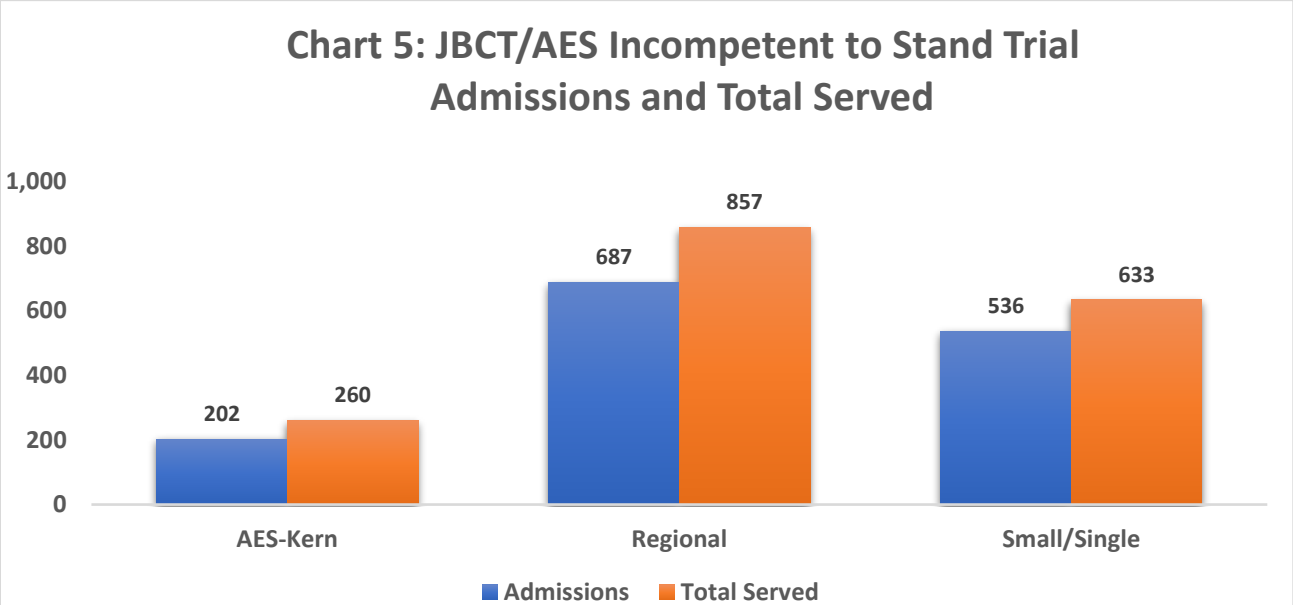
attributed to COVID-19 as DSH had to temporarily suspend IST admissions and discharges to mitigate the impacts of COVID-19 throughout its hospitals. Chart 4 displays the distribution of lengths of stay for all discharged IST patients.



Notes: During FY2019-20, 26 EISTs were excluded from ALOS patient count. COVID-19 attributed to impacts on FY 2019-20 average length of stay.

Jail-Based Competency Treatment Program Data

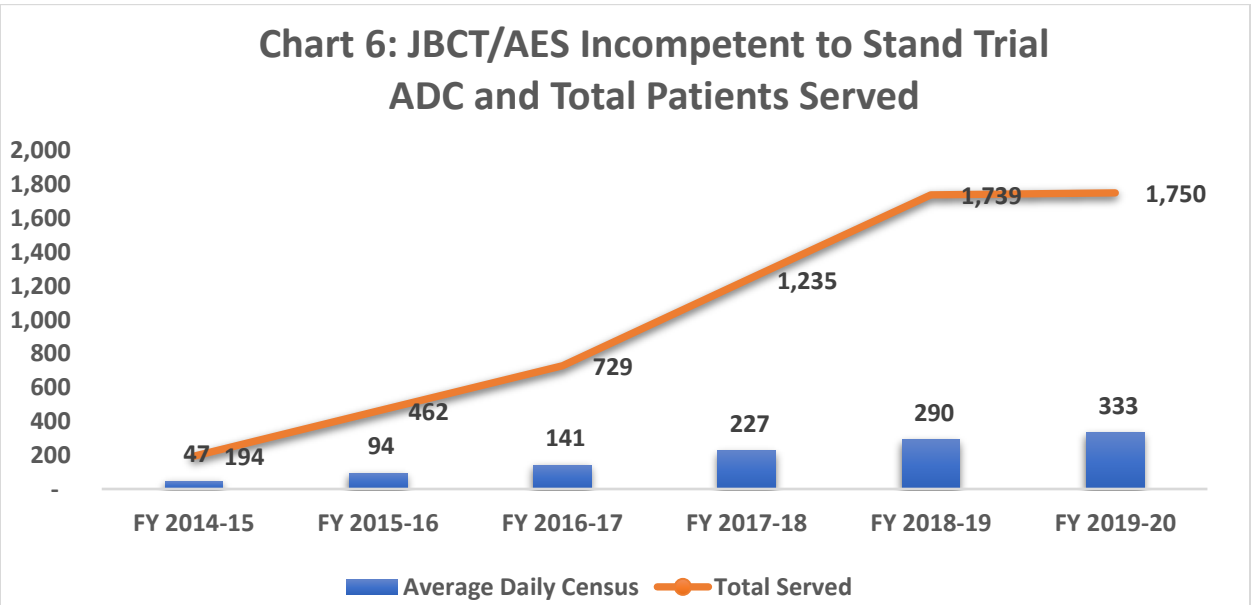
Over the course of FY 2019-20, 1,425 IST patients were admitted into a JBCT facility or the Admission, Evaluation, and Stabilization (AES) Center which is a decrease of three percent from the prior year. This decrease is attributed to reduced admission rates following the SIP order to mitigate the impacts of COVID-19 throughout facilities. JBCT facilities and the AES Center experienced significantly lower admissions from April through June 2020 as a result of COVID-19. Chart 5 displays the admission and total patients served distribution by AES/JBCT facility categories for the IST population in FY 2019-20.



Note: COVID-19 attributed to impacts on FY 2019-20 admissions and total patients served.

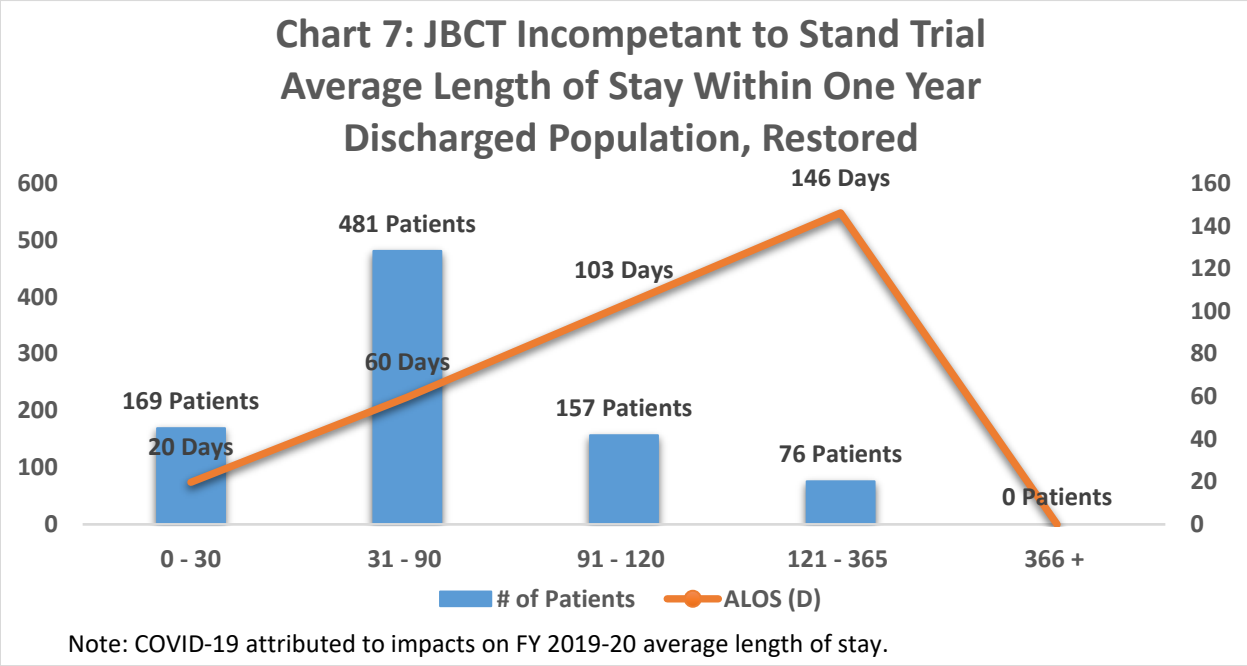
On average, 333 IST patients are treated daily in the AES/JBCTs, a 15 percent increase from FY 2018-19. Chart 6 displays the ADC and total number of patients served year over year in the AES/JBCTs for the IST population. As of June 30, 2020, the AES/JBCT system-wide IST census is 301 patients.

The IST population at the jail-based programs in both ADC and total number of patients served has increased, only recently plateauing in FY 2019-20. Due to the increasing availability of jail-based programs, the Department's IST census has balanced between state hospitals and jail-based facilities, though overall the impact of ISTs continues to rise.

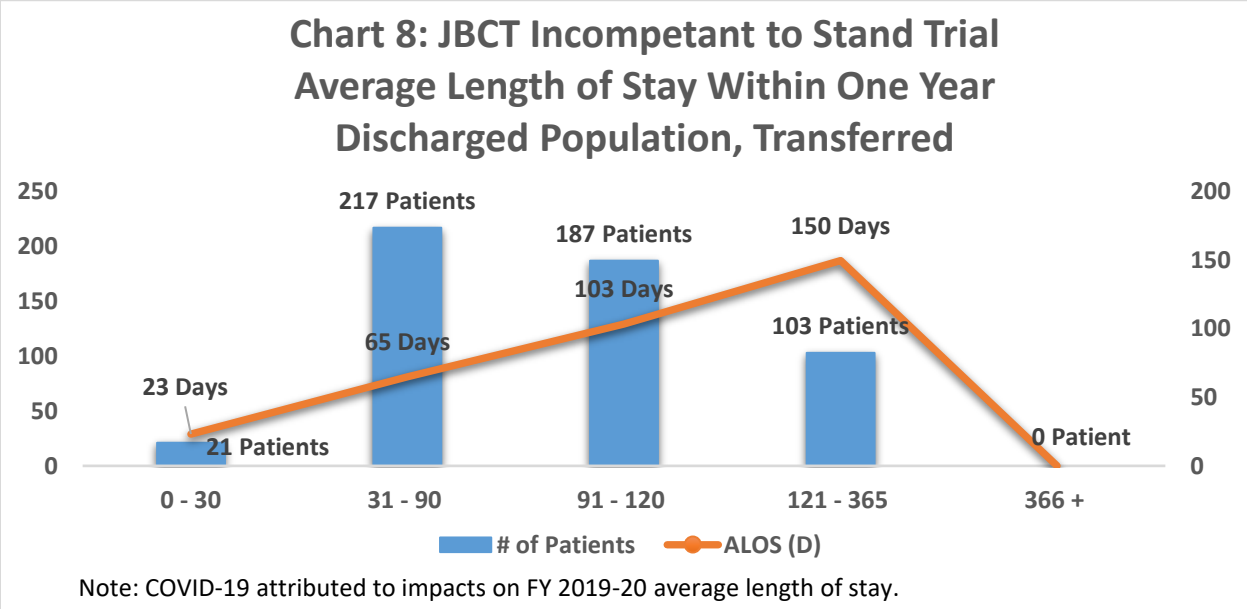


Notes: Average Daily Census growth is driven primarily by the activation of new JBCT programs over time. COVID-19 attributed to impacts on FY 2019-20 census and total patients served.

The JBCT and AES programs were designed to treat patients who had a stronger likelihood of quick restoration of competency, generally under 90 days from admission. If, during the course of treatment, the patient demonstrates a need for a higher level of care, or restoration is of slower progress than anticipated, the individual can be transferred to a state hospital for continuation of restoration care. In FY 2019-20, 883 IST patients were restored and discharged with an average length of stay of 67 days. During that same period, 528 IST patients were discharged from the AES/JBCT program and transferred to a state hospital, with an average length of stay of 93 days. Chart 7 displays the distribution of lengths of stay for all discharged IST patients that were restored. Chart 8 displays the distribution of lengths of stay for all discharged IST patients that transferred to state hospital facilities.



Note: COVID-19 attributed to impacts on FY 2019-20 average length of stay.



Note: COVID-19 attributed to impacts on FY 2019-20 average length of stay.

Community-Based Restoration Program Data

On July 1, 2018, DSH, in collaboration with Los Angeles County, activated the Community-Based Restoration (CBR) Program for Felony IST commitments. Managed by the Los Angeles County-Office of Diversion and Re-entry, CBR aims to regularly assess committed IST patients while they wait for a bed at DSH to 1) re-evaluate competency and the need for competency treatment ("off-ramp") and 2) identify suitability for a community-based treatment option in a network of 200+ beds.

As part of this two-prong approach, the off-ramp team monitors Felony ISTs in the jail for restoration of competency prior to placement in a state hospital or into the community restoration program. If competence is suspected, the team prepares court documentation and petitions the court to approve the determination of restored competence. Over the course of FY 2019-20, CBR successfully off-ramped 99 patients. Chart 9 displays the number of patients found competent monthly in CBR's off-ramp assessment.

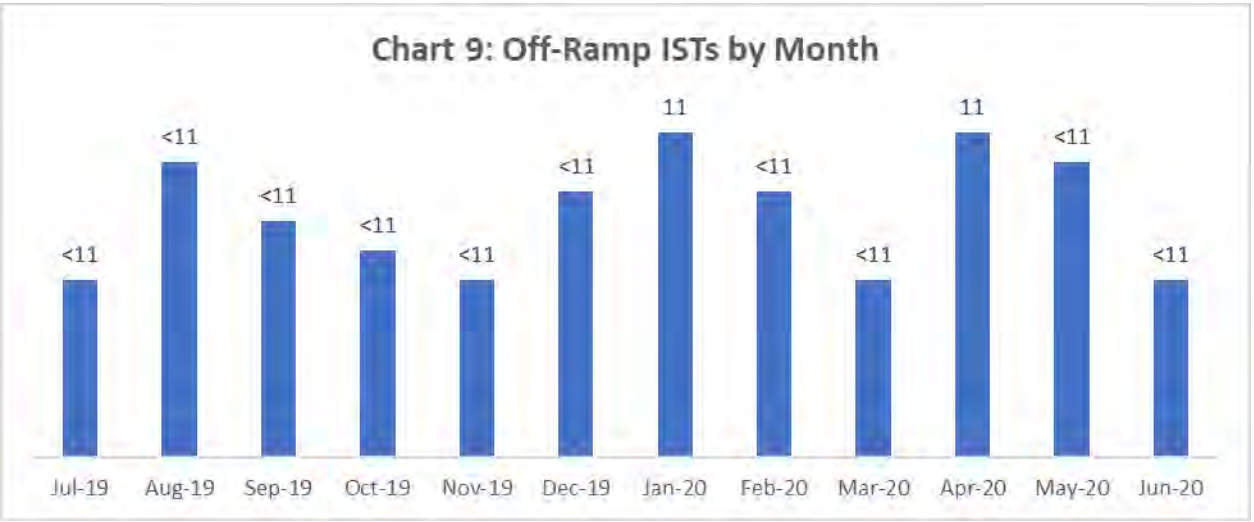


Chart 9. Data has been de-identified in accordance with the California Health and Human Services Agency Data De-Identification Guidelines.

Upon assessment of Los Angeles County IST referrals, a patient may still present in need of competency restoration services, and staff may consider a patient appropriate for the CBR program and petition the court for this conditional release and placement. If conditional release is approved by the court, the matched provider arranges pickup of the patient and admits into their community facility to begin treatment. In FY 2019-20, 152 patients were conditionally released to CBR, and were subsequently admitted into community beds at an acute level of care, subacute level of care, or in an unsecured residential facility. Chart 10 displays the Average Daily Census by month in the various levels of care.

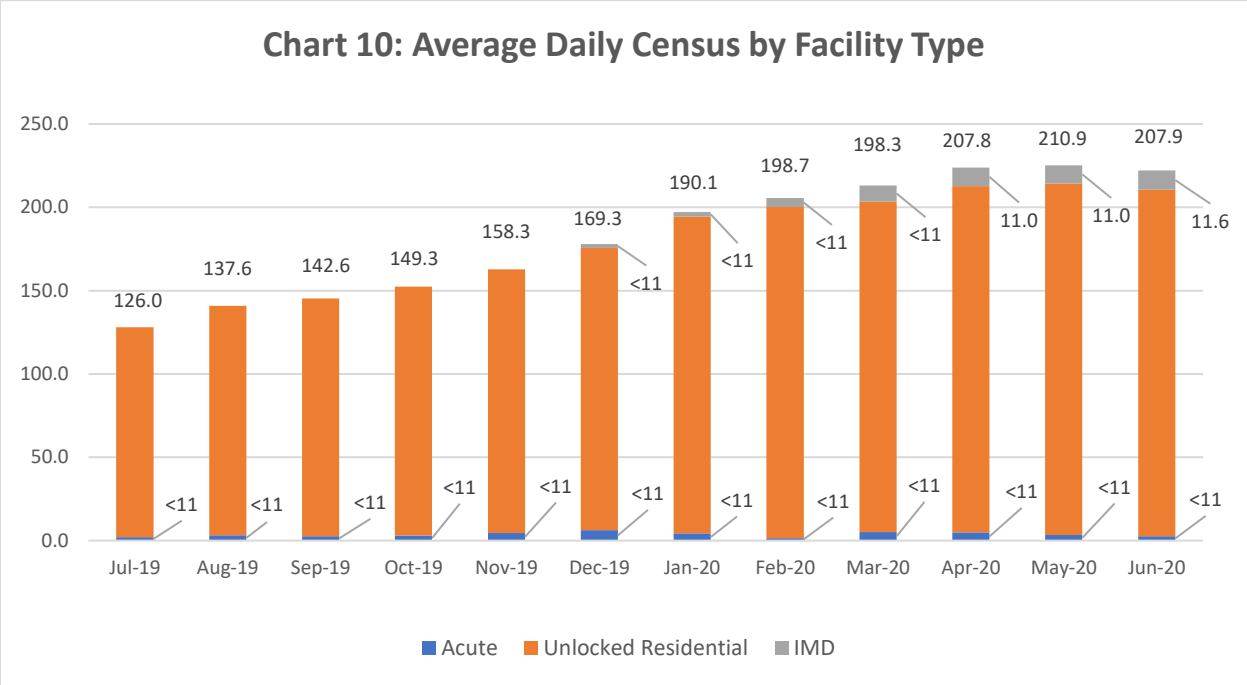


Chart 15. Data has been de-identified in accordance with the California Health and Human Services Agency Data De-Identification Guidelines.

In FY 2019-20, less than 11 patients were restored to competency with an Average Length of Treatment of 243 days.

In the absence of this program, the Los Angeles County patients who have been served by CBR either through competency assessment and off-ramp petition (n = 99), or conditional release and admission to a community facility (n = 152), would have continued as referrals to DSH and awaited an available bed in in a state hospital or JBCT.

POPULATION PROFILE
Lanterman-Petris-Short Patients

DESCRIPTION OF LEGAL CLASS:

The Lanterman-Petris Short (LPS) population includes multiple civil commitment types of patients who have been admitted under the LPS Act. These patients require physically secure 24-hour care and are committed through civil court proceedings if legal criteria concerning a danger to themselves or others, or grave disability, are met. Certain current parolees or former parolees may also be conserved under LPS commitments. It is also possible for other forensic commitments to convert to LPS commitments, such as if an Incompetent to Stand Trial (IST) patient is found substantially unlikely to regain competence in the foreseeable future but requires ongoing mental health inpatient treatment and the respective county pursues legal conservatorship.

Over the past five years, 86 percent of all LPS patients served in state hospitals were committed under WIC 5353 or 5358 as conservatees. During the same period, approximately 1 percent was committed under Penal Code (PC) 2974, and 12 percent were conserved under WIC 5008(h)(1)(B) (Murphy Conservatorship). The remaining LPS population within DSH was comprised of the other 4 legal statutes under the LPS Act.

The following are the various LPS commitments, and their corresponding citation in code:

WIC 5358	Conservatorship (CONS), in which the appointed conservator places the conservatee in an appropriate facility, such as a state hospital, and can require treatment to remedy or prevent the recurrence of the conservatee's mental illness.
WIC 5353	Temporary conservatorship (T.Cons), in which an appointed temporary conservator may make arrangements, sometimes at a state hospital, to provide the individual with food, shelter, and care pending a conservatorship determination.
WIC 5270.15[1]	30-day certification (A-Cert) upon completion of a 14-day certification pursuant to WIC 5250 in the event that the individual remains gravely disabled or is unwilling or unable to voluntarily accept treatment. A certification review hearing is conducted to determine suitability of commitment.
WIC 5303[1]	Pending court decision on 180-day post certification (PCD), the conservatee remains at the treatment facility until released by court or in the event the petition is withdrawn.
WIC 5304(a)	Post certification treatment authorized for 180 days in the event the individual attempted, inflicted, or made a serious threat of physical harm upon another after having been taken into custody, or within seven days of being taken into custody, or as part of the reason for being taken into custody.
WIC 5304(b)	Additional 180-day post certification (ADD) in the event that the individual has attempted, inflicted, or a made a serious threat of physical harm upon another during post certification treatment.
WIC 4825, 6000(a)[1]	Admission to a state hospital of a developmentally disabled individual by their conservator; if competent, the individual may apply for and receive services at a regional center instead.
WIC 5250[1]	14-day certification (CERT) following detainment pursuant to WIC 5150 (72-hour detention), WIC 5200 (court ordered for evaluation, Article 2), or WIC 5225 (court ordered for evaluation, Article 3). The individual must be offered treatment on a voluntary basis, but has been unwilling or unable to accept the recommended

	treatment, and no family, friend, or other individual has submitted in writing their willingness to provide for the person's basic personal needs.
WIC 5150[1]	72-hour detention (DET) for assessment, evaluation, and crisis intervention with probable cause that a person is a danger to themselves or others, as a result of a mental health disorder.
WIC 6500, 6509[1]	A person with a developmental disability committed to a state hospital if found to be a danger to themselves or others; this commitment expires after one year pursuant to WIC 6500(b)(1)(A).
WIC 6506[1]	A temporary hold for an individual with a developmental disability while awaiting a hearing pursuant to WIC 6503.
WIC 5260[1]	Additional 14-day certification for suicidal persons who demonstrated this behavior via threats or attempts during the previous 14-day period or 72-hour evaluation period (SUIC)
WIC 6552[1]	Voluntary application as Juvenile court ward to be treated for a mental disorder at a state hospital (VJCW)
WIC 6000	Voluntary application to a state hospital for treatment and care made by a competent adult; they may leave at any time after notifying, or their conservator notifying in the case of conservatorships, hospital staff and following hospital discharge procedures (VOL)
PC 2974: Parolee from CDCR	Initiation of a LPS commitment to a state hospital for CDCR parolees. Such inmates must meet LPS criteria of being found to be dangerous to themselves or others, or gravely disabled. Because these patients are parolees, the cost is borne by CDCR and reimbursed to DSH on the same basis as the treatment cost of prison inmates under PC 2684.
WIC 5008(h)(1)(B): Murphy Conservatee	An IST defendant who is deemed gravely disabled and ordered to be held in a state hospital under a Murphy Conservatorship.

[1]During Fiscal Year (FY) 2019-20, this population was not served in the state hospitals.

LEGAL REQUIREMENTS/LEGAL STATUE FOR DISCHARGE:

LPS conservatorships 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 DSH for treatment. A patient's LPS conservatorship lasts for one year and can be renewed by the court on an annual basis. A new petition for renewal is filed with the court prior to the current conservatorship's expiration. LPS patients are discharged from DSH when (1) their county of residence places them in a different facility, (2) their county of residence places them in independent living or with family, or (3) they have successfully petitioned the court to remove the conservatorship.

TREATMENT:

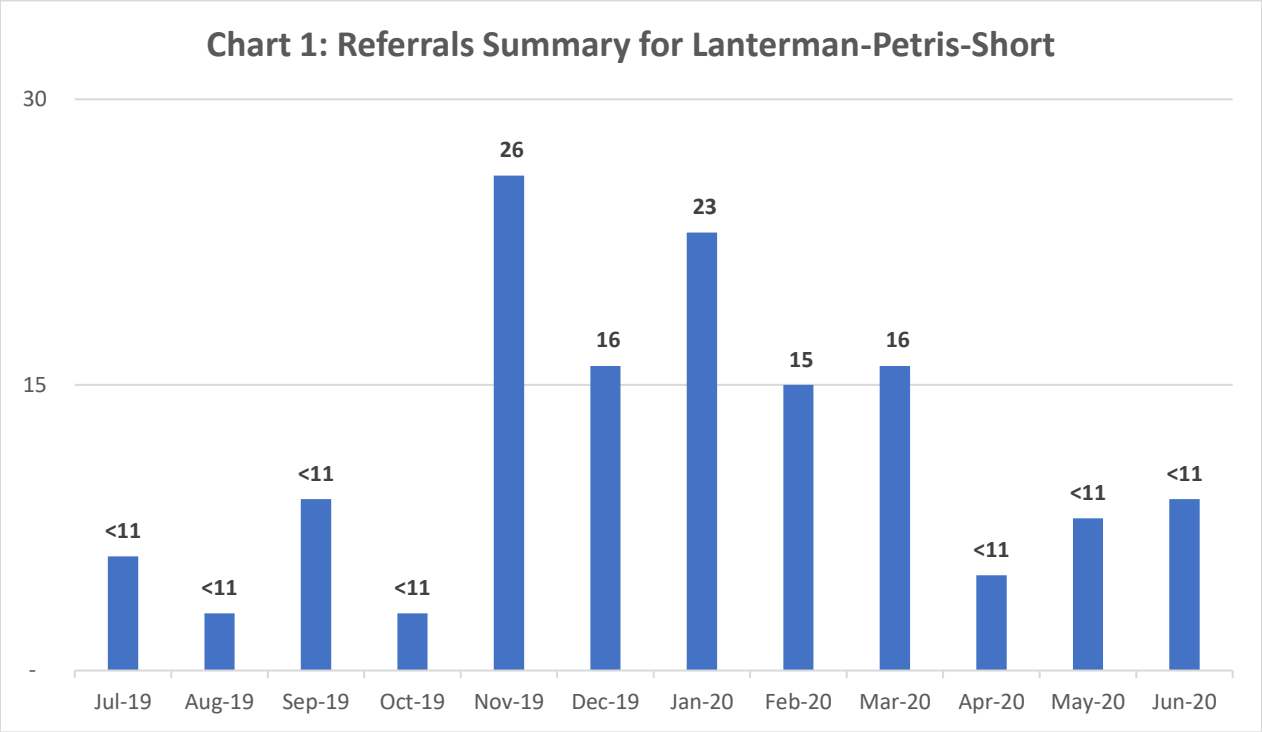
Under WIC 5150, an individual, on probable cause, can be taken into custody for mental health treatment for 72 hours. The individual can then be evaluated for an additional 14-day period of treatment pursuant to WIC 5250. After further evaluation and judicial review, the individual can then be placed on hold or temporarily conserved (T.Cons) for up to 30 days pending a full commitment

hearing under WIC 5353 or WIC 5270. If the individual is gravely disabled, they can be placed under conservatorship pursuant to WIC 5350 for one year.

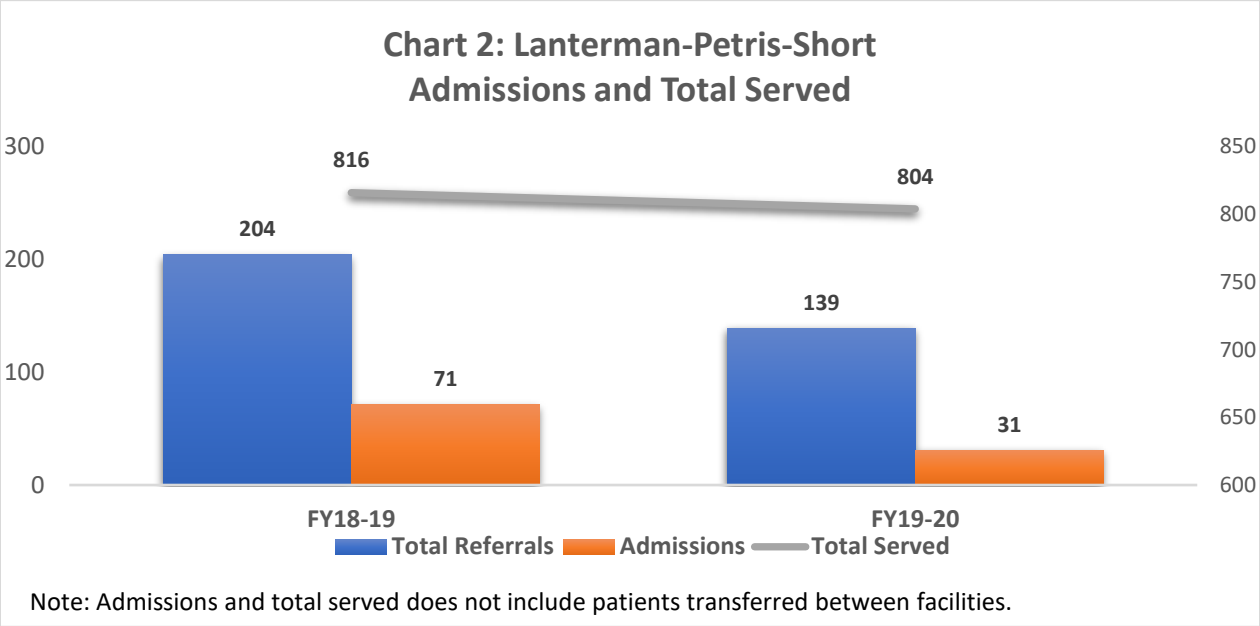
The focus of treatment for the LPS population is on psychiatric stabilization and psychosocial treatments to reduce the risk of danger to themselves or others and develop basic life skills to function optimally in a lower level of care in the community. Because of the wide diversity of patients under the LPS commitment, discharge criteria differ for each legal statute. Most LPS patients can be treated in the community once the DSH treatment team believes the patient is no longer a danger to themselves or others.

POPULATION DATA:

LPS Population data in Charts 1 through 5 displays DSH LPS population including Murphy Conservatorship. A subset of Murphy Conservatorship data can be found on page 6. In Fiscal Year (FY) 2019-20, 139 LPS patients were committed to the state hospitals, a 32 percent decrease from FY 2018-19.

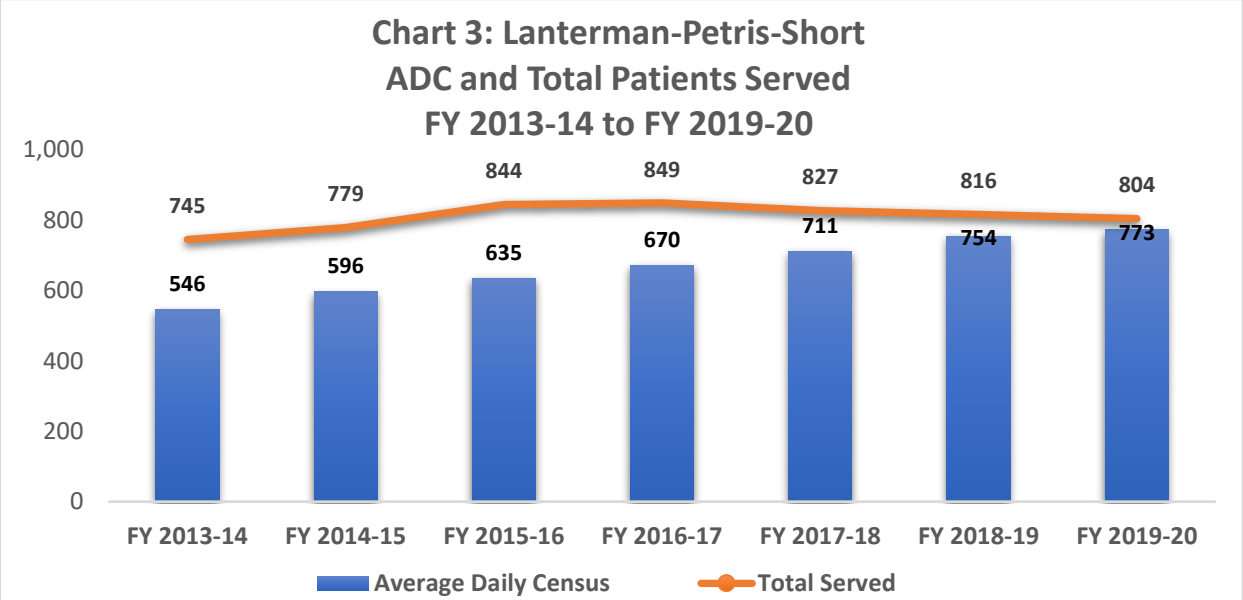


Over the course of FY 2019-20, 31 LPS patients were admitted into a state hospital. Chart 2 displays the referrals, admissions, and total patients served for the LPS population in FY 2019-20.



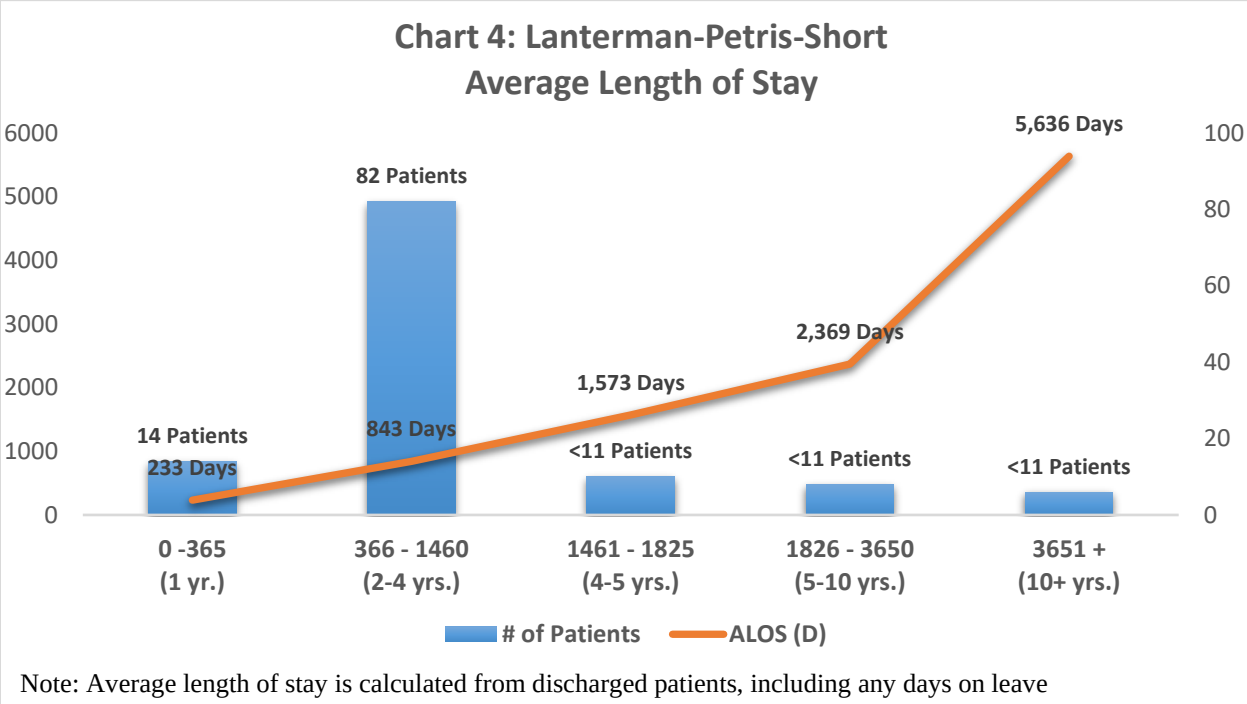
Note: Admissions and total served does not include patients transferred between facilities.

Chart 3 displays the average daily census (ADC) and total number of patients served for the LPS population during FY 2013-14 to FY 2019-20. On average, 773 LPS patients are treated daily in the state hospitals, representing 12 percent of the overall patient population. As of June 30, 2020, the system-wide LPS census was 776.

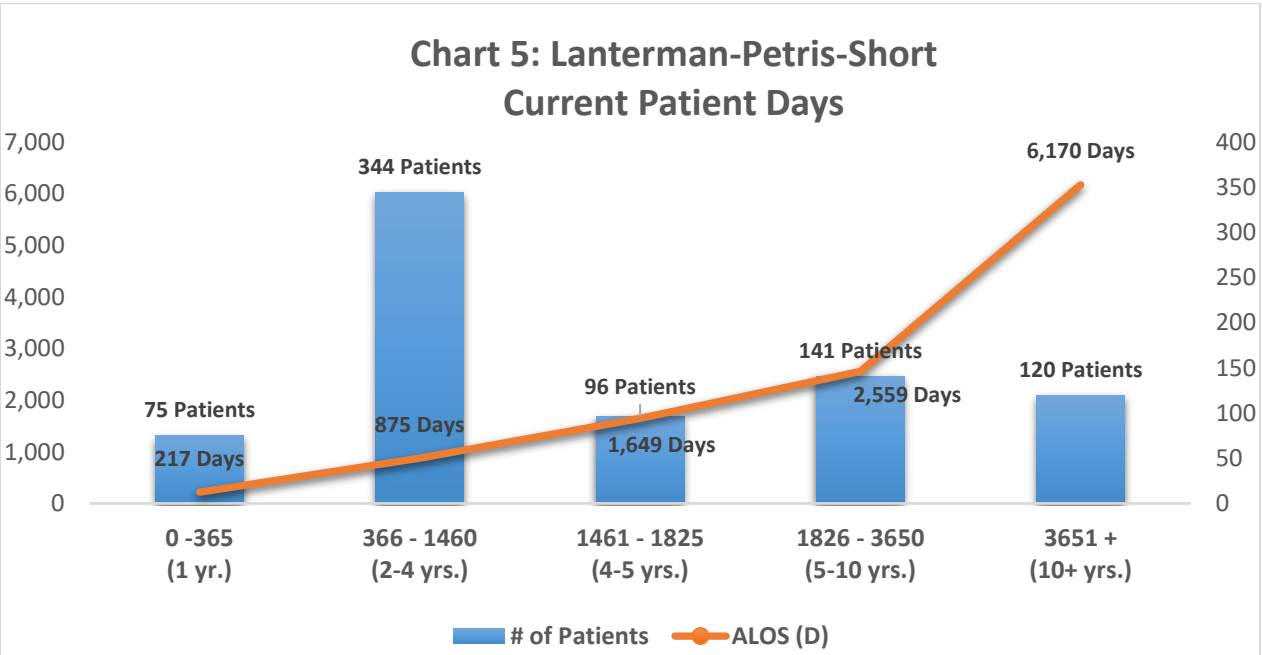


Note: Total served does do not include patients transferred between facilites.

In FY 2019-20, 120 LPS patients were discharged with an average length of stay of 3.2 years. Chart 4 displays the distribution of lengths of stay for all discharged LPS patients, and Chart 5 displays the distribution of patient days for those LPS patients who remain residents on unit as of June 30, 2020.



Note: Average length of stay is calculated from discharged patients, including any days on leave



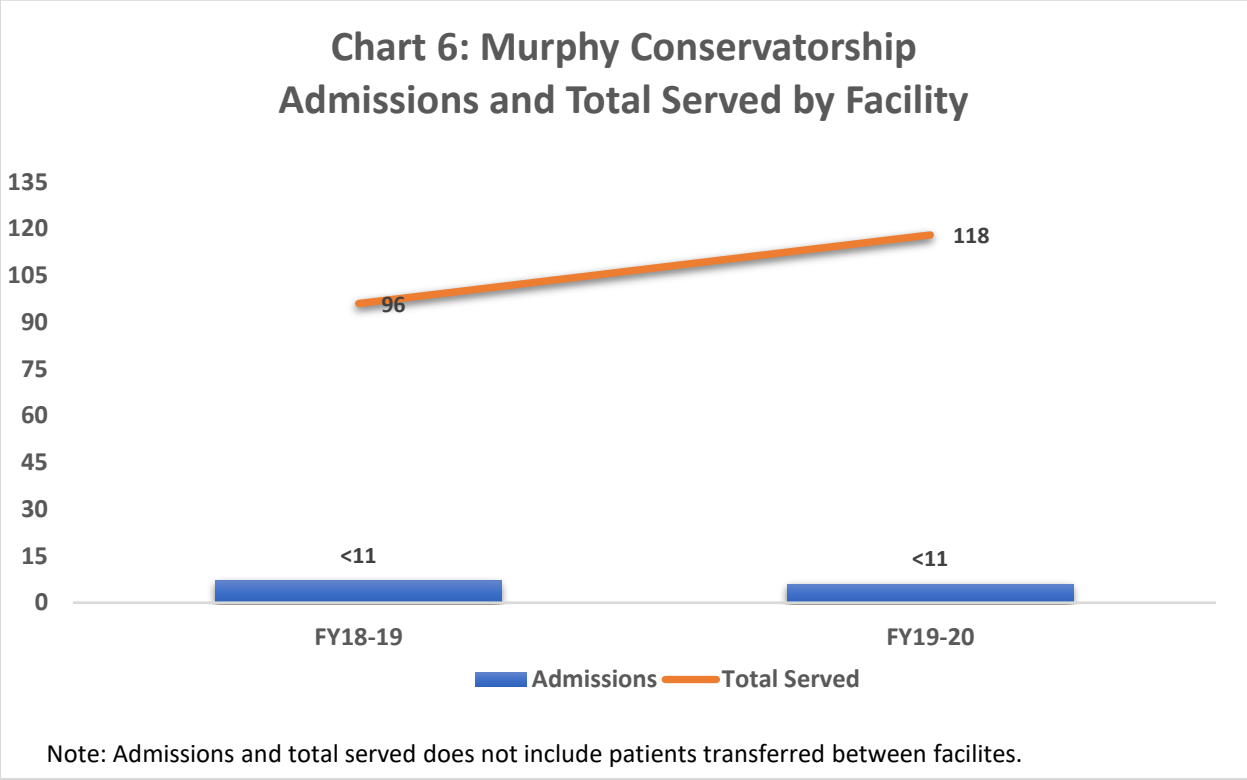
Note: Current patient days is, as of a particular point in time, the number of days residents-on-unit have spent in the state hospital, including leave.

Murphy Conservatorships

Murphy conservatorships (MURCON) are patients that have been previously found to be IST, and at the end of the IST commitment period the patient has been retained for further treatment because (1) the patient is subject to a pending indictment or information charging the individual with a felony involving death, great bodily harm, or threat to the physical well-being of another;

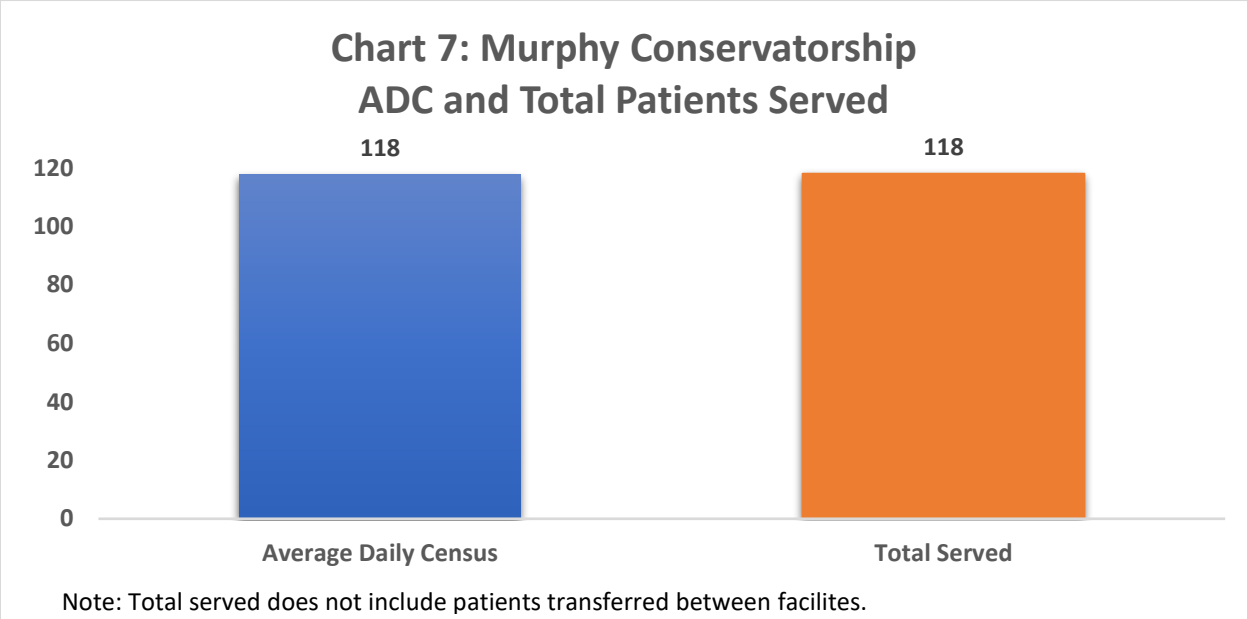
(2) as a result of a mental disorder, the patient continues to be unable to understand or meaningfully participate in the pending criminal proceedings; (3) the patient has been found incompetent pursuant to PC section 1370; and (4) the patient is currently dangerous as the result of a mental disorder, defect or disorder. The conservatorship lasts for one year, just like any other LPS conservatorship, and can be extended indefinitely if a new conservatorship is obtained each year. MURCON patients also have the right to a yearly court review and/or jury trial to petition the court to remove the conservatorship.

Over the course of FY 2019-20, less than 11 Murphy Conservatorship patients were admitted into a state hospital. Chart 6 displays the admissions and total served distribution by state hospital for the LPS Murphy Conservatorship population in FY 2019-20.



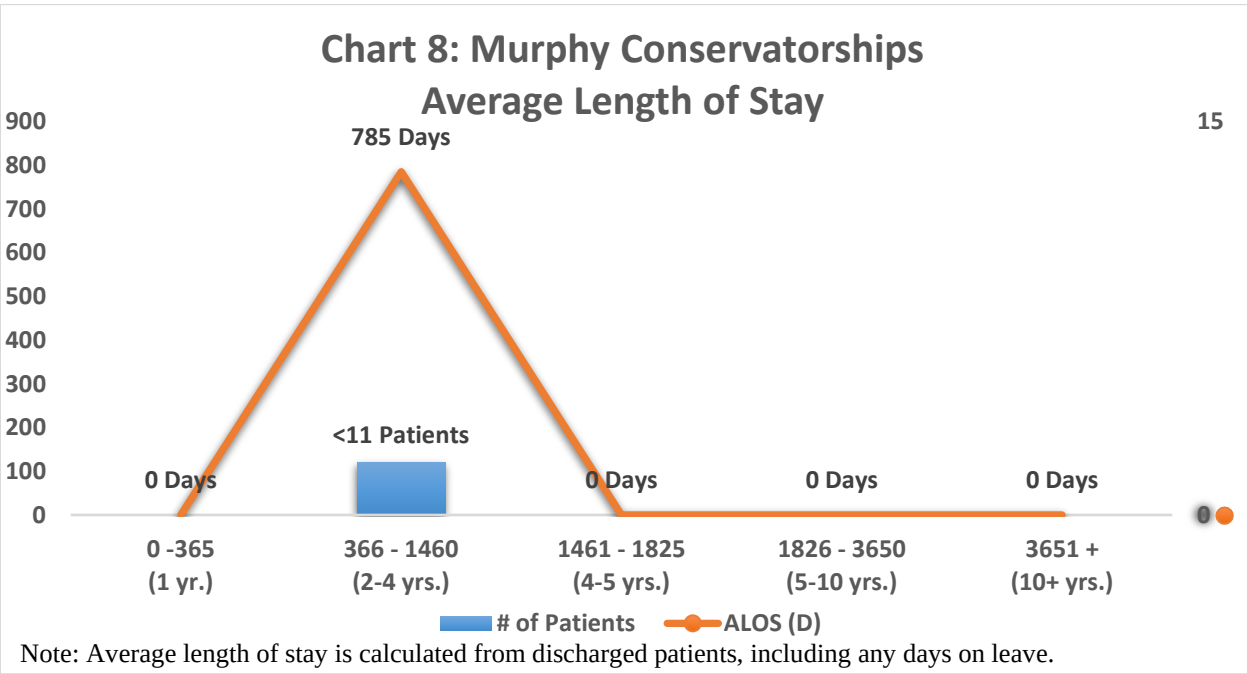
Note: Admissions and total served does not include patients transferred between facilites.

On average, 118 Murphy Conservatorship patients are treated daily in the state hospitals, representing 2 percent of the overall patient population in FY 2019-20. Chart 7 displays the average daily census (ADC) and total number of patients served for the MURCON population in FY 2019-20. As of June 30, 2020, the system-wide MURCON census was 121.

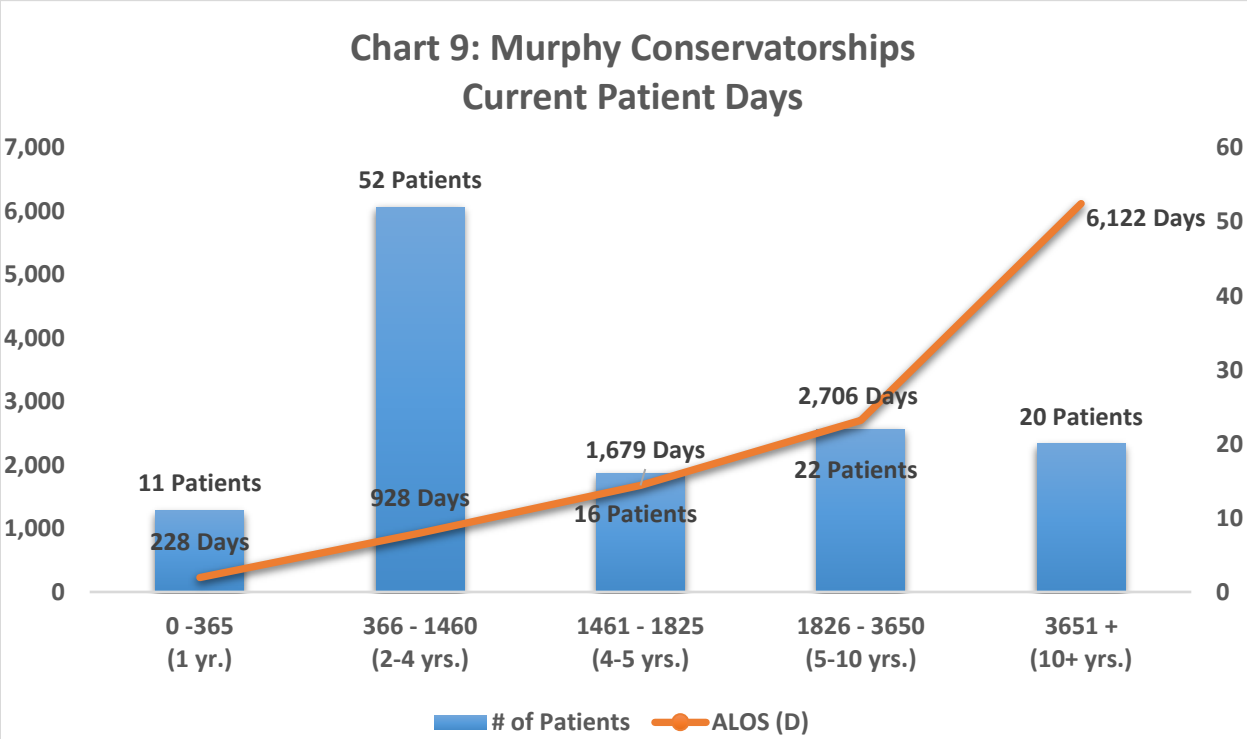


Note: Total served does not include patients transferred between facilites.

In FY 2019-20, less than 11 MURCON patients were discharged with an average length of stay of 2.2 years. Chart 8 displays the distribution of lengths of stay for all discharged MURCON patients, and Chart 9 displays the distribution of patient days for those MURCON patients who remain residents on unit as of June 30, 2020.



Note: Average length of stay is calculated from discharged patients, including any days on leave.



Note: Current patient days is, as of a particular point in time, the number of days residents-on-unit have spent in a state hospital, including leave.

POPULATION PROFILE
Not Guilty by Reason of Insanity Patients

DESCRIPTION OF LEGAL CLASS:

Not Guilty by Reason of Insanity (NGI) patients are admitted to the Department of State Hospitals (DSH) once a court determines that the individual (defendant) is found guilty but was insane at the time the crime was committed. The court commits these defendants to DSH for a maximum term of commitment equal to the longest sentence which could have been imposed for the crime. Based on the criminal conviction, the patient is found not guilty by reason of insanity. A patient may be placed immediately in outpatient treatment in the community under supervision rather than going directly to a state hospital. The court can recommit the patient to DSH beyond the maximum term of the original commitment if the patient is found, based on his or her mental illness, to represent a substantial danger of physical harm to others. A recommitment lasts for two years from the date of the recommitment order.

The following are the various NGI commitments, and their corresponding citation in code:

PC 1026	Not Guilty by Reason of Insanity
PC 1026.5 (extension)	Prior to the expiration of the current maximum term of commitment, PC 1026.5 allows the medical director to recommend to the prosecuting attorney an extension of the maximum term for a patient under Not Guilty by Reason of Insanity. This extension is valid for an additional two years; additional extensions subsequent to the initial extension may be requested in the same manner pursuant to PC 1026.5.
PC 1610	Temporary admission while waiting for court revocation of a PC 1026 (RONGI)
WIC 702.3	Minor Not Guilty by Reason of Insanity (MNGI)

LEGAL REQUIREMENTS/LEGAL STATUE FOR DISCHARGE:

Restoration of sanity is a two-step process in which evidence is presented and reviewed that would determine a patient is a danger to the health and safety of others, due to his or her mental illness, if released under supervision and treatment in the community. The two-step process requires (1) an outpatient placement hearing and (2) a restoration hearing following a year in outpatient care. During the first step of the process the court must find that the patient is no longer a danger to the health and safety of others, due to his or her illness, if released under supervision and treatment in the community. During the second step of the process, the court must determine whether the patient has been fully restored to sanity. The court's finding of restoration will result in the patient's unconditional release from supervision. A patient may bypass the mandatory one-year of outpatient commitment and have an early restoration hearing in the event the conditional release program director recommends an early release.

TREATMENT:

Because NGI patients tend to be severely mentally ill and their crimes involve severe violence, treatment requires substantial time resources. The treatment team must demonstrate to the court that the NGI patient has achieved long-term stabilization and no longer poses a danger due to their mental illness. Thus, the patient needs to demonstrate long-term symptom stability, long-term adherence to psychiatric treatments, and an understanding of the factors that exacerbate their mental illness. Each NGI patient's progress in treatment is evaluated and submitted to the court via an annual report

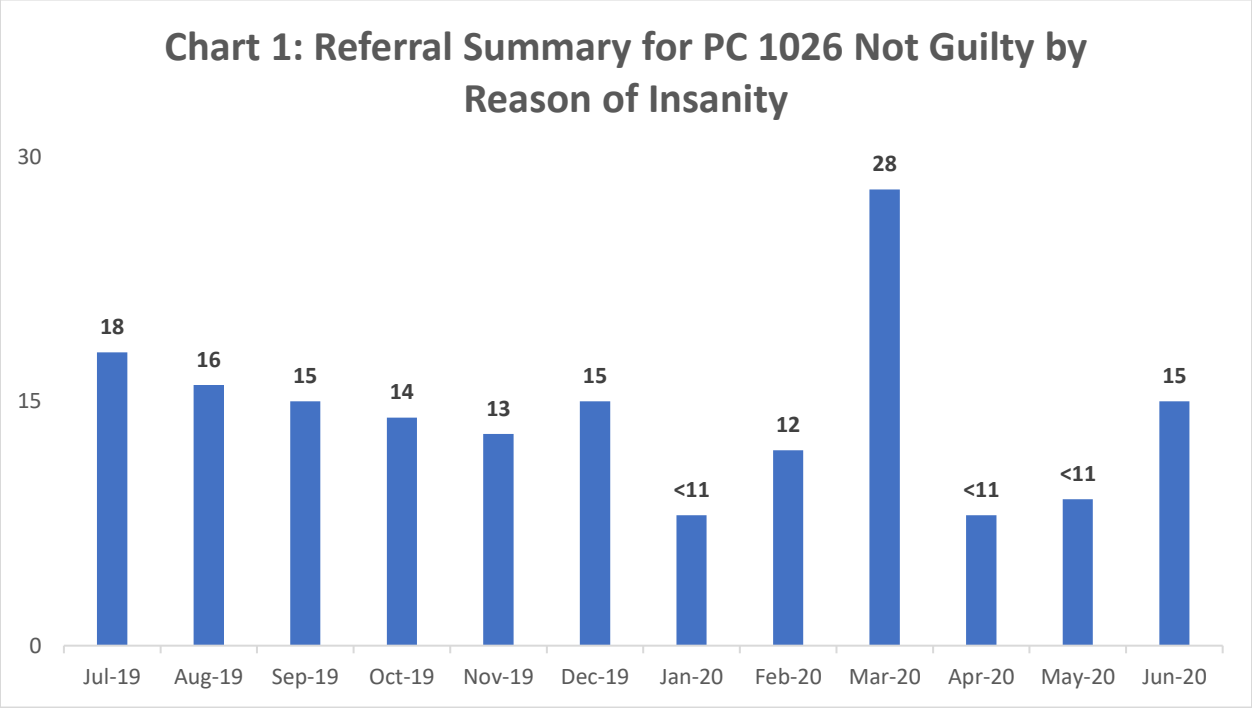
completed by the DSH treatment team and medical director of the state hospital. In the event that the maximum term approaches and the treatment team does not feel discharge would be appropriate, the hospital can pursue an extension of the NGI sentence to extend the stay of the individual, pursuant to Penal Code (PC) 1026.5. In Fiscal Year (FY) 2019-20, 444 patients were served at the state hospitals under this extension option.

To assess dangerousness and develop effective treatments to reduce violence risk, specialized violence risk assessments must be conducted. Based on the individual NGI patient's mental illness factors and violence risk, individualized treatments must be developed. Additionally, scenarios that could realistically provoke similar violent responses must be evaluated and worked through with the patient. Furthermore, the patient must understand their violence risk factors and be able to demonstrate that they would take preventive actions to mitigate any factors that would heighten their violence risk.

Although NGI patients are admitted to DSH because of severe mental illness and dangerousness, NGI patients have the right to refuse treatment unless that right is removed by case law or regulation, as guided by the *Greenshields* involuntary medication order process. This can effectively lengthen the patient stay at the state hospital if they choose not to fully participate in the treatments recommended by their treatment team.

POPULATION DATA:

In FY 2019-20, 171 NGI patients were committed to the state hospitals, a 4 percent increase from FY 2018-19. Chart 1 depicts the monthly referrals of NGI patients to DSH.



Over the course of FY 2019-20, 118 NGI patients were admitted into a state hospital. Chart 2 displays the referrals, admissions and total patients served for the NGI population which is a decrease of 24

percent from the prior year. This decrease is attributed to the temporary suspension of NGI admissions into DSH hospitals to mitigate the impacts of COVID-19 throughout its hospitals.

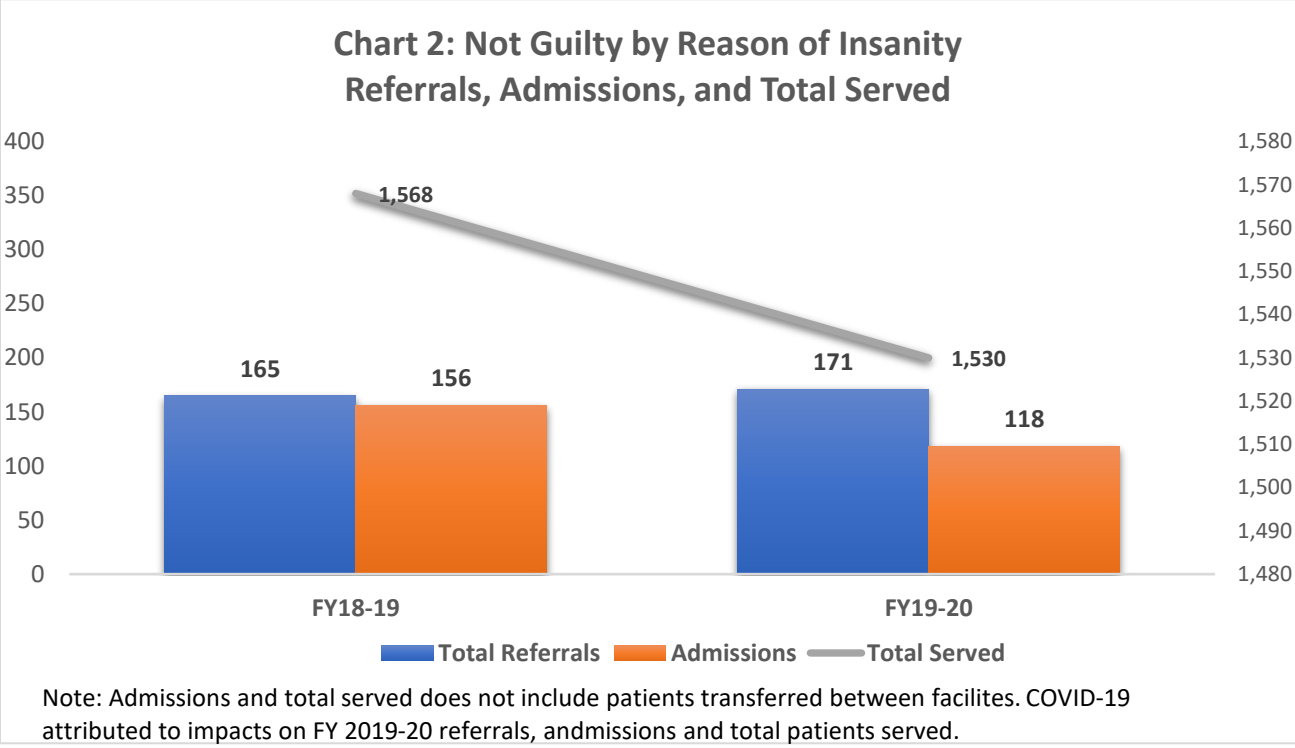
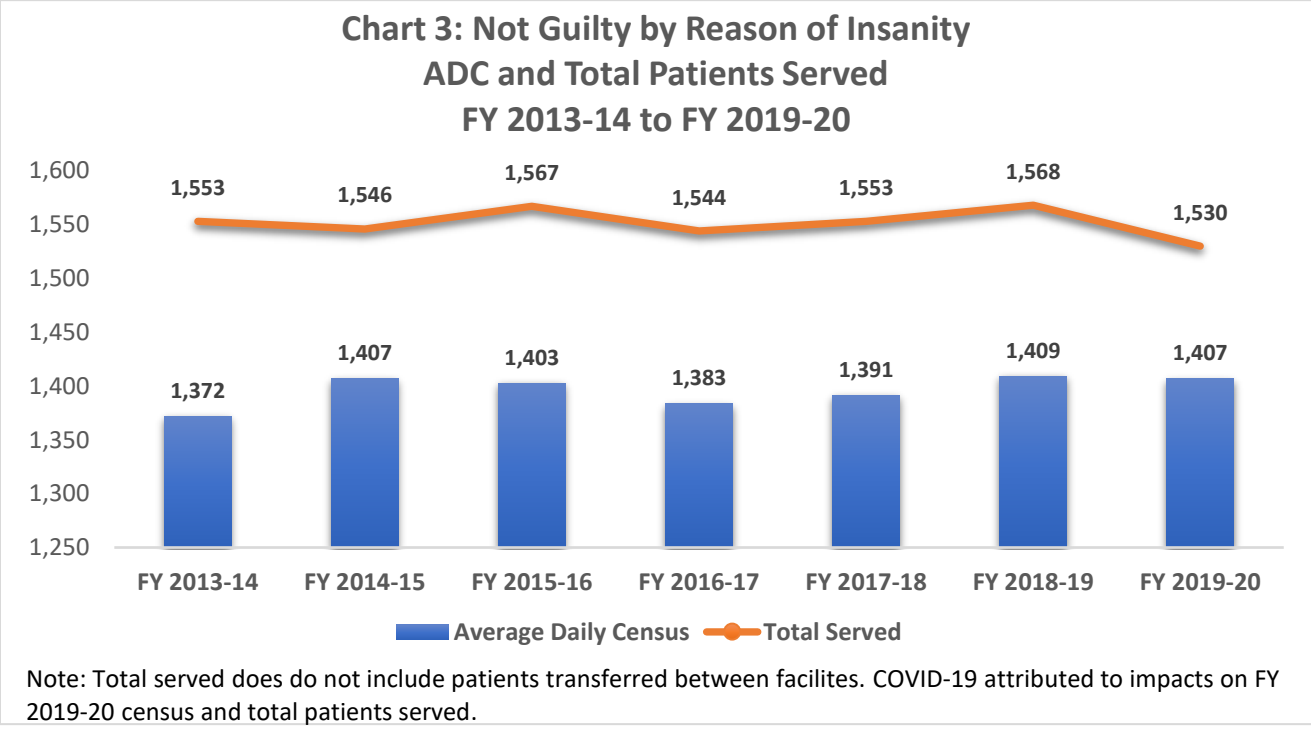
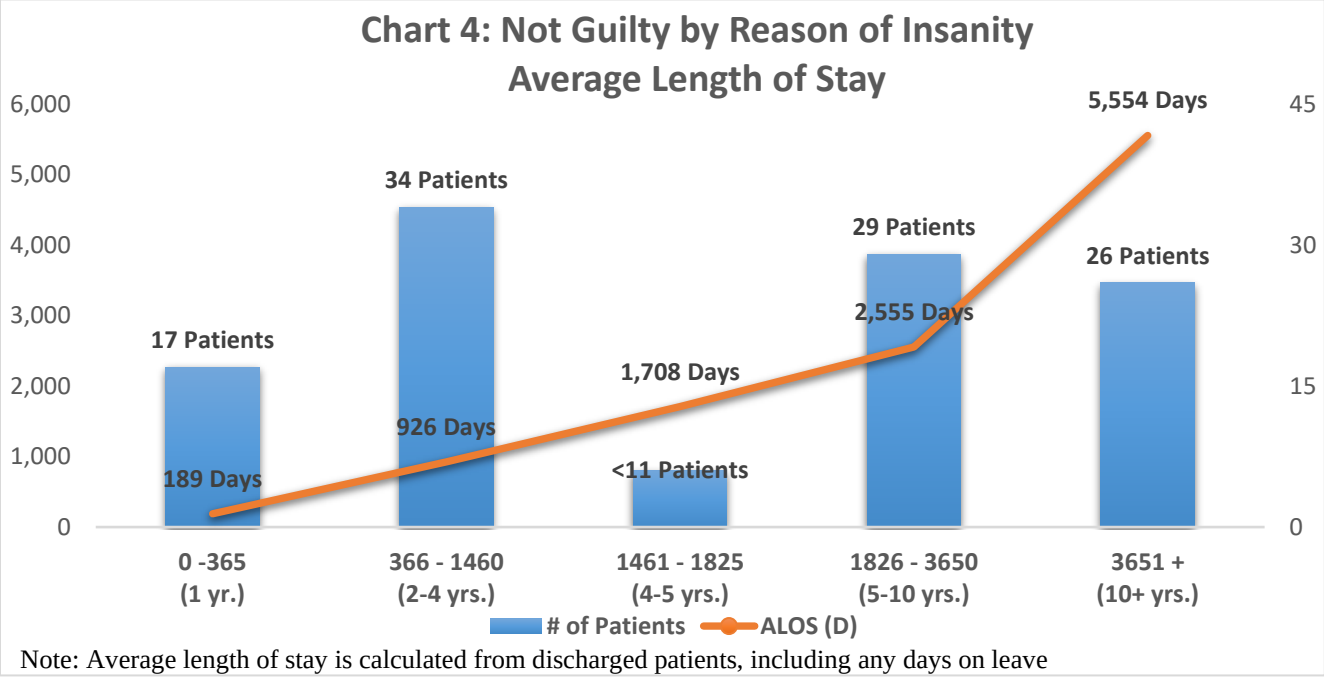


Chart 3 displays the average daily census (ADC) and total number of patients served for the NGI population during FY 2013-14 to FY 2019-20. On average, 1,407 NGI patients are treated daily in the state hospitals, representing 22 percent of the overall patient population. As admissions directly correlate to patients served, DSH served 2 percent less patients in FY 2019-20 than in the prior year. As of June 30, 2020, the system-wide NGI census was 1,407 patients.



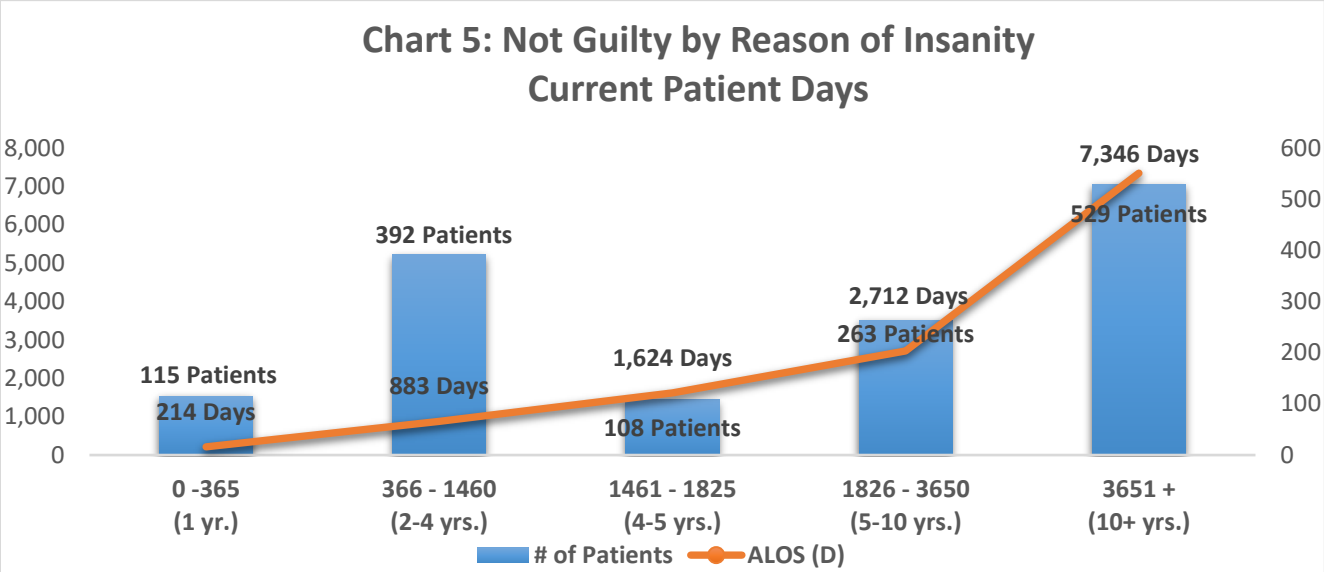
Note: Total served does do not include patients transferred between facilites. COVID-19 attributed to impacts on FY 2019-20 census and total patients served.

In FY 2019-20, 112 NGI patients were discharged with an average length of stay of 6.4 years. Chart 4 displays the distribution of lengths of stay for all discharged NGI patients.



Note: Average length of stay is calculated from discharged patients, including any days on leave

A number of NGI patients remain with DSH for lengthy periods as a result of the various maximum sentences that could have been imposed, and the seriousness of their mental illness and dangerousness. On average, the 1,407 NGI patients who continue to reside at DSH as of June 30, 2020 have been there for 3,657 days, or 10 years. These days will continue to accrue until the individual NGI patients have been discharged. Chart 5 displays the distribution of patient days for all NGI residents on unit as of June 30, 2020.



Note: Current patient days is, as of a particular point in time, the number of days residents-on-unit have spent in the state hospital, including leave.

POPULATION PROFILE
Offenders with a Mental Health Disorder

DESCRIPTION OF LEGAL CLASS:

The Department of State Hospitals (DSH) admits Offenders with a Mental Health Disorder (OMD) patients under Penal Code (PC) 2962: Disposition of Mentally Disordered Prisoners upon Discharge. OMD commitments are patients who are parolees (or former parolees), referred by the California Department of Corrections and Rehabilitation (CDCR), who meet the six criteria for OMD classification. The criteria include (1) the presence of a severe mental disorder, (2) the mental disorder is not in remission or requires treatment to be kept in remission, (3) the mental disorder was a factor in the commitment offense, (4) the prisoner has been in treatment for at least 90 days in the year prior to release, (5) the commitment offense involved force or violence or serious bodily injury and (6) the prisoner continues to be dangerous due to the severe mental disorder. The individual is evaluated by both the treating CDCR psychologist/psychiatrist and a DSH psychologist/psychiatrist. If the evaluators agree the individual meets all the conditions above, the Board of Prison Terms can commit that individual to a state hospital as a condition of parole. The individual then receives treatment at DSH unless they can be certified for outpatient treatment or the individual challenges the commitment.

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; these patients are committed under PC 2962. If the person still requires treatment at the end of their parole term, they can be committed under PC 2972 if it is determined that the patient has a severe mental disorder, that the patient's severe mental disorder is not in remission or cannot be kept in remission without treatment, and that by reason of their severe mental disorder, the patient represents a substantial danger of physical harm to others. A person committed under PC 2972 is committed for one year.

The following are the various OMD commitments, and their corresponding citation in code:

PC 2962	Parolee referred from the California Department of Corrections and Rehabilitation.
PC 2964(a): OMD admission from outpatient	Outpatient OMD placed in secure mental health facility (usually a state hospital) following determination by community program director that the individual can no longer be safely or effectively treated as an outpatient. DSH is then required to conduct a hearing within 15 days. This usually results in return to inpatient OMD status.
PC 2972	If an OMD still requires treatment at the end of the parole term, the patient can be civilly committed under PC 2972. This commitment must be filed by the district attorney (DA) and must show that the individual has a severe mental disorder that is not in remission and that, due to this mental disorder, the individual is a substantial danger to others. Civil OMD commitments last for one year, upon which they must be renewed by the DA. After an individual is committed, they are treated by DSH until they are either able to be placed in outpatient treatment, conserved, or successful in petitioning for their release.
PC 1610	RO 2972: Temporary admission while waiting for court revocation of PC 2972. ROMDSO: Temporary admission while waiting for court revocation of MDSO.

WIC 6316: MDSO	Former statute, now repealed, under which a person convicted of a sex offense could be ordered by the court to receive mental health treatment. The treatment and extension processes are similar for PC 1026. A few MDSO patients remain in the state hospitals.

LEGAL REQUIREMENTS/LEGAL STATUTE FOR DISCHARGE:

After one year, a parolee is entitled to an annual review hearing conducted by the Board of Parole Hearings (BPH) to determine if (1) the parolee still meets the six criteria for OMD classification and (2) whether the parolee can be treated on an outpatient basis. The length of a parole period is determined by statute and depends on the type of sentence imposed. Parole terms can extend beyond the maximum parole period due to revocation or escape attempts. A parole period can be waived at the discretion of BPT. Most parolees have a maximum parole period of three years, with a four-year maximum if parole was suspended due to revocation. The parole period may exceed four years for more serious offenses.

An OMD patient (or parolee) may be placed into outpatient treatment in the Conditional Release Program (CONREP) if the Court believes that the OMD patient can be safely and effectively treated on an outpatient basis. Outpatient status may not exceed one year, after which time the Court must either discharge the patient, order the patient confined to a facility, or renew the outpatient status.

TREATMENT:

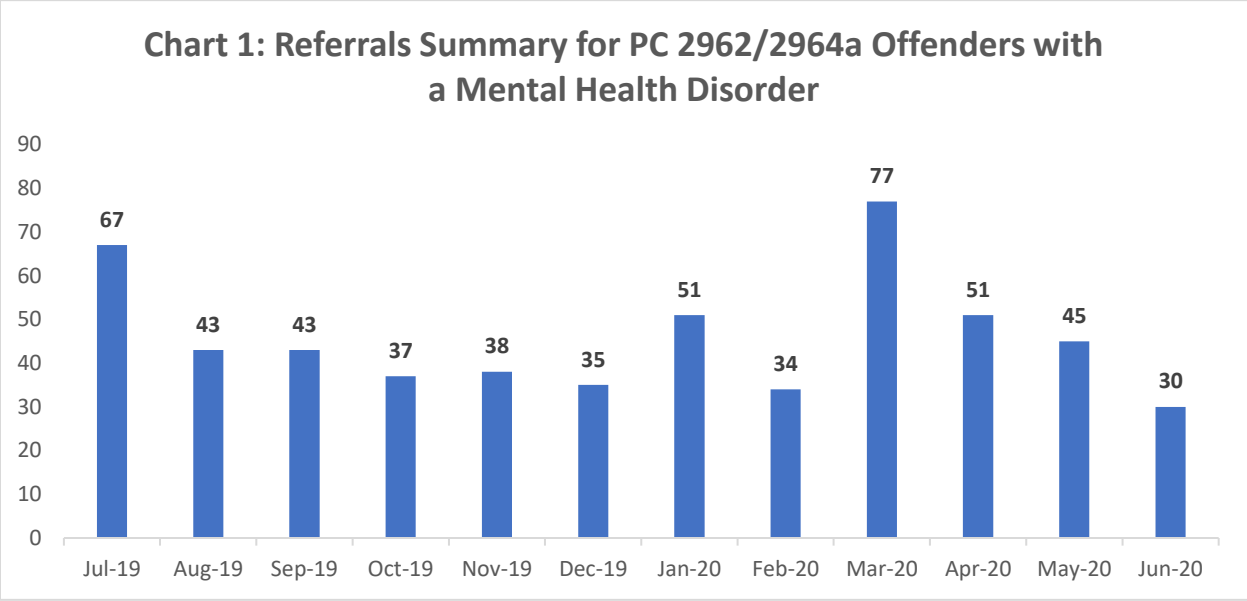
OMD patients have unique needs and challenges. Because their crimes involve violence, many have spent years in prison and need specialized psychosocial treatments to aid in their reintegration back into society. Due to the seriousness and long-term nature of their mental illness, as well as a history of violent crime, these patients require extra assessments and treatment to guide their mental illness treatments and treatment of violence risk.

The focus of treatment for the OMD population involves helping patients increase their ability to safely and effectively manage symptoms associated with their mental illness and prepare them for eventual transfer to the Conditional Release Program (CONREP). Another area of focus is substance abuse treatment since a history of substance abuse is prevalent in most OMD patients. Other goals are to motivate patients for treatment, develop greater self-autonomy and independence, and the mastery of self-discipline and Activities of Daily Living (ADL) skills. Examples of ADL skills include practicing good hygiene, grooming, and feeding.

POPULATION DATA:

PC 2962/2964a Offenders with a Mental Health Disorder (OMD)

In Fiscal Year (FY) 2019-20, 551 PC 2962/2964a OMD patients were committed to the state hospitals, a 6 percent decrease from FY 2018-19.



Over the course of FY 2019-20, 456 PC 2962/2964a OMD patients were admitted into a state hospital. Chart 2 displays the referrals, admissions and total patients served for the PC 2962/2964a OMD population in FY 2019-20.

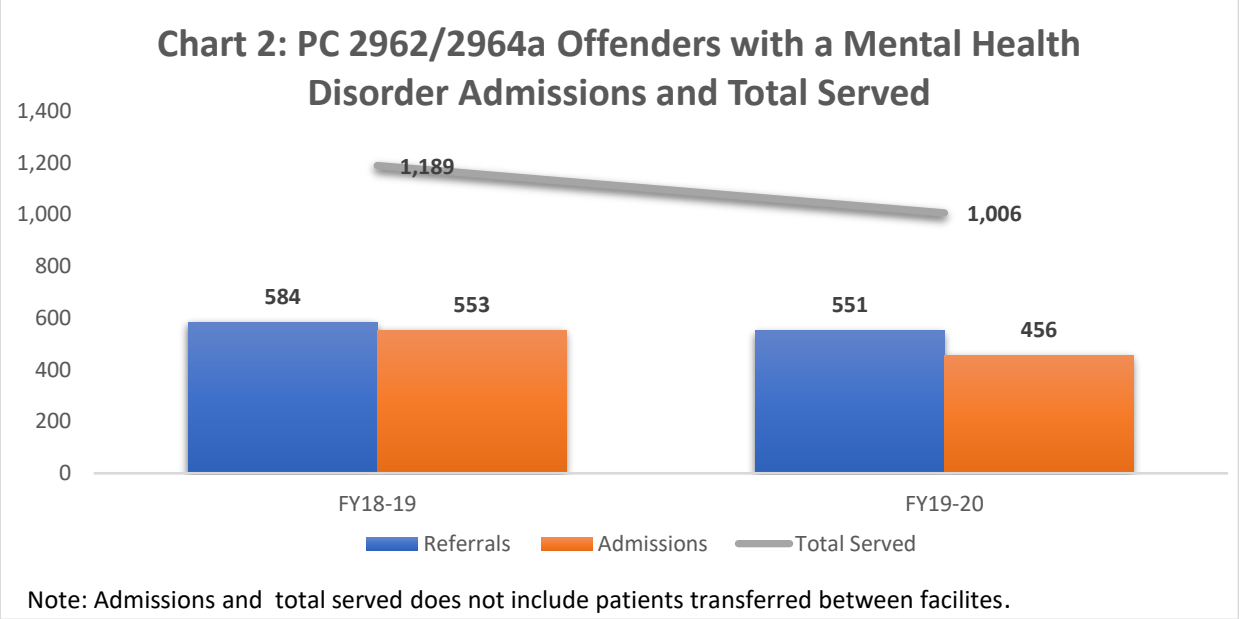
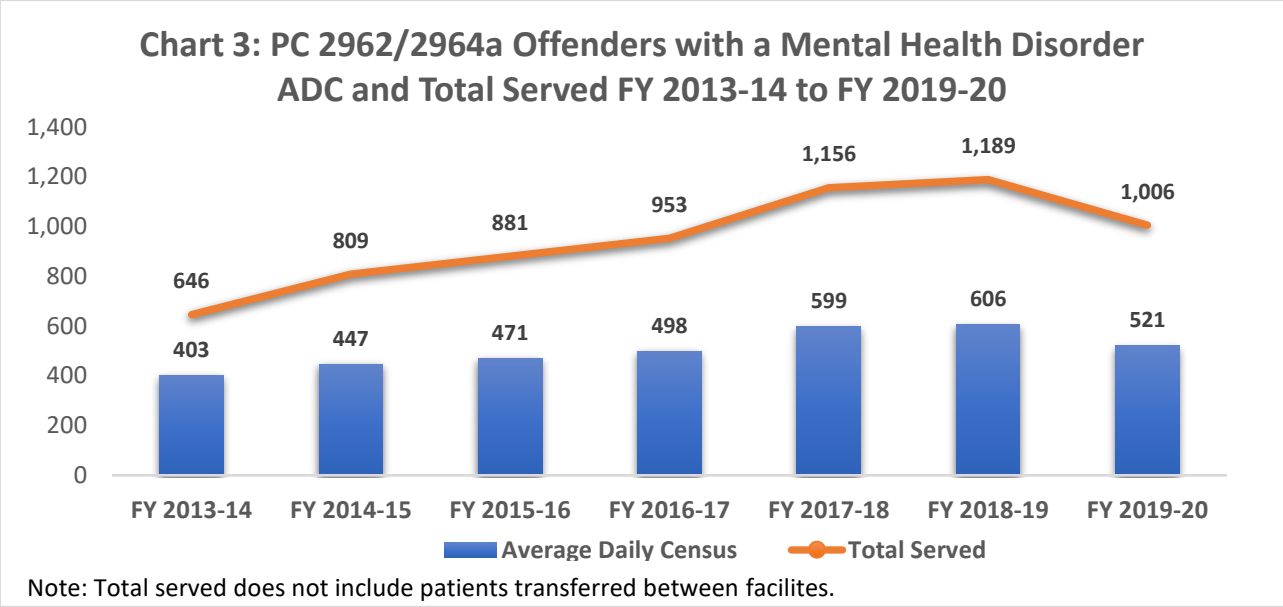
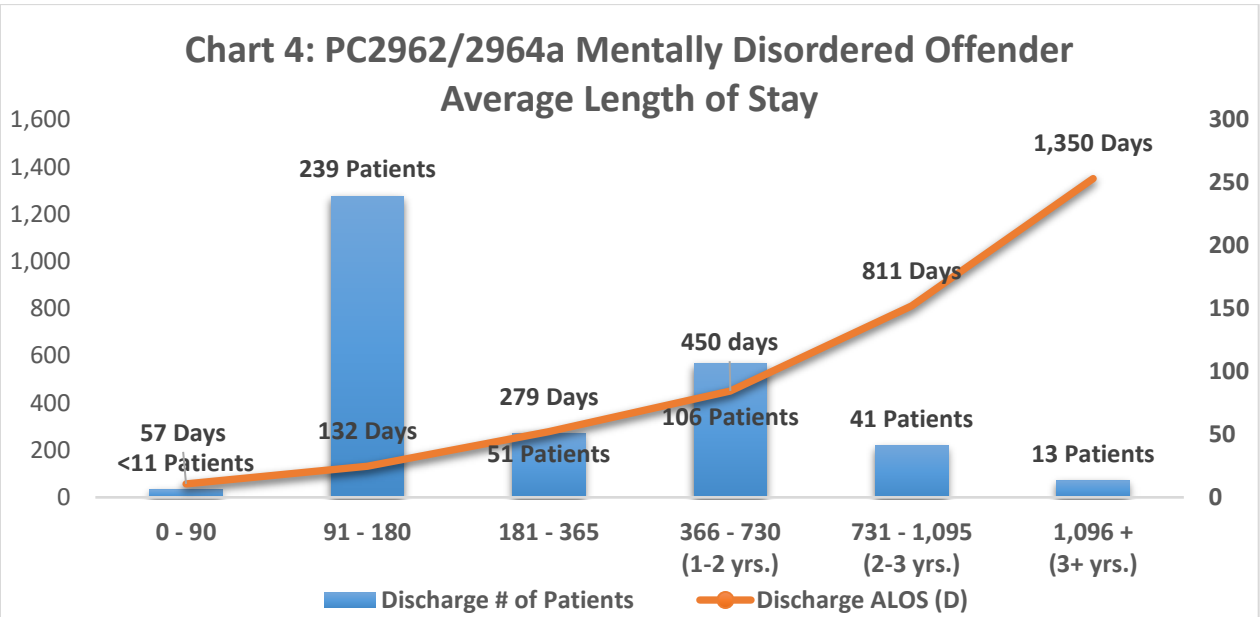


Chart 3 displays the average daily census (ADC) and total number of patients served for the PC 2962/2964a OMD population during FY 2013-14 to FY 2019-20. On average, 521 PC 2962/2964a OMD patients are treated daily in the state hospitals, representing 8 percent of the overall patient population. As of June 30, 2020, the system-wide PC 2962/2964a OMD census was 533 patients.



Note: Total served does not include patients transferred between facilites.

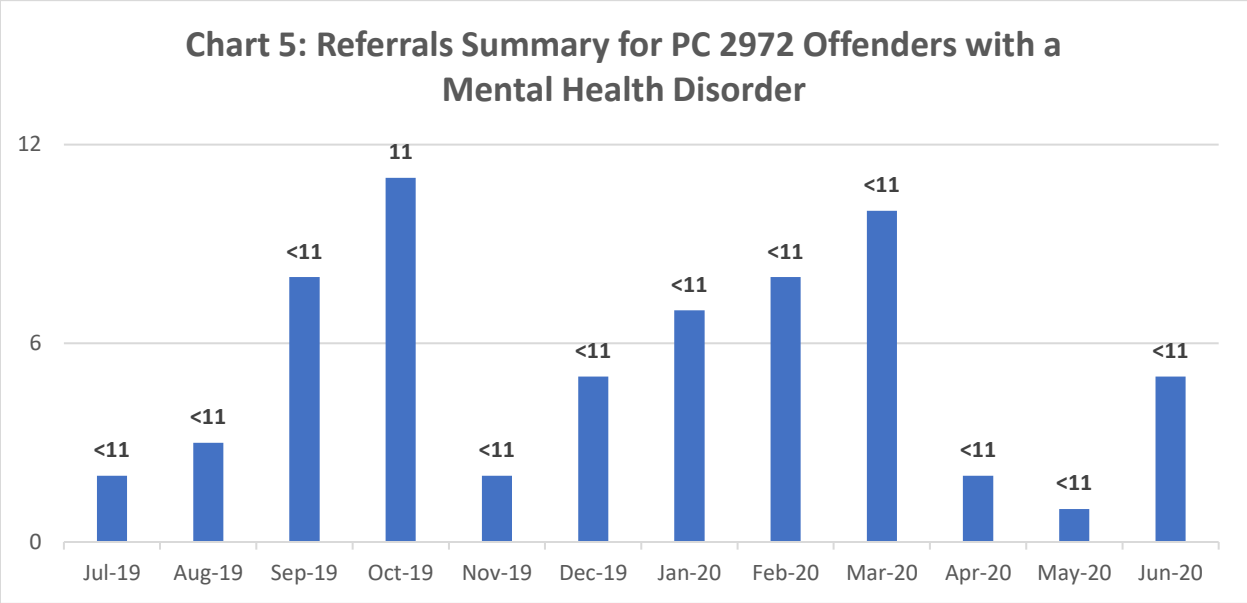
Chart 4 displays the distribution of lengths of stay for all discharged PC 2962/2964a OMD patients. In FY 2019-20, 456 PC 2962/2964a OMD patients were discharged with an average length of stay of 317 days, a little less than 1 year.



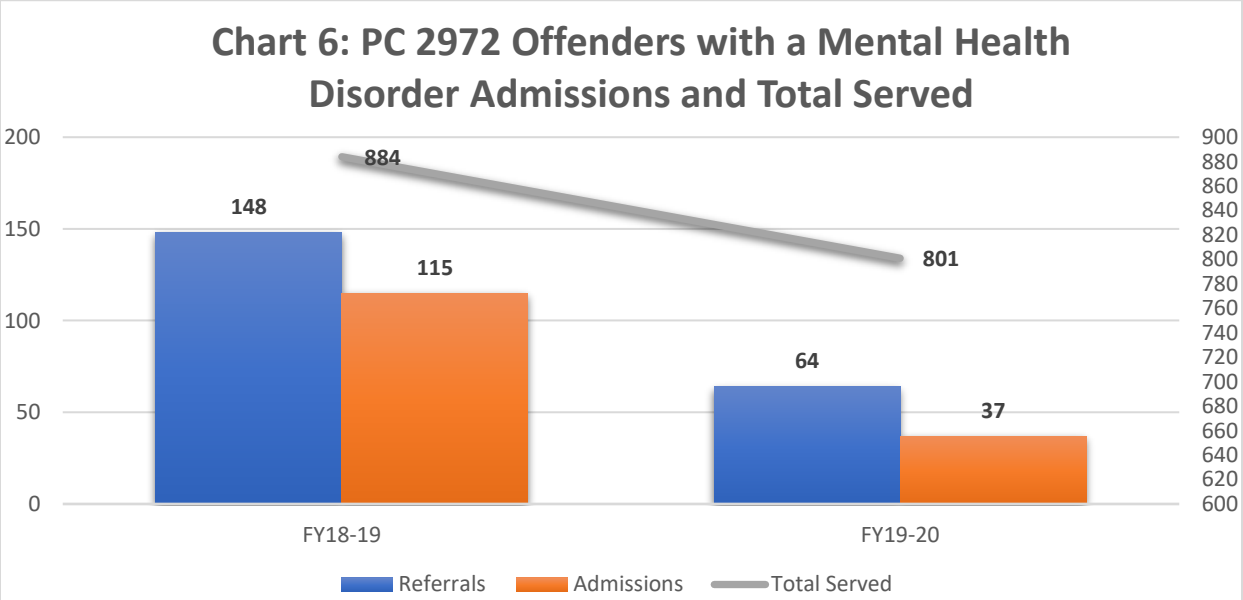
Note: Average length of stay is calculated from discharged patients, including any days on leave.

PC 2972 Offenders with a Mental Health Disorder (OMD)

In Fiscal Year (FY) 2019-20, 64 PC 2972 OMD patients were committed to the state hospital, a 57 percent decrease from FY 2018-19.

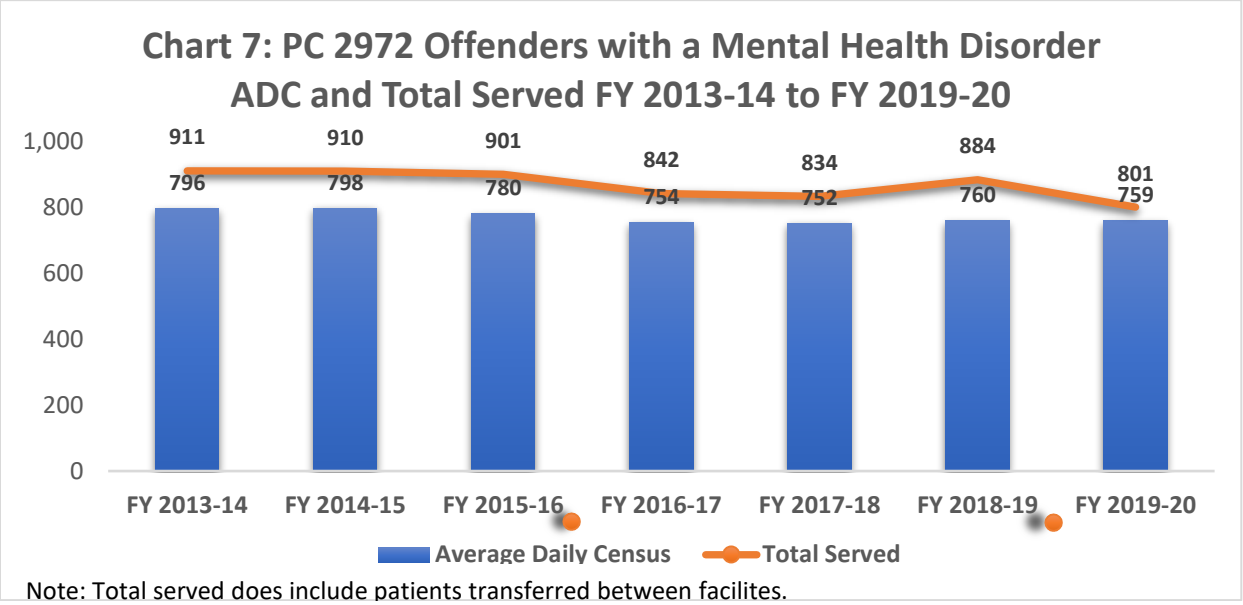


Over the course of FY 2019-20, 37 PC 2972 OMD patients were admitted (including transfer admissions) to a state hospital. Chart 6 displays the referrals, admissions and total patient served for the PC 2972 OMD population in FY 2019-20.



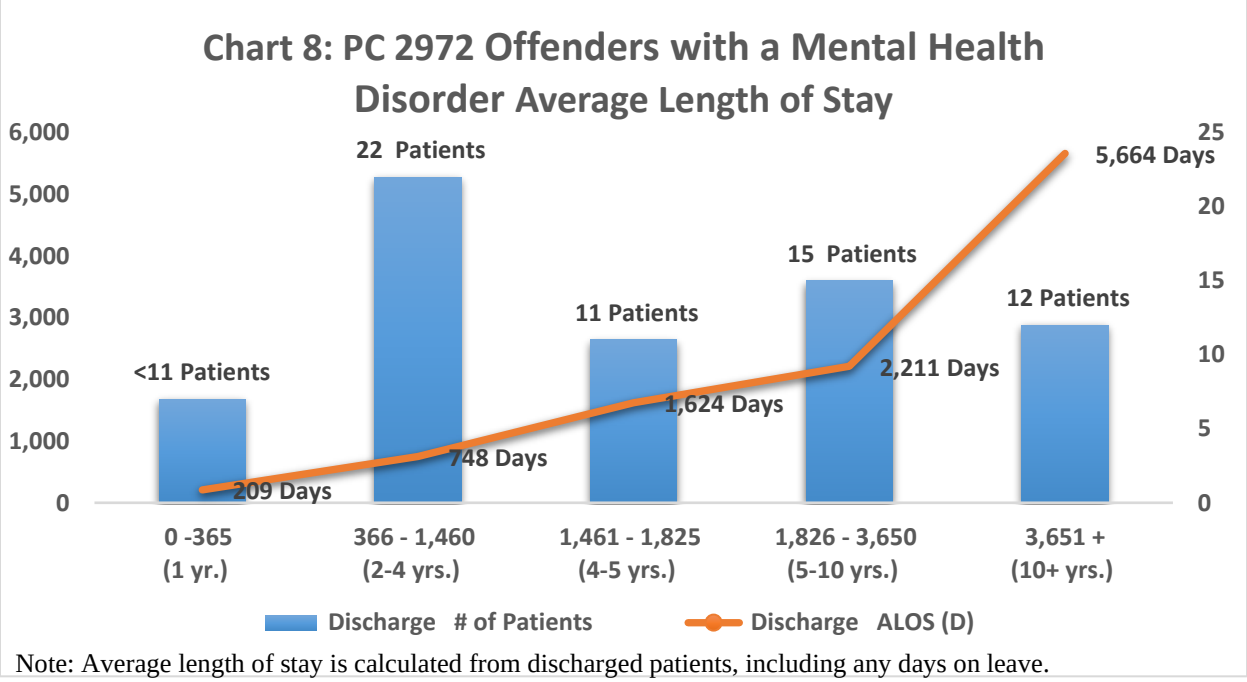
Note: Admissions and total served does include patients transferred between facilites.

Chart 7 displays the average daily census (ADC) and total number of patients served for the PC 2972 OMD population during FY 2013-14 to FY 2019-20. On average, 759 PC 2972 OMD patients are treated daily in the state hospitals, representing 12 percent of the overall patient population. As of June 30, 2020, the system-wide PC 2972 OMD census was 748 patients.



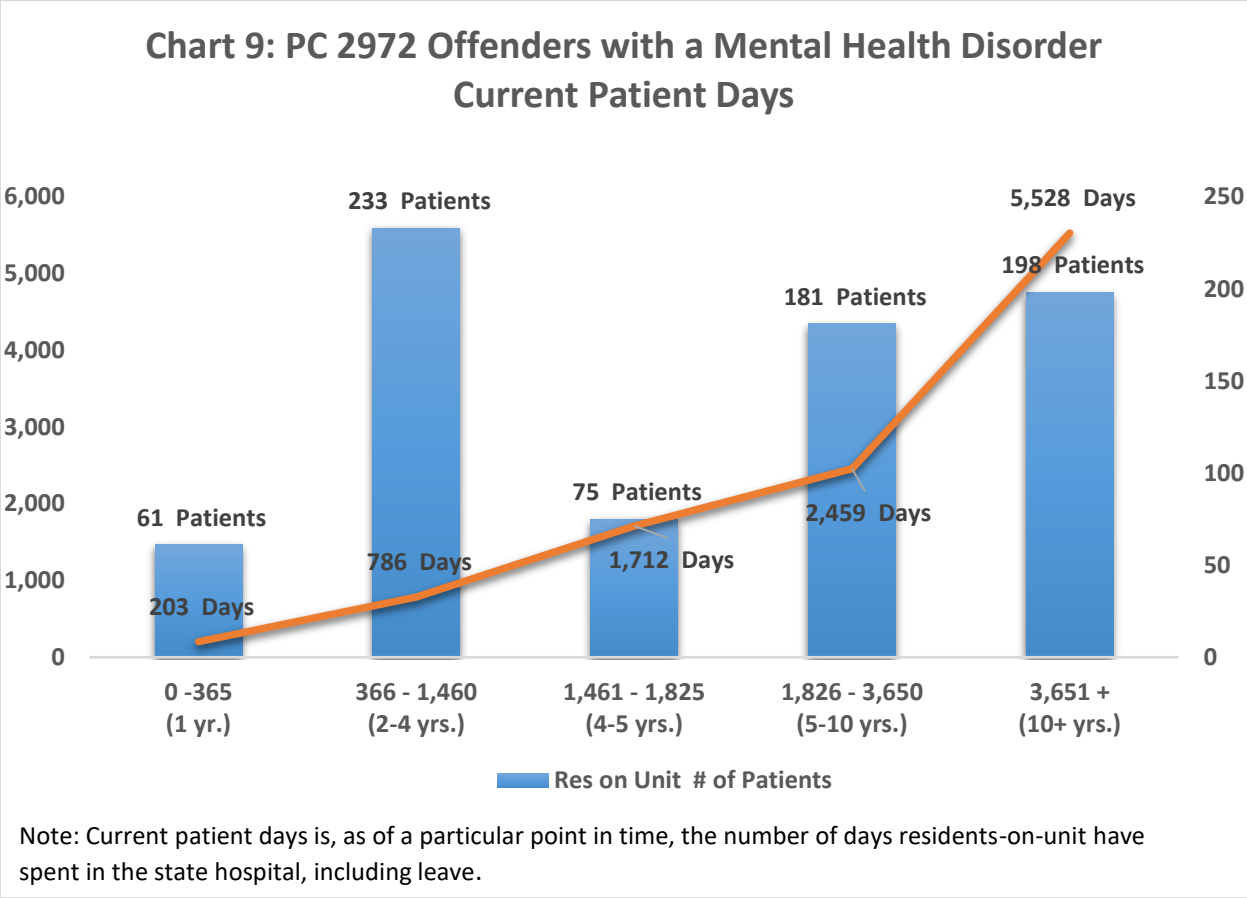
Note: Total served does include patients transferred between facilites.

In FY 2019-20, 67 PC 2972 OMD patients were discharged with an average length of stay of 6 years. Chart 8 displays the distribution of lengths of stay for all discharged PC 2972 OMD patients.



Note: Average length of stay is calculated from discharged patients, including any days on leave.

Chart 9 displays the distribution of patient days for all PC 2972 OMD residents on unit as of June 30, 2020. On average, the 748 PC 2972 OMD patients who continue to reside at DSH as of June 30, 2020 have been there for 2,491 days or 7 years; these days will continue to accrue until the individual PC 2972 OMD patients have been discharged.

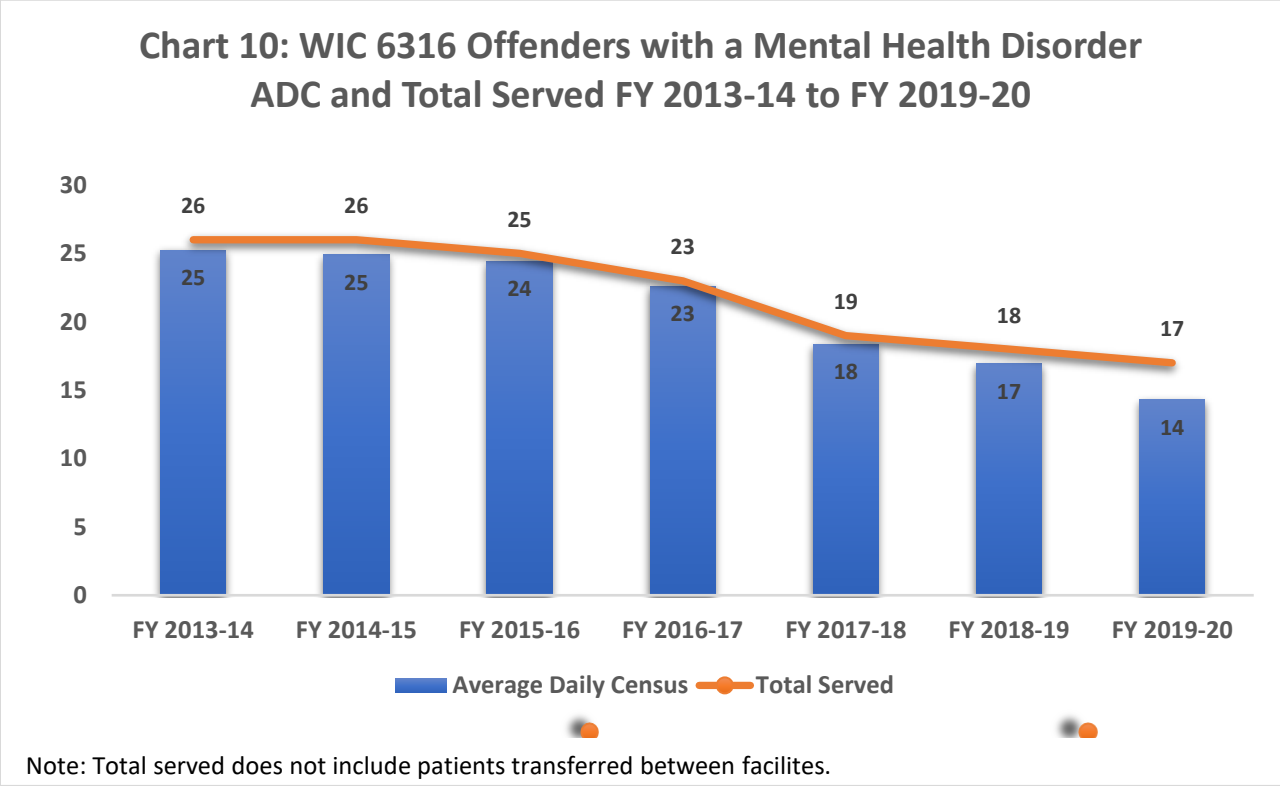


Note: Current patient days is, as of a particular point in time, the number of days residents-on-unit have spent in the state hospital, including leave.

WIC 6316 Mentally Disordered Sex Offender (MDSO) Patients

The entirety of WIC 6300, and therefore the accompanying legal class WIC 6316, was repealed by the Statutes and Amendments to the Codes 1981 (c. 928, p. 3485, § 2). Subsequently, there have since been no new commitments under this legal classification at DSH.

Chart 10 displays the average daily census (ADC) and total number of patients served for the WIC 6316 MDSO population during FY 2013-14 to FY 2019-20. On average, 14 WIC 6316 MDSO patients are treated daily in the state hospitals, representing 0.2 percent of the overall patient population. As of June 30, 2020, the system-wide WIC 6316 MDSO census was 14 patients.



Note: Total served does not include patients transferred between facilites.

In FY 2019-20, WIC 6316 MDSO patients that discharged had an average length of stay of sixteen years. For the 14 WIC 6316 MDSO patients who continue to reside at DSH, they have been there for 2,331 days, or 6 years. These days will continue to accrue until the individual WIC 6316 MDSO patients have been discharged.

POPULATION PROFILE
Sexually Violent Predator Patients

DESCRIPTION OF LEGAL CLASS:

The Department of State Hospitals (DSH) admits Sexually Violent Predator (SVP) patients under Welfare and Institutions Codes (WIC) 6602 and 6604: Sexually Violent Predator. SVP commitments are civil commitments of prisoners released from prison who meet criteria under the Sexually Violent Predator Act, including being convicted of certain sex offenses against one or more victims, and who have a diagnosed mental disorder that makes the person a danger to the health and safety of others in that it is likely that they will engage in sexually violent criminal behavior.

SVP patients are evaluated by DSH and the California Department of Corrections and Rehabilitation (CDCR) as to whether an individual meets the criteria of an SVP after completion of their prison term. Before leaving CDCR, SVPs are committed to DSH pending further hearings for probable cause (WIC 6602). A commitment trial is held and, if adjudged to be an SVP, the individual is committed to a state hospital for an indeterminate period of time (WIC 6604).

The following are the various SVP commitments, and their corresponding citation in code:

WIC 6602	An individual who has been identified as likely to engage in sexually violent predatory criminal behavior upon release and will remain in custody until the completion of the probable cause hearing at which point a determination of WIC 6604 will be made.
WIC 6604	An individual who has been deemed a Sexually Violent Predator by a court or jury pursuant to proceedings as defined by WIC 6602, and committed to the Department of State Hospitals for treatment and confinement of an indeterminate term.
WIC 6601.3[1]	Authorizes the Board of Prison Terms to impose a temporary 45-day hold on CDCR inmates where there is probable cause that the inmate may be a SVP
PC 1610	Temporary admission while waiting for court revocation of Sexually Violent Predator commitment

[1]During Fiscal Year (FY) 2019-20, this population was not served in the state hospitals.

LEGAL REQUIREMENTS/LEGAL STATUTE FOR DISCHARGE:

Once a court determines a patient meets the criteria for an SVP commitment, these patients undergo an annual review process where the patient's SVP status is evaluated. At that point, DSH may decide that the patient is ready to be released into the community on a conditional release basis. A patient may have a hearing to determine whether they should be released from the hospital under conditional release to the community or unconditional release to the community without supervision.

If the court agrees that the patient no longer meets the SVP criteria and will not pose a public safety threat if conditionally released into a supervised program, it will order the patient be conditionally released. If the patient is conditionally released, DSH's Forensic Conditional Release Program (CONREP) takes over the monitoring and supervision of the patient. Alternatively, the court

may decide that the patient is ready for unconditional release; if a patient is placed on unconditional release a CDCR parole agent takes over the monitoring and supervision of that individual.

TREATMENT:

Because their crimes typically involve severe sexual violence and many have mental disorders that are not amenable to standard medication treatments, treatment for SVP patients typically requires substantial time resources. Because of the risk to the community, if an SVP patient was not treated effectively, psychosocial treatments, relapse prevention/wellness, and recovery action planning are emphasized and reinforced across all clinical disciplines and treatment modalities.

To assess dangerousness and develop effective treatments to reduce violence risk, specialized violence risk assessments must be conducted to both guide treatment and measure progress in treatment.

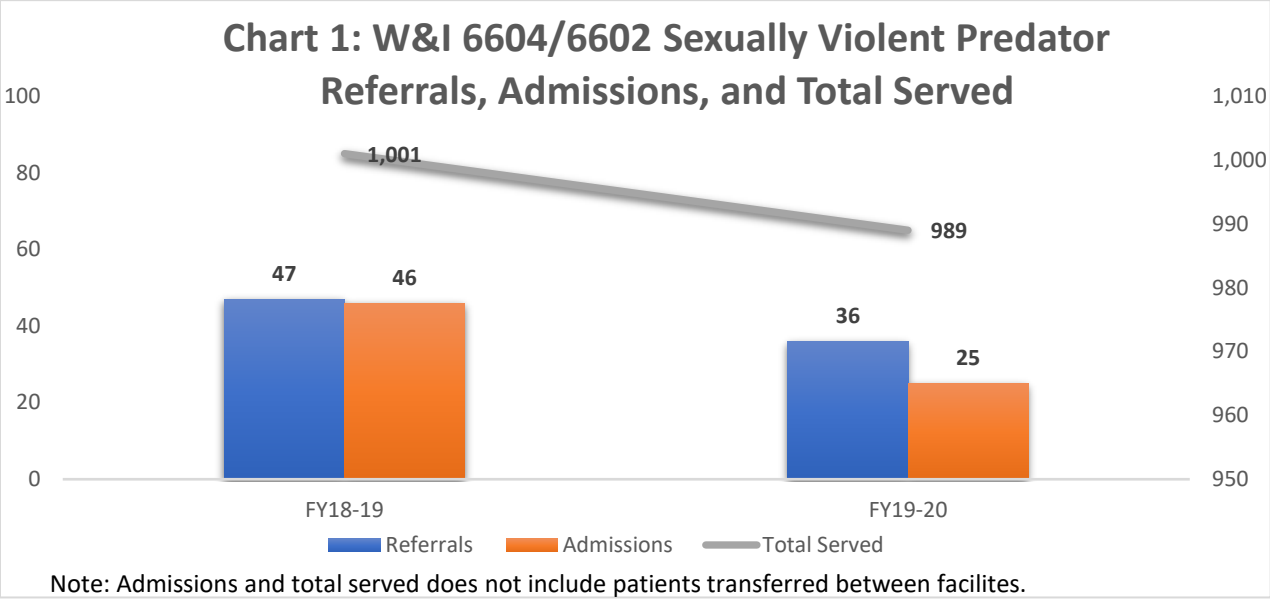
DSH must submit an annual report to the court of the SVP patient's mental condition, a review of whether they still meet the SVP criteria, whether conditional release to a less restrictive environment or unrestricted discharge would be in the best interest of the individual, and whether conditions could be imposed upon release that would adequately protect the community. If the state hospital provides the court with the opinion that the individual no longer meets SVP criteria, or that the individual can be treated in a less restrictive setting, a court hearing is held. SVP patients can also petition for a hearing.

Before being recommended for release, the SVP patient must demonstrate long-term stability and adherence to treatments, as well as demonstrate an understanding of their sexual violence risk factors and patterns of thinking that relates to their criminal activity patterns. Furthermore, the SVP patient must be able to demonstrate that they would take preventive actions to avoid or mitigate any factors that would increase their sexual violence risk.

Although SVP patients are admitted to DSH because of severe mental illness and dangerousness, all patients (including SVPs) have the right to refuse treatment, unless individually directed by a court to comply. This can effectively lengthen the patient stay at the state hospital if a patient chooses not to actively engage or fully participate in the treatments recommended by their treatment team.

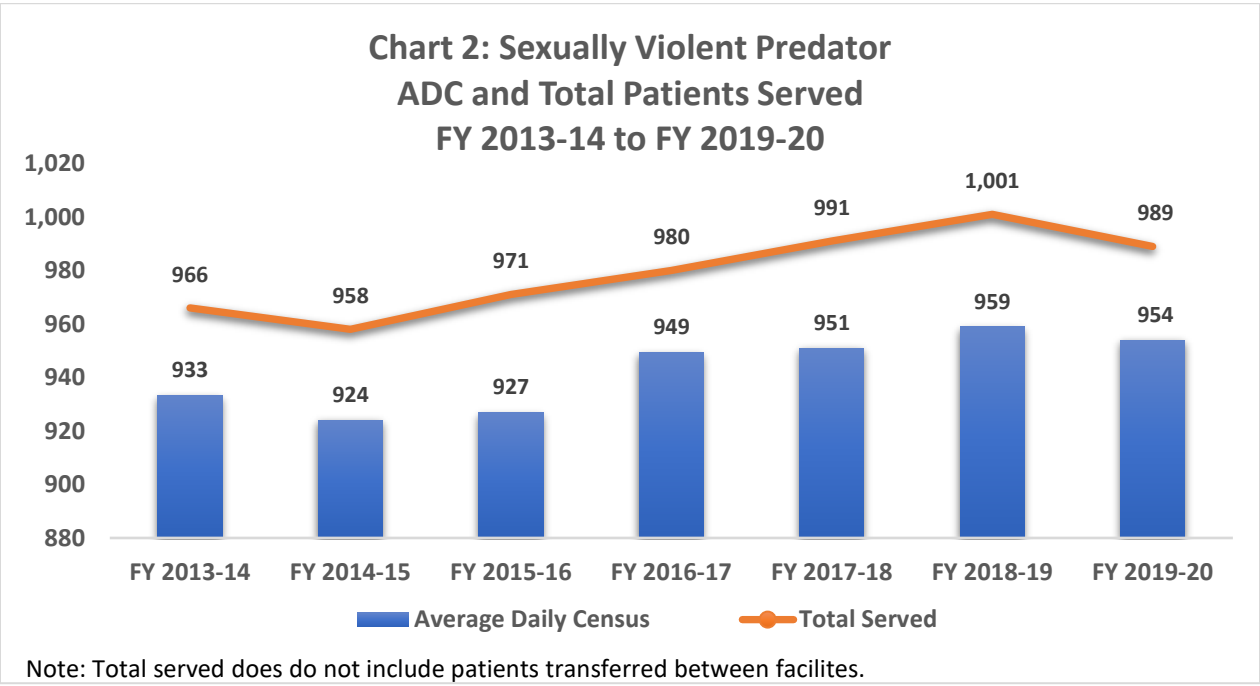
POPULATION DATA:

In Fiscal Year (FY) 2019-20, 36 SVP patients were committed, of which 25 SVP patients were admitted into a state hospital. Chart 1 displays the referrals, admissions, and total patients served for the SVP population in FY 2019-20.



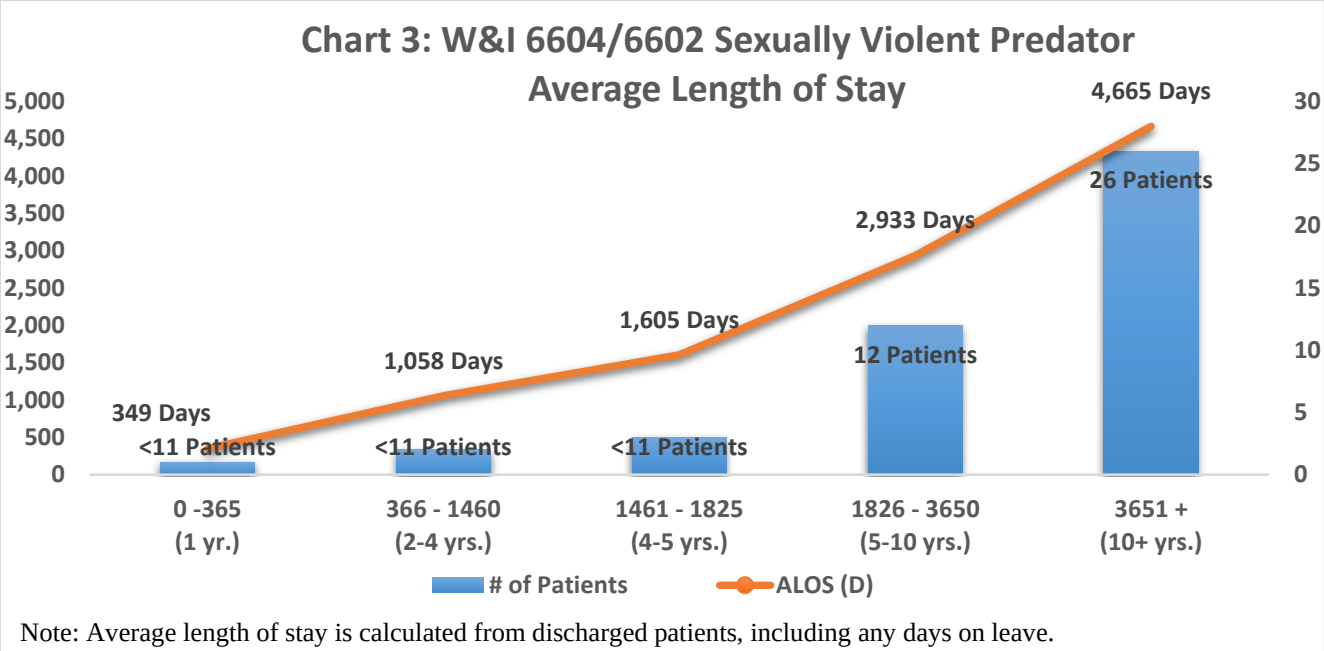
Note: Admissions and total served does not include patients transferred between facilites.

Chart 2 displays the average daily census (ADC) and total number of patients served for the SVP population during FY 2013-14 to FY 2019-20. On average, 954 SVP patients are treated daily in the state hospitals, representing 15 percent of the overall patient population. As of June 30, 2020, the system-wide SVP census was 942 patients.



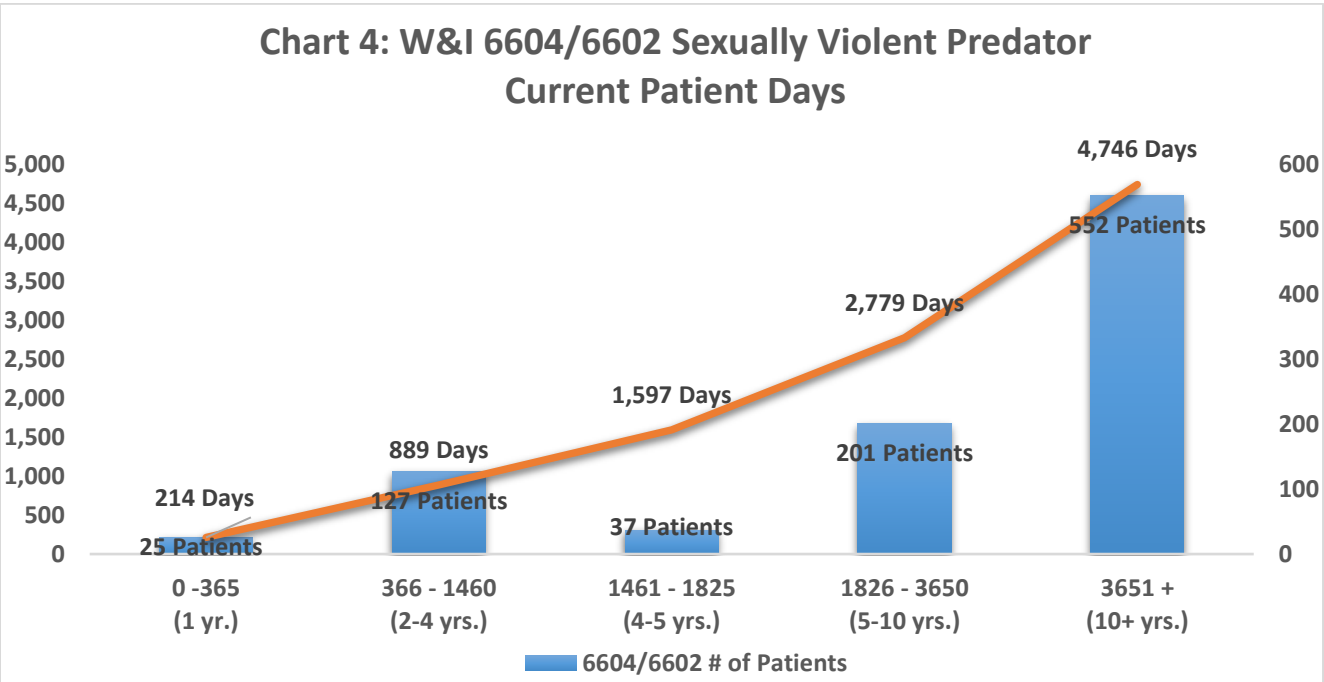
Note: Total served does do not include patients transferred between facilites.

In FY 2019-20, 44 SVP patients were discharged with an average length of stay of 10 years. Chart 3 displays the distribution of lengths of stay for all discharged SVP patients.



Note: Average length of stay is calculated from discharged patients, including any days on leave.

Chart 4 displays the patient days for all SVP patients that remained on census as of June 30, 2020. On average, the 942 SVP patients who continue to reside at DSH as of June 30, 2020 have been there for an average of 3,563 days, or 10 years.



Note: Current patient days is, as of a particular point in time, the number of days residents-on-unit have spent in a state hospital, including leave.

Department of State Hospitals – Atascadero

HISTORY

The Department of State Hospitals-Atascadero is a secure forensic hospital located on the Central Coast of California, in San Luis Obispo County. It opened in 1954 and is a psychiatric hospital constructed within a secure perimeter. DSH-Atascadero treats only male patients, the majority of which are remanded for treatment by county superior courts or by the California Department of Corrections and Rehabilitation (CDCR). The hospital does not accept voluntary admissions.

PATIENT POPULATION

The hospital is licensed to operate up to approximately 1,275 beds. In Fiscal Year (FY) 2019-20, DSH-Atascadero served 1,040 patients. The commitment categories of patients treated at DSH-Atascadero are as follows:

Patient Commitments	Penal Code
Incompetent to Stand Trial	1370
Lanterman-Petris Short	-
Offender with a Mental Health Disorder	2962 / 2972
Coleman/CDCR	2684
Not Guilty by Reason of Insanity	1026

HOSPITAL STAFF

Approximately 2,208 employees work at DSH-Atascadero providing round-the-clock care, including psychologists, psychiatrists, social workers, rehabilitation therapists, psychiatric technicians, registered nurses, and other clinical staff. In addition, there are various non-level of care staff at the facility, including hospital police, kitchen staff, custodial staff, warehouse workers, groundskeepers, information technology staff, plant operations staff, spiritual leaders, and other administrative staff.

TREATMENT AND PROGRAMS

The residential treatment programs, in conjunction with Recovery and Mall Services (defined below), provide a variety of patient, group, and unit-wide skills training, rehabilitative and enrichment activities. These activities are prescribed by the treatment team according to the patient's identified interests and assessed needs. Included in these activities is a vocational rehabilitation program which provides the patients with the opportunity to learn an increasing number of vocational and work skills under the direction of trained vocational counselors and a variety of school-based classes where patients can improve academic achievement, receive a GED, or pursue advanced independent studies.

Program management is responsible to ensure a safe and therapeutic environment through the appropriate management of resources and the delivery of group psychotherapy, psychoeducational and rehabilitation treatment specific to the patients' needs.

When indicated, individual patient psychotherapy, vocational training, and educational training are also provided.

Treatment Plan

Treatment planning is directed toward the goal of helping patients to recover from psychiatric disability, which includes the reduction of symptoms, acquisition of skills for coping with the effects of mental illness, successful fulfillment of constructive adult roles, and the development of supports, which in combination, will permit maximum independence and quality of life. The planning process offers the patient, family members, relatives, significant others, and authorized representatives the full opportunity to participate meaningfully in the recovery and discharge process.

Each patient will have a comprehensive, individualized treatment plan based on the integrated assessments of mental health professionals. Therapeutic and rehabilitation services are designed to address each patient's needs and to assist the patient in meeting his specific treatment goals, consistent with generally accepted professional standards of care. Such plans are developed and reviewed on a regular basis in collaboration with the patient.

Treatment Team

The treatment team consists of an interdisciplinary core of members, including at least the patient, treating psychiatrist, psychologist, rehabilitation therapist, social worker, registered nurse, and psychiatric technician, and may include the patient's family, guardian, advocates, and attorneys as appropriate. Based on the patient's needs, other members may also include, but are not limited to registered dietitian, pharmacist, teacher, physical therapist, speech-language pathologist, occupational therapist, vocational services staff, and psychiatric nurse practitioner.

Families and officials (i.e. Conservators) may be included as active participants with the team and may be of considerable assistance in assessment, planning, treatment, and post-hospital care of the patients. At the time of admission, families shall be notified so that they may meet with the team, provided the patient gives consent for notification.

Provision of Treatment, Rehabilitation, and Supplemental Activities

DSH's goal is to provide individualized active recovery services that focus on maximizing the functioning of persons with psychiatric disabilities. DSH endeavors to identify, support, and build upon each recovering patient's strengths to achieve maximum potential towards his or her hopes, dreams, and life goals.

Recovery and Mall Services (RMS)

Recovery Mall Services (RMS) is a clinical treatment program that utilizes Recovery oriented Psychosocial Rehabilitation philosophy to provide quality, evidence based, recovery focused, therapeutic and rehabilitation services, as well as supplemental leisure activities designed to facilitate the psychiatric rehabilitation of patients at DSH-A. All services provided through RMS promote increased wellness and independent functioning. RMS Provides centralized campus locations for treatment where facilitators from throughout the hospital may provide approved, scheduled treatment groups. These areas include the Phoenix Campus, Gymnasium, Community Center, Music Center, Main Courtyard and Art Center.

The RMS department offers Interfaith Services, Volunteer Services, Library Services— through the Logan Library – Patient and Professional Libraries, Aztec Adult School, Graphic Arts Services, Barbershop Services, and Substance Use Recovery Services. In addition, RMS also offers Vocational Training Programs that include Printing/Graphic Arts and Landscape Gardening. Furthermore, RMS offers scheduled hospital wide supplemental activities, events and meetings including but not limited to: Phoenix Club, Incentive Bingo and Community Center, Evening Open Gym, Monthly Birthday Party and the Hospital Advisory Council meetings.

Central Medical Services (CMS)

CMS provides definitive medical care and evaluation to all residents in the hospital. These services include radiology, public health, laboratory, physical therapy, dentistry, pharmacy, medical clinics, unit sick call, contractual services inside and outside the hospital, and review of community-based consultations. Services are available to residents on referral from general physicians and psychiatrists who have primary responsibility for the care of patients on residential treatment units.

ACCREDITATION AND LICENSURE

This facility is accredited by The Joint Commission (TJC). TJC conducts unannounced surveys of this hospital at least every three years. The purpose of the survey is to evaluate the hospital's compliance with nationally established TJC standards. The survey results are used to determine whether accreditation should be awarded and whether or not certain conditions or reporting requirements should be implemented to maintain accreditation status. TJC standards deal with subject matter such as organization quality, patient safety, provision of care, treatment and services, as well as the environment in which care is provided.

DSH-Atascadero is licensed by the California Department of Public Health. DSH-Atascadero has eight units licensed as acute psychiatric. An acute psychiatric facility means having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care for persons with mental health disorders or other patients referred to in Division 5 (commencing with Section 5000) or Division 6 (commencing with Section 6000) of the Welfare and Institutions Code, including the following

basic services: medical, nursing, rehabilitative, pharmacy, and dietary services. DSH-Atascadero also has 26 units licensed as Intermediate Care Facility (ICF). An ICF means a health facility that provides inpatient care to ambulatory or non-ambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous skilled nursing care.

TRAINING AND INTERNSHIPS

DSH-Atascadero offers various training and internship opportunities across many clinical disciplines. Please see the table below for a brief description of DSH-Atascadero's training programs.

DSH-Atascadero Training Programs

DISCIPLINE	PROGRAM TYPE
Nursing	• Registered Nursing Programs Clinical Rotation • Nursing Students Preceptorship
Pharmacy [1]	•Systemwide, DSH's pharmacy discipline is currently contracted with 11 pharmacy schools.
Physician and Surgeon [2]	•Accepts Contracted Students
Psychiatric Technicians [3]	•Psychiatric Technician Trainee •Pre-Licensed Psychiatric Technician •20/20 Psychiatric Technician Training Program
Psychology	•American Psychological Association Approved Pre-Doctoral Internship
Registered Dietitians	•Accredited Dietetic Internship •Contracted Cal-Poly San Luis Obispo Dietetic Internship
Rehabilitation Therapy	•Recreation Therapy (Student Assistants) •Music Therapy (Student Assistants)
Social Work	•Unpaid Master of Social Work Internships

[1] **Pharmacy:** Systemwide, DSH's pharmacy discipline is currently contracted with 11 pharmacy schools. The preceptor at each of the hospitals will communicate with the schools to determine when to send students for their clinical rotations. The contracted schools are: University of Southern California (USC), University of California-San Francisco (UCSF), Touro University California College of Pharmacy, California North State University, California Health Sciences University, Loma Linda University (LLU), St Louis College of Pharmacy, University of Montana, University of the Pacific (UOP), Western University of Health Science, Chapman University.

[2] **Physician and Surgeon:** Accepts Family Nurse Practitioner students who need clinical hours. They can execute contracts with the school to formalize these rotations.

[3] **Psychiatric Technicians:** 1. Psychiatric Technician Trainees are currently enrolled in a Psychiatric Technician School and work part time inside DSH hospitals (up to 20 hours/week). 2. Pre-Licensed Psychiatric Technicians are graduates from Psychiatric Technician School but have not yet passed the state licensing exam. They are limited to 9 months in that role (test must be passed within the 9 months) and work full time with some limitations on their job responsibilities. 3. 20/20 Psychiatric Technician training programs are open to current employees that have been accepted into a Psychiatric Technician School. The modified work hours shall be a maximum of twelve (12) months in length and the amount of the 20/20 time utilized by each selected employee will depend on the type of education/training programs available.

Department of State Hospitals – Coalinga

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 60 miles southwest of Fresno.

DSH-Coalinga opened in 2005 and began treating forensically committed patients, most of which are sexually violent predators (SVPs). 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 is licensed to operate up to approximately 1,500 beds. In Fiscal Year (FY) 2019-2020 DSH-Coalinga served 1,365 patients, a significant change from the previous year due to the COVID-19 pandemic. The commitment categories of patients treated at DSH-Coalinga are as follows:

Patient Commitments	Penal Code
Lanterman-Petris Short	5358 (WIC)
Offender with a Mental Health Disorder	2972
Coleman/CDCR	2684
Not Guilty by Reason of Insanity	1026
Sexually Violent Predators	6602/6604

HOSPITAL STAFF

Approximately 2,382 employees work at DSH-Coalinga providing round-the-clock care, including psychologists, psychiatrists, social workers, rehabilitation therapists, psychiatric technicians, registered nurses, and other clinical staff. In addition, there are various non-level of care job classifications at the facility, including hospital police, kitchen staff, custodial staff, warehouse

workers, groundskeepers, information technology staff, plant operations staff, spiritual leaders, and other administrative staff.

TREATMENT AND PROGRAMS

The fundamental goal of the DSH-Coalinga Sex Offenders Treatment Program is for the patient 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 patient'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 patient'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; they 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.

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.

LICENSURE

DSH-Coalinga is licensed by the California Department of Public Health. DSH-Coalinga has two units designated as acute psychiatric. An acute psychiatric facility means having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care for persons with mental health disorders or other patients referred to in Division 5 (commencing with Section 5000) or Division 6 (commencing with Section 6000) of the Welfare and Institutions Code, including the following basic services: medical, nursing, rehabilitative, pharmacy, and dietary services. In addition, DSH-Coalinga has 23 units licensed as an Intermediate Care Facility (ICF). An ICF means a health facility that provides inpatient care to ambulatory or non-ambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous skilled nursing care. DSH-Coalinga also has seven unlicensed Residential Recovery Units (RRU), which provides inpatient care to patients who are required to reside at DSH but have a lesser need for supervision.

TRAINING AND INTERNSHIPS

DSH-Coalinga offers various training and internship opportunities across many clinical disciplines. Please see the table below for a brief description of DSH-Coalinga's training programs.

DSH-Coalinga Training Programs

DISCIPLINE	PROGRAM TYPE
Nursing	• Registered Nursing Programs Clinical Rotation • Nursing Students Preceptorship
Pharmacy [1]	•Systemwide, DSH's pharmacy discipline is currently contracted with 11 pharmacy schools.
Psychiatric Technicians [2]	•Psychiatric Technician Trainee •Pre-Licensed Psychiatric Technicians •20/20 Psychiatric Technician Training Program
Psychology	•American Psychological Association Approved Pre-Doctoral Internship
Rehabilitation Therapy [3]	•Recreation Therapy (Student Assistants) •Recreation Therapy Internship Program •Music Therapy (coming soon)
Social Work [4]	•Masters of Social Work Internships (Graduate Student Assistants)

[1] **Pharmacy:** Systemwide, DSH's pharmacy discipline is currently contracted with 11 pharmacy schools. The preceptor at each of the hospitals will communicate with the schools to determine when to send students for their clinical rotations. The contracted schools are: University of Southern California (USC), University of California-San Francisco (UCSF), Touro University California College of Pharmacy, California North State University, California Health Sciences University, Loma Linda University (LLU), St Louis College of Pharmacy, University of Montana, University of the Pacific (UOP), Western University of Health Science, Chapman University.

[2] **Psychiatric Technicians:** 1. Psychiatric Technician Trainees are currently enrolled in a Psychiatric Technician School and work part time inside DSH hospitals (up to 20 hours/week). 2. Pre-Licensed Psychiatric Technicians are graduates from Psychiatric Technician School but have not yet passed the state licensing exam. They are limited to 9 months in that role (test must be passed within the 9 months) and work full time with some limitations on their job responsibilities. 3. 20/20 Psychiatric Technician training programs are open to current employees that have been accepted into a Psychiatric Technician School.

The modified work hours shall be a maximum of twelve (12) months in length and the amount of the 20/20 time utilized by each selected employee will depend on the type of education/training programs available.

[3] **Recreational Therapy Internship:** Recreational Therapy Internship Candidates are in their final semester of their degree and are required to complete a minimum of a 14-week 560-hour internship. Partners can be made with any accredited school in the country with a Recreational Therapy or Therapeutic Recreation program. The specific DSH-C Recreation Therapy Internship Program lasts for a minimum of 17-weeks due to New Employee Orientation. Once completed, students are eligible for national certification with National Council for Therapeutic Recreation Certification (NCTRC). To ensure the safety and well-being of students, patients, and staff, the Internship is designed to follow the guidelines outlined in the American Therapeutic Recreation Association (ATRA) Code of Ethics.

Music Therapy Internship: DSH-C is able to provide current opportunities for skill growth and professional development in accordance with American Music Therapy Association (AMATA) guidelines.

[4] **Social Work:** The Master of Social Work Internship program accepts four Graduate Student Assistants per academic program year. Graduate students are currently enrolled in a Master of Social Work program at an accredited university and complete at least 20 internship hours at DSH-C each week. The Field Instructor and Preceptor for each student will communicate with one another throughout the internship to assess progress and determine appropriate rotation throughout the hospital. The Social Work Department is currently contracted with nine Master of Social Work universities. The contracted schools include: University of California (USC), California State University Fresno (CSUF), California State University Bakersfield (CSUB), California State University Monterey Bay (CSUMB), San Jose State University (SJSU), Arizona State University (ASU), Campbellsville University (CU), Brandman University, and Simmons University.

Department of State Hospitals – Metropolitan

HISTORY

The Department of State Hospitals Metropolitan opened in 1916 as a self-sufficient facility with its own dairy cows, pigs, chickens and farmland. Located in Norwalk in Los Angeles County, today it serves as a modern-day psychiatric facility providing state of the art psychiatric care. The hospital is an open style campus within a security perimeter. Due to concerns raised by the community, DSH-Metropolitan maintains a formal agreement with the City of Norwalk and the Los Angeles County Sheriff not to accept patients charged with murder or a sex crime, or at high risk for escape. The hospital does not accept voluntary admissions.

PATIENT POPULATION

The hospital is licensed to operate up to approximately 1,106 beds. In Fiscal Year (FY) 2019-20, DSH-Metropolitan served 797 patients. The commitment categories of patients treated at DSH-Metropolitan are as follows:

Patient Commitments	Penal Code
Incompetent to Stand Trial	1370
Lanterman-Petris Short	-
Offender with a Mental Health Disorder	2972
Not Guilty by Reason of Insanity	1026

HOSPITAL STAFF

Approximately 2,232 employees work at DSH-Metropolitan providing around-the-clock care, including psychiatrists, psychologists, social workers, rehabilitation therapists,-registered nurses, psychiatric technicians, and other clinical staff. In addition, there are various non-level of care staff at the facility, including hospital police, kitchen staff, custodial staff, warehouse workers,

groundskeepers, information technology staff, plant operations staff, spiritual leaders, teachers and other administrative staff.

TREATMENT AND PROGRAMS

DSH-Metropolitan is the first state hospital in California to have a specialized unit dedicated to Dialectical Behavior Therapy (DBT). DBT is a systematic cognitive-behavioral approach founded in the late 1970s by psychologist Marsha Linehan. It balances principles of acceptance (mindfulness) and change (behaviorism) and is effective for treating complex, difficult-to-treat mental disorders.

Research indicates DBT to be effective in reducing:

- Suicidal and self-injurious behaviors
- Treatment resistant depression
- Intense anger or difficulty with controlling emotions
- Impulsive behaviors that are potentially self-damaging (e.g., substance abuse, eating disorders)
- Treatment dropout
- Psychiatric hospitalizations

DSH-Metropolitan has a specialized unit dedicated to DBT as a treatment modality for patients who are diagnosed with a serious mental illness and who typically have a complex response to trauma that directly influenced their attachment styles, coping mechanisms, and interpersonal relationships.

Each patient in the DBT Program participates in the following activities:

- DBT Skills Groups which include four modules: Mindfulness, Emotional Regulation, Distress Tolerance, and Interpersonal Relationships
- Homework and Review Group
- Weekly Individual Therapy
- Bi-Weekly Outings
- Groups focused on practicing and applying skills

Other treatment programs include:

Trial Competency Program:

The Trial Competency Program is for patients admitted to the hospital pursuant to Penal Code (PC) 1370, Incompetent to Stand Trial (IST). The IST patients are trial defendants determined by the court to be unable to participate in their trial because they are not able to understand the nature of the criminal proceedings or assist counsel in the conduct of their defense due to psychiatric symptoms associated with a mental illness. These patients receive a specialized program of treatment which is specifically designed to help the patient gain the knowledge and skills necessary to return to court. The goal is for the patient to understand court proceedings and effectively participate in their defense. Treating the defendant as IST and returning him/her to court for trial is sometimes followed by a court determination that the defendant is Not Guilty by Reason of Insanity (NGI) and requires further treatment under PC 1026.

Offender with a Mental Health Disorder (OMD) Program:

The OMD Program is for patients paroled to the hospital by authority of the Board of Paroles under provisions of PC 2962. Patients may be released to parole, placed in a Conditional Release Program (CONREP), or become civilly committed.

Lanterman-Petris-Short (LPS) Program:

The LPS Program provides treatment for civilly committed patients who suffer from severe symptoms of mental illness, who engage in the behaviors that are dangerous to themselves or others, or who are gravely disabled by their mental illness and thereby unable to formulate a viable plan for self-care. The program provides a highly structured treatment environment for re-socialization in preparation for community placement.

Skilled Nursing Facility (SNF):

The fully licensed SNF provides continuous nursing treatment and care for both Penal Code (PC) and civilly committed patients whose primary need is availability of skilled nursing care on an extended basis. Program objectives include the provision of interventions that are person-appropriate, foster hope and caring, and honor the resident's individual rights, cultural differences, spirituality and dignity.

ACCREDITATION AND LICENSURE

DSH-Metropolitan is accredited by The Joint Commission (TJC) an independent, not-for-profit organization that accredits and certifies nearly 21,000 health care organizations and programs in the United States. TJC conducts unannounced surveys of this hospital at least every three years. The purpose of the survey is to evaluate the hospital's compliance with nationally established TJC standards. The survey results are used to determine whether accreditation should be awarded and under what conditions that happens. TJC standards evaluate organization quality, safety of care issues and the safety of the environment in which care is provided.

DSH-Metropolitan is licensed by the California Department of Public Health and has 23 units designated as acute psychiatric. An acute psychiatric facility means having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care for persons with mental health disorders or other patients referred to in Division 5 (commencing with Section 5000) or Division 6 (commencing with Section 6000) of the Welfare and Institutions Code, including the following basic services: medical, nursing, rehabilitative, pharmacy, and dietary services. DSH-Metropolitan also has three units designated as a Skilled Nursing Facility (SNF). A SNF means a health facility that provides skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis.

TRAINING AND PARTNERSHIPS

DSH-Metropolitan offers various training and internship opportunities across many clinical disciplines. Please see the table below for a brief description of those training programs.

DSH-Metropolitan Training Programs

DISCIPLINE	PROGRAM TYPE
Nursing [1]	• Registered Nursing Clinical Rotation Programs • Nursing Students Preceptorship
Pharmacy [2]	•Systemwide, DSH's pharmacy discipline is currently contracted with 11 pharmacy schools.
Physician and Surgeon	•Student Volunteer Opportunities
Psychiatric Technicians [3]	•20/20 Psychiatric Technician Training Programs
Psychiatry	•Pacific Northwest University – Psychiatry Clerkship •Western University of Health Sciences – Psychiatry Clerkship
Psychology	•Association of Psychology Postdoctoral and Internship Center – Affiliated Internship Program
Registered Dietitians	•Accredited Dietetic Internship
Rehabilitation Therapy	•Art Therapy (Loyola Marymount University/ Practicum Students) •Music Therapy (American Music Therapy Association National Roster Internship Program /Volunteer Positions) •Recreation Therapy (Volunteer Positions)
Social Work	•Masters of Social Work Internships (Volunteer Positions)

[1] **Nursing:** Preceptorship for Bachelor of Science in Nursing (BSN) and Master of Science in Nursing (MSN) programs available on an individual basis.

[2] **Pharmacy:** Systemwide, DSH's pharmacy discipline is currently contracted with 11 pharmacy schools. The preceptor at each of the hospitals will communicate with the schools to determine when to send students for their clinical rotations. The contracted schools are: University of Southern California (USC), University of California-San Francisco (UCSF), Touro University California College of Pharmacy, California North State University, California Health Sciences University, Loma Linda University (LLU), St Louis College of Pharmacy, University of Montana, University of the Pacific (UOP), Western University of Health Science, Chapman University.

[3] **Psychiatric Technicians:** DSH-M offers 20/20 Psychiatric Technician training program for only Psychiatric Technician Assistants to become a Psychiatric Technician. The modified work hours shall be a maximum of twelve (12) months in length and the amount of the 20/20 time utilized by each selected employee will depend on the type of education/training programs available.

Department of State Hospitals – Napa

HISTORY

In 1872, a site was selected, and work began for the erection of the 500-bed, four-story, Gothic Style Hospital building. The Hospital originated in response to overcrowding at Stockton Asylum, the first State Hospital. The Department of State Hospitals-Napa opened on Monday, November 15, 1875 and is the oldest State Hospital still in operation. DSH-Napa was once self-sufficient, with its own dairy and poultry ranches, vegetable gardens, orchards and other farming operations. Treatment programs for developmentally disabled residents were available from October 1968 to August 1987 and from October 1995 to March 2001. The hospital does not accept voluntary admissions.

PATIENT POPULATION

The hospital is licensed to operate up to approximately 1,418 beds. In Fiscal Year (FY) 2019-2020, DSH-Napa served 1,090 patients. The commitment categories of patients treated at DSH-Napa are as follows:

Patient Commitments	Penal Code
Incompetent to Stand Trial	1370
Lanterman-Petris Short	-
Offender with a Mental Health Disorder	2972
Not Guilty by Reason of Insanity	1026
Recommitment After Expiration of Prison Term (Must have concurrent W&I commitment)	2974

HOSPITAL STAFF

Approximately 2,535 employees work at DSH-Napa, providing round-the-clock care, including psychologists, psychiatrists, physicians, social workers, rehabilitation therapists, psychiatric technicians, registered nurses, and other clinical staff. In addition, there are various non-level of care job classifications at the facility, including hospital police, kitchen staff, custodial staff, warehouse workers, groundskeepers, information technology staff, plant operations staff, spiritual leaders, and other administrative staff.

TREATMENT PROGRAMS

Patients are screened prior to being scheduled for admission to ensure that DSH-Napa is the appropriate treatment setting. One treatment program is located outside the Secure Treatment Area (STA) for primarily civil commitments and four programs are located inside the STA for forensic commitments. Within these treatment programs there are residential units, each having a focus on a particular population and treatment. Staff orients the patient to the unit on arrival. Members of the Treatment Team meet with patients and continue the assessment process and develop treatment plans. Once developed, the plan is reviewed regularly by the Treatment Team and updated as the patient progresses and treatment objectives change. Family, significant others, conservators, California Forensic Conditional Release Program (CONREP), and the courts may play a role as the patient moves through the continuum of care from admission to discharge.

In addition to the living units there are other service sites. For instance, Mall Services provides a variety of off unit services for patients. Mall Services is a centralized approach to delivering services where the patients and staff from throughout the hospital come together to participate in services. Mall Services represents more of a centralized system of programming rather than a reference to a specific building or certain location. The services are provided, as much as possible, in the context of real-life functioning and in the rhythm of life of the patient. Thus, Mall Services extends beyond the context of a “building or place," and its services are based on the needs of the patient, not the needs of the program, the staff members, or the institution. Vocational Services provides opportunities for patients to develop job skills and habits, as well as earn funds. Educational Services enables patients to continue their education, high school or college, and provide skills groups for anger management and development of interpersonal skills. Rehabilitation Therapy Services, facilitated by music, dance, art, occupational and recreation therapists, provide treatment groups to engage the patient in wellness and improved quality of life. Department of Medicine (Medical Ancillary Services) provides clinics that deliver various medical services, including, but not limited to physical, occupational and speech therapies as well as dental, podiatry, neurology, cardiac and obstetrics and gynecology clinics.

The goal of treatment services is to assist patients to recognize and manage psychiatric symptoms. Patients also work on developing socially responsible behaviors, independent living skills, and coping skills to address their mental illness and forensic issues.
Specialty units include:

- Admission units- focused on completion of initial assessments and initiation of behavioral stabilization.
- Incompetent to Stand Trial (Penal Code (PC) 1370) treatment, focuses on trial competency treatment, attainment of competency and return them to court for adjudication of pending charges. Patients participate in a wide range of mental health groups and therapeutic activities to assist in addressing symptoms and behaviors that may interfere with their ability

to understand the court proceedings and to cooperate with their attorney in preparing a defense.

- Other commitments proceed from admission units through the continuum of care from stabilization to discharge. During a patient's stay some patients may receive specialized treatment.
    - Dialectic Behavior Therapy (DBT) involves individualized treatment and unit milieu management that focuses on supporting patient's use of DBT skills to minimize harm to self and others.
    - Treatment for polydipsia (intoxication resulting from excessive consumption of fluids).
    - Sex offender treatment
    - Intensive Substance Abuse Recovery
    - Geropsychiatric
- Discharge units focus on skills development for community living and on relapse prevention. Each patient prepares a personalized relapse prevention plan. The Treatment Teams work closely with CONREP towards returning patients to the community under CONREP supervision.

ACCREDITATION AND LICENSURE

This facility is accredited by The Joint Commission (TJC). TJC conducts unannounced surveys of this hospital at least every three years. The purpose of the survey is to evaluate the hospital's compliance with nationally established TJC standards. The survey results are used to determine whether accreditation should be awarded and under what conditions that happens. TJC standards deal with organization quality, safety of care issued, and the safety of the environment in which care is provided.

DSH-Napa is licensed by the California Department of Public Health. DSH-Napa has two units designated as acute psychiatric. An acute psychiatric facility means having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care for persons with mental health disorders or other patients referred to in Division 5 (commencing with Section 5000) or Division 6 (commencing with Section 6000) of the Welfare and Institutions Code, including the following basic services: medical, nursing, rehabilitative, pharmacy, and dietary services. DSH-Napa has one unit designated as a (Skilled Nursing Facility (SNF). A SNF means a health facility that provides skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. Additionally, DSH-Napa has 33 units designated as an Intermediate Care Facility (ICF). An ICF means a health facility that provides inpatient care to ambulatory or non-ambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous skilled nursing care.

TRAINING AND PARTNERSHIPS

DSH-Napa offers various training and internship opportunities across many clinical disciplines. Please see the table below for a brief description of DSH-Napa's training programs.

DSH-Napa Training Programs

DISCIPLINE	PROGRAM TYPE
Nursing	• Registered Nursing Programs Clinical Rotation
Pharmacy [1]	•Systemwide, DSH's pharmacy discipline is currently contracted with 11 pharmacy schools.
Psychiatric Technicians [2]	•Psychiatric Technician Apprentice •Pre-Licensed Psychiatric Technicians
Psychiatry	•UC Davis, Psychiatry and Law •CA North State University •Touro University •Clinical Clerkships for Medical School Graduates
Psychology	•American Psychological Association Approved Pre-Doctoral Internship
Registered Dietitians	•Accredited Dietetic Internship
Rehabilitation Therapy	•Recreation Therapy (Volunteer Positions) •Occupational Therapy (Volunteer Positions) •Music Therapy (Volunteer Positions) •Dance Movement Therapy (Volunteer Positions) •Art Therapy (Volunteer Positions)
Social Work	•Masters of Social Work Internships (Graduate Student Assistants)

[1] **Pharmacy:** Systemwide, DSH's pharmacy discipline is currently contracted with 11 pharmacy schools. The preceptor at each of the hospitals will communicate with the schools to determine when to send students for their clinical rotations. The contracted schools are: University of Southern California (USC), University of California-San Francisco (UCSF), Touro University California College of Pharmacy, California North State University, California Health Sciences University, Loma Linda University (LLU), St Louis College of Pharmacy, University of Montana, University of the Pacific (UOP), Western University of Health Science, Chapman University.

[2] **Psychiatric Technicians:** 1. Psychiatric Technician Apprentice - This class is limited term and designed for entrance and performance in an apprentice program leading to status as a licensed Psychiatric Technician. Persons in this class receive training under the provisions of apprenticeship standards and written apprentice agreements under Chapter 4, Division 3, California Labor Code. 2. Pre-Licensed Psychiatric Technicians are graduates from Psychiatric Technician School but have not yet passed the state licensing exam. They are limited to 9 months in that role (test must be passed within the 9 months) and work full time with some limitations on their job responsibilities.

Department of State Hospitals – Patton

HISTORY

The Department of State Hospitals-Patton is a secure forensic psychiatric hospital located in Patton, CA, in San Bernardino County. DSH-Patton was established in 1890 and opened in 1893. DSH-Patton provides treatment to forensically and civilly committed patients within a secure treatment area. The hospital does not accept voluntary admissions.

PATIENT POPULATION

The hospital is licensed to operate up to approximately 1,287 beds. In Fiscal Year (FY) 2019-20, DSH-Patton served 1145 patients. The commitment categories of patients treated at DSH-Patton are as follows:

Patient Commitments	Penal Code
Incompetent to Stand Trial	1370
Lanterman-Petris Short	-
Offender with a Mental Health Disorder	2962 / 2972
Coleman/CDCR	2684
Not Guilty by Reason of Insanity	1026

HOSPITAL STAFF

Approximately 2,496 employees work at DSH-Patton providing around-the-clock care, including psychiatrists, psychologists, social workers, rehabilitation therapists, psychiatric technicians, registered nurses, registered dieticians and other clinical staff. In addition, there are various non-level of care staff at the facility, including hospital police, kitchen staff, custodial staff, warehouse workers, groundskeepers, information technology staff, plant operations staff, spiritual leaders, and other administrative staff.

TREATMENT AND PROGRAMS

The Trial Competency Program is for patients admitted to the hospital under Penal Code (PC) 1370 as Incompetent to Stand Trial. These patients receive a specialized program of treatment

which is designed to specifically help the patient gain the knowledge and skills necessary to return to court. The goal is for the patient to understand court proceedings and effectively participate in their defense.

The focus of treatment for our Offenders with a Mental Disorder (OMD) and Not Guilty by Reason of Insanity (NGI) population emphasizes the potential for each patient to learn new skills and adaptive coping mechanisms to enhance the quality of the patient's life at the hospital and prepare them for eventual transfer to Community Outpatient Treatment (COT). Other goals are to motivate patients for treatment, develop greater self-autonomy and independence, and the mastery of Activities of Daily Living (ADL) skills and self-discipline.

All treatment programs at DSH-Patton utilize the recovery philosophy offering a broad spectrum of treatment, while fully endorsing the hospital's mission to provide comprehensive clinical services within the context of a biopsychosocial rehabilitation model within an environment of safety and security for all patients, staff and the community in an atmosphere of dignity and respect.

ACCREDITATION AND LICENSURE

This facility is accredited by The Joint Commission (TJC). TJC conducts unannounced surveys at least every three years. The purpose of the survey is to evaluate the hospital's compliance with nationally established TJC standards. The survey results are used to determine whether accreditation should be awarded and under what conditions that happens. TJC standards deal with organization quality, safety of care issues and the safety of the environment in which care is provided.

DSH-Patton has 12 units designated as acute. An acute psychiatric facility means having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care for persons with mental health disorders or other patients referred to in Division 5 (commencing with Section 5000) or Division 6 (commencing with Section 6000) of the Welfare and Institutions Code , including the following basic services: medical, nursing, rehabilitative, pharmacy, and dietary services. DSH-Patton also has 21 units designated as an Intermediate Care Facility (ICF). An ICF means a health facility that provides inpatient care to ambulatory or non-ambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous skilled nursing care.

DSH-PATTON MUSEUM

The DSH-Patton Museum examines the history of psychiatry and treatment of mental illness in California state-run facilities. The museum offers a glimpse of the evolution of the treatment of mental illness during the last 127 years.

Patton accepted its first patients on August 1, 1893. The museum, only the second of its kind west of the Mississippi River, features more than 140 items. Among the artifacts found in the museum are original medical and surgical equipment, firefighting equipment from the early part of the last century and nursing uniforms from the 1950s.

The museum itself is located on the grounds of the hospital in a 1920s cottage home that once was inhabited by hospital staff and their families.

TRAINING AND PARTNERSHIPS

DSH-Patton offers various training and internship opportunities across many clinical disciplines. Please see the table below for a brief description of DSH-Patton's training programs.

DSH-Patton Training Programs

DISCIPLINE	PROGRAM TYPE
Nursing	• Registered Nursing Programs Clinical Rotation
Pharmacy [1]	•Systemwide, DSH's pharmacy discipline is currently contracted with 11 pharmacy schools.
Psychiatry	•Loma Linda •UC Riverside •Kaiser Permanente
Psychology	•Practicum •American Psychological Association Approved Pre-Doctoral Internship •Post-Doctoral Fellowship
Registered Dietitians	•Accredited Dietetic Internship
Rehabilitation Therapy	•Recreation Therapy (Student Assistants)
Social Work	•Masters of Social Work and Bachelors of Social Work Internships

[1] **Pharmacy:** Systemwide, DSH's pharmacy discipline is currently contracted with 12 pharmacy schools. The preceptor at each of the hospitals will communicate with the schools to determine when to send students for their clinical rotations. The contracted schools are: University of Southern California (USC), University of California-San Francisco (UCSF), Touro University California College of Pharmacy, California North State University, California Health Sciences University, Loma Linda University (LLU), St Louis College of Pharmacy, University of Montana, University of the Pacific (UOP), Western University of Health Science, Chapman University, and Marshal B Ketchum College of Pharmacy.

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CALIFORNIA DEPARTMENT OF STATE HOSPITALS

REPORT ON STATE HOSPITAL FINANCIAL ACTIVITY

California Department of State Hospitals

FISCAL YEAR 2020-21

May 14, 2021






DIRECTOR
Stephanie Clendenin

EXECUTIVE SUMMARY

Pursuant to the Fiscal Year (FY) 2020-21 Budget, the Department of State Hospitals (DSH) submits this report to the California State Legislature on the financial activity of the state hospitals. This report is prepared in accordance with Item 4440-011-0001, Provision 9 of the 2020 Budget Act which requires DSH to provide a year-end summary and an operating budget for each state hospital with the FY 2021-22 Governor's Budget and May Revision estimate. Specifically, this report includes the following information for each state hospital:

- The number of authorized and vacant positions for each institution;
- The number of authorized and vacant positions for each institution, broken out by key classifications;
- The number of authorized positions utilized in the temporary help blanket for each institution;
- The 2019-20 year-end budget and expenditures by line-item detail for each institution;
- The budgeted allocations for each institution for current and budget year;
- The projected expenditures for current and budget years

THE DEPARTMENT OF STATE HOSPITALS OVERVIEW

DSH manages the nation's largest inpatient forensic mental health hospital system. Its mission is to provide evaluation and treatment in a safe and responsible manner, seeking innovation and excellence in state hospital operations, across a continuum of care and settings. DSH is responsible for the daily care and provision of mental health treatment of its patients. DSH oversees five state hospitals (Atascadero, Coalinga, Metropolitan, Napa, and Patton) and employs nearly 13,000 staff. Additionally, DSH provides services in jail-based competency treatment (JBCT) programs and conditional release (CONREP) programs throughout the 58 counties. In FY 2019-20, DSH served 10,962 patients within state hospitals and jail-based facilities, with average daily censuses of 6,143 and 333 respectively. The CONREP program maintains an average daily census of approximately 650.

SUMMARY OF AUTHORIZED AND VACANT POSITIONS

The following table provides a summary of the authorized and vacant positions for the state hospital system as of April 1, 2021.

State Hospital	Authorized Positions[1/2]	Vacant as of 4/1/21	Percent Vacant
Atascadero	2,207.6	349.4	15.8%
Coalinga	2,382.7	253.8	10.7%
Metropolitan	2,232.2	532.7	23.9%
Napa	2,534.8	278.0	11.0%
Patton	2,496.2	279.9	11.2%
Totals	**11,853.5**	**1,693.8**	**14.3%**

[1]Includes authorized Temporary Help per the Schedule 7A.
[2]Includes positions approved for Estimate Items Enhanced Treatment Program (28.0 in Atascadero and 2.1 in Patton) and Metropolitan State Hospital Increased Secure Bed Capacity (120.6 in Metropolitan) that will not be filled due to COVID-19 impacts to these projects as described in the 2021-22 Governor's Budget Estimate.

AUTHORIZED VERSUS VACANT POSITIONS BY CLASSIFICATION

As of April 1, 2021, DSH's vacancy rate is 14.3 percent. Item 4440-011-0001, Provision 9 requires DSH to provide the number of authorized and vacant classifications, including psychiatric technicians, nurses, physicians, psychiatrists, social workers, and rehabilitation therapists. The following table provides a summary of the authorized and vacant positions for those classifications.

		Atascadero		Coalinga		Metropolitan		Napa		Patton	
Class Title	Class Code	Authorized	Vacant	Authorized	Vacant	Authorized	Vacant	Authorized	Vacant	Authorized	Vacant
Staff Psychiatrist	7619	44.3	35.3	39.6	25.6	70.3	42.3	53.4	11.6	66.5	36.0
Psychologist	9873	44.7	7.7	35.9	10.9	42.0	7.0	47.4	4.9	59.2	10.6
Senior Psychiatric Technician	8252	112.2	25.2	88.0	7.0	81.7	28.7	83.0	14.0	87.0	0.0
Rehabilitation Therapist	Various	55.0	7.0	46.5	6.5	55.0	10.5	59.1	2.1	74.1	2.1
Registered Nurse	8094	245.8	38.8	232.0	19.0	294.1	96.1	451.2	29.7	362.1	32.1
Clinical Social Worker	9872	45.1	9.1	45.1	3.1	56.3	8.3	52.2	2.2	69.0	3.0
Psychiatric Technician	8253	621.7	85.7	694.7	52.7	483.5	141.5	468.0	64.2	685.6	61.6
Physician/Surgeon	7552	16.0	3.0	16.0	6.0	24.5	2.5	24.5	1.0	26.0	2.0

TEMPORARY HELP BLANKET POSITIONS

Temporary help blanket positions are temporary help positions utilized to offset vacancies and overtime. The following table provides a summary of authorized temporary help blanket positions for the state hospitals as of April 1, 2021. The Department is continuing to evaluate the use of internal registry positions to determine the appropriate temporary help position authority.

Authorized Blanket Positions	
Atascadero	30.1
Coalinga	28.0
Metropolitan	67.2
Napa	47.5
Patton	81.2
Total	**254.0**

STATE HOSPITAL ALLOCATIONS AND EXPENDITURES

Exhibit I (attached) provides detail on the budget and expenditures for all five state hospitals and each facility individually, listed by FI$Cal account code for FY 2019-20. For FY 2020-21 and FY 2021-22, Exhibit II (attached) displays the projected budget and expenditures for all five hospitals and each facility individually. Any anticipated savings due to delayed projects or unit activations have been reflected in these allocations and projected expenditures.

Exhibit I—All Hospitals[1]

		2019-20 Budget	2019-20 Expenditure
Salaries and Wages	5100000-Earnings - Permanent Civil Service Employees	$810,855,000	$685,522,000
	5100150-Earnings - Temporary Civil Service Employees	$38,320,000	$32,397,000
	5108000-Overtime Earnings (Other than to Temporary Help)	$121,907,000	$103,064,000
Salaries and Wages Total		**$971,082,000**	**$820,983,000**
Staff Benefits	5150150-Dental Insurance	$968,000	$1,051,000
	5150200-Disability Leave - Industrial	$8,128,000	$8,831,000
	5150210-Disability Leave - Nonindustrial	$3,824,000	$4,155,000
	5150350-Health Insurance	$18,086,000	$19,650,000
	5150400-Life Insurance	$52,000	$57,000
	5150450-Medicare Taxation	$11,097,000	$12,057,000
	5150500-OASDI	$6,772,000	$7,358,000
	5150600-Retirement - General	$169,487,000	$184,149,000
	5150620-Retirement - Public Employees - Safety	$0	$0
	5150630-Retirement - Public Employees - Miscellaneous	$0	$0
	5150700-Unemployment Insurance	$399,000	$433,000
	5150750-Vision Care	$182,000	$198,000
	5150800-Workers' Compensation	$35,773,000	$38,868,000
	5150820-Other Post-Employment Benefits (OPEB) Employer Contributions	$0	$0
	5150900-Staff Benefits - Other	$151,263,000	$164,348,000
Staff Benefits Total		**$406,031,000**	**$441,155,000**
Operating Expenses and Equipment	5301400-Goods - Other	$4,998,000	$8,684,000
	5302900-Printing - Other	$446,000	$776,000
	5304800-Communications - Other	$1,905,000	$3,311,000
	5306700-Postage - Other	$121,000	$211,000
	5308900-Insurance - Other	$209,000	$364,000
	5320490-Travel - In State - Other	$644,000	$1,120,000
	5320890-Travel - Out of State - Other	$1,000	$2,000
	5322400-Training - Tuition and Registration	$396,000	$689,000
	5324350-Rents and Leases	$9,145,000	$15,894,000
	5324550-Special Repairs and Deferred Maintenance	$0	$0
	5326900-Utilities - Other	$11,848,000	$20,592,000
	5340330-Consulting and Professional Services - Interdepartmental - Other	$2,503,000	$4,350,000
	5340580-Consulting and Professional Services - External - Other	$46,778,000	$81,303,000
	5342600-Departmental Services - Other	$28,000	$49,000
	5344000-Consolidated Data Centers	$21,000	$37,000
	5346900-Information Technology - Other	$161,000	$279,000
	5368115-Office Equipment	$15,972,000	$27,760,000
	5390900-Other Items of Expense - Miscellaneous	$45,616,000	$79,284,000
	5395000-Unallocated Operating Expense and Equipment	$0	$0
	5415000-Claims Against the State	$5,000	$8,000
	5490000-Other Special Items of Expense	$1,557,000	$2,707,000
Operating Expenses and Equipment Total		**$142,354,000**	**$247,420,000**
Grand Total		**$1,519,467,000**	**$1,509,558,000**

[1]Budget and Expenditure do not include reimbursements.

Exhibit I—Atascadero State Hospital[1]

		2019-20 Budget	2019-20 Expenditure
Salaries and Wages	5100000-Earnings - Permanent Civil Service Employees	$154,328,000	$132,042,000
	5100150-Earnings - Temporary Civil Service Employees	$11,810,000	$10,105,000
	5108000-Overtime Earnings (Other than to Temporary Help)	$17,396,000	$14,884,000
Salaries and Wages Total		**$183,534,000**	**$157,031,000**
Staff Benefits	5150150-Dental Insurance	$147,000	$165,000
	5150200-Disability Leave - Industrial	$1,765,000	$1,981,000
	5150210-Disability Leave - Nonindustrial	$1,240,000	$1,392,000
	5150350-Health Insurance	$3,194,000	$3,584,000
	5150400-Life Insurance	$11,000	$12,000
	5150450-Medicare Taxation	$2,025,000	$2,272,000
	5150500-OASDI	$1,271,000	$1,426,000
	5150600-Retirement - General	$32,439,000	$36,404,000
	5150620-Retirement - Public Employees - Safety	$0	$0
	5150630-Retirement - Public Employees - Miscellaneous	$0	$0
	5150700-Unemployment Insurance	$138,000	$155,000
	5150750-Vision Care	$34,000	$38,000
	5150800-Workers' Compensation	$8,767,000	$9,839,000
	5150820-Other Post-Employment Benefits (OPEB) Employer Contributions	$0	$0
	5150900-Staff Benefits - Other	$25,062,000	$28,125,000
Staff Benefits Total		**$76,093,000**	**$85,393,000**
Operating Expenses and Equipment	5301400-Goods - Other	$1,114,000	$1,502,000
	5302900-Printing - Other	$84,000	$113,000
	5304800-Communications - Other	$328,000	$442,000
	5306700-Postage - Other	$36,000	$49,000
	5308900-Insurance - Other	$8,000	$11,000
	5320490-Travel - In State - Other	$275,000	$370,000
	5322400-Training - Tuition and Registration	$124,000	$167,000
	5324350-Rents and Leases	$1,732,000	$2,334,000
	5324550-Special Repairs and Deferred Maintenance	$0	$0
	5326900-Utilities - Other	$2,280,000	$3,073,000
	5340330-Consulting and Professional Services - Interdepartmental - Other	$589,000	$794,000
	5340580-Consulting and Professional Services - External - Other	$17,924,000	$24,158,000
	5342600-Departmental Services - Other	$0	$0
	5344000-Consolidated Data Centers	$11,000	$15,000
	5346900-Information Technology - Other	$16,000	$22,000
	5368115-Office Equipment	$4,400,000	$5,930,000
	5390900-Other Items of Expense - Miscellaneous	$9,531,000	$12,846,000
	5395000-Unallocated Operating Expense and Equipment	$0	$0
	5415000-Claims Against the State	$1,000	$1,000
	5490000-Other Special Items of Expense	$0	$0
Operating Expenses and Equipment Total		**$38,453,000**	**$51,827,000**
Grand Total		**$298,080,000**	**$294,251,000**

[2]*Budget and Expenditure do not include reimbursements.*

Exhibit I—Coalinga State Hospital[1]

		2019-20 Budget	2019-20 Expenditure
Salaries and Wages	5100000-Earnings - Permanent Civil Service Employees	$163,937,000	$155,767,000
	5100150-Earnings - Temporary Civil Service Employees	$886,000	$842,000
	5108000-Overtime Earnings (Other than to Temporary Help)	$24,335,000	$23,122,000
Salaries and Wages Total		**$189,158,000**	**$179,731,000**
Staff Benefits	5150150-Dental Insurance	$185,000	$221,000
	5150200-Disability Leave - Industrial	$1,185,000	$1,419,000
	5150210-Disability Leave - Nonindustrial	$831,000	$995,000
	5150350-Health Insurance	$3,408,000	$4,079,000
	5150400-Life Insurance	$12,000	$14,000
	5150450-Medicare Taxation	$2,160,000	$2,586,000
	5150500-OASDI	$1,518,000	$1,817,000
	5150600-Retirement - General	$35,482,000	$42,475,000
	5150620-Retirement - Public Employees - Safety	$0	$0
	5150630-Retirement - Public Employees - Miscellaneous	$0	$0
	5150700-Unemployment Insurance	$119,000	$142,000
	5150750-Vision Care	$35,000	$42,000
	5150800-Workers' Compensation	$4,603,000	$5,510,000
	5150820-Other Post-Employment Benefits (OPEB) Employer Contributions	$0	$0
	5150900-Staff Benefits - Other	$28,475,000	$34,086,000
Staff Benefits Total		**$78,013,000**	**$93,386,000**
Operating Expenses and Equipment	5301400-Goods - Other	$1,076,000	$1,412,000
	5302900-Printing - Other	$106,000	$139,000
	5304800-Communications - Other	$446,000	$585,000
	5306700-Postage - Other	$47,000	$62,000
	5308900-Insurance - Other	$72,000	$94,000
	5320490-Travel - In State - Other	$338,000	$443,000
	5320890-Travel - Out of State - Other	$2,000	$2,000
	5322400-Training - Tuition and Registration	$66,000	$86,000
	5324350-Rents and Leases	$1,242,000	$1,629,000
	5324550-Special Repairs and Deferred Maintenance	$0	$0
	5326900-Utilities - Other	$3,008,000	$3,944,000
	5340330-Consulting and Professional Services - Interdepartmental - Other	$622,000	$816,000
	5340580-Consulting and Professional Services - External - Other	$21,961,000	$28,798,000
	5342600-Departmental Services - Other	$26,000	$34,000
	5344000-Consolidated Data Centers	$1,000	$1,000
	5346900-Information Technology - Other	$111,000	$145,000
	5368115-Office Equipment	$2,855,000	$3,744,000
	5390900-Other Items of Expense - Miscellaneous	$14,243,000	$18,677,000
	5415000-Claims Against the State	$1,000	$1,000
Operating Expenses and Equipment Total		**$46,223,000**	**$60,612,000**
Grand Total		**$313,394,000**	**$333,729,000**

[3]Budget and Expenditure do not include reimbursements.

Exhibit I—Metropolitan State Hospital[1]

		2019-20 Budget	2019-20 Expenditure
Salaries and Wages	5100000-Earnings - Permanent Civil Service Employees	$144,551,000	$87,379,000
	5100150-Earnings - Temporary Civil Service Employees	$7,004,000	$4,234,000
	5108000-Overtime Earnings (Other than to Temporary Help)	$10,177,000	$6,152,000
Salaries and Wages Total		**$161,732,000**	**$97,765,000**
Staff Benefits	5150150-Dental Insurance	$213,000	$171,000
	5150200-Disability Leave - Industrial	$982,000	$787,000
	5150210-Disability Leave - Nonindustrial	$406,000	$325,000
	5150350-Health Insurance	$3,630,000	$2,909,000
	5150400-Life Insurance	$10,000	$8,000
	5150450-Medicare Taxation	$1,856,000	$1,487,000
	5150500-OASDI	$1,328,000	$1,064,000
	5150600-Retirement - General	$29,405,000	$23,564,000
	5150620-Retirement - Public Employees - Safety	$0	$0
	5150630-Retirement - Public Employees - Miscellaneous	$0	$0
	5150700-Unemployment Insurance	$31,000	$25,000
	5150750-Vision Care	$36,000	$29,000
	5150800-Workers' Compensation	$6,956,000	$5,574,000
	5150820-Other Post-Employment Benefits (OPEB) Employer Contributions	$0	$0
	5150900-Staff Benefits - Other	$30,495,000	$24,437,000
Staff Benefits Total		**$75,348,000**	**$60,380,000**
Operating Expenses and Equipment	5301400-Goods - Other	$661,000	$1,876,000
	5302900-Printing - Other	$35,000	$99,000
	5304800-Communications - Other	$14,000	$41,000
	5306700-Postage - Other	$5,000	$13,000
	5308900-Insurance - Other	$66,000	$188,000
	5320490-Travel - In State - Other	$20,000	$57,000
	5322400-Training - Tuition and Registration	$26,000	$73,000
	5324350-Rents and Leases	$845,000	$2,398,000
	5324550-Special Repairs and Deferred Maintenance	$0	$0
	5326900-Utilities - Other	$716,000	$2,032,000
	5340330-Consulting and Professional Services - Interdepartmental - Other	$171,000	$485,000
	5340580-Consulting and Professional Services - External - Other	$1,193,000	$3,384,000
	5342600-Departmental Services - Other	$1,000	$2,000
	5344000-Consolidated Data Centers	$2,000	$6,000
	5346900-Information Technology - Other	$0	$0
	5368115-Office Equipment	$470,000	$1,333,000
	5390900-Other Items of Expense - Miscellaneous	$3,212,000	$9,111,000
	5395000-Unallocated Operating Expense and Equipment	$0	$0
	5415000-Claims Against the State	$1,000	$2,000
	5490000-Other Special Items of Expense	$2,000	$5,000
Operating Expenses and Equipment Total		**$7,440,000**	**$21,105,000**
Grand Total		**$244,520,000**	**$179,250,000**

[4]Budget and Expenditure do not include reimbursements.

Exhibit I—Napa State Hospital[1]

		2019-20 Budget	2019-20 Expenditure
Salaries and Wages	5100000-Earnings - Permanent Civil Service Employees	$170,254,000	$151,262,000
	5100150-Earnings - Temporary Civil Service Employees	$5,851,000	$5,198,000
	5108000-Overtime Earnings (Other than to Temporary Help)	$30,152,000	$26,788,000
Salaries and Wages Total		**$206,257,000**	**$183,248,000**
Staff Benefits	5150150-Dental Insurance	$224,000	$278,000
	5150200-Disability Leave - Industrial	$2,196,000	$2,743,000
	5150210-Disability Leave - Nonindustrial	$520,000	$650,000
	5150350-Health Insurance	$3,990,000	$4,984,000
	5150400-Life Insurance	$9,000	$11,000
	5150450-Medicare Taxation	$2,190,000	$2,736,000
	5150500-OASDI	$1,234,000	$1,542,000
	5150600-Retirement - General	$32,084,000	$40,079,000
	5150620-Retirement - Public Employees - Safety	$0	$0
	5150700-Unemployment Insurance	$26,000	$33,000
	5150750-Vision Care	$37,000	$46,000
	5150800-Workers' Compensation	$7,596,000	$9,489,000
	5150820-Other Post-Employment Benefits (OPEB) Employer Contributions	$0	$0
	5150900-Staff Benefits - Other	$30,889,000	$38,586,000
Staff Benefits Total		**$80,995,000**	**$101,177,000**
Operating Expenses and Equipment	5301400-Goods - Other	$422,000	$1,578,000
	5302900-Printing - Other	$43,000	$162,000
	5304800-Communications - Other	$477,000	$1,784,000
	5306700-Postage - Other	$13,000	$50,000
	5308900-Insurance - Other	$3,000	$13,000
	5320490-Travel - In State - Other	$31,000	$117,000
	5322400-Training - Tuition and Registration	$60,000	$226,000
	5324350-Rents and Leases	$938,000	$3,507,000
	5324550-Special Repairs and Deferred Maintenance	$0	$0
	5326900-Utilities - Other	$2,290,000	$8,558,000
	5340330-Consulting and Professional Services - Interdepartmental - Other	$393,000	$1,469,000
	5340580-Consulting and Professional Services - External - Other	$3,352,000	$12,511,000
	5342600-Departmental Services - Other	$3,000	$13,000
	5344000-Consolidated Data Centers	$1,000	$5,000
	5346900-Information Technology - Other	$29,000	$107,000
	5368115-Office Equipment	$2,674,000	$9,993,000
	5390900-Other Items of Expense - Miscellaneous	$4,977,000	$18,598,000
	5415000-Claims Against the State	$0	$1,000
	5490000-Other Special Items of Expense	$0	$0
Operating Expenses and Equipment Total		**$15,706,000**	**$58,692,000**
Grand Total		**$302,958,000**	**$343,117,000**

[5]Budget and Expenditure do not include reimbursements.

Exhibit I—Patton State Hospital[1]

		2019-20 Budget	2019-20 Expenditure
Salaries and Wages	5100000-Earnings - Permanent Civil Service Employees	$180,359,000	$159,072,000
	5100150-Earnings - Temporary Civil Service Employees	$13,626,000	$12,018,000
	5108000-Overtime Earnings (Other than to Temporary Help)	$36,416,000	$32,118,000
Salaries and Wages Total		**$230,401,000**	**$203,208,000**
Staff Benefits	5150150-Dental Insurance	$205,000	$216,000
	5150200-Disability Leave - Industrial	$1,802,000	$1,901,000
	5150210-Disability Leave - Nonindustrial	$752,000	$793,000
	5150350-Health Insurance	$3,881,000	$4,094,000
	5150400-Life Insurance	$11,000	$12,000
	5150450-Medicare Taxation	$2,821,000	$2,976,000
	5150500-OASDI	$1,431,000	$1,509,000
	5150600-Retirement - General	$39,465,000	$41,627,000
	5150620-Retirement - Public Employees - Safety	$0	$0
	5150630-Retirement - Public Employees - Miscellaneous	$0	$0
	5150700-Unemployment Insurance	$74,000	$78,000
	5150750-Vision Care	$41,000	$43,000
	5150800-Workers' Compensation	$8,017,000	$8,456,000
	5150820-Other Post-Employment Benefits (OPEB) Employer Contributions	$0	$0
	5150900-Staff Benefits - Other	$37,082,000	$39,114,000
Staff Benefits Total		**$95,582,000**	**$100,819,000**
Operating Expenses and Equipment	5301400-Goods - Other	$1,449,000	$2,316,000
	5302900-Printing - Other	$165,000	$263,000
	5304800-Communications - Other	$287,000	$459,000
	5306700-Postage - Other	$23,000	$37,000
	5308900-Insurance - Other	$36,000	$58,000
	5320490-Travel - In State - Other	$83,000	$133,000
	5322400-Training - Tuition and Registration	$86,000	$137,000
	5324350-Rents and Leases	$3,771,000	$6,026,000
	5324550-Special Repairs and Deferred Maintenance	$0	$0
	5326900-Utilities - Other	$1,868,000	$2,985,000
	5340330-Consulting and Professional Services - Interdepartmental - Other	$492,000	$786,000
	5340580-Consulting and Professional Services - External - Other	$7,792,000	$12,452,000
	5344000-Consolidated Data Centers	$6,000	$10,000
	5346900-Information Technology - Other	$3,000	$5,000
	5368115-Office Equipment	$4,230,000	$6,760,000
	5390900-Other Items of Expense - Miscellaneous	$12,548,000	$20,052,000
	5395000-Unallocated Operating Expense and Equipment	$0	$0
	5415000-Claims Against the State	$2,000	$3,000
	5490000-Other Special Items of Expense	$1,691,000	$2,702,000
Operating Expenses and Equipment Total		**$34,532,000**	**$55,184,000**
Grand Total		**$360,515,000**	**$359,211,000**

[6]*Budget and Expenditure do not include reimbursements.*

Exhibit II—All Hospitals[1]

	2020-21 Budget	2020-21 Projected Expenditure	2021-22 Budget	2021-22 Projected Expenditure
4410010-Atascadero	$309,648,000	$306,551,520	$363,650,000	$360,013,500
4410020-Coalinga	$322,160,000	$318,938,400	$350,617,000	$347,110,830
4410030-Metropolitan	$182,173,000	$180,351,270	$223,012,000	$220,781,880
4410040-Napa	$308,854,000	$305,765,460	$355,756,000	$352,198,440
4410050-Patton	$345,382,000	$341,928,180	$392,805,000	$388,876,950
Grand Total	**$1,468,217,000**	**$1,453,534,830**	**$1,685,840,000**	**$1,668,981,600**

[7]*Budget and Expenditure do not include reimbursements.*