Department of State Hospitals

2023-24

May Revision
Proposals and Estimates

Submitted to:
California Department of Finance
May 12, 2023

Department of State Hospitals
2023-24 May Revision
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DEPARTMENT OF STATE HOSPITALS
PROGRAM OVERVIEW
Informational Only

BACKGROUND

The California Department of State Hospitals (DSH) manages the nation's largest inpatient forensic mental health hospital system. The mission of DSH is to provide evaluation and treatment to patients in a safe and responsible manner, by leading innovation and excellence across a continuum of care and settings. DSH is responsible for the daily care and provision of mental health treatment of its patients. 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). In addition to state hospital treatment, DSH provides services in contracted Jail-Based Competency Treatment (JBCT), Community-Based Restoration (CBR), pre-trial felony mental health diversion programs, other community-based facilities, and the conditional release program (CONREP). DSH is responsible for the daily care to over 7,000 patients, in fiscal year (FY) 2021-22, DSH served 8,055 across the state hospitals, 2,014 in JBCT and 813 CBR contracted programs and 885 in CONREP programs. In addition, during FY 2021-22, 340 individuals were diverted from jail into county diversion programs funded by DSH.

With nearly 13,000 employees located across its Sacramento headquarters and five state hospitals throughout the state, every team member's effort at DSH focuses on the provision of mental health treatment in a continuum of treatment settings while maintaining the safety of patients, employees and the public. Approximately half of the Department's employees are in nursing classifications, including psychiatric technicians and registered nurses that provide care for patients in DSH's state hospitals.

DSH is funded through the General Fund and reimbursements from counties for the care of Lanterman-Petris-Short (LPS) patients. All DSH facilities are licensed through the California Department of Public Health (CDPH) 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.

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 the California Department of Corrections and Rehabilitation (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 commitment types: Offender with a Mental Health Disorder (OMD), *Coleman* patients (inmates with serious mental illness) 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. DSH-Coalinga is a 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 PC and the WIC. DSH-Coalinga primarily serves the following three patient commitment 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. Until 2019, DSH-Metropolitan's operational bed capacity was restricted due to multiple units that were located outside of the hospital's secured treatment area (STA). The units outside of the STA were unable to house forensic patients. To provide additional capacity to serve forensic patients, a secured fence was

constructed to surround the housing units located next to the existing secure treatment area. To provide additional capacity to address an ongoing system-wide forensic waitlist, the 2016 Budget Act included the capital outlay construction funding for the Increased Secure Bed Capacity project, which is now complete. DSH-Metropolitan primarily serves the following four patient commitment 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. 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 commitment 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 commitment types: LPS, IST, OMD and NGI.

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

DEPARTMENT OF STATE HOSPITALS
FUNCTIONAL VACANCY DISPLAY
Informational Only

This item is updated annually.

Please see the 2023-24 Governor's Budget for the most recent version.

STATE HOSPITALS POPULATION

POPULATION BY HOSPITAL	2022-23 May Revision Projection	CURRENT YEAR 2022-23					
	June 30, 2022 Projected Census	July 1, 2022 Actual Census	Previously Approved Adjustments CY 2022-23	2023-24 November Adjustment CY 2022-23	Mid Year Census Adjustment	2023-24 May Revision Adjustment CY 2022-23	June 30, 2023 Projected Census
ATASCADERO	*1,000*	1,001	0	0	51	0	1,052
COALINGA	*1,311*	1,327	0	0	-6	0	1,321
METROPOLITAN	*808*	665	0	0	125	0	790
NAPA	*1,122*	1,014	0	0	93	0	1,107
PATTON	*1,349*	1,311	0	0	-7	0	1,304
TOTAL BY HOSPITAL	***5,590***	**5,318**	**0**	**0**	**256**	**0**	**5,574**
POPULATION BY COMMITMENT							
Coleman - PC 2684[1]	*169*	115	0	0	-27	0	88
IST - PC 1370	*1,197*	1,226	0	0	456	0	1,682
LPS & PC 2974	*801*	698	0	0	-104	0	594
OMD - PC 2962	*417*	394	0	0	-49	0	345
OMD - PC 2972	*732*	683	0	0	10	0	693
NGI - PC 1026	*1,343*	1,246	0	0	-27	0	1,219
SVP - WIC 6602/6604	*931*	956	0	0	-3	0	953
TOTAL BY COMMITMENT	***5,590***	**5,318**	**0**	**0**	**256**	**0**	**5,574**
CONTRACTED PROGRAMS							
JAIL BASED COMPETENCY TREATMENT PROGRAMS	*417*	365	86	0		-29	422
COMMUNITY BASED RESTORATION	*569*	487	28	252	235	-252	750
COMMUNITY INPATIENT FACILITIES	*60*	29	49	0		0	78
TOTAL - CONTRACTED PROGRAMS	***1,046***	**881**	**163**	**252**	**235**	**-281**	**1,250**
CONREP PROGRAMS[2]							
CONREP SVP	*22*	19	8	0		0	27
CONREP NON-SVP	*653*	606	51	0		0	657
CONREP FACT PROGRAM	*100*	48	132	0		0	180
CONREP STEP DOWN FACILITIES	*115*	41	144	0		0	185
TOTAL - CONREP PROGRAMS	***890***	**714**	**335**	**0**		**0**	**1,049**
CY POPULATION AND CONTRACTED TOTAL	***7,526***	**6,913**	**498**	**252**	**491**	**-281**	**7,873**

Projected census will be adjusted as contracts are entered into as a result of the IST Solutions program implementation.

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] The projected census for CONREP is based on the contracted caseload. Actual census may vary based on activation delays.

STATE HOSPITALS POPULATION

	2022-23 May Revision Projection	BUDGET YEAR 2023-24				
	June 30, 2023 Projected Census	**July 1, 2023 Projected Census**	**Previously Approved Adjustments BY 2023-24**	**2023-24 November Adjustment BY 2023-24**	**2023-24 May Revision Adjustment BY 2023-24**	**June 30, 2024 Projected Census**
ATASCADERO	*1,000*	1,052	0	0	0	1,052
COALINGA	*1,311*	1,321	0	0	0	1,321
METROPOLITAN	*948*	790	140	0	0	930
NAPA	*1,122*	1,107	0	0	0	1,107
PATTON	*1,359*	1,304	10	0	0	1,314
TOTAL BY HOSPITAL	***5,740***	**5,574**	**150**	**0**	**0**	**5,724**
POPULATION BY COMMITMENT						
Coleman - PC 2684[1]	*169*	88	0	0	0	88
IST - PC 1370	*1,341*	1,682	144	0	0	1,826
LPS & PC 2974	*801*	594	0	0	0	594
OMD - PC 2962	*420*	345	3	0	0	348
OMD - PC 2972	*735*	693	3	0	0	696
NGI - PC 1026	*1,343*	1,219	0	0	0	1,219
SVP - WIC 6602/6604	*931*	953	0	0	0	953
TOTAL BY COMMITMENT	***5,740***	**5,574**	**150**	**0**	**0**	**5,724**
CONTRACTED PROGRAMS						
JAIL BASED COMPETENCY TREATMENT PROGRAMS	*610*	422	164	0	-45	541
COMMUNITY BASED RESTORATION	*737*	750	116	1,065	0	1,931
COMMUNITY INPATIENT FACILITIES	*157*	78	40	0	0	118
TOTAL - CONTRACTED PROGRAMS	***1,504***	**1,250**	**320**	**1,065**	**-45**	**2,590**
CONREP PROGRAMS[2]						
CONREP SVP	*27*	27	0	0	0	27
CONREP NON-SVP	*653*	657	16	0	0	673
CONREP FACT PROGRAM	*180*	180	0	0	0	180
CONREP STEP DOWN FACILITIES	*185*	185	0	0	0	185
TOTAL - CONREP PROGRAMS	***1,045***	**1,049**	**16**	**0**	**0**	**1,065**
BY POPULATION AND CONTRACTED TOTAL	***8,289***	**7,873**	**486**	**1,065**	**-45**	**9,379**

Projected census will be adjusted as contracts are entered into as a result of the IST Solutions program implementation.

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] The projected census for CONREP is based on the contracted caseload. Actual census may vary based on activation delays.

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 4, 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.

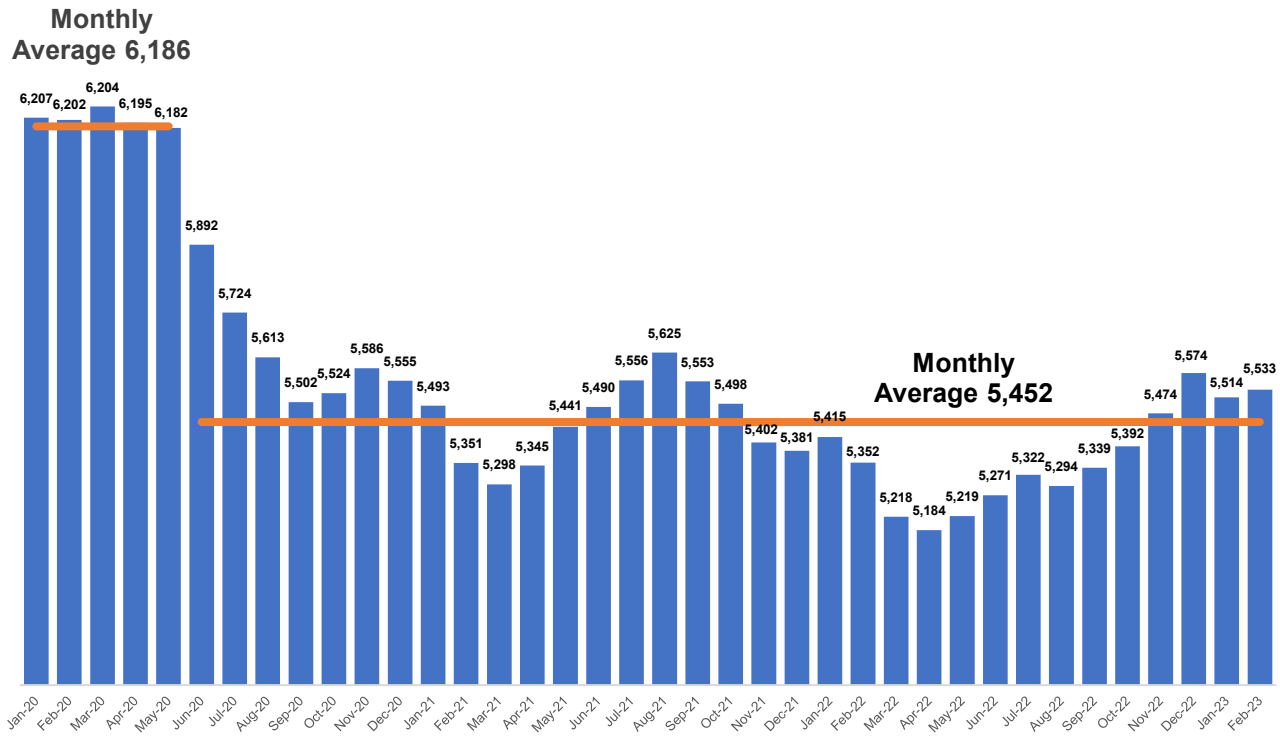
As DSH resumed admissions at the end of May 2020, inpatient census was temporarily decreased due to the need to create Admission Observation Units (AOUs) and isolation units to mitigate the impacts of COVID-19 and prioritize the safety of patients and staff. To establish AOUs and isolation units, hospitals needed to empty units which impacted DSH's in-patient census and the ability to maintain admission rates. In order to isolate newly admitted patients and prevent the spread of infection, units which normally housed multiple patients in dorm rooms were converted to single-patient rooms, limiting AOU census to the number of rooms within the unit. As admissions resumed, DSH continued to isolate patients in AOUs for at least 14 days while testing the cohort for COVID-19. Additional testing and quarantine procedures were observed when positive COVID-19 cases were identified upon cohort admission or when hospitals experienced an outbreak.

Throughout the pandemic, DSH has followed the guidance issued by the Centers for Disease Control and Prevention (CDC), California Public Health (CDPH), and by the local county public health direction for each DSH facility. In compliance with these directives, and to reduce the transmission of COVID-19 between the criminal justice partners (jails, prisons, and courts) and DSH, patient movement was limited and dependent on factors outside of DSH's control.

Due to the need to create AOUs and isolation units and other impacts of COVID-19 on admissions, DSH's census reduced significantly at the beginning of the pandemic and fluctuated up and down due to COVID-19 surges and changing COVID-19 guidance. Most recently as COVID-19 guidance has changed and eased requirements for health care entities from earlier phases of the pandemic, the impacts to DSH operations and census lessened. AOU units are no longer required, and unit quarantine times have decreased. As a result, DSH has been able to

increase admissions leading to increasing census. Between April 2022 (n = 5,184) and April 2023 (n = 5,622) hospital census has increased by 8.4 %.

Chart 1: State Hospitals Monthly Census Trend: January 2020 – February 2023



Referral and Census Trends

Prior to the onset of COVID-19 in March 2020, DSH's average monthly IST referrals were trending close to FY 2018-19 averages and overall DSH referrals were just over one percent higher. At the onset of the pandemic, referrals significantly decreased causing overall referrals for FY 2019-20 and 2020-21 to be lower than 2018-19. This was primarily driven by a decrease in IST referrals during these years due to impacts of the pandemic on court proceedings. However, since then county courts have resumed proceedings and IST referral rates have grown significantly. FY 2021-22 reached an average monthly referral rate of 415. In FY 2022-23 DSH has experienced unprecedented referral growth with average monthly referral rates reaching 489 as of the end of February 2023 (+17.8%).

Table 2: Average Monthly Referrals*

	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23 (YTD to Feb 2023)	% Change
IST	383	343	346	415	489	17.8%
LPS	16	<11	12	<11	<11	2.8%
NGI	11	<11	<11	<11	<11	-1.6%
OMD 2962	46	43	26	27	29	8.8%
OMD 2972	<11	<11	<11	<11	<11	-37.5%
SVP	<11	<11	<11	<11	<11	-30.0%
Coleman	35	46	16	16	13	-16.4%
	498	**456**	**415**	**483**	**554**	**14.8%**

*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.

Following the onset of COVID-19 DSH experienced a reduction in census. As DSH began recovering from the impacts of COVID-19, it has increased admissions leading to an increase in state hospital census. Along with increased hospital admission rates, DSH has been rapidly implementing many IST Solutions to address the increasing referrals and pending placement list. These include expansion of community-based treatment and diversion options for felony ISTs, activation of a community inpatient facility, expansion of existing JBCT programs, and the addition of new JBCT programs to serve the IST population. All these efforts have resulted in an increase of almost 32 percent in IST census between June 2022 and February 2023.

Table 3: Patient Census

	6/30/2019	2/29/2020 (Pre-COVID-19)	6/30/2021	6/30/2022	2/28/2023	% Change (6/30/2022 to 2/28/2023)
IST*	1,929	2,108	1,951	2,096	2,764	31.9%
LPS	736	747	789	707	594	-16.0%
NGI	1,416	1,415	1,338	1,244	1,219	-2.0%
OMD 2962	559	508	415	383	345	-9.9%
OMD 2972	778	760	716	685	693	1.2%
SVP	962	943	939	956	953	-0.3%
Coleman	185	296	169	114	88	-22.8%
	6,565	**6,777**	**6,317**	**6,185**	**6,656**	**7.6%**
CONREP	646	661	647	714	713	-0.1%

DJJ census and referral data is not displayed to protect the confidentiality of individuals.
* IST census includes the following facilities and programs: state hospitals, community-based restoration program, IST diversion, jail-based competency treatment program, and institutions for mental disease (IMD) facility.

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[1]

In the 2016 Governor's Budget, DSH implemented a methodology to project the pending placement list, which has since been enhanced and expanded to include additional commitments through collaborative efforts with the University of California, Irvine's (UCI) Department of Criminology, Law, and Society research team. DSH continues to use this as the standard forecasting tool to project the pending placement list for the IST, LPS, OMD, NGI and Sexually Violent Predator (SVP) populations.

[1] 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 primary measures, as well as expected systemwide capacity expansions[2], 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, 2023, and June 30, 2024. Variables are specific to patient legal class and are calculated based on trends observed in the most recent 12-month period ending February 28, 2023.

Table 4 below provides 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, 2022, 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, 2022. The projected census for June 30, 2023 (for CY) and June 30, 2024 (for BY) reflects the actual census as well as the approved and proposed census adjustments.

[2] Systemwide capacity expansions include state hospitals, jail-based competency treatment programs, and community-based programs.

Table 4: Census and Pending Placement List Projections

CURRENT YEAR			
Legal Class	**July 1, 2022 Actual Census**	**June 30, 2023 Projected Census**	**June 30, 2023 Projected Pending Placement List**
IST	2,107	2,932	996
LPS	698	594	323
NGI	1,246	1,219	32
OMD2962	394	345	26
OMD2972	683	693	6
SVP	956	953	7
Coleman[1]	115	88	N/A
Subtotal	*6,199*	*6,824*	*1,390*
CONREP[2]	714	1,049	N/A
Total	**6,913**	**7,873**	**1,390**
BUDGET YEAR			
Legal Class	**July 1, 2023 Projected Census**	**June 30, 2024 Projected Census**	**June 30, 2024 Projected Pending Placement List**
IST	2,932	4,416	113
LPS	594	594	420
NGI	1,219	1,219	40
OMD2962	345	348	20
OMD2972	693	696	4
SVP	953	953	0
Coleman[1]	88	88	N/A
Subtotal	*6,824*	*8,314*	*597*
CONREP[2]	1,049	1,065	N/A
Total	**7,873**	**9,379**	**597**

[1] 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.

[2] The projected census for CONREP is based on the contracted caseload. Actual census may vary based on activation timelines.

Commitment Codes
Informational Only

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)

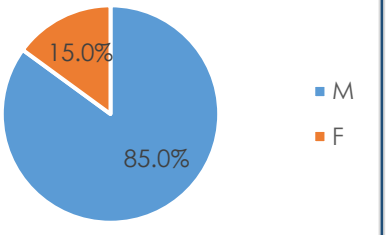
* Items marked with an asterisk were previously captured in the "Other PC" category

Demographic Snapshot: All Commitment Types

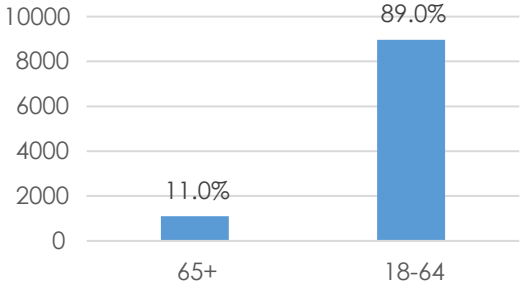
Patients Served from July 1, 2021 to June 30, 2022 is 10,071

Basic Demographics

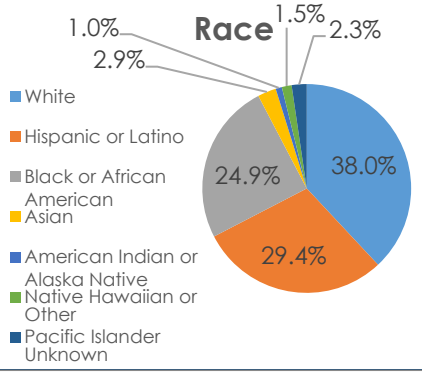
Gender



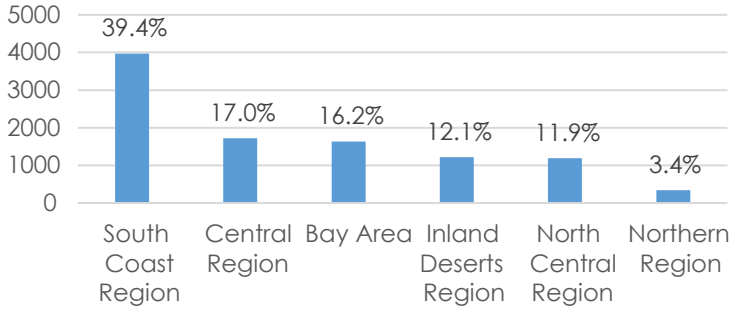
Age on June 30, 2022



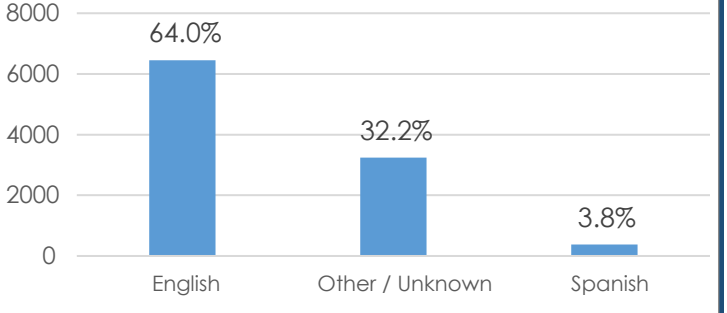
Race



Resident County

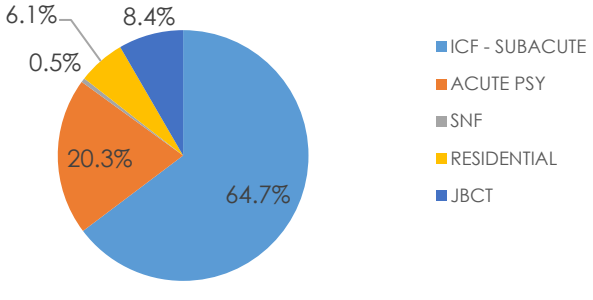


Language Spoken at Home

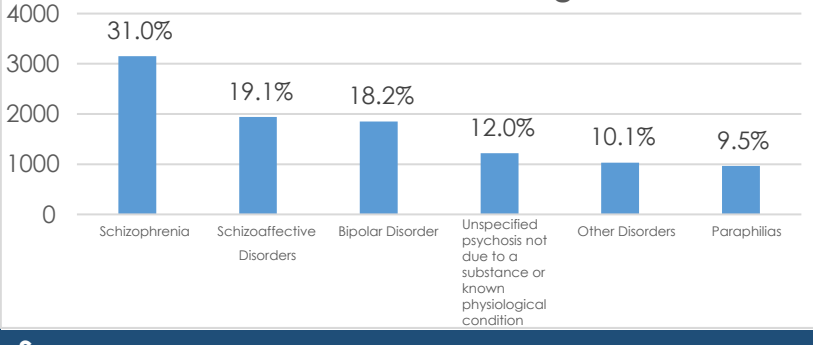


While at a State Hospital

Level of Care



Prevelance of Diagnoses



Summary

The data shown above is a combination of State Hospitals and JBCT information. The DSH population is composed of 85% males and 15% females; a majority of this population is between the ages of 18 and 64. The age of all patients is calculated as of June 30, 2022. Approximately 38% identify as White, 25% Black, and 29% 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 approximately 65% of the time, followed by 20% at an Acute level of care, 8.4% at a JBCT facility, 6.1% at an RRU level of care, and .5% at an SNF level of care. The level of care data is derived by totaling the number of days the patients were at each level of care during the reporting period. Schizophrenia, Schizoaffective, and Bipolar-type disorders are the three most common diagnoses for the DSH population, accounting for 68% of the population.

DIVISION OF HOSPITAL STRATEGIC PLANNING AND IMPLEMENTATION

RESEARCH, EVALUATION AND DATA

Patients Served by Race

Fiscal Year 2021-2022

		CDCR	IST	LPS	NGI	OMD[4]	SVP	Grand Total
State Hospitals and JBCT Patients Served by Count[1]	*White*	135	1,644	276	682	520	571	3,828
	Hispanic or Latino	111	1,701	245	308	444	144	2,953
	Black or African American	87	1,251	232	286	434	222	2,512
	Asian	<11	150	41	61	26	<11	288
	Unknown	<11	147	22	19	18	17	***
	Native Hawaiian or Other Pacific Islander	<11	59	19	***	22	<11	153
	American Indian or Alaska Native	<11	50		<11	14	14	***
	TOTAL	362	5,002	835	1,406	1,478	981	**10,064**

		CDCR	IST	LPS	NGI	OMD[4]	SVP	Grand Total	2020 State of California[2]	2021 State of California[3]
State Hospitals and JBCT Patients Served by Percentage[1]	*White*	37.3%	32.9%	33.1%	48.5%	35.2%	58.2%	38.0%	36.5%	34.3%
	Hispanic or Latino	30.7%	34.0%	29.3%	21.9%	30.0%	14.7%	29.3%	39.1%	40.2%
	Black or African American	24.0%	25.0%	27.8%	20.3%	29.4%	22.6%	25.0%	5.4%	5.3%
	Asian	***	3.0%	4.9%	4.3%	1.8%	***	2.9%	14.6%	15.0%
	Unknown	***	2.9%	2.6%	1.4%	1.2%	1.7%	***	0.3%	0.6%
	Native Hawaiian or Other Pacific Islander	***	1.2%	2.3%	***	1.5%	***	1.5%	0.3%	0.4%
	American Indian or Alaska Native	***	1.0%	0.0%	***	0.9%	1.4%	***	0.3%	0.2%
	TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	**100.0%**		

1 State Hospital total counts of Patients Served do not include JBCT admissions, JBCT transfers, or patient transfers.

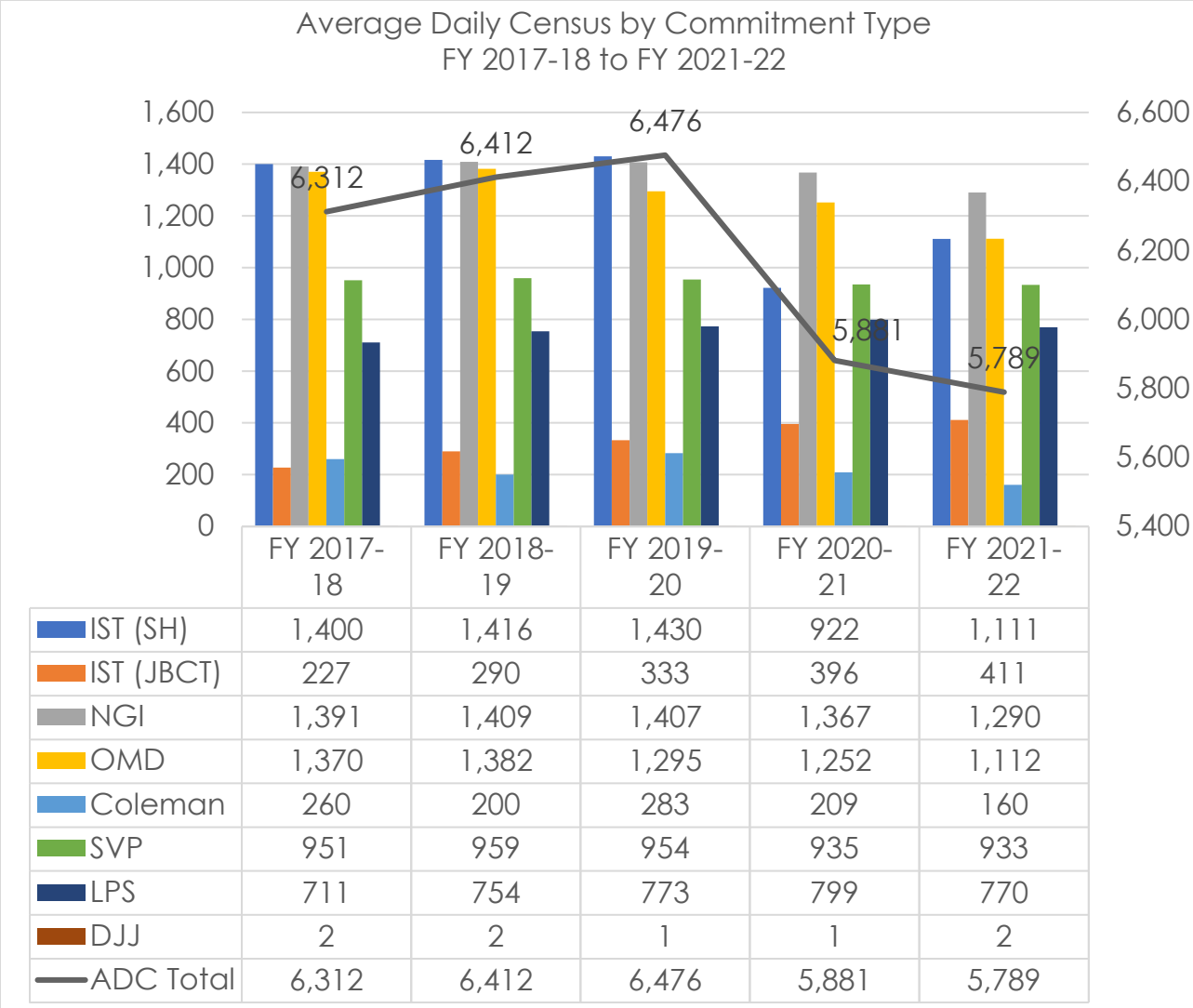
2 Taken from U.S. Census Bureau 2020 American Community Survey (ACS 5-Year Estimates). Does not include 3.4% labeled "two or more races".

3 Taken from the U.S. Census Bureau 2021 American Community Survey (ACS 1-Year Estimates). Does not include 4.2% labeled "two or more races".

4 Includes MDSO.

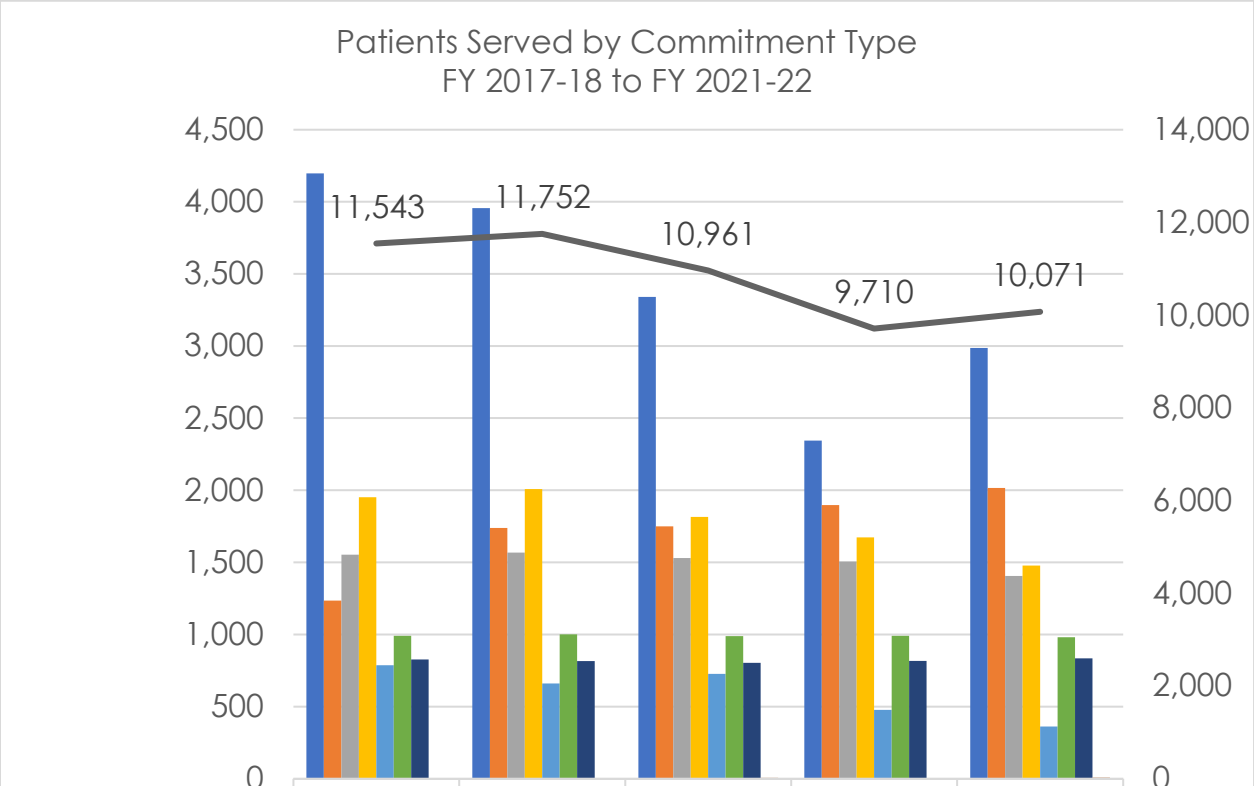
Data has been de-identified in accordance with the California Health and Human Services Agency Data De-Identification Guidelines. Values are aggregated and masked to protect confidentiality of the individuals summarized in the data.

De-Identification Legend: Counts between 1-10 are masked with "<11". Complimentary masking is applied using "***" where further de-identification is needed to prevent the ability of calculating the de-identified number.

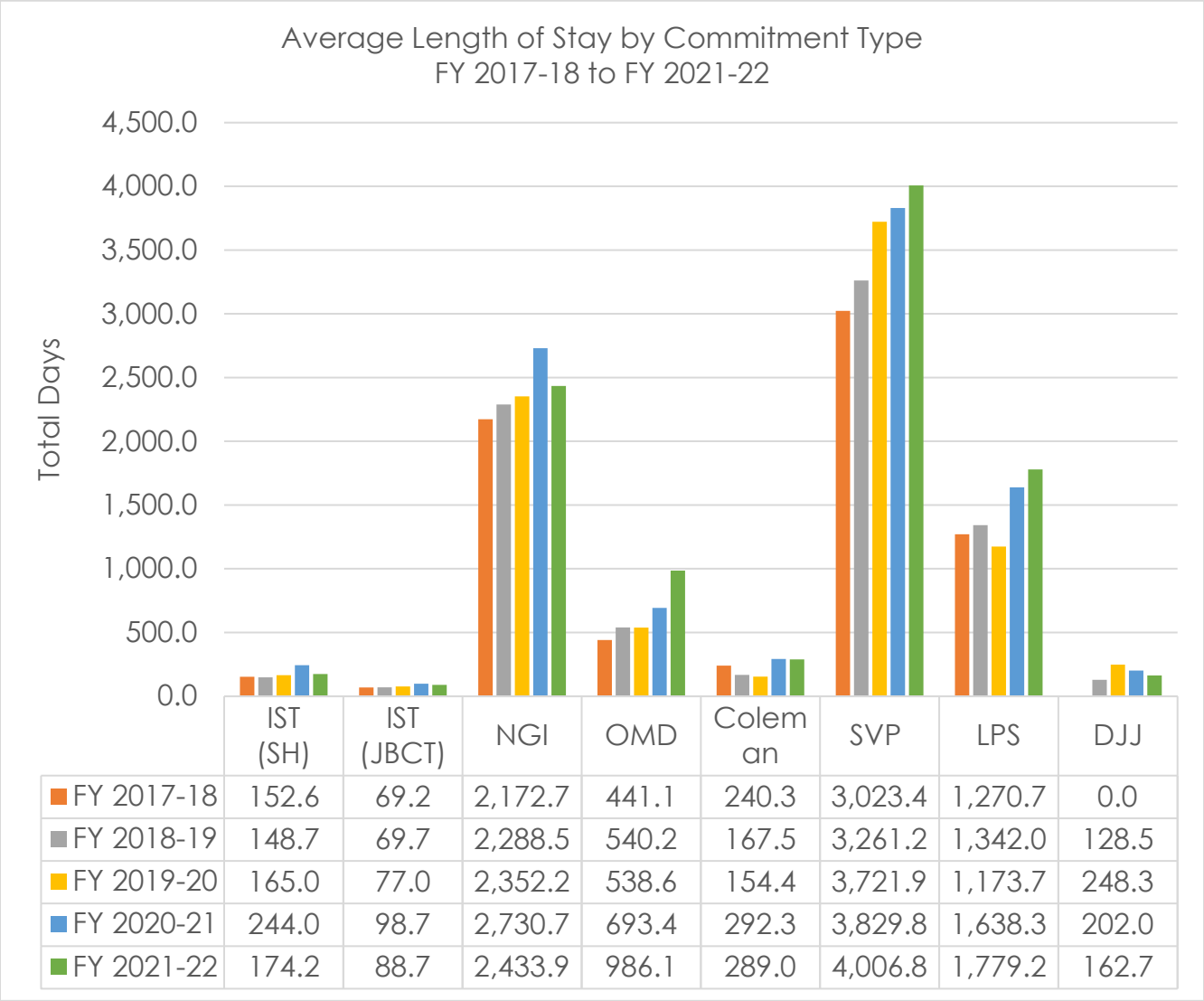


	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
IST (SH)	1,400	1,416	1,430	922	1,111
IST (JBCT)	227	290	333	396	411
NGI	1,391	1,409	1,407	1,367	1,290
OMD	1,370	1,382	1,295	1,252	1,112
Coleman	260	200	283	209	160
SVP	951	959	954	935	933
LPS	711	754	773	799	770
DJJ	2	2	1	1	2
ADC Total	6,312	6,412	6,476	5,881	5,789

Fiscal year (FY) 2020-2021 and 2021-22 have been impacted by the COVID-19 pandemic. Inpatient census has been temporarily decreased due to the need to create Admission Observation Units (AOUs), isolation units for COVID-19 positive patients, and spaces to isolate patients under investigation for COVID-19. Additionally, admission rates have been impacted by the need to admit patients through AOUs to observe and test patients for COVID-19 for at least 10 days before being transferred to a treatment unit. Admission rates have further been reduced at various times throughout the pandemic due to COVID-19 outbreaks requiring quarantines of AOU's and other units within the hospitals.



	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
IST (SH)	4,196	3,955	3,340	2,344	2,986
IST (JBCT)	1,235	1,739	1,750	1,897	2,016
NGI	1,553	1,568	1,530	1,506	1,406
OMD	1,951	2,008	1,815	1,673	1,478
Coleman	787	660	727	477	362
SVP	991	1,001	989	991	981
LPS	827	816	804	817	835
DJJ	3	5	6	5	7
Total Served	11,543	11,752	10,961	9,710	10,071



	IST (SH)	IST (JBCT)	NGI	OMD	Coleman	SVP	LPS	DJJ
FY 2017-18	152.6	69.2	2,172.7	441.1	240.3	3,023.4	1,270.7	0.0
FY 2018-19	148.7	69.7	2,288.5	540.2	167.5	3,261.2	1,342.0	128.5
FY 2019-20	165.0	77.0	2,352.2	538.6	154.4	3,721.9	1,173.7	248.3
FY 2020-21	244.0	98.7	2,730.7	693.4	292.3	3,829.8	1,638.3	202.0
FY 2021-22	174.2	88.7	2,433.9	986.1	289.0	4,006.8	1,779.2	162.7

STATE HOSPITALS
BUDGET CHANGE PROPOSALS

Please see the Department of Finance (DOF) website for all Budget Change Proposals (BCPs).

STATE HOSPITALS
COUNTY BED BILLING REIMBURSEMENT AUTHORITY
Program Update

SUMMARY

The Department of State Hospitals (DSH) has updated the County Bed Billing reimbursement authority based on patient census and current bed rates. DSH projects no change for fiscal year (FY) 2022-23 and a decrease of $27.4 million in FY 2023-24 and ongoing.

BACKGROUND

The County Bed Billing Reimbursement Authority is comprised of two main components pertaining to county financial responsibility. Those are billings for Lanterman-Petris-Short (LPS) population and Non-Restorable (NR)/Maximum-Term (MT) Incompetent to Stand Trial (IST) defendants who are not timely transported and returned by and to the committing county under specific statutory circumstances.

LPS Population

The LPS population includes multiple civil commitment patients who have been admitted to DSH under the LPS Act (Welfare and Institutions Code (WIC) § 5000 et seq.). The LPS population is referred to DSH by local community mental health programs through involuntary civil commitment procedures pursuant to the LPS Act. WIC § 4330 requires counties to reimburse DSH for their use of hospital beds and services provided pursuant to the LPS Act.

IST Non-Restorable (NR) and IST Maximum Term (MT) Population

Pursuant to penal code (PC) §1370, when a state hospital issues a progress report stating there is no substantial likelihood a defendant will recover mental competence, the defendant shall be returned to the committing court, and custody of the defendant shall be transferred without delay to the committing county and shall remain with the county until further order of the court. Pursuant to PC §1370 (b)(1) and §1370 (c)(1), if a county does not take custody of a defendant committed to DSH within 10 calendar days following notification, DSH is authorized to charge counties the daily rate for a state hospital bed. Assembly Bill 133 (Chapter 143, Statutes 20221), reconfirms authorization for DSH to apply a daily bed rate charge to counties not assuming custody of a defendant, as specified, for any time the defendant remains in DSH custody.

In the 2023-24 Governor's Budget, DSH did not project a needed adjustment to the LPS reimbursement or County Bed Billing authority due to a lack of data.

JUSTIFICATION

As of the 2023-24 May Revision, DSH requests no change to FY 2022-23, however, DSH currently projects a decrease in reimbursement collections of $27.4 million for FY 2023-24 and ongoing. This projection reflects a decline in census of LPS patients as DSH continues to serve the increased demand for those deemed IST.

LPS Population

DSH projects no change to DSH's reimbursement authority for the LPS population for FY 2022-23 and decreased collections of $27.7 million in FY 2023-24 and ongoing. This request takes into consideration the actual census of the LPS population and actual collections received under the recently implemented bed rates.

DSH provides care to LPS patients at three levels of care, depending on the severity of the illness of the patient: Acute, ICF, and SNF. Each level of care has a different billable rate. Using monthly average LPS patient census data from fiscal year FY 2021-22, and actuals from FY 2022-23, including level of care data, DSH was able to project an annual usage for each level of acuity. Once the annual usage was determined, it was applied to FY 2022-23 actual patient counts to determine patient census projections for FY 2023-24.

Finally, DSH used the projected patient count for FY 2023-24 and the applicable level of care bed rates to extrapolate out the annual projection for the adjusted census. The figure below displays the amount of LPS reimbursement authority requested for FY 2023-24.

FY	Average Projected LPS/month		Daily Bed Rate	Annual Funding (dollars in thousands)	Grand total LPS (dollars in thousands)
2023-24	Acute	262	$761	$72,729	$163,959
	ICF	258	$735	$69,241	
	SNF	74	$814	$21,988	

Based on this calculation and the existing authority of $191.6 million, DSH requests a reduction of $27.7 million in FY 2023-24 and ongoing to DSH's reimbursement authority for the LPS population.

IST NR and MT IST Defendants Return to County

In October 2021, DSH began to bill committing counties for IST patients who had not been picked up within 10 days of notice that there is no substantial likelihood the defendant will be restored to mental competence. Using data from October 2021 through February 2023, DSH derived average days billed per month by level of acuity

and used that data to project the reimbursement authority requests for NR and MT patients in FY 2023-24. The figure below displays the projected annual grand total for IST NR and MT IST reimbursement authority for FY 2023-24.

FY	Level of Care	Average Days Billed per Month	Bed Rate	Total Annual Projection	NR / MT Annual Grand Total
2023-24	Acute	13	$761	$120,253	**$269,212**
	ICF	17	$735	$148,959	

Based on this calculation, DSH requests $269,000 in reimbursement authority for FY 2023-24 and ongoing for IST NR and MT IST patients. The chart below shows the total changes for County Bed Billing Reimbursement Authority for FY 2023-24.

Changes to County Bed Billing Reimbursement Authority FY 2023-24 (dollars in thousands)	
Reduction for LPS Population decreased census $191,647-$163,959=$27,688	-$27,688
Increase for IST NR and MT IST Populations	+$269
Total Reduction in Reimbursement Authority	-$27,419

Resource Table

Description	CY	BY	BY+
Current Service Level	$191,647	$191,647	$191,647
Governor's Budget Request	$0	$0	$0
May Revision Estimate	$0	-$27,419	-$27,419
TOTAL	**$191,647**	**$164,228**	**$164,228**

*Dollars in thousands

BCP Fiscal Detail Sheet

BCP Title: County Bed Billing Reimbursement Authority **BR Name: 4440-074-ECP-2023-MR**

Budget Request Summary

	FY23					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Operating Expenses and Equipment						
5340 - Consulting and Professional Services - External	0	-27,419	-27,419	-27,419	-27,419	-27,419
Total Operating Expenses and Equipment	**$0**	**$-27,419**	**$-27,419**	**$-27,419**	**$-27,419**	**$-27,419**
Total Budget Request	**$0**	**$-27,419**	**$-27,419**	**$-27,419**	**$-27,419**	**$-27,419**

Fund Summary

Fund Source - State Operations						
0995 - Reimbursements	0	-27,419	-27,419	-27,419	-27,419	-27,419
Total State Operations Expenditures	**$0**	**$-27,419**	**$-27,419**	**$-27,419**	**$-27,419**	**$-27,419**
Total All Funds	**$0**	**$-27,419**	**$-27,419**	**$-27,419**	**$-27,419**	**$-27,419**

Program Summary

Program Funding						
4410010 - Atascadero	0	-1,137	-1,137	-1,137	-1,137	-1,137
4410020 - Coalinga	0	-31	-31	-31	-31	-31
4410030 - Metropolitan	0	-12,224	-12,224	-12,224	-12,224	-12,224
4410040 - Napa	0	-7,123	-7,123	-7,123	-7,123	-7,123
4410050 - Patton	0	-6,904	-6,904	-6,904	-6,904	-6,904
Total All Programs	**$0**	**$-27,419**	**$-27,419**	**$-27,419**	**$-27,419**	**$-27,419**

STATE HOSPITAL
DSH - METROPOLITAN INCREASED SECURE BED CAPACITY
Program Update

SUMMARY

The Department of State Hospitals (DSH)-Metropolitan Increased Secure Bed Capacity (ISBC) project continues to experience delays in the activation of the remaining units for Incompetent to Stand Trial (IST) forensic patients. Unit 3 was activated in November 2022 while the two remaining units continue to be used for the Skilled Nursing Facility (SNF) patients while the SNF building undergoes a roof replacement and repairs, resulting in an additional one-time savings of $3.9 million in fiscal year (FY) 2022-23.

BACKGROUND

To provide additional capacity to address the ongoing system-wide forensic waitlist, particularly focusing on the IST patient waitlist, the Budget Act of 2016 included capital outlay construction funding for the ISBC project at 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. As of the Budget Act of 2022, DSH had activated only two units for the treatment of IST forensic patients.

While construction of all five ISBC units is complete, the remaining three units have been utilized to accommodate various operational priorities related to DSH's COVID-19 response, the Continuing Treatment East (CTE) Fire Alarm Project, and most recently, to provide temporary housing to DSH-Metropolitan SNF patients while their building remains under construction/repairs.

In the 2023-24 Governor's Budget, DSH reported the continued use of Unit 3 for COVID-19 isolation space, while Units 4 and 5 housed SNF patients pending completion of the SNF Building roof repairs. DSH and Department of General Services (DGS) anticipated repairs to the SNF Building to be completed by July 2023, at which point the SNF patients would be relocated back to the SNF Building, freeing Units 4 and 5 to be utilized for IST forensic patients as originally intended.

JUSTIFICATION

Due to the delays referenced above, in the 2023-24 Governor's Budget, DSH projected a full year of savings for all three ISBC units. However, as of the 2023-24 May Revision, upon revisiting the estimates provided at Governor's Budget, DSH has identified a calculation error, leading to additional reportable savings.

Further impacting the savings projected at Governor's Budget, Unit 3, previously utilized for COVID-19 isolation space[1], was activated for treatment of IST forensic patients in November 2022. Repairs to the SNF building remain unfinished, requiring DSH-Metropolitan to continue utilizing Units 4 and 5 to house SNF patients. Completion of the SNF building roof repairs is scheduled for July 2023, at which point patients will be relocated back to the repaired SNF Building, allowing Units 4 and 5 to be utilized for IST forensic patients. As of the 2023-24 May Revision, DSH can report additional one-time savings of $3.9 million in FY 2022-23 due to a miscalculation of projections for the 2023-24 Governor's Budget. An update will be provided in the 2024-25 Governor's Budget.

Activation Timeline Adjustment

Unit	# of Beds	Scheduled Activation as of 2023-24 Governor's Budget	Scheduled Activation as of 2023-24 May Revision	Change from the 2023-24 Governor's Budget
Unit 1	46	September 23, 2019	September 23, 2019	No change - Activated
Unit 2	46	January 29, 2020	January 29,2020	No change - Activated
Unit 3	46	July 2023	November 1, 2022	8 months early
Unit 4	48	July 2023	July 2023	No change
Unit 5	48	July 2023	July 2023	No change

Resource Table

Description	CY	BY	BY+
Current Service Level	$74,857	$74,857	$74,857
Governor's Budget Request	-$11,221	$0	$0
May Revision Request	-$3,857	$0	$0
TOTAL	**$59,779**	**$74,857**	**$74,857**

*Dollars in thousands

[1] As of October 2022, this space relocated to the Norwalk Alternate Care Site.

BCP Fiscal Detail Sheet

BCP Title: Metropolitan Increased Secure Bed Capacity **BR Name: 4440-069-ECP-2023-MR**

Budget Request Summary

	FY23					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Salaries and Wages						
Earnings - Permanent	-2,350	0	0	0	0	0
Total Salaries and Wages	**$-2,350**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Staff Benefits	-1,139	0	0	0	0	0
Total Personal Services	**$-3,489**	**$0**	**$0**	**$0**	**$0**	**$0**
Operating Expenses and Equipment						
5301 - General Expense	-184	0	0	0	0	0
5304 - Communications	-23	0	0	0	0	0
5320 - Travel: In-State	-23	0	0	0	0	0
5324 - Facilities Operation	-115	0	0	0	0	0
5346 - Information Technology	-23	0	0	0	0	0
Total Operating Expenses and Equipment	**$-368**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Budget Request	**$-3,857**	**$0**	**$0**	**$0**	**$0**	**$0**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	-3,857	0	0	0	0	0
Total State Operations Expenditures	**$-3,857**	**$0**	**$0**	**$0**	**$0**	**$0**
Total All Funds	**$-3,857**	**$0**	**$0**	**$0**	**$0**	**$0**

Program Summary

Program Funding						
4400020 - Hospital Administration	-23	0	0	0	0	0
4410030 - Metropolitan	-3,834	0	0	0	0	0
Total All Programs	**$-3,857**	**$0**	**$0**	**$0**	**$0**	**$0**

BCP Title: Metropolitan Increased Secure Bed Capacity **BR Name: 4440-069-ECP-2023-MR**

Personal Services Details

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
2011 - Custodian I	-28	0	0	0	0	0
7552 - Physician & Surgeon (Safety)	-78	0	0	0	0	0
7619 - Staff Psychiatrist (Safety)	-385	0	0	0	0	0
8094 - Registered Nurse (Safety)	-607	0	0	0	0	0
8104 - Unit Supvr (Safety)	-31	0	0	0	0	0
8252 - Sr Psych Techn (Safety)	-142	0	0	0	0	0
8253 - Psych Techn (Safety)	-673	0	0	0	0	0
8420 - Rehab Therapist (Art-Safety)	-123	0	0	0	0	0
9872 - Clinical Soc Worker (Hlth/CF)-Safety	-131	0	0	0	0	0
9873 - Psychologist (Hlth Facility-Clinical-Safety)	-152	0	0	0	0	0
Total Salaries and Wages	**$-2,350**	**$0**	**$0**	**$0**	**$0**	**$0**
Staff Benefits						
5150200 - Disability Leave - Industrial	-31	0	0	0	0	0
5150210 - Disability Leave - Nonindustrial	-9	0	0	0	0	0
5150350 - Health Insurance	-108	0	0	0	0	0
5150450 - Medicare Taxation	-35	0	0	0	0	0
5150600 - Retirement - General	-470	0	0	0	0	0
5150700 - Unemployment Insurance	-2	0	0	0	0	0
5150800 - Workers' Compensation	-108	0	0	0	0	0
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	-66	0	0	0	0	0
5150900 - Staff Benefits - Other	-310	0	0	0	0	0
Total Staff Benefits	**$-1,139**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Personal Services	**$-3,489**	**$0**	**$0**	**$0**	**$0**	**$0**

STATE HOSPITALS
ENHANCED TREATMENT PROGRAM (ETP) STAFFING
Program Update

SUMMARY

Construction on the Department of State Hospitals (DSH)-Patton Enhanced Treatment Program (ETP) Unit 06 is now scheduled to be completed in March 2024; a three-month delay from what was reported at the 2023-24 Governor's Budget, resulting in a one-time savings of $3.2 million in FY 2023-24.

BACKGROUND

The 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 Budget Act of 2018 authorized DSH 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. ETP Unit 29 at DSH-Atascadero was activated in September 2021, while construction for Units 33 and 34 was postponed due to bed capacity pressures associated with Incompetent to Stand Trial (IST) referrals. The Budget Act of 2022 anticipated activation of ETP Unit U-06 in March 2023 but was delayed due to issues with the fire alarm system redesign.

In the 2023-24 Governor's Budget, DSH reported continued delays in the activation of U-06 at DSH-Patton due to continued challenges with the redesign of the fire sprinklers and regulatory approval. Construction was scheduled to be completed in December 2023, a 9-month delay, followed by unit activation in March 2024.

JUSTIFICATION

As of the 2023-24 May Revision, the project has been rephased with plans to initiate demolition and ETP construction in the U06 North wing in March 2023, while fire sprinkler redesign and State Fire Marshal approvals continue for the other areas of the building. The schedule alteration is anticipated to minimize the potential for further delays. Construction is now estimated for completion in March 2024, followed by unit activation in May 2024. Please see the table below for a complete activation timeline.

ETP Activation Timeline			
Units/Hospital	**Scheduled Initiation**	**Scheduled Completion**	**Delay from 2023-24 Governor's Budget**
DSH-Atascadero Unit 29	September 24, 2018 (Actual)	July 2021 (Actual)	N/A
DSH-Atascadero Unit 33	Postponed	Postponed	Unknown
DSH-Atascadero Unit 34	Postponed	Postponed	Unknown
DSH-Patton Unit U-06	December 2023	May 2024	3-month delay

Resource Table

Description	**CY**	**BY**	**BY+**
Current Service Level	$16,397	$15,129	$15,129
Governor's Budget Request	-$4,809	$0	$0
May Revision Request	$0	-$3,193	$0
TOTAL	**$11,588**	**$11,936**	**$15,129**

*Dollars in thousands

BCP Fiscal Detail Sheet

BCP Title: Enhanced Treatment Program (ETP) Staffing **BR Name: 4440-071-ECP-2023-MR**

Budget Request Summary

	FY23					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Salaries and Wages						
Earnings - Permanent	0	-1,770	0	0	0	0
Total Salaries and Wages	**$0**	**$-1,770**	**$0**	**$0**	**$0**	**$0**
Total Staff Benefits	0	-1,087	0	0	0	0
Total Personal Services	**$0**	**$-2,857**	**$0**	**$0**	**$0**	**$0**
Operating Expenses and Equipment						
5301 - General Expense	0	-168	0	0	0	0
5304 - Communications	0	-21	0	0	0	0
5320 - Travel: In-State	0	-21	0	0	0	0
5324 - Facilities Operation	0	-105	0	0	0	0
5346 - Information Technology	0	-21	0	0	0	0
Total Operating Expenses and Equipment	**$0**	**$-336**	**$0**	**$0**	**$0**	**$0**
Total Budget Request	**$0**	**$-3,193**	**$0**	**$0**	**$0**	**$0**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	-3,193	0	0	0	0
Total State Operations Expenditures	**$0**	**$-3,193**	**$0**	**$0**	**$0**	**$0**
Total All Funds	**$0**	**$-3,193**	**$0**	**$0**	**$0**	**$0**

Program Summary

Program Funding						
4400020 - Hospital Administration	0	-21	0	0	0	0
4410050 - Patton	0	-3,172	0	0	0	0
Total All Programs	**$0**	**$-3,193**	**$0**	**$0**	**$0**	**$0**

Personal Services Details

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
1138 - Office Techn (Gen)	0	-31	0	0	0	0
1303 - Personnel Spec	0	-11	0	0	0	0
1935 - Hosp Police Lieut	0	-70	0	0	0	0
1936 - Hosp Police Sgt	0	-94	0	0	0	0
1937 - Hosp Police Officer	0	-1,059	0	0	0	0
4588 - Assoc Accounting Analyst	0	-8	0	0	0	0
5393 - Assoc Govtl Program Analyst	0	-60	0	0	0	0
7619 - Staff Psychiatrist (Safety)	0	89	0	0	0	0
8094 - Registered Nurse (Safety)	0	-309	0	0	0	0
8096 - Supvng Registered Nurse (Safety)	0	-104	0	0	0	0
8104 - Unit Supvr (Safety)	0	82	0	0	0	0
8252 - Sr Psych Techn (Safety)	0	-8	0	0	0	0
8253 - Psych Techn (Safety)	0	152	0	0	0	0
8321 - Rehab Therapist (Music-Safety)	0	-44	0	0	0	0
9699 - Hlth Svcs Spec (Safety)	0	-84	0	0	0	0
9839 - Sr Psychologist (Hlth Facility) (Spec)	0	-169	0	0	0	0
9872 - Clinical Soc Worker (Hlth/CF)-Safety	0	28	0	0	0	0
9873 - Psychologist (Hlth Facility-Clinical-Safety)	0	-70	0	0	0	0
Total Salaries and Wages	**$0**	**$-1,770**	**$0**	**$0**	**$0**	**$0**

Staff Benefits						
5150200 - Disability Leave - Industrial	0	-23	0	0	0	0
5150210 - Disability Leave - Nonindustrial	0	-7	0	0	0	0
5150350 - Health Insurance	0	-81	0	0	0	0
5150450 - Medicare Taxation	0	-27	0	0	0	0
5150500 - OASDI	0	-7	0	0	0	0
5150600 - Retirement - General	0	-561	0	0	0	0
5150700 - Unemployment Insurance	0	-2	0	0	0	0
5150800 - Workers' Compensation	0	-81	0	0	0	0
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	-64	0	0	0	0
5150900 - Staff Benefits - Other	0	-234	0	0	0	0
Total Staff Benefits	**$0**	**$-1,087**	**$0**	**$0**	**$0**	**$0**

Total Personal Services	**$0**	**$-2,857**	**$0**	**$0**	**$0**	**$0**

STATE HOSPITALS
MISSION-BASED REVIEW Combined
Program Update

SUMMARY

In the 2023-24 May Revision, the Department of State Hospitals (DSH) reflects an additional one-time savings of $9.8 million in FY 2022-23. Savings are due to delays in hiring. DSH also provides updates on position phase-ins and hiring.

BACKGROUND

In 2013, 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 perform a thorough analysis of past practices and staffing methodologies, and ensure they continue to be adequate and appropriate for the department's growing, increasingly more forensic, and aging populations across all DSH facilities. These dynamics, along with the application of new treatment modalities, over time, necessitate the regular 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 reviewed current staffing standards and practices, proposed new data-driven staffing methodologies to adequately support the current populations served, assessed relief factor coverage needs and reviewed current staffing levels within core clinical and safety functions.

Court Evaluations and Reports

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 led to the proposed methodologies for staffing each component of Forensic Services.

Direct Care Nursing

The staffing standard was developed through research conducted within DSH's Clinical Staffing Study and in collaboration with the 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, temporary help, and position movements among facilities. The proposal additionally presented staffing methodologies for the administration of medication and the afterhours nursing supervisory structure.

Protective Services

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 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

Treatment Team and Primary Care Services

As part of DSH's staffing study efforts and in collaboration with the DOF Research and Analysis Unit through a Mission-Based Review, 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

MBR Summary Resource Table

Description	**CY**	**BY**	**BY+**
Current Service Level	$108,129	$123,700	$131,105
Governor's Budget Request	-$44,930	-$24,099	-$10,858
May Revision Request	-$9,765	$0	$0
TOTAL	**$53,434**	**$99,601**	**$120,247**

*Dollars in thousands

The following sections will provide specific updates on implementation and outcomes for all five core areas of the clinical staffing study listed above.

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

SUMMARY

In the 2023-24 May Revision, DSH makes no request for changes to funding or position authority. DSH also provides updates on position phase-ins and hiring.

PROGRAM UPDATE

Evaluations, Court Reports and Testimony

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.

As of February 28, 2023, all position phase-ins are complete, and 42.3 positions have been filled.

Forensic Case Management and Data Tracking

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 patient and staff exposure. DSH adjusted the 16.3 positions to be phased-in over three years.

As of February 28, 2023, all position phase-ins are complete, and 13.1 positions have been filled.

Neuropsychological Services

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.

As of February 28, 2023, all position phase-ins are complete, and 18.6 positions have been filled.

Outcomes

Neuropsychological Services consists of a small staff that provide neuropsychological consultation and evaluation for any patient at the hospital. The increase in positions has decreased the wait time for completion of referrals and increased the number of patients seen monthly. These programs focus on treatment for patients identified during second level screening as having severe neurocognitive disorders. Treatment space with computers has been set up and expanded in both hospitals to two treatment spaces each. As of February 28, 2023, DSH-Napa is serving 9 patients in its two treatment spaces and DSH-Metropolitan is serving 17 patients. Patient data being collected is pre-treatment and post-treatment data related to violence and aggression. However, quantitative data is still being collected and not yet readily available. The qualitative data suggests a reduction in aggression and improvements in overall unit functioning (e.g., some patients have received Patient of the Week status).

Post Implementation Evaluation

DSH will conduct a Post Implementation Evaluation to assess all methodologies and data elements, identify any changes in operations, forensic processes, and statutory requirements and any impact to the forensic services workload. This will include a review of the original forensic functions: Evaluations, Court Reports, and Testimony; Forensic Case Management and Data Tracking; and Neuropsychological Services.

Resource Table

Description	**CY**	**BY**	**BY+**
Current Service Level	$18,318	$18,318	$18,318
Governor's Budget Request	$0	$0	$0
May Revision Request	$0	$0	$0
TOTAL	**$18,318**	**$18,318**	**$18,318**

*Dollars in thousands

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

SUMMARY

In the 2023-24 May Revision, DSH reflects an additional current year savings of $1.0 million due to delays in hiring. DSH also provides updates on position phase-ins and hiring.

JUSTIFICATION

Medication Pass Psychiatric Technicians (PT)

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.

As of February 28, 2023, a total of 311.0 positions have been established and 163.0 positions have been filled. DSH is actively recruiting to fill these positions, however not all positions have been filled. As a result, DSH is projecting an additional one-time savings in FY 2022-23 of $2.1 million.

Recruiting for these PT positions has proven to be challenging due to lack of candidates available and the need to fill other vacant PT positions on-unit. DSH has been evaluating other nursing classifications that may assist in completing the duties dedicated to this function. Licensed Vocational Nurses (LVN) have been identified as a classification that may be viable to meet the intended need. LVN's have similar qualifications as a PT to work within the dedicated Medication Pass rooms. If hospitals have been unsuccessful in their recruiting efforts with the PT classification, LVNs may be able to be recruited for to assist in getting vacancies filled.

Afterhours Supervising Registered Nurses (SRN)

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 staff and patient exposure. DSH adjusted the 44.5 positions to be phased-in over two years.

As of February 28, 2023, all 44.5 positions have been established and 32.0 positions have been filled. DSH is actively recruiting to fill these positions, however not all

positions have been filled. DSH projected a one-time savings in FY 2022-23 of $4.0 million, but due to successful hiring of additional staff, projected FY 2022-23 savings in the May Revision have been reduced by $1.1 million to $2.9 million.

Afterhours Supervising Registered Nurses Phase-ins		
Fiscal Year	**Total**	**Filled**
2019-20	3.0	3.0
2020-21	6.0	6.0
2021-22	35.5	23.0
TOTAL	**44.5**	**32.0**

Resource Table

Description	**CY**	**BY**	**BY+**
Current Service Level	$42,701	$47,068	$47,068
Governor's Budget Request	-$17,079	-$4,781	$0
May Revision Request	-$1,028	$0	$0
TOTAL	**$24,594**	**$42,287**	**$47,068**

*Dollars in thousands

BCP Fiscal Detail Sheet

BCP Title: Mission-Based Review: Direct Care Nursing **BR Name: 4440-065-ECP-2023-MR**

Budget Request Summary

	FY23					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Salaries and Wages						
Earnings - Permanent	-565	0	0	0	0	0
Total Salaries and Wages	**$-565**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Staff Benefits	-274	0	0	0	0	0
Total Personal Services	**$-839**	**$0**	**$0**	**$0**	**$0**	**$0**
Operating Expenses and Equipment						
5301 - General Expense	-94	0	0	0	0	0
5304 - Communications	-12	0	0	0	0	0
5320 - Travel: In-State	-12	0	0	0	0	0
5324 - Facilities Operation	-59	0	0	0	0	0
5346 - Information Technology	-12	0	0	0	0	0
Total Operating Expenses and Equipment	**$-189**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Budget Request	**$-1,028**	**$0**	**$0**	**$0**	**$0**	**$0**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	-1,028	0	0	0	0	0
Total State Operations Expenditures	**$-1,028**	**$0**	**$0**	**$0**	**$0**	**$0**
Total All Funds	**$-1,028**	**$0**	**$0**	**$0**	**$0**	**$0**

Program Summary

Program Funding						
4400020 - Hospital Administration	-12	0	0	0	0	0
4410020 - Coalinga	-37	0	0	0	0	0
4410040 - Napa	-979	0	0	0	0	0
Total All Programs	**$-1,028**	**$0**	**$0**	**$0**	**$0**	**$0**

Personal Services Details

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
8161 - Supvng Registered Nurse	652	0	0	0	0	0
8253 - Psych Techn (Safety)	-1,217	0	0	0	0	0
Total Salaries and Wages	**$-565**	**$0**	**$0**	**$0**	**$0**	**$0**
Staff Benefits						
5150200 - Disability Leave - Industrial	-8	0	0	0	0	0
5150210 - Disability Leave - Nonindustrial	-2	0	0	0	0	0
5150350 - Health Insurance	-26	0	0	0	0	0
5150450 - Medicare Taxation	-9	0	0	0	0	0
5150600 - Retirement - General	-111	0	0	0	0	0
5150700 - Unemployment Insurance	-1	0	0	0	0	0
5150800 - Workers' Compensation	-26	0	0	0	0	0
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	-16	0	0	0	0	0
5150900 - Staff Benefits - Other	-75	0	0	0	0	0
Total Staff Benefits	**$-274**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Personal Services	**$-839**	**$0**	**$0**	**$0**	**$0**	**$0**

STATE HOSPITALS
MISSION-BASED REVIEW—PROTECTIVE SERVICES
Program Update

SUMMARY

In the 2023-24 May Revision, DSH reflects an additional current year savings of $4.8 million due to delays in hiring. DSH also provides updates on position phase-ins and hiring.

JUSTIFICATION

Support and Operations Division

A total of 98.1 positions were allocated to support the Support and Operations Division to be phased in over two years. As result of the OPS Police Academy schedule, DSH has determined a phase-in schedule for the requested positions which aligns with cohorts to maximize funding and recruitment.

As of February 28, 2023, a total of 98.1 positions have been established and 9.0 have been filled. To fill the remaining positions, DSH has converted the required classification exams to online, with Hospital Police Officer exams offered monthly and the sergeant and lieutenant exams offered every six months. DSH has also contracted with CPS HR Consulting to market the current vacancies and DSH has centralized the five hospitals' separate job postings into one posting. The DSH Academy ran a cohort from May 2, 2022 through August 10, 2022; this cohort graduated 18 cadets; a cohort ran from August 23, 2022, to December 8, 2022 and graduated 14 cadets. A cohort began on December 28, 2022 and is scheduled to run through April 13, 2023; this cohort has 22 cadets attending. As a result of position vacancies, DSH is projecting an additional one-time savings in FY 2022-23 of $4.3 million.

Classification	Total as of 2/28/23	Filled as of 2/28/23
Hospital Police Lieutenant	3.0	0.0
Hospital Police Sergeant	4.3	0.0
Hospital Police Officer	90.8	9.0
TOTAL	**98.1**	**9.0**

Executive Leadership Structure

A total of 6.0 positions were allocated to support the Executive Leadership Structure in the beginning of FY 2021-22.

As of February 28, 2023, a total of 6.0 positions have been established and 3.0 have been filled. DSH is recruiting for the three remaining Chief of Police positions. As a result, DSH is projecting an additional one-time savings in FY 2022-23 of $455,000.

Executive Leadership Structure	Total	Filled
OPS: Chief of Law Enforcement	0.0	0.0
OPS: Assistant Chief of Law Enforcement	1.0	0.0
Chief of Police	5.0	3.0
Assistant Chief of Police	0.0	0.0
TOTAL	**6.0**	**3.0**

Post Implementation Evaluation

Following the implementation of the MBR Protective Services Staffing Standards at DSH-Napa, DSH will conduct a Post Implementation Evaluation of all data elements and will consider the expansion of staffing standards to the four remaining state hospitals. The review will include the gathering of more recent data that will account for resources received to-date, impacts of COVID, and an assessment of current HPO overtime rates.

Resource Table

Description	CY	BY	BY+
Current Service Level	$13,708	$14,178	$13,876
Governor's Budget Request	-$6,777	$0	$0
May Revision Request	-$4,766	$0	$0
TOTAL	**$2,165**	**$14,178**	**$13,876**

*Dollars in thousands

BCP Fiscal Detail Sheet

BCP Title: Mission-Based Review: Protective Services **BR Name: 4440-066-ECP-2023-MR**

Budget Request Summary

	FY23					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Salaries and Wages						
Earnings - Permanent	-2,567	0	0	0	0	0
Total Salaries and Wages	**$-2,567**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Staff Benefits	-1,682	0	0	0	0	0
Total Personal Services	**$-4,249**	**$0**	**$0**	**$0**	**$0**	**$0**
Operating Expenses and Equipment						
5301 - General Expense	-255	0	0	0	0	0
5304 - Communications	-34	0	0	0	0	0
5320 - Travel: In-State	-34	0	0	0	0	0
5324 - Facilities Operation	-162	0	0	0	0	0
5346 - Information Technology	-32	0	0	0	0	0
Total Operating Expenses and Equipment	**$-517**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Budget Request	**$-4,766**	**$0**	**$0**	**$0**	**$0**	**$0**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	-4,766	0	0	0	0	0
Total State Operations Expenditures	**$-4,766**	**$0**	**$0**	**$0**	**$0**	**$0**
Total All Funds	**$-4,766**	**$0**	**$0**	**$0**	**$0**	**$0**

Program Summary

Program Funding						
4400010 - Headquarters Administration	-151	0	0	0	0	0
4400020 - Hospital Administration	-32	0	0	0	0	0
4410010 - Atascadero	-151	0	0	0	0	0
4410020 - Coalinga	-354	0	0	0	0	0
4410030 - Metropolitan	-773	0	0	0	0	0
4410040 - Napa	-3,154	0	0	0	0	0
4410050 - Patton	-151	0	0	0	0	0
Total All Programs	**$-4,766**	**$0**	**$0**	**$0**	**$0**	**$0**

Personal Services Details

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
1935 - Hosp Police Lieut	-53	0	0	0	0	0
1936 - Hosp Police Sgt	-63	0	0	0	0	0
1937 - Hosp Police Officer	-2,193	0	0	0	0	0
7500 - - C.E.A. - A	-258	0	0	0	0	0
Total Salaries and Wages	**$-2,567**	**$0**	**$0**	**$0**	**$0**	**$0**
Staff Benefits						
5150200 - Disability Leave - Industrial	-32	0	0	0	0	0
5150210 - Disability Leave - Nonindustrial	-10	0	0	0	0	0
5150350 - Health Insurance	-118	0	0	0	0	0
5150450 - Medicare Taxation	-38	0	0	0	0	0
5150600 - Retirement - General	-922	0	0	0	0	0
5150700 - Unemployment Insurance	-2	0	0	0	0	0
5150800 - Workers' Compensation	-118	0	0	0	0	0
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	-102	0	0	0	0	0
5150900 - Staff Benefits - Other	-340	0	0	0	0	0
Total Staff Benefits	**$-1,682**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Personal Services	**$-4,249**	**$0**	**$0**	**$0**	**$0**	**$0**

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

SUMMARY

In the 2023-24 May Revision, DSH reflects an additional current year savings of $4.0 million due to delays in hiring. DSH also provides updates on position phase-ins and hiring.

JUSTIFICATION

Interdisciplinary Treatment Team

A total of 180.4 positions were allocated to support the Interdisciplinary Treatment Team to be phased in over five years. In the FY 2022-23 May Revision, due to the delays and challenges in hiring, DSH shifted 29.5 of positions that were scheduled to be authorized in 2022-23 to January 1, 2026 (FY 2025-26) to allow time to recruit for positions already authorized. DSH shifted an additional 46.5 positions scheduled to be authorized in 2023-24 to July 1, 2026 (FY 2026-27). These shifts allow the department to recruit for positions already authorized. By delaying these positions , DSH will focus on its current recruitment efforts and be better positioned for future hires.

As of February 28, 2023, a total of 52.8 positions have been established and 12.0 have been filled. DSH is actively recruiting to fill these positions. DSH is pursuing a contract with CPS HR Consulting for marketing and outreach and streamlining the application process. However not all positions have been filled. DSH is not projecting additional one-time savings in FY 2022-23.

Interdisciplinary Treatment Team	Total	Filled
Psychiatrist	11.0	0.0
Psychologist	10.0	4.0
Clinical Social Worker	15.8	0.0
Rehabilitation Therapist	16.0	8.0
TOTAL	**52.8**	**12.0**

Primary Medical Care

A total of 31.9 positions were allocated to support Primary Medical Care to be phased in over three years.

As of February 28, 2023, all 31.9 positions have been established and 8.5 positions have been filled. DSH is actively recruiting to fill these positions and is working to streamline the application process for both Chief Physician & Surgeon and Physician

& Surgeon classifications. However not all positions have been filled. As a result, DSH is projecting an additional one-time savings in FY 2022-23 of $2.0 million.

Primary Medical Care	Total	Filled
Chief Physician & Surgeon	6.1	1.0
Physician & Surgeon	25.9	7.5
TOTAL	**31.9**	**8.5**

Trauma-Informed Care

A total of 6.0 positions were allocated to support Trauma-Informed Care to be fully phased in beginning of FY 2021-22.

As of February 28, 2023, all 6.0 positions have been established and all 6.0 positions have been filled.

Trauma-Informed Care	Total	Filled
Senior Psychologist Supervisor[1]	1.0	1.0
Senior Psychologist Specialist[2]	5.0	5.0
TOTAL	**6.0**	**6.0**

[1] Position reclassed to a Program Director
[2] 4 of the 5 Senior Psychologist Specialists reclassed to Program Assistants

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

A total of 6.0 positions were allocated to support Administrative Services to be fully phased in beginning of FY 2021-22.

As of February 28, 2023, all 6.0 positions have been established and all 6.0 have been filled.

Administrative Support	Total	Filled
Associate Personnel Analyst	6.0	6.0
TOTAL	**6.0**	**6.0**

Clinical Executive Leadership

A total of 12.0 positions were allocated to support Clinical Executive Leadership to be fully phased in beginning FY 2021-22.

As of February 28, 2023, all 12.0 positions have been established and 5.0 have been filled. Two of the remaining seven positions are pendingappointment and the others are being actively recruited for. As a result, DSH is projecting an additional one-time savings in FY 2022-23 of $2.0 million.

Clinical Executive Leadership	Total	Filled
Medical Director	6.0	2.0
Assistant Medical Director	1.0	0.0
Chief of Primary Care Services	5.0	3.0
TOTAL	**12.0**	**5.0**

Discharge Strike Team

A total of 6.0 positions were allocated to support The Discharge Strike Team to be fully phased in beginning FY 2021-22.

As of February 28, 2023, all 6.0 positions have been established and all 6.0 have been filled.

Discharge Strike Team	Total	Filled
Program Director	1.0	1.0
Clinical Social Worker	5.0	5.0
TOTAL	**6.0**	**6.0**

Resource Table

Description	CY	BY	BY+
Current Service Level	$30,859	$41,572	$49,279
Governor's Budget Request	-$21,074	-$19,318	-$10,858
May Revision Request	-$3,971	$0	$0
TOTAL	**$5,814**	**$22,254**	**$38,421**

*Dollars in thousands

BCP Fiscal Detail Sheet

BCP Title: Mission-Based Review: Treatment Team and Primary Care **BR Name: 4440-067-ECP-2023-MR**

Budget Request Summary

	FY23					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Salaries and Wages						
Earnings - Permanent	-2,585	0	0	0	0	0
Total Salaries and Wages	**$-2,585**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Staff Benefits	-1,243	0	0	0	0	0
Total Personal Services	**$-3,828**	**$0**	**$0**	**$0**	**$0**	**$0**
Operating Expenses and Equipment						
5301 - General Expense	-67	0	0	0	0	0
5304 - Communications	-11	0	0	0	0	0
5320 - Travel: In-State	-11	0	0	0	0	0
5324 - Facilities Operation	-45	0	0	0	0	0
5346 - Information Technology	-9	0	0	0	0	0
Total Operating Expenses and Equipment	**$-143**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Budget Request	**$-3,971**	**$0**	**$0**	**$0**	**$0**	**$0**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	-3,971	0	0	0	0	0
Total State Operations Expenditures	**$-3,971**	**$0**	**$0**	**$0**	**$0**	**$0**
Total All Funds	**$-3,971**	**$0**	**$0**	**$0**	**$0**	**$0**

Program Summary

Program Funding						
4400010 - Headquarters Administration	-274	0	0	0	0	0
4400020 - Hospital Administration	-9	0	0	0	0	0
4410010 - Atascadero	-471	0	0	0	0	0
4410020 - Coalinga	-1,740	0	0	0	0	0
4410030 - Metropolitan	-462	0	0	0	0	0
4410040 - Napa	-287	0	0	0	0	0
4410050 - Patton	-728	0	0	0	0	0
Total All Programs	**$-3,971**	**$0**	**$0**	**$0**	**$0**	**$0**

BCP Title: Mission-Based Review: Treatment Team and Primary Care **BR Name: 4440-067-ECP-2023-MR**

Personal Services Details

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
7552 - Physician & Surgeon (Safety)	-889	0	0	0	0	0
7561 - Chief Physician & Surgeon	-415	0	0	0	0	0
VR00 - Various	-1,281	0	0	0	0	0
Total Salaries and Wages	**$-2,585**	**$0**	**$0**	**$0**	**$0**	**$0**
Staff Benefits						
5150200 - Disability Leave - Industrial	-34	0	0	0	0	0
5150210 - Disability Leave - Nonindustrial	-11	0	0	0	0	0
5150350 - Health Insurance	-119	0	0	0	0	0
5150450 - Medicare Taxation	-40	0	0	0	0	0
5150600 - Retirement - General	-511	0	0	0	0	0
5150700 - Unemployment Insurance	-1	0	0	0	0	0
5150800 - Workers' Compensation	-119	0	0	0	0	0
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	-74	0	0	0	0	0
5150900 - Staff Benefits - Other	-334	0	0	0	0	0
Total Staff Benefits	**$-1,243**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Personal Services	**$-3,828**	**$0**	**$0**	**$0**	**$0**	**$0**

STATE HOSPITALS
PATIENT-DRIVEN OPERATING EXPENSES & EQUIPMENT
Program Update

SUMMARY

In the 2023-24 Governor's Budget, DSH requested increased funding of $20.3 million in fiscal year (FY) 2022-23 and $20.5 million in FY 2023-24 and ongoing to support patient-related operating expense and equipment (OE&E) costs. However, since that time, due to revised prior year actuals and increased patient census DSH projects an increased resource need. As of the 2023-24 May Revision, DSH requests an additional $2.5 million in FY 2022-23 and $6.1 million in FY 2023-24 and ongoing to support patient-related OE&E.

BACKGROUND

The Budget Act of 2019 adopted a standardized cost estimate methodology to provide funding for patient-related OE&E items such as outside medical care, pharmaceuticals, patient clothing, foodstuffs, etc. based on updated census estimates for each fiscal year and an estimated cost per patient, derived from past year actual expenditures. Throughout the COVID-19 pandemic, DSH has closely monitored and managed these expenditures.

Facing increased costs due to global inflation, especially in the categories of outside hospitalization, foodstuffs, and pharmaceuticals, the 2023-24 Governor's Budget provided new prior year actuals (FY 2021-22) to apply to the per patient cost methodology. Prior to this, DSH had used FY 2018-19 actuals to calculate the cost per patient. Utilizing the new actuals, DSH arrived at an updated per patient cost of $25,889; a 23% increase over the cost derived using FY 2018-19 actuals. To respond to this increase in operational costs, in the 2023-24 Governor's Budget, DSH proposed to redirect current year (CY) savings resulting from activation delays to address the current year need and requested funding for FY 2023-24 and ongoing.

JUSTIFICATION

As of the 2023-24 May Revision, based on increased patient census projections and updated FY 2021-22 actuals, DSH projects an increased need of $2.5 million to the proposed 2023-24 Governor's Budget request in FY 2022-23 and ongoing for Patient-Driven OE&E.

Updated FY 2021-22 Actuals

Following the publishing of the 2023-24 Governor's Budget, which utilized prior year (FY 2021-22) actuals to update the standard per-patient cost, DSH revised the prior year numbers due to the completion of the DSH Financial Statements, resulting in a reduced per-patient cost of $25,889 to $25,792. The chart below displays the FY 2021-22 actuals as reported in the 2023-24 Governor's Budget, and the updated FY 2021-22 actuals included in the 2023-24 May Revision.

Budget Categories	FY 2021-22 Avg. Cost Per Patient (2023-24 Governor's Budget)	FY 2021-22 Avg. Cost Per Patient (2023-24 May Revision)
State Hospital Census	*5,318*	*5,318*
Utilities	$4,188	$4,188
Outside Hospitalization	$6,861	$6,861
Clothing/Personal Supplies	$443	$443
Recreation & Religion	$98	$98
Foodstuffs	$3,972	$3,972
Quartering & Housekeeping	$852	$852
Laundry	$930	$930
Miscellaneous Client Services	$234	$137
Chemicals, Drugs and Lab Supplies	$920	$920
Pharmaceuticals	$7,375	$7,375
Educational Supplies	$16	$16
Total	**$25,889**	**$25,792**

Updated Hospital Census

Further impacting the adjusted request is the projected increase to the DSH hospital census. In the 2023-24 Governor's Budget, DSH anticipated a FY 2022-23 patient census of 5,458. As of the 2023-24 May Revision, DSH now projects a FY 2022-23 census of 5,574, or an increase of 116.

Allotment Adjustment for FY 2022-23

In the Budget Act of 2022, DSH used the projected census for FY 2022-23 and the per patient cost derived from FY 2018-19 actuals to determine the total cost for Patient-Driven OE&E. Since that time, there have been changes to both the patient census and the per patient cost, reflecting an adjustment to the total funding needed. To calculate the projection, the per patient cost difference from FY 2018-19 and FY

2021-22 ($25,792 - $21,085 = $4,707) was multiplied by the census projected FY 2022-23 at the time of the 2022-23 Governor's Budget (5,740). The table below displays the total amount needed to fund Patient-Driven OE&E for the census recognized in FY 2022-23.

FY 2022-23 Cost Adjustment for Existing Census		
Projected FY 2022-23 Census	Increase in Per Patient Cost between FY 2018-19 and FY 2021-22	Total
5,740	**$4,707**	**$27,020,724**

While this addresses the updated per patient cost from the Budget Act of 2022, a second calculation is needed to obtain the projected need for the updated FY 2022-23 patient census projection. Following the Budget Act of 2022, the projected patient census for FY 2022-23 decreased from 5,740 to 5,574, resulting in a census reduction of 166[1]. This reduction amount was applied to the revised FY 2021-22 per patient cost. The table below displays the total adjusted amount resulting from the decrease in projected census recognized between the Budget Act of 2022 and the 2023-24 May Revision.

FY 2022-23 Cost Adjustment for Updated Census		
Per Patient Cost FY 2021-22 Actuals	Change in Patient Census between Budget Act of 2022 and 2023-24 May Revision	Total
$25,792	**-166**	**-$4,281,477**

Based off the methodology adopted in the Budget Act of 2019, with updated per patient costs and adjusted patient census, DSH projects an additional resource need of $2.5 million in FY 2022-23. The figure below displays the cost adjustment for the existing census minus the cost adjustment for the new census to determine the total budget request for FY 2022-23.

FY 2022-23 Cost Adjustment for Per Patient and Census Adjustments	
Cost Adjustment for Existing Census	$27,020,724
Cost Adjustment for New Census	-$4,281,477
Updated Total Request FY 2022-23	**$22,739,247**
Amount Requested in 2023-24 Governor's Budget	-$20,276,941
Increased Request for 2023-24 May Revision	**$2,462,305**

Allotment Adjustment for FY 2023-24

As of the 2023-24 May Revision, DSH is projecting a FY 2023-24 census increase of 150 patients from FY 2022-23 (5,574) to FY 2023-24 (5,724). To calculate the increased need for Patient-Driven OE&E in FY 2023-24, the change in census was multiplied by the updated FY 2021-22 per patient cost per patient. The additional cost for the increased census is shown below.

FY 2023-24 Cost Adjustment for Updated Census		
Per Patient Cost FY 2021-22 Actuals	Change in Patient Census between Budget Act of 2022 and 2023-24 May Revision	Total
$25,792	**150**	**$3,868,805**

Based on the updated per patient costs and increased census, DSH anticipates a need of requests $6.1 million in FY 2023-24 and ongoing. The table below shows the total budget request for FY 2022-23 and FY 2023-24.

2023-24 May Revision Total Funding Request - Patient-Driven OE&E	
Updated Budget Request for FY 2022-23	$22,739,247
Updated Budget Request for FY 2023-24	$3,868,805
Updated Total Request FY 2023-24	**$26,608,052**
Amount Requested in 2023-24 Governor's Budget	-$20,535,833
Increased Request for 2023-24 May Revision	**$6,072,219**

Resource Table

Description	**CY**	**BY**	**BY+**
Current Service Level	$109,088	$109,283	$109,283
Governor's Budget Request	$20,277	$20,536	$20,536
May Revision Request	$2,462	$6,072	$6,072
TOTAL	**$131,827**	**$135,891**	**$135,891**

*Dollars in thousands

BCP Fiscal Detail Sheet

BCP Title: Patient Driven Operating Expenses & Equipment **BR Name: 4440-075-ECP-2023-MR**

Budget Request Summary

	FY23					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Operating Expenses and Equipment						
5326 - Utilities	729	1,798	1,798	1,798	1,798	1,798
5340 - Consulting and Professional Services - External	394	970	970	970	970	970
539X - Other	1,339	3,304	3,304	3,304	3,304	3,304
Total Operating Expenses and Equipment	**$2,462**	**$6,072**	**$6,072**	**$6,072**	**$6,072**	**$6,072**
Total Budget Request	**$2,462**	**$6,072**	**$6,072**	**$6,072**	**$6,072**	**$6,072**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	2,462	6,072	6,072	6,072	6,072	6,072
Total State Operations Expenditures	**$2,462**	**$6,072**	**$6,072**	**$6,072**	**$6,072**	**$6,072**
Total All Funds	**$2,462**	**$6,072**	**$6,072**	**$6,072**	**$6,072**	**$6,072**

Program Summary

Program Funding						
4410010 - Atascadero	586	1,446	1,446	1,446	1,446	1,446
4410020 - Coalinga	816	2,011	2,011	2,011	2,011	2,011
4410030 - Metropolitan	103	255	255	255	255	255
4410040 - Napa	315	777	777	777	777	777
4410050 - Patton	642	1,583	1,583	1,583	1,583	1,583
Total All Programs	**$2,462**	**$6,072**	**$6,072**	**$6,072**	**$6,072**	**$6,072**

STATE HOSPITALS
COVID-19 UPDATE
Program Update

SUMMARY

As of the 2023-24 May Revision, DSH is reflecting a one-time savings in fiscal year (FY) 2022-23 of $19.7 million and a decrease of the 2023-24 Governor's Budget request by $9.2 million in FY 2023-24.

BACKGROUND

DSH executed a COVID-19 response plan across its system to follow 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 necessary steps to mitigate the spread of COVID-19 at all facilities, including implementation of policies and procedures for infection control, respiratory protection, COVID-19 testing, personal protective equipment, and established isolation units.

In the 2023-24 Governor's Budget, DSH requested $51.3 million General Fund (GF) in FY 2023-24 to continue to support infection control measures to protect the health and safety of its employees and patients beyond the State of Emergency end date, including resources for testing, surge resources, public health related personnel, and commodity goods.

JUSTIFICATION

As of the 2023-24 May Revision, DSH is reflecting a one-time savings in FY 2022-23 of $19.7 million and requests a total of $42.1 million GF in FY 2023-24 (a reduction of $9.2 million from the 2023-24 Governor's Budget request) to continue to support infection control measures to protect the health and safety of its employees and patients beyond the State of Emergency end date.

As the California State of Emergency ended on February 28, 2023, public health guidance continues to evolve as does DSH's COVID-19 response plan. With the effectiveness of the COVID-19 vaccine, the broader availability of therapeutics, and other infection control measures, DSH continues to prioritize the safety of employees and patients while slowly resuming towards pre-pandemic levels. As such, some of the COVID-19 infection control measures and practices that were needed in earlier phases of the pandemic are no longer needed or have changed, resulting in an adjustment to DSH's current year and budget year resource request.

For example, as of March 1, 2023, DSH has changed COVID-19 testing protocols. Throughout the COVID-19 pandemic, DSH completed daily surveillance testing for individuals serving patients. Based on COVID-19 guidance updates and community transmission-levels, hospital employees now will be tested when they experience COVID-19 related symptoms or experience a high-risk exposure to COVID-19. COVID-19 testing practices may increase during surges or outbreaks, which can impact the amount of resources needed to respond. In addition to testing changes, DSH also has transitioned away from the use of Admission Observation Units, which was a cohort admissions process. Shifting to a direct admission process has allowed DSH to admit and maintain average census closer to pre-pandemic levels more quickly.

While the State of Emergency has ended, DSH is still required to maintain an appropriate level of COVID-19 infection control measures as required by the CDC and CDPH. This includes testing, isolation of positive patients and staff, and patient treatment of COVID-19 infections, among other infection control efforts, to continue to mitigate the spread of COVID-19 throughout DSH facilities and ensure the safety of all DSH staff and patients.

Funding Methodology

These cost estimates are based upon the best available information at this time and based upon changes in protocols from the CDC and CDPH as of the end of the state of emergency. DSH utilized actual expenditures from implementing COVID-19 protocols to inform this request, however, adjusted the costs assuming the utilization of some practices will change.

Resource Table[1]

Description	**CY**	**BY**	**BY+**
Current Service Level[2]	$83,124	$0	$0
Governor's Budget Request	$0	$51,278	$0
May Revision Request	-$19,724	-$9,216	$0
TOTAL	**$63,400**	**$42,062**	**$0**

[1] Dollars in thousands

[2] Excludes COVID-19 Worker's Compensation BCP funding which concludes in FY 2024-25

BCP Fiscal Detail Sheet

BCP Title: COVID-19 Update **BR Name: 4440-078-ECP-2023-MR**

Budget Request Summary

	FY23					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Salaries and Wages						
Earnings - Permanent	-15,102	-119	0	0	0	0
Overtime/Other	-4,622	0	0	0	0	0
Total Salaries and Wages	**$-19,724**	**$-119**	**$0**	**$0**	**$0**	**$0**
Total Personal Services	**$-19,724**	**$-119**	**$0**	**$0**	**$0**	**$0**
Operating Expenses and Equipment						
5301 - General Expense	0	-9,097	0	0	0	0
Total Operating Expenses and Equipment	**$0**	**$-9,097**	**$0**	**$0**	**$0**	**$0**
Total Budget Request	**$-19,724**	**$-9,216**	**$0**	**$0**	**$0**	**$0**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	-9,216	0	0	0	0
3398 - California Emergency Relief Fund	-19,724	0	0	0	0	0
Total State Operations Expenditures	**$-19,724**	**$-9,216**	**$0**	**$0**	**$0**	**$0**
Total All Funds	**$-19,724**	**$-9,216**	**$0**	**$0**	**$0**	**$0**

Program Summary

Program Funding						
4410010 - Atascadero	-1,655	-1,992	0	0	0	0
4410020 - Coalinga	-4,284	-2,410	0	0	0	0
4410030 - Metropolitan	-6,484	-290	0	0	0	0
4410040 - Napa	-3,251	-2,136	0	0	0	0
4410050 - Patton	-4,050	-2,388	0	0	0	0
Total All Programs	**$-19,724**	**$-9,216**	**$0**	**$0**	**$0**	**$0**

BCP Title: COVID-19 Update **BR Name: 4440-078-ECP-2023-MR**

Personal Services Details

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
VR00 - Various	-19,724	-119	0	0	0	0
Total Salaries and Wages	**$-19,724**	**$-119**	**$0**	**$0**	**$0**	**$0**
Total Personal Services	**$-19,724**	**$-119**	**$0**	**$0**	**$0**	**$0**

STATE HOSPITALS
DSH-COALINGA INTERMEDIATE CARE FACILITY CONVERSION
Program Update

SUMMARY

The Intermediate Care Facilities (ICF) unit conversion at the Department of State Hospitals (DSH)-Coalinga is scheduled to be completed in May 2023, a two-month delay from what was reported at the 2023-24 Governor's Budget. The overall delay is resulting in a one-time savings of $2.9 million for fiscal year (FY) 2022-23 associated with personnel services savings.

BACKGROUND

DSH-Coalinga operates a total of 30 residential units; 23 of which are licensed as ICFs by the California Department of Public Health (CDPH), and seven units currently exempted from CDPH licensure which are classified as Residential Recovery Units (RRU).

To respond to a growing demand from DSH-Coalinga's aging patient population, the Budget Act of 2022 included authority to convert one RRU to a licensed ICF. Conversion efforts on Unit 4 began in July 2022, but in the 2023-24 Governor's Budget DSH reported delays due to availability of specialized parts required for the unit modifications and revised the unit activation date to March 2023.

PROGRAM UPDATE

As of the 2023-24 May Revision, DSH-Coalinga anticipates activation on May 1, 2023. This two-month delay from the 2023-24 Governor's Budget timeline is due to fire suppression system repairs and subsequent regulatory approval. These delays resulted in a one-time savings in FY 2022-23 of $2.9 million associated with personnel services savings. An update will be provided in the 2024-25 Governor's Budget.

Resource Table

Description	CY	BY	BY+
Current Service Level	$4,490	$4,490	$4,490
Governor's Budget Request	$0	$0	$0
May Revision Request	-$2,946	$0	$0
TOTAL	**$1,544**	**$4,490**	**$4,490**

*Dollars in thousands

BCP Fiscal Detail Sheet

BCP Title: DSH-Coalinga ICF Conversion **BR Name: 4440-070-ECP-2023-MR**

Budget Request Summary

	FY23					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Salaries and Wages						
Earnings - Permanent	-1,788	0	0	0	0	0
Total Salaries and Wages	**$-1,788**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Staff Benefits	-867	0	0	0	0	0
Total Personal Services	**$-2,655**	**$0**	**$0**	**$0**	**$0**	**$0**
Operating Expenses and Equipment						
5301 - General Expense	-146	0	0	0	0	0
5304 - Communications	-18	0	0	0	0	0
5320 - Travel: In-State	-18	0	0	0	0	0
5324 - Facilities Operation	-91	0	0	0	0	0
5346 - Information Technology	-18	0	0	0	0	0
Total Operating Expenses and Equipment	**$-291**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Budget Request	**$-2,946**	**$0**	**$0**	**$0**	**$0**	**$0**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	-2,946	0	0	0	0	0
Total State Operations Expenditures	**$-2,946**	**$0**	**$0**	**$0**	**$0**	**$0**
Total All Funds	**$-2,946**	**$0**	**$0**	**$0**	**$0**	**$0**

Program Summary

Program Funding						
4400020 - Hospital Administration	-18	0	0	0	0	0
4410020 - Coalinga	-2,928	0	0	0	0	0
Total All Programs	**$-2,946**	**$0**	**$0**	**$0**	**$0**	**$0**

Personal Services Details

Staff Benefits						
5150200 - Disability Leave - Industrial	-23	0	0	0	0	0
5150210 - Disability Leave - Nonindustrial	-7	0	0	0	0	0
5150350 - Health Insurance	-82	0	0	0	0	0
5150450 - Medicare Taxation	-27	0	0	0	0	0
5150600 - Retirement - General	-358	0	0	0	0	0
5150700 - Unemployment Insurance	-2	0	0	0	0	0
5150800 - Workers' Compensation	-82	0	0	0	0	0
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	-50	0	0	0	0	0
5150900 - Staff Benefits - Other	-236	0	0	0	0	0
Total Staff Benefits	**$-867**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Personal Services	**$-867**	**$0**	**$0**	**$0**	**$0**	**$0**

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

Program Update

SUMMARY

In the 2023-24 Governor's Budget, DSH anticipated a total contracted caseload of 1,020 in fiscal year (FY) 2022-23 and FY 2023-24 and requested $2.6 million and 2.0 positions to build out its continuum of care to respond to the increase in CONREP Non-SVP census and associated workload. As of the 2023-24 May Revision, DSH anticipates a total contracted caseload of 1,022 CONREP clients in FY 2022-23 and 1,038 in FY 2023-24 and is reporting a one-time savings in FY 2022-23 of $13.5 million due to program activation adjustments.

BACKGROUND

CONREP is DSH's statewide system of community-based services for specified court-ordered forensic individuals. CONREP aims to promote greater public protection in California's communities via an effective and standardized community outpatient treatment system. The CONREP Non-SVP population includes patients deemed Not Guilty by Reason of Insanity (NGI), Offender with a Mental Health Disorder (OMD), and Incompetent to Stand Trial (IST). Individuals suitable[1] for CONREP may be recommended to the courts by the state hospital Medical Director.

Currently, DSH contracts with seven county-operated and eight private organizations to provide outpatient treatment services to non-SVP clients in all 58 counties of the state. Contractors complete regular treatment evaluations and assessments in conjunction with the court-approved treatment plan and provide forensic mental health treatment in individual and group therapy settings, in additional to various services needed to support community reintegration including:

- Life skills training
- Residential placement
- Collateral contacts (e.g., other individuals/agencies)
- Home visits
- Substance abuse screenings
- Psychiatric services
- Case management
- Court reports
- Psychological assessments

When a DSH patient is discharged to CONREP, the goal is to provide an independent living environment in the least restrictive setting. Historically, CONREP's model of care is a centralized outpatient clinic where most treatment

[1] As specified in PC 1600-1615 and 2960-2972, the CONREP Community Program Director (CPD), with the Court's approval (or in the case of OMDs, the Board of Parole Hearings (BPH) approval), assesses and makes the recommendation for individuals' placement in CONREP.

services are delivered. In this treatment model, clients must seek transportation or walk to access these services, requiring them to live close to the outpatient clinic or along a major bus route to access timely treatment regularly. As it is impractical to place individuals in areas which 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 the placement of CONREP clients.

Step-Down Transitional Program

CONREP-eligible patients who have not demonstrated the ability to live in the community without direct staff supervision may participate in the Statewide Transitional Residential Program (STRP). STRP is a cost-effective, interim housing environment with 24 hours-per-day, seven days-per-week (24/7) supervision, which allows patients to learn appropriate community living skills while transitioning from a state hospital setting. Patient stays are based on availability, and typically limited to 90 to 120 days but may be extended due to medical necessity. Once patients are ready to live in the community without structured 24/7 services, they are eligible for transfer to a Board & Care, Room & Board, or other community living arrangement without direct supervision.

CONREP Forensic Assertive Community Treatment (FACT) Regional Program (CFRP)

The CONREP FACT Regional Program (CFRP) is a 24/7 mobile treatment team providing onsite individual and group treatment to clients at their residence. In addition to providing treatment, CFRP's mobility allows them to respond quickly to provide de-escalation and crisis intervention practices, reducing the likelihood of rehospitalization. DSH has contracted with a provider for up to 180 dedicated beds and staff resources for this new treatment option in CONREP across three regions of the state:

- 60 beds in Northern CA
- 60 beds in the Bay Area
- 60 beds in Southern CA

In addition to increasing the placement options available for NGI and OMD patients transitioning from the state hospitals, the FACT model of care can be used to treat IST patients ordered to CONREP when other community-based restoration programs are not available.

JUSTIFICATION

As of the 2023-24 May Revision, DSH anticipates a total contracted caseload of 1,022 CONREP clients in FY 2022-23 and 1,038 in FY 2023-24. The contracted caseload for FY 2022-23 includes 657 regular CONREP clients currently placed in settings which do not offer dedicated beds to the program; the number for which is anticipated to grow to 673 in FY 2023-24. In addition, CONREP's contracted caseload includes the following current and planned specialized beds dedicated to the program:

- 55 STRP Beds in FY 2023-24
  - 35-bed activated Southern CA STRP
  - 20-bed activated Northern CA STRP
- 180 FACT Beds
  - 60 newly activated beds in Central CA in FY 2022-23
  - 120 beds activated in Northern CA and Southern CA in FY 2021-22
- 120 Institute of Mental Disorder (IMD) beds in FY 2022-23
  - 78-bed Southern CA IMD (to be activated)
  - 24-bed activated Southern CA IMD
  - 30-bed activated Northern CA IMD

This contracted caseload reflects the total number of clients and beds available by the end of FY 2022-23 and FY 2023-24 and may vary based on activation delays. While DSH anticipates the activation of new beds dedicated to CONREP in FY 2023-24, the actual number of patients will be phased in and fluctuate over the course of two years.

Step-Down Transitional Programs

As of the 2023-24 May Revision, DSH reports a one-time savings of $12.2 million in FY 2022-23 as a result of activation delays for the 78-bed Southern CA IMD facility and the CFRP program adjustments, and ongoing savings in FY 2022-23 of $1.8 million as a result of contracted caseload reductions at the 30-bed Northern CA STRP facility. DSH requests to offset existing savings to support the 10-bed increase at the Northern CA IMD facility. This includes a one-time redirection of $500,000 in FY 2022-23 to cover infrastructure improvement costs and an ongoing $1.8 million beginning in FY 2023-24 to support the ongoing operations associated with the10-bed increase.

78-Bed Southern CA IMD Facility (Golden Legacy)

In January 2022, renovations began on this 78-bed step-down program intended for OMD and NGI state hospital patients identified as ready for CONREP in 18 to 24 months. Plans for converting this space were developed in partnership with a Southern CA IMD facility with anticipated program activation to occur in August 2022. However, physical space modifications required to assure the safety and security of the patients, coupled with supply chain and labor shortages related to the COVID-19 pandemic, and licensing requirements have further delayed program activation. Additionally, the 78-bed program has been split into two activation phases to allow for the recruitment of staff to be phased in, with 33 beds to be activated May 2023 in Phase I, and 43 beds activated June 2023 as part of Phase 2. The remaining two beds would be reserved for COVID-19 isolation. In the 2023-24 May Revision, DSH reports a one-time savings of $9.2 million in FY 2022-23 as a result of the delayed program activation.

20-bed Northern CA IMD Facility (Canyon Manor), 10 Bed Increase

As of March 2023, all 20 beds are filled or reserved for patients ready for placement pending a court-ordered release from the state hospital. The provider continues to evaluate additional patients for admission, and the program must remain appropriately staffed to maintain functionality for full bed capacity. During recent contract renewal negotiations, DSH and the provider expressed interest in expanding services to provide treatment for an additional 10 beds, for a total caseload of 30 in FY 2023-24. It was also determined that additional funding was required to support personnel, OE&E, and supplemental services, such as client transportation costs, life support and enhanced supervision. As a result, DSH requests to utilize savings from the caseload reduction of the Northern CA STRP facility to fund these contract increases. In FY 2022-23, DSH requests to redirect $500,000 in savings to cover infrastructure improvement costs associated with the increased caseload and a permanent redirection of $1.8 million in FY 2023-24 and ongoing to support the increased contract funding covering the per diem rate, supplemental services, and the 10-bed expansion.

30-bed Northern CA STRP Facility (A&A Health Services), 10 Bed Reduction

Activation of the Northern CA program began March 2022, which included development of policies and procedures, training staff, and phased-in admissions. During recent contract renewal negotiations, DSH and the provider agreed to decrease the capacity by 10 beds, for a total capacity of 20, to allow for further development and refinement of the STRP program. Further, additional staffing and OE&E will be needed to support the program ongoing. As of March

2023, 10 beds are filled and DSH continues to work closely with A&A Health Services to process additional patient referrals and fill the remaining beds, with 9 admissions anticipated in April 2023. As of the 2023-24 May Revision, DSH reports a savings of $1.8 million in FY 2022-23 and ongoing associated with the permanent bed reduction. DSH proposes to redirect the ongoing savings to fund the 10-bed expansion for the 20-bed Northern CA IMD Facility (Canyon Manor) in FY 2023-24 and ongoing.

CONREP FACT Regional Program (CFRP)

As of the 2023-24 May Revision, DSH anticipates a one-time savings of $3 million in FY 2022-23 due to adjustments in the activation timeline and phase in of patient placement in the CONREP FACT program primarily driven by staffing turnover and program management changes. As of March 2023, CFRP-Sacramento census is at 12 of 60 CFRP-San Diego census is at 30 of 60 activated beds and CFRP-Alameda activated in January 2023 and has filled 19 of 60 activated beds as they are still in the ramp up phase of programming. DSH will continue to monitor program activations and provide an update in the 2024-25 Governor's Budget.

Resource Table

Description	**CY**	**BY**	**BY+**
Current Service Level	$44,887	$45,371	$45,781
Governor's Budget Request	$0	$2,676	$2,727
May Revision Request	($13,525)	$0	$0
TOTAL	**$31,362**	**$48,047**	**$48,508**

*Dollars in thousands

BCP Fiscal Detail Sheet

BCP Title: CONREP Non-SVP **BR Name: 4440-077-ECP-2023-MR**

Budget Request Summary

	FY23					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Operating Expenses and Equipment						
5340 - Consulting and Professional Services - External	-13,525	0	0	0	0	0
Total Operating Expenses and Equipment	**$-13,525**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Budget Request	**$-13,525**	**$0**	**$0**	**$0**	**$0**	**$0**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	-13,525	0	0	0	0	0
Total State Operations Expenditures	**$-13,525**	**$0**	**$0**	**$0**	**$0**	**$0**
Total All Funds	**$-13,525**	**$0**	**$0**	**$0**	**$0**	**$0**

Program Summary

Program Funding						
4420010 - Conditional Release Program	-13,525	0	0	0	0	0
Total All Programs	**$-13,525**	**$0**	**$0**	**$0**	**$0**	**$0**

FORENSIC CONDITIONAL RELEASE PROGRAM (CONREP)
SEXUALLY VIOLENT PREDATOR (SVP) PROGRAM
(Program Update)

SUMMARY

As of the 2023-24 May Revision, the Department of State Hospitals (DSH) continues to project a total caseload of 27 individuals in the Conditional Release Program for Sexually Violent Predator (SVP)s by June 30, 2024.

BACKGROUND

The CONREP program is DSH's statewide system of community-based services for specified court-ordered forensic individuals. The SVP Act (Welfare and Institutions Code (WIC) section 6600, et. seq) went into effect January 1, 1996, with the first SVP individual being placed in the CONREP-SVP program in 2003. Prior to 2003, existing CONREP providers did not have SVP-specific treatment services to accept SVP individuals as patients, requiring DSH to contract with a single private provider serving all 58 counties.

When an SVP patient is conditionally released into the community by court order, existing law requires they be conditionally released to their county of domicile, and that sufficient funding be available to provide treatment and supervision services. Patients in CONREP-SVP are provided the same array of mental health services the general non-SVP program patients are afforded. Additional required services for SVP patients in CONREP include regularly scheduled sex offender risk assessments, polygraph testing, a Community Safety Team (CST), Global Position System (GPS) data and surveillance.

In recent years, DSH has experienced significant public resistance to the placement of SVP patients within their communities. As a result, securing housing for an SVP patient to be released via CONREP takes an average of 12 months.

JUSTIFICATION

As of the 2023-24 May Revision, due to the unpredictable nature of the court process, in addition to the challenges securing housing for SVP patients, DSH continues to project a conservative average caseload of 27 SVP clients participating in CONREP by the end of fiscal year (FY) 2023-24, consistent with what was provided in the 2023-24 Governor's Budget. As such, no adjustment to current funding levels is needed at this time. Currently, there are 21 court-ordered patients participating in CONREP-SVP; 17 individuals with court-approved petitions awaiting placement into the community, and 12 individuals with filed petitions for conditional release who are proceeding through the court process.

DSH will continue to monitor this caseload and provide an update in the 2024-25 Governor's Budget.

Resource Table

Description	**CY**	**BY**	**BY+**
Current Service Level	$12,134	$12,680	$12,680
Governor's Budget Request	$0	$0	$0
May Revision Request	$0	$0	$0
TOTAL	**$12,134**	**$12,680**	**$12,680**

*Dollars in thousands

CONTRACTED PATIENT SERVICES
FELONY MENTAL HEALTH DIVERSION PROGRAM (PILOT)
Program Update

SUMMARY

As of the 2023-24 May Revision, the Department of State Hospitals (DSH) requests authority to reappropriate remaining funds from the Budget Act of 2018 to allow counties time to fully expend the resources allocated as part of the Diversion pilot. DSH also reports it has fully executed and activated five new county contracts as part of the Felony Mental Health Diversion (Diversion) Pilot Program, bringing the total number of counties with participating Diversion programs to 28. As of September 30, 2022 (most recent data available due to reporting timelines) an additional 174 additional eligible individuals have been diverted to county-run programs, bringing the total number of diverted participants to 1,060. DSH will continue to provide status updates on the Diversion pilot program through its completion on June 30, 2025[1].

BACKGROUND

The Budget Act of 2018 provided pilot funding for DSH to develop new Diversion programs by contracting with various counties throughout California to serve individuals with serious mental illness diagnoses, such as schizophrenia, schizoaffective disorder, or bipolar disorder, who have been found or have the potential to be found Incompetent to Stand Trial (IST) on felony charges. In the following years, additional investments in the pilot program have been made to expand its footprint in the state and allow for additional treatment slots.

Funding for Existing County Programs

Of the original funding provided in the Budget Act of 2018, 99.5% was allocated by November 15, 2022, securing contracts with the following 24 counties:

- Alameda
- Contra Costa
- Del Norte
- Fresno
- Humboldt
- Kern
- Los Angeles
- Marin
- Placer
- Riverside
- Sacramento
- San Bernardino
- San Diego
- San Francisco
- San Luis Obispo
- San Mateo
- Santa Barbara
- Santa Clara
- Santa Cruz
- Siskiyou
- Solano
- Sonoma
- Ventura
- Yolo

[1] The Budget Act of 2022 provided ongoing funding to establish a permanent Diversion program. For updates, please see the IST Solutions update (section C11).

New Pilot County Program Funding

Following the successes of initial efforts, the Budget Act of 2021 provided DSH additional resources to expand the Diversion pilot program to new, currently non-participating counties. In fall 2021, DSH provided intensive technical assistance to aid counties in developing their programs, resulting in five new participating county Diversion programs in Madera, Nevada, San Joaquin, Tulare, and Tuolumne counties. Following the full execution of the contracts, implementation check-in meetings with each of the counties began in fall 2022 to assist county stakeholders with the activation of their diversion programs.

Expanding Existing County Programs

Also provided in the Budget Act of 2021 were resources to allow participating counties to expand their existing Diversion programs by up to 20% if they met the following criteria:

- Defendants diverted must be found felony IST
- Diagnostic criteria for entry must include any mental health diagnosis allowed under Penal Code (PC) 1001.36
- Clients must not pose an unreasonable safety risk to the community
- A connection exists between the alleged crime and the defendant's symptoms of mental illness or conditions of homelessness

In the 2023-24 Governor's Budget, DSH reported 16 counties had elected to participate, accounting for 294 new Diversion slots.

Diversion Pilot Program Data Collection Efforts and Research

As of September 30, 2022, 1,060 eligible individuals have been diverted to a county-run program. DSH continues to work with all counties to ensure the quality of data collected. The following table provides a high-level snapshot of Diversion program participants:

Diversion Program Participant Descriptive Data		
Program Information[2]	**Total Number**	**Percentage**
Total Enrolled, Eligible & Diverted as of 9/30/2022	1098	100%
Total Ineligible	38	3.5%
Total Eligible	1060	96.5%
At Risk vs. IST	**Total Number**	**Percentage**
At risk of IST[3]	520	49.3%
IST	535	50.7%
Waitlist	**Total Number**	**Percentage**
Removed from DSH Waitlist	306	28.9%
Diagnosis	**Total Number**	**Percentage**
Schizophrenia	378	35.7%
Schizoaffective Disorder	380	35.8%
Bipolar Disorder	223	21.0%
Unspecified Schizophrenia Spectrum and Other Psychotic Disorder (OPD)	77	7.3%
Other	<11	0.2%
Ethnicity	**Total Number**	**Percentage**
White	291	27.5%
People of Color	769	72.5 %
Gender	**Total Number**	**Percentage**
Male	718	67.7%
Female	334	31.5%
Other	<11	0.8%
Living Situation at Arrest	**Total Number**	**Percentage**
Homeless	858	79.1%
Not Homeless	221	20.9%
Felony Charges	**Total Number**	**Percentage**
Assault/ Battery	354	33.4%
Theft	175	16.5%
Robbery	142	13.4%
Miscellaneous (primarily Vandalism)	96	9.1%
Criminal Threats	89	8.4%
Arson	83	7.8%

[2] Solano County's data is available only through June 30, 2022, due to no reported data for the last two quarters of FY 2022-23. Data is subject to change when rectified. See program update for details.

[3] <11 individuals were not reported as either IST or at risk of IST. Data has been de-identified in accordance with the California Health and Human Services Agency Data De-Identification Guidelines, with values of 11 or less represented as "<11".

Other (primarily weapons, drugs, FTR)	69	6.5%
Obstruction of Justice	30	2.8%
Kidnapping	22	2.1%

Diversion Pilot Program Outcome & Predictive Data (As of 9/30/2022)

Since the launch of the pilot in 2018, enrollment in Diversion has steadily increased. Using data collected throughout the pilot, DSH is able to analyze and share participant predictor data outcomes and assess program impacts. Using the latest available data from FY 2022-23 quarter one from all participating counties, DSH was able to analyze the outcomes of the 1,060 eligible Diversion participants. Of these participants, only 1,020 were included for analysis in the data tables due to the following:

- <11 clients were deceased
- 14 clients had transferred to a state hospital or another DSH program
- <11 clients were over the two-year program time limit and/or dismissed by the court
- <11 clients had their charges dismissed
- <11 clients were not released from jail for unknown reasons

The following tables use the dataset described above to display predictors of status in the program:

Current Status		
	Total Number	**Percent**
Still In	582	57.1%
Revoked/AWOL/Re-incarcerated	244	23.9%
Successful Completion	194	19.0%
Total	**1020**	**100%**
Length of Stay by Current Status		
	Average	
Still In (as of 9/30/2022)	299.3	
Revoked/AWOL/Re-incarcerated	166.7	
Successful Completion	635.5	
Risk Assessment[4] Conducted		
	Total Number	**Percent**
Yes	330	68.8%
No	159	31.2%
Total	**509**	**100%**

[4] Clinical assessment designed to evaluate an individual's risk of violence

Development of Treatment Plan[5]		
	Total Number	**Percent**
Intensive evaluation[6]	429	88.1%
Formal RNR assessment[7]	43	8.8%
Both	15	3.1%
Total	**463**	**100%**

Diversion Program Participant Outcome Data		
Incompetent to Stand Trial	**Successful Completion** Total (Percent)	**AWOL/Re-incarcerated/Revoked** Total (Percent)
IST	94 (45.6%)	112 (54.4%)
At risk of IST	100 (43.1%)	132 (56.9%)
Homeless	**Successful Completion** Total (Percent)	**AWOL/Re-incarcerated/Revoked** Total (Percent)
Yes	152 (42.1%)	209 (57.9%)
No	42 (54.5%)	35 (45.5%)
Abuse of Substances	**Successful Completion** Total (Percent)	**AWOL/Re-incarcerated/Revoked** Total (Percent)
Yes	160 (43.2%)	210 (56.8%)
No	33 (55.9%)	26 (44.1%)
Methamphetamine Use	**Successful Completion** Total (Percent)	**AWOL/Re-incarcerated/Revoked** Total (Percent)
Methamphetamine	71 (29.6%)	169 (70.4%)
No drug use/Other drugs	121 (64.4%)	67 (35.6%)

DSH's Diversion program participant outcome data is dynamic and unpredictable. Throughout the pilot, tracking indicators and data in various subgroups (e.g., 'IST' versus 'at risk of IST') have changed over time. Even modest changes within the dataset of smaller numbers can have a high impact on results and determined conclusions. Additionally, data collected from the 28

[5] Individualized course of treatment and interventions based on specific patient needs
[6] The use of various disciplines, including psychiatry, to evaluate a patient's needs and the best course of treatment to meet those needs
[7] Structured assessment to determine what factors elevate a patient's risk of reoffending or responding poorly to treatment, how to minimize those risk factors for the patient through a treatment plan, and how to adjust the treatment plan over time as a patient's risk factors change

participating counties, each from very disparate areas of the state with their own diverse populations, have expanded the characteristics of the sample data collected; a trend which continues as additional counties pursue Diversion programs.

As additional counties begin Diversion participation, the sample data from various subgroups may change proportionately to previous data. These observed fluctuations are likely to continue through the end of the pilot phase of the DSH Diversion program, resulting in dynamic changes in the outcomes when compared to previous quarters. DSH strives to improve upon the operational definitions of the data and refine data collection prior to the permanent program implementation in order to account for these dynamic fluctuations.

Program Update

Program Implementation Update

In the 2023-24 Governor's Budget, DSH reported implementation check-in meetings had begun with Madera, Nevada, San Joaquin, Tulare, and Tuolumne counties to assist in activating their new Diversion programs. As of the 2023-24 May Revision, all five counties have been activated and are seeking qualified participants to place in their programs.

In October 2022, Santa Cruz's pilot program ended, with the county choosing not to renew their contract, citing challenges in identifying eligible candidates to participate in the program, and once those candidates had been identified, obtaining approval from county justice partners for eligible Diversion candidates to participate in the program. DSH continues to work with all counties to improve the quality of their reported data and will provide an update in the 2024-25 Governor's Budget.

Expanding Existing County Programs

The 2021 Budget Act provided resources to allow participating counties to expand their existing Diversion programs. In the 2023-24 Governor's Budget, 16 counties had opted to participate in the expansion, with 12 contracts fully executed and four pending final execution. As of the 2023-24 May Revision, DSH has fully executed 20 county contract amendments for expansion.

Expansion efforts continue to increase the number of contract slots available. In the 2023-24 Governor's Budget, DSH reported a total of 1,189 felony IST Diversion contracted slots available for services and of these, 886 eligible individuals were served to a county-run program. As of the 2023-24 May Revision, the total number

of eligible individuals served throughout the pilot is 1,060, an increase of nearly twenty percent over what was reported in the 2023-24 Governor's Budget. Additionally, DSH is discussing increases to currently contracted county service slots to enroll additional Diversion program participants through the end of the pilot contract. DSH will continue its outreach and data collection efforts and provide an update in the 2024-25 Governor's Budget.

Supplemental County Housing Support

In FY 2021-22, DSH released funding for participating Diversion counties to support housing costs for the IST population. In the 2023-24 Governor's Budget, DSH reported they had received 17 requests from counties to participate in this opportunity, 16 of which were fully executed, with one additional contract pending finalization. As of the 2023-24 May Revision, all 17 county contracts have been fully executed and counties are utilizing the allocated funds.

Diversion Pilot Funding Reappropriation

As of the 2023-24 May Revision, DSH requests to reappropriate any remaining contract funds provided in the 2018 Budget Act to allow counties time to expend the remaining balances of their diversion program funding and meet their contracted number of individuals to be diverted under their contracts. This extension is needed due to activation delays of county diversion programs resulting from the COVID-19 pandemic. Funding for these balances has been encumbered; however counties are unable to fully expend by the current appropriation expenditure date of June 30,2023. Below is the proposed language:

4440-490—Reappropriation, State Department of State Hospitals. The balances of the appropriations provided in the following citations are reappropriated for the purposes provided for in those appropriations and shall be available for encumbrance or expenditure as specified below:

0001—General Fund
(3) Item 4440-011-0001, Budget Act of 2018 (Chs. 29 and 30, Stats. 2018), Program 4430-Contracted Patient Services to support the Incompetent to Stand Trial Diversion Program, shall be available for encumbrance and expenditures until June 30, 2024.

Resource Table*

Description	CY	BY	BY+
Current Service Level	$1,230	$1,243	$1,256
Governor's Budget Request	$0	$0	$0
May Revision Request	$0	$0	$0
TOTAL	**$1,230**	**$1,243**	**$1,256**

*Dollars in thousands

BCP Fiscal Detail Sheet

BCP Title: IST Diversion Reappropriation **BR Name: 4440-081-ECP-2023-MR**

Budget Request Summary

	FY23					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Operating Expenses and Equipment						
5340 - Consulting and Professional Services - External	24,000	24,000	0	0	0	0
Total Operating Expenses and Equipment	**$24,000**	**$24,000**	**$0**	**$0**	**$0**	**$0**
Total Budget Request	**$24,000**	**$24,000**	**$0**	**$0**	**$0**	**$0**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	24,000	24,000	0	0	0	0
Total State Operations Expenditures	**$24,000**	**$24,000**	**$0**	**$0**	**$0**	**$0**
Fund Source -						
Total Expenditures	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Total All Funds	**$24,000**	**$24,000**	**$0**	**$0**	**$0**	**$0**

Program Summary

Program Funding						
4430030 - Other Contracted Services	24,000	24,000	0	0	0	0
Total All Programs	**$24,000**	**$24,000**	**$0**	**$0**	**$0**	**$0**

CONTRACTED PATIENT SERVICES
INCOMPETENT TO STAND TRIAL SOLUTIONS
Program Update

SUMMARY

As of the 2023-24 May Revision, the Department of State hospitals (DSH) requests approval to reappropriate funds from the 2021 and 2022 Budget Acts to continue IST related programming across Community Inpatient Facilities, Community Based Restoration (CBR), Diversion, Early Access and Stabilization Services (EASS), and Jail-Based Competency Treatment (JBCT). Additionally, DSH requests position authority for 5.0 positions in fiscal year (FY) 2023-24 and ongoing to support increased IST referrals. These positions will be funded with existing IST solutions funding.

BACKGROUND

The State of California continues to observe significant growth in the number of individuals found Incompetent to Stand Trial (IST) on felony charges and referred to DSH for restoration of competency treatment, with year-over-year growth in IST referrals outpacing the department's ability to create sufficient additional capacity. Prior efforts, including increased bed capacity, decreased average length of stay (ALOS), and implementation of county-based treatment programs, have been insufficient to respond to demand, resulting in a waitlist and extended wait times for IST defendants pending placement into a DSH program. The COVID-19 pandemic and the adopted infection control measures required at DSH facilities contributed to significantly slower admissions and a reduction in the capacity to treat felony ISTs at DSH during the state of emergency. This caused the waitlist and wait times to grow substantially during the first couple of years of the pandemic but have been trending back down in the current fiscal year.

In 2021, the Alameda Superior Court ruled in *Stiavetti v Clendenin*[1] that DSH must commence substantive treatment services to restore IST defendants to competency within 28 days from the transfer of responsibility to DSH[2], providing a specified timeline to meet that standard over three years, with February 27, 2024, as the target date for ultimately providing substantive treatment services for felony ISTs within 28 days of the transfer of responsibility.

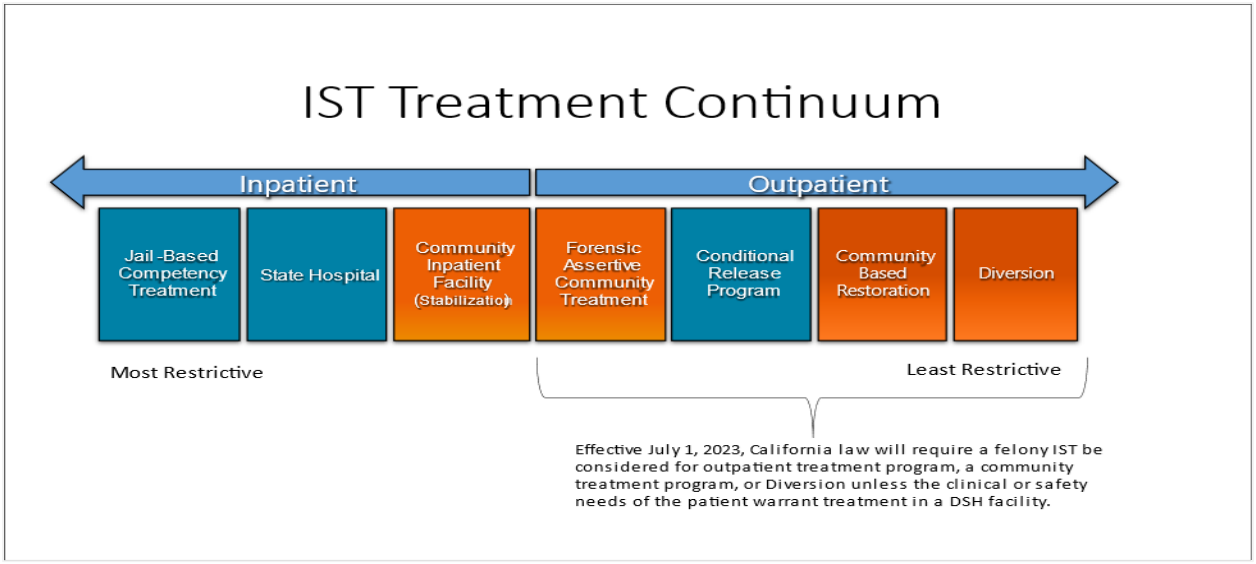
[1] In 2015, the American Civil Liberties Union filed a lawsuit against DSH (*Stiavetti v. Clendenin*), alleging the time IST defendants were waiting for admission into a DSH treatment program violated the IST defendant's constitutional right to due process.
[2] Date of service of the commitment packet to DSH for felony IST patients

Also in 2021, the Legislature enacted Welfare & Institutions Code (WIC) section 4147 through the passage of Assembly Bill 133 (Chapter 143, Statutes of 2021) and the Budget Act of 2021 (Chapter 69, Statutes of 2021), which charged the California Health & Human Services Agency (CalHHS) and DSH to convene an IST Solutions Workgroup (Workgroup) to identify short-, medium-, and long-term solutions to address the increasing number of individuals with serious mental illness who become justice-involved and deemed IST on felony charges. Following a series of meetings convened between August 2021 and November 2021 with impacted stakeholders, the Workgroup identified several solutions to advance alternatives to placement in DSH competency restoration programs.

The Budget Act of 2022 appropriated funding to implement many of the IST Solutions suggested by the Workgroup, including early stabilization and care coordination, expansion of community-based treatment and diversion options for felony ISTs, improvement in IST discharge planning and coordination, implementation of pilot independent placement panels, improvement in alienist training, increased funding to support the expansion of existing JBCT programs, and associated patients' rights advocacy services. These combined resources seek to reverse the cycle of criminalization for individuals with serious mental illnesses and increase community transitions for state hospital patients and assist the state in meeting the court-ordered treatment timelines outlined in *Stiavetti v. Clendenin*.

IST Treatment Continuum

The following chart displays the expanded continuum of IST treatment placement options DSH continues to expand upon. Blue boxes indicate DSH legacy programs which have been part of DSH's continuum for a decade or more, while orange boxes represent newer placement options which began implementation in more recent years.



Historically, restoration treatment options for individuals deemed IST on felony charges were provided in State Hospitals and over the last decade, in JBCT programs. However, in 2018 DSH expanded its continuum to include the pilot Felony Mental Health Diversion (diversion) program for individuals deemed IST or likely to be found IST on felony charges. Also in 2018, DSH partnered with Los Angeles (LA) County to establish the first community-based restoration of competency program, providing services to LA County residents determined to be IST on felony charges. Utilizing the recent investments made in the Budget Acts of 2021 and 2022, DSH continues to build upon these initial community-based programs to expand the treatment continuum serving ISTs in the least restrictive community treatment options.

IST Waitlist

As DSH has expanded its continuum of care, the number of individuals found IST on felony charges and referred by the superior court to DSH has also continued to increase. Additionally, operational impacts due to the COVID-19 pandemic slowed admissions and treatment capacity, further impacting the waitlist for a period of time.

Prior to the declared State of Emergency, in February 2020, DSH had 850 individuals pending placement into a DSH IST treatment program. Throughout the pandemic, DSH has observed seasonal fluctuations in the waitlist, with increases in winter and summer, and decreases in the spring and fall, as DSH recovered from COVID-19 surges. In January 2022, resulting from a COVID-19 surge, the IST waitlist reached a high of 1,953.

Early Access and Stabilization Services (EASS)

The EASS program was established in FY 2022-23 as part of IST Solutions and provides treatment and stabilization to individuals deemed IST on felony charges in jail pending placement into a bed in the IST treatment continuum. EASS seeks to increase community-based treatment placements by facilitating IST patients' stabilization and medication compliance, increasing eligibility for placement into a Diversion or other community-based treatment program.

Jail-Based Competency Treatment (JBCT)

DSH contracts with California county Sheriffs' departments to provide restoration of competency treatment services to lower acuity patients committed as IST while they are housed in county jail facilities using one of the following four JBCT program models:

1. Single-county model – Serves IST patients from one specific county with an established number of dedicated program beds
2. Regional model - Serves IST patients from surrounding counties with an established number of dedicated program beds
3. Statewide model - Serves IST patients from multiple counties statewide with an established number of dedicated program beds
4. Small-county model – Services are delivered individually to a small number of IST patients, generally 12 to 15 annually, and do not have dedicated treatment beds

Providing lower acuity patients with restoration of competency services, generally within 90 days, JBCT programs provide local, community-based treatment to individuals deemed IST. IST patients unable to quickly restore to trial competency can be subsequently referred to a state hospital for longer-term IST treatment.

Community Inpatient Facilities

Authorized in FY 2021-22 through the Institute for Mental Disease (IMD) and Sub-Acute Bed Capacity program, the Community Inpatient Facilities program authorized DSH to contract with counties or private providers to develop new or renovate existing community inpatient facilities to provide alternative treatment options to state hospitals, including IMDs, Mental Health Rehabilitation Centers (MHRC), Skilled Nursing Facilities (SNF), and other types of facilities appropriate for felony IST patients. With the objective of supporting county-operated community-based IST treatment programs where a higher level of care and/or security may be needed, individuals transitioning from jail are able to stabilize prior to stepping up or down into a treatment setting with different restrictions.

DSH activated its first community inpatient facility for IST treatment in Sacramento County in April 2022 at the Sacramento Behavioral Health Hospital (SBHH). As an acute psychiatric hospital, SBHH facilitates psychiatric stabilization of felony IST patients, primarily through administering medications to support restoration of competency or a pathway to participation in a diversion or other outpatient treatment program.

Expanding Felony IST Community Programing via Community Based Restoration (CBR) and Diversion

The 2022 Budget Act provided one-time infrastructure funding in FY 2022-23 and FY 2023-24 to develop residential housing settings to support felony IST individuals participating in either CBR or Felony Mental Health Diversion (Diversion) programs. Expansions of the CBR and Diversion programs aim to provide care in the most appropriate community-based setting as an alternative to placement in a DSH inpatient bed.

Using the assumption 60-70% of annual IST commitments would be eligible for services in a community-based program, in FY 2022-23, DSH began to develop community-based capacity for a total of approximately 3,000 annual felony IST admissions[3], expanding the number of available patient beds through a CBR or Diversion program over a 4-year period[4]. The 2022 Budget Act provided one-time infrastructure funding in FY 2022-23 and FY 2023-24 to develop residential housing settings to support felony IST individuals participating in either CBR or Diversion programs.

Community-Based Restoration (CBR)

CBR provides intensive mental health treatment services and competency restoration training to ISTs in locked acute, sub-acute, and unlocked residential settings based on each defendant's treatment needs. DSH can contract directly with counties or private providers to establish CBR programs statewide and implemented the first CBR program for felony ISTs in FY 2018-19 in partnership with the Los Angeles County Office of Diversion and Re-entry.

Diversion Program

Established as a pilot in the Budget Act of 2018, the Diversion program serves individuals with serious mental illnesses diagnosed with schizophrenia, schizoaffective disorder, or bipolar disorder with the potential to be found IST on

[3] Based on FY 2021-22 IST referral trends
[4] Dependent upon securing available housing

felony charges. The Budget Act of 2022 allocated ongoing funding to establish Diversion as a permanent program.

Permanent Diversion program updates will be included as part of IST Solutions (Section C11), while data gathered and analyzed from the pilot will continue to be reported under the Diversion pilot narrative (Section C10) until its conclusion in FY 2024-25, as DSH works to transition counties already participating in the Diversion pilot into new contracts following completion of their pilot program contracts.

County Stakeholder Workgroup Grants

In support of expanding IST community programming, DSH was allocated resources to provide assistance to behavioral health and criminal justice workgroups across the state tasked with developing interventions in their communities to reduce the overall number of residents with serious mental illness (SMI) who enter the criminal justice system, many of whom may be found IST on felony charges, with a focus on improving outcomes of those with SMI who have fallen into cycles of incarceration and homelessness. Information about this opportunity was released by DSH to the counties December 5, 2022.

IST Re-Evaluation Services

The 2021 Budget Act authorized DSH to implement the IST Re-Evaluation Services Program as a 4-year limited-term solution to help address the IST waitlist. Under this program, DSH Consulting Psychologists re-evaluate individuals who have been deemed IST pending transfer to a DSH treatment program.

The objectives of this program are multifaceted. By performing these Re-Evaluations, DSH reduces the IST waitlist by identifying individuals who have already been restored to competency while receiving treatment in jail or by identifying individuals who may be candidates for Diversion or other outpatient treatment programs. The evaluations also identify individuals who may be candidates for involuntary medication orders (IMOs), those who may warrant increased admission priority, and those who may be unlikely to restore.

Since its inception, the IST Re-Evaluation Program has successfully implemented re-evaluation services in all eligible jails[5]. In addition to the re-evaluations, this team provides competency evaluations for newly emerging community IST treatment programs that currently do not or will not have forensic evaluator

[5] Two counties (Alpine and Sierra) do not house IST patients

capacity available. DSH plans to deploy forensic evaluation resources flexibly and strategically to areas of IST forensic evaluation need as they become evident.

Care Coordination & Waitlist Management

The Patient Management Unit (PMU) was established in June 2017 to centralize patient pre-admission processes to ensure the placement of patients in the most appropriate setting based on clinical and safety needs. Prior to this, courts could order commitments to any DSH hospital, creating admission backlogs and inefficiencies. Each IST referral requires the courts to remit health record information and documents to the PMU to facilitate admission. In FY 2021-22, DSH received over 400 new referrals of patients deemed IST per month.

The Budget Act of 2022 implemented a vertical case management model for IST patient placement, using small teams comprised of clinical and support staff dedicated to specific state regions. Under this new model, PMU clinical staff complete patient intake upon receipt of commitment or, for individuals already on the waitlist, upon enrollment in EASS. Clinical teams subsequently work with EASS providers, DSH facilities, and the DSH Diversion and community-based restoration programs to admit patients based on availability, eligibility, and according to each individual's position on the waitlist. Care Coordination has been implemented in all counties with an EASS program, in addition to San Joaquin and San Luis Obispo counties.

Independent Placement Panel (IPP)

The Budget Act of 2022 included resources to pilot a new independent placement determination panel, which sought to increase participation in the Conditional Release Program (CONREP) by individuals found Not Guilty by Reason of Insanity (NGI) or Offenders with Mental health Disorders (OMD), thereby increasing state hospital bed capacity for those on the IST waitlist. The pilot will roll out implementation in phases - each phase focused on a select number of counties in which to deploy the IPP - with the initial phase planned to cover 36 counties statewide utilizing six CONREP contractors.

In November 2022, DSH formed a stakeholder workgroup consisting of several county CONREP Community Program Directors, DSH CONREP clinical staff, and state hospital discharge-planning teams to develop the IPP and establish an implementation plan, with a specific focus on determining assessment and referral protocols, justice partner engagement, CONREP program training, technical assistance, and streamlining the referral process and patient records database.

Discharge Planning and Coordination with Counties

DSH undertakes comprehensive discharge planning to support continued patient success when releasing patients from a DSH facility, be it into the community with or without supervision, via transfer to other DSH facilities, or return to court, prison, or jail. These discharge efforts include various services, including developing treatment goals and objectives with interdisciplinary treatment teams and patients, coordinating community resources, including family and social supports, and partnering with local stakeholders and agencies for further treatment options. Local treatment stakeholders, including CONREP, county behavioral health, skilled nursing facilities, board and care facilities, California Department of Corrections and Rehabilitation (CDCR), county jails, Office of the Public Guardian, private conservators, and other community placement locations, coordinate with DSH to obtain IST patient information in preparation for return to their county[6].

Alienist Training

In 2022, DSH partnered with the Judicial Council to develop statewide court-appointed IST evaluator training and workforce development programs aimed at improving the quality of IST evaluations performed by court-appointed evaluators. Courts utilize these forensic evaluations, which serve as the basis for commitment to DSH as IST, to determine defendant competency status. As a consulting partner, DSH met regularly to develop their Scope of Work for the interagency agreement, scheduled for execution December 2022. The workgroup had identified a nationally recognized consulting group with experience in IST evaluation and report quality improvement and begun preliminary discussions to establish training goals and timeframes.

Felony IST Referral Growth Cap and Penalties

To address the growing IST waitlist, the Budget Act of 2022 enacted WIC section 4336 to establish a growth cap on the number of annual felony IST determinations per county and implement a penalty payment structure to be assessed if those annual caps are exceeded. Penalty payments assessed from FY 2022-23 trends will be sent initial invoices, scheduled for distribution in fall 2023. Penalties collected as a result of the growth cap will be deposited into the Mental Health Diversion Fund (Fund 3404) and redistributed back to counties which remitted payment. Counties must then administer resources to fund pre-booking diversion and re-entry strategies to reduce the number of individuals determined to be felony IST in the future.

[6] Individuals may be diverted from jail as a result of dropped or reduced charges and provided supervised release back to the community

In December 2022, DSH notified all counties of their county baseline (equal to the total number of felony IST determinations in FY 2021-22), as well as the penalty rate DSH will apply to FY 2022-23 IST determinations which exceed the established baseline. DSH further provided a comparison of each county's baseline to their Quarter 1, FY 2022-23 IST determinations. DSH plans to issue quarterly invoicing to allow counties to assess their IST determinations trends compared to their baseline and act if necessary to avoid penalties.

Placement Presumption

The Budget Act of 2022 amended PC Section 1370 to statutorily prioritize community outpatient treatment effective July 1, 2023[7], increasing consideration for placement of IST patients in Diversion, CBR, or other community IST facilities. In the 2023-24 Governor's Budget, DSH reported a workgroup had convened in December 2022 to standardize the assessment processes and develop communications and training strategies.

IST Solutions Total Governor's Budget Request

In the 2023-24 Governor's Budget, DSH continued to build out its continuum of care and anticipated a decrease in IST waitlist patients, reporting a net savings of $27.4 million in FY 2022-23, $3.1 million in FY 2023-24 and $1 million in FY 2024-25 and ongoing due to changes in jail-based competency treatment (JBCT) program implementation. Additionally, DSH requested 1.0 position authority in FY 2023-24 and ongoing to support the shift in administrative workload from clinicians.

Program Updates

IST Waitlist

In the 2023-24 Governor's Budget, DSH reported the IST waitlist had declined to 1,473 due to the implementation of new and expansion of existing IST treatment programs. As of the 2023-24 May Revision, DSH reports the waitlist has further declined to 804 as of April 3, 2023, inclusive of individuals receiving Early Access and Stabilization Services (EASS). This change represents a reduction of 45 percent from the total waitlist reflected in the 2023-24 Governor's Budget.

[7] Unless a court, based on the recommendation of the Community Program Director or designee, finds the clinical needs or community safety risk warrants placement in a more secure setting, such as a state hospital or JBCT program

Early Access and Stabilization Services (EASS)

Following early successes, DSH has encountered challenges implementing EASS programs in additional counties due to clinical staff recruitment. Additionally, feedback received through county engagement identified the need for more than one EASS program per jail, depending on where IST patients are housed, while some counties have communicated their preference to utilize a different treatment provider or their county behavioral health staffing. In the 2023-24 Governor's Budget, DSH reported a total of 27 EASS program activations and planned activations across the state by the end of the 2022 calendar year. As of the 2023-24 May Revision, DSH has activated an additional three county programs, in El Dorado, Solano and Plumas counties, bringing the total amount of EASS programs to 30 in the following counties[8]:

- Amador
- Calaveras
- Del Norte
- El Dorado*
- Fresno*
- Humboldt
- Imperial
- Kings
- Lake
- Lassen
- Madera
- Merced
- Monterey
- Napa
- Nevada
- Plumas
- Riverside*
- San Benito
- San Bernadino
- Santa Barbara*
- Santa Cruz
- Shasta
- Sierra
- Solano*
- Sonoma
- Stanislaus*
- Sutter
- Tuolumne
- Ventura
- Yuba

DSH continues to pursue variations in the EASS contracting model for those counties preferring to use their own county behavioral staff or currently contracted providers; the operational costs for which may be higher than those of regional programs. Aside from LA County, DSH is in contract negotiations with six counties that require use of their own service providers to operate an EASS program. DSH anticipates three counties to activate in spring 2023 and the remainder to activate in July 2023.

While DSH had anticipated statewide implementation of the EASS program in FY 2022-23, only 30 counties have activated as of early April 2023. DSH will continue to monitor implementation timelines and reassess funding levels to support the establishment of EASS programs in all counties and will provide an update in the 2024-25 Governor's Budget.

[8] *Soft activation with full activation pending hire of additional staffing. All soft activations reported in the 2023-24 Governor's Budget (Amador, San Benito, Sutter, Napa, Santa Cruz, Imperial, Sonoma, and San Bernardino) are now fully activated, with the exception of Riverside County.

Jail-Based Competency Treatment (JBCT)

As of the 2023-24 May Revision there are no changes to what was reported on Governor's Budget. DSH reports the operation of 422 JBCT beds across 24 counties. Additionally, DSH proposes to redirect ongoing funding initially intended to support the expansion of one existing JBCT program and three new JBCT programs to offset the ongoing costs of implementing the EASS program and provides Attachment A , which details all JBCT program updates, including total capacity and bed rate increases. Offsets to the savings reported in FY 2022-23 and FY 2023-24 are due to:

- Delays in expansions for three counties and seven counties pending activations
- Merced JBCT activated in February 2023, which yielded 12 additional beds
- Monterey County expanded bed capacity from 11 to 13 beds
- Increasing bed rates are anticipated in several participating counties

DSH will continue to work with counties across the state to expand or activate new JBCT programs and provide an update in the 2024-25 Governor's Budget.

Community Inpatient Facilities

As of the 2023-24 May Revision, DSH has activated 78 beds in one Community Inpatient Facility. On April 20, 2022, DSH initiated its first community inpatient facility contract with SBHH (a 78-bed facility in Sacramento County) for IST treatment, being able to quickly do so because significant modifications were not required to serve DSH patients. DSH has continued its negotiations with three additional facilities across the state and actively pursuing other potential projects.

Expanding Felony IST Community Programing via Community Based Restoration (CBR) and Diversion

DSH was allocated one-time infrastructure funding to expand the number of beds available to patient's receiving services through a CBR or Diversion program and support the creation of statewide residential beds to house IST individuals. In the 2023-24 Governor's Budget, DSH reported negotiations were underway to secure a contract with a public service consulting firm to support the development of the residential infrastructure needed to facilitate the expansion of these programs.

As of the 2023-24 May Revision, DSH is working with the Advocates for Human Potential (AHP) public service consulting firm to manage the development of the 5,000-bed residential infrastructure project and program expansions. AHP is

providing ongoing project management to DSH and have collaboratively developed and released a request for proposal (RFP) in February 2023 and launched a website to manage the project following three stakeholder webinars to inform counties of the infrastructure opportunities. Then in March 2023, an application portal opened for counties interested in submitting their RFP application for the initial funding of residential housing development.

RFP applications will be accepted on a continuous basis May 1, 2023, through May 1, 2024, in a non-competitive process; using three benchmarks to identify application deadlines for counties on a first come, first-serve basis. The first round and benchmark deadline for RFP consideration is May 1, 2023, and award letters will be sent to counties by June 30, 2023. The second and third benchmark deadlines for the first round of applications are November 1, 2023, and May 1, 2024. Award letters will be issued by December 2023 and June 2024. On July 1, 2024, a second round of funding and a competitive application process will open to interested providers and entities. DSH will provide an update in the 2024-25 Governor's Budget.

Community Based Restoration (CBR)

DSH continues discussions with Los Angeles County Office of Diversion and Re-entry to expand its existing CBR programs, in addition to and exploring opportunities with other counties and private providers interested in establishing a CBR program with DSH.

As of the 2023-24 May Revision, DSH is partnering with a private provider in Northern California to provide CBR services to IST patients in surrounding counties in a 16-bed facility licensed as a MHRC, with activation planned for July 2023. DSH will provide an update in the 2024-25 Governor's Budget.

Diversion

In the 2023-24 Governor's Budget, DSH reported of a total of 29 existing Diversion County contracts throughout California as DSH continued to establish new and expand existing Diversion programs throughout the state. As of the 2023-24 May Revision, DSH is finalizing the programmatic, funding, and contract requirements for participation in the permanent program approved as part of the IST Solutions budget package in the 2022 Budget Act and is developing a county outreach plan. DSH will provide an update in the 2024-25 Governor's Budget.

County Stakeholder Workgroup Grants

On December 5, 2022, DSH released information about the support for essential work groups by offering annual resources to help these efforts. Following the release, 32 counties submitted letters of intent to contract with DSH:

- Butte
- Contra Costa
- Del Norte
- Madera
- Mendocino
- Merced
- Mono
- Monterey
- Fresno
- Kern
- Nevada
- Riverside
- Sacramento
- San Bernardino
- San Diego
- San Joaquin
- San Louis Obispo
- San Mateo
- Santa Barbara
- Santa Clara
- Santa Cruz
- Shasta
- Siskiyou
- Solano
- Sonoma
- Stanislaus
- Sutter
- Tulare
- Tuolumne
- Ventura
- Yolo
- Yuba

As of the 2023-24 May Revision, DSH has sent draft five-year contracts to the 32 counties for review and feedback, all with a planned effective date of July 1, 2023. The application process will reopen in the summer of 2023 for interested counties who did not participate in 2022.

IST Re-Evaluation Services

In the 2023-24 Governor's Budget, DSH reported a total of 1,839 completed evaluations, of which:

- 1,256 (68%) were found not competent and continued competency restoration treatment
- 577 (31%) were found restored to competency[9]
- <11 (<1.0%) were found unlikely to be restored to competency[10]

As of the 2023-24 May Revision, DSH has completed 2,407 evaluations, of which:

- 1,658 (68.8%) were found not competent and continued competency restoration treatment
- 742 (30.8%) were found restored to competency
- <11 (<1.0%) were found unlikely to be restored to competency

[9] In FY 2021-22, the courts rejected 2% of the reports which found patients to be restored to competency. As of July 2022, the presumption of competency applies to these reports.
[10] Data has been de-identified in accordance with the California Health and Human Services Agency Data De-Identification Guidelines, with values of 11 or less represented as "<11".

More than 740 individuals were removed from the waitlist due to re-evaluation services, enabling their court proceedings to resume and reducing wait times for individuals still requiring treatment.

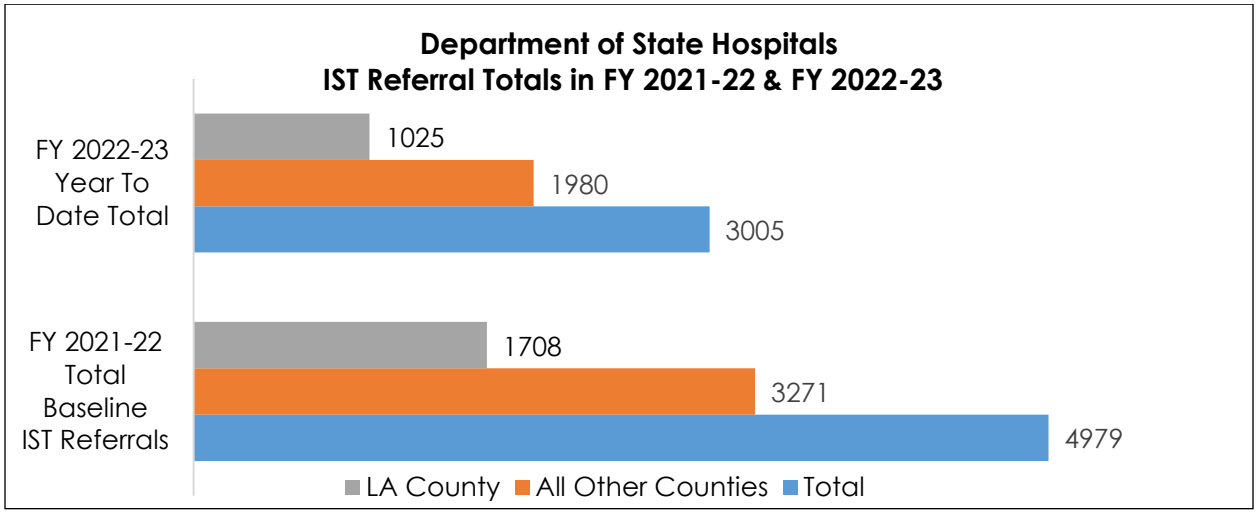
The re-evaluation reports also allow the courts to consider different treatment options. The services provided identified approximately 20% of participants as needing involuntary medication orders (IMOs), and approximately 80% as being potentially eligible for Diversion. DSH will continue to monitor and improve the performance of these evaluations to maximize their utility and provide an update in the 2024-25 Governor's Budget.

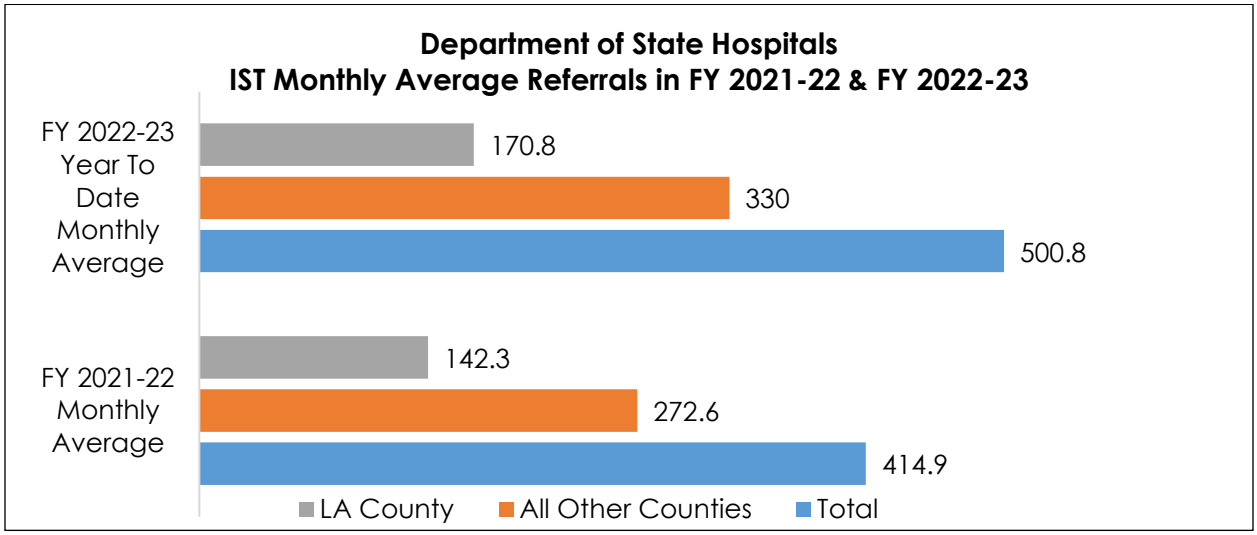
Care Coordination & Waitlist Management

In the Governor's Budget, DSH reported four Care Coordination teams had implemented Care Coordination in 27 counties in addition to San Joaquin and San Luis Obispo counties, with four additional Care Coordination teams planned to be onboarded before June 30, 2023. As of the 2023-24 May Revision, the PMU has implemented additional Care Coordination programs in an additional three counties, for a total of 32 counties[11]. All Care Coordination teams have been established and are in various stages of recruitment.

DSH has experienced significant growth in IST referrals and caseloads for providers and Care Coordination teams are now in excess of what was originally proposed[12]. In FY 2021-22, DSH received a monthly average of 414.9 IST referrals. As of the 2023-24 May Revision, FY 2022-23 referrals now indicate a monthly average of approximately 500: an increase of twenty-one percent. In FY 2021-22 and FY 2022-23, LA county referrals alone composed thirty-four percent of the total of all IST referrals received from California's 58 counties. The graphs below depict yearly totals and monthly average of IST referrals in FY 2021-22 and FY 2022-23.

[11] Care Coordination has been implemented in all counties with an EASS program.
[12] In the 2022 Budget Act, DSH received approval for psychologists in vertical care coordination teams to support a caseload ratio of approximately 1:50 for the region or approximately 400 referrals.





Care Coordination teams typically carry a monthly caseload of 50 incoming referrals. IST patients are then monitored until they are admitted or exit the system to a community program or to court due to competency restoration.

To maintain caseloads, one additional team will be needed (5.0 positions) to support increased referrals, specifically from LA County:

- 1.0 Consulting Psychologist
- 1.0 Nurse Practitioner
- 1.0 Staff Services Manager (SSMI)
- 1.0 Health Program Specialist (HPSI)
- 1.0 Associate Governmental Program Analyst/ Staff Service Analyst (AGPA/SSA)

Funding for these positions will be used from IST Solutions savings due to implementation and activation delays of other IST Solutions programs. IST referral trends and caseloads will continue to be monitored. An update will be provided in the 2024-25 Governor's Budget.

DSH will continue to monitor the Care Coordination program activity and provide an update in the 2024-25 Governor's Budget.

Independent Placement Panel (IPP)

In the 2023-24 Governor's Budget, DSH reported the formation of a stakeholder workgroup to develop the IPP and establish an implementation plan. Since that time, DSH has ramped up stakeholder engagement. On December 8, 2022, DSH led a stakeholder workgroup meeting to determine which CONREP programs would lead the first phase of IPP implementation, followed by an IPP information session December 28, 2022, for all CONREP Community Program Directors (CPDs). In the information session, DSH led a discussion on the selected phase one counties, implementation timelines, assessment and report requirements, and provided an introduction to the IPP team.

Following these discussions, the following CONREP programs were designated for phase one:

- Gateways – LA CONREP
- Orange County CONREP
- Harper Medical Group – Central Valley CONREP
    - Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Lassen, Mariposa, Merced, Modoc, Nevada, Plumas, Sacramento, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne, Yolo
- Harper Medical Group – South Bay CONREP
    - Monterey, San Benito, Santa Clara, Santa Cruz
- MHM – Central California CONREP
    - Fresno, Kings, Madera, Tulare
- Kern CONREP
    - Kern, Inyo, Mono

Over the course of December 2022 through February 2023, the IPP team visited all phase one IPP CONREP, CONREP IMD, Statewide Transitional Program (STRP), and Forensic Assertive Community Treatment (FACT) programs to understand each facility's layout, treatments, housing options, and admission criteria. Subsequent to these visits, IPP continues working to finalize a standardized patient evaluation process and court report template to recommend the discharge of

eligible patients from a state hospital into community outpatient treatment with CONREP and has also begun the development of an operational policies and procedures manual. DSH will provide an update on IPP implementation in the 2024-25 Governor's Budget.

Discharge Planning and Coordination with Counties

Following the workgroup kickoff in August 2022, DSH continued to meet with representatives from the CBHDA and CSAC to establish a standard packet of discharge documents and a method for facilitating the warm handoff of IST patients to county behavioral health departments upon transition from a state hospital.

As of the 2023-24 May Revision, DSH can report the workgroup has produced a comprehensive CONREP Discharge Referral handbook, which was presented to the DSH executive council on March 16, 2023 and will be used in upcoming trainings for community stakeholders. Discharge and Community Integration (DCI) specialists will implement processes needed for discharge; currently, a DCI specialist is available at each local hospital. DSH will continue to monitor discharge planning workgroup efforts and provide an update in the 2024-25 Governor's Budget.

Alienist Training

In the 2023-24 Governor's Budget, DSH reported the Judicial Council had identified a nationally recognized consulting group with experience in IST evaluation and report quality improvement, and the Interagency agreement with the Judicial Council to improve alienist training and quality of the evaluations would be executed in December 2022.

As of the 2023-24 May Revision, DSH can report the interagency agreement with Judicial Council was executed December 14, 2022. Judicial Council anticipates executing the consulting group contract in Spring 2023, with initial plans to analyze existing report quality to inform specific training needs for the IST forensic evaluators program, targeting any gaps in report quality. DSH will provide an update in the 2024-25 Governor's Budget.

Felony IST Referral Growth Cap and Penalties

In the 2023-24 Governor's Budget, DSH reported each county had been provided notice of their baseline determination based on FY 2021-22 trends.

As of the 2023-24 May Revision, DSH released the first quarterly update to the counties on February 28, 2023, including each county's total unreconciled IST determinations through the second quarter of the fiscal year. The results of this FY 2022-23 data displayed an increasing trend in IST determinations. In FY 2021-22, the monthly average number of IST determinations was 414.9. As of the second quarter update, the FY 2022-23 monthly average number of IST determinations was approximately 500. Per the data used for this update, 41 counties have had an increased monthly average IST determination rate and are trending towards exceeding their IST determination baseline in FY 2022-23. DSH will send the next quarterly update to counties in May 2023 and provide an update in the 2024-25 Governor's Budget.

Placement Presumption

In the 2023-24 Governor's Budget, DSH reported it had convened a stakeholder workgroup to standardize assessment processes and develop communications and training strategies. As of the 2023-24 May Revision, DSH can report training was provided to CONREP Community Program Directors in March 2023 which included an emphasis on recommendations for Diversion consideration.

IST Solutions Total Request

As of the 2023-24 May Revision, DSH requests to reappropriate up to $107 million from the 2022 Budget Act to reflect updated implementation timelines across IST related programming, including Community Inpatient Facilities, CBR, Diversion, EASS, and JBCT. This additional time will allow DSH to continue negotiations and implementation of IST solutions across all counties. Additionally, DSH requests to reappropriate up to $100 million from the 2021 Budget Act to allow additional time for Community Inpatient Facility infrastructure projects. This will also provide for unforeseen or increased costs to implement solutions or the potential need for additional capacity to respond to the growing referrals. This action will extend the availability of these funds from June 30, 2023 to June 30, 2025, below is the proposed language:

4440-490—Reappropriation, State Department of State Hospitals. The balances of the appropriations provided in the following citations are reappropriated for the purposes provided for in those appropriations and shall be available for encumbrance or expenditure as specified below:

0001—General Fund

(1) Item 4440-011-0001, Budget Act of 2022 (Chs. 43, Stats. 2022), Program 4400-Administration, 4430-Contracted Patient Services and 4450-Evaluation and Forensic Services to support the Incompetent to Stand Trial Solutions, shall be available for encumbrance and expenditure until June 30, 2025.

(2) Item 4440-011-0001, Budget Act of 2021 (Chs. 69, Stats. 2021), 4430-Contracted Patient Services to support the Community Inpatient Facilities as a subset of Incompetent to Stand Trial Solutions, shall be available for encumbrance and expenditure until June 30, 2025.

Additionally, DSH requests 5.0 position authority in FY 2023-24 and ongoing to support increased IST referrals. These positions will be funded with existing IST solutions funding. Lastly, DSH requests $129.5 million be shifted from the 2021 Budget Act to FY 2025-26 to better reflect anticipated expenditures based on program implementation plans. DSH will continue to monitor all IST related programs and provide an update in the 2024-25 Governor's Budget.

Resource Table[13]

Description	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	Ongoing
IST Solutions Current Service Level[14]	$75,000	$489,336	$436,108	$471,739	$591,933	$591,933
JBCT Current Service Level	$82,839	$119,932	$121,300	$121,300	$121,300	$121,300
CBR Current Service Level	$48,383	$78,358	$74,983	$73,483	$73,483	$73,483
Community Inpatient Facilities Current Service Level	$267,082	$88,540	$146,006	$145,526	$145,526	$145,526
Re-Evaluation Current Service Level[15]	$13,729	$12,000	$10,176	$10,176	$1,000	$1,000
Governor's Budget Request	$0	($27,359)	($3,083)	($947)	($947)	($947)
May Revision Request	($129,473)	$0	$0	$0	$129,473	$0
TOTAL	$357,555	$760,807	$785,490	$821,277	$1,061,768	$932,295

[13] Dollars in thousands
[14] FY 2022-23 One-time of $328,750,000; FY 2023-24 One-time of $160,000,000; FY 2024-25 One-time of $5,000,000
[15] Pilot program ends June 30, 2025

Attachment A

Change from 2023-24 Governor's Budget									
Existing JBCT Capacity and Projected Funding									
Program	**Bed Capacity in 22-23**	**Bed Capacity in 23-24**	**23-24 GB[16] Activation/ Expansion**	**23-24 MR[17] Activation/ Expansion**	**23-24 GB Per Diem Rate**	**23-24 MR Per Diem Rate**	**2022-23**	**2023-24**	**2024-25**
Butte JBCT	10	10	-	-	-	-	-	-	-
Calaveras JBCT	18	18	-	-	$469	$469	-	-	-
Humboldt	8	8	-	-	$519	$519	-	-	-
Kings JBCT	8	8	Dec-22	Dec-22	$520	$520	-	-	-
Mariposa JBCT	N/A	N/A	-	-	-	-	-	-	-
Mendocino JBCT	6	6	-	-	-	-	-	-	-
Merced JBCT	9	9	Dec-22	Feb-23	$534	$534	($411)	($201)	($207)
Monterey JBCT	11	13	-	Jul-23	$491	$491	-	$359	$358
Placer JBCT	15	15	-	-	$441	$441	-	-	-
Riverside JBCT	25	25	-	-	$422		-	-	-
Sacramento JBCT	44	44	-	-	$540	$540	-	-	-

[16] GB = Governors Budget
[17] MR = May Revision

San Bernardino JBCT	64	64	-	-	$619	$626	-	$164	-
San Diego JBCT	30	40	Jul-23	Jan-24	$420	$420	-	($773)	-
San Joaquin JBCT	12	12	-	-	$424	$424	-	-	-
San Luis Obispo JBCT	8	8	-	-	$486		-	-	-
Santa Barbara JBCT	10	15	Apr-23	Jan-24	$491	$491	($223)	($452)	-
Shasta JBCT	8	8	-	-	$474	$474	-	-	-
Solano JBCT	12	16	Jul-23	Oct-23	$491	$491	-	($208)	-
Sonoma JBCT	14	14	-	-	$574	$574	-	-	-
Stanislaus JBCT	18	18	-	-	$490	$490	-	-	-
Tulare JBCT	15	15	-	-	$459	$459	-	-	-
Ventura JBCT	10	10	-	-	$441	$441	-	-	-
Yolo JBCT	7	7	-	-	$491	$491	-	-	-
Northern CA County E	-	5	Jul-23	Jan-24	$491	$491	-	($452)	-
Northern CA County I	-	15	Jul-23	Oct-23	$570	$570	-	($787)	-

Northern CA County J	-	15	Jul-23	Jan-24	$491	$491	-	($1,355)	-
Central CA County K	-	7	Jul-23	Jan-24	$491	$491	-	($632)	-
Northern CA County N	-	19	Apr-23	Oct-23	$653	$653	($1,129)	($1,141)	-
Central CA County L	-	12	Jan-23	Jul-23	$512	$512	($1,112)	-	-
Southern CA County M	-	25	Jul-23	Jul-24	$534	$534	-	($4,886)	-
Existing Subtotal	**362**	**481**					**($2,875)**	**($10,364)**	**$151**

Existing JBCT Funding Permanently Redirected to EASS									
Program	**Bed Capacity in 22-23**	**Bed Capacity in 23-24**	**23-24 GB Activation/ Expansion**	**23-24 MR Activation/ Expansion**	**23-24 GB Per Diem Rate**	**23-24 MR Per Diem Rate**	**2022-23**	**2023-24**	**2024-25**
Kern AES	60	90	Jul-23	R/D	$480	$480	-	($5,270)	($5,256)
Northern CA Small County D (El Dorado)	N/A	N/A	Jul-23	R/D	N/A	N/A	-	($500)	($500)

Northern CA County F (Sutter)	-	5	Jul-23	R/D	$491	$491	-	($899)	($896)
Northern CA County H (Lassen)	-	40	Jul-23	R/D	$491	$491	-	($7,188)	($7,169)
Permanent R/D[18]	*60*	*135*					-	*($13,857)*	*($13,821)*

New JBCT Capacity and Projected Funding									
Program	**Bed Capacity in 22-23**	**Bed Capacity in 23-24**	**23-24 GB Activation/ Expansion**	**23-24 MR Activation/ Expansion**	**23-24 GB Per Diem Rate**	**23-24 MR Per Diem Rate**	**2022-23**	**2023-24**	**2024-25**
Patients' Rights Advocate Funding	N/A	N/A	N/A	N/A	N/A		-	-	-
JBCT Office Technician	N/A	N/A	N/A	N/A	N/A		-	-	-
New Subtotal	**0**	**0**					**$0**	**$0**	**$0**
TOTAL	**362**	**481**					**($2,875)**	**($10,364)**	**$151**
Permanent R/D	*60*	*135*					-	*($13,857)*	*($13,821)*

[18] R/D= Redirection

BCP Fiscal Detail Sheet

BCP Title: IST Solutions Adjustment **BR Name: 4440-079-ECP-2023-MR**

Budget Request Summary

	FY23					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Salaries and Wages						
Earnings - Permanent	0	1,519	0	0	0	0
Total Salaries and Wages	**$0**	**$1,519**	**$0**	**$0**	**$0**	**$0**
Total Staff Benefits	0	24	0	0	0	0
Total Personal Services	**$0**	**$1,543**	**$0**	**$0**	**$0**	**$0**
Operating Expenses and Equipment						
5340 - Consulting and Professional Services - External	0	205,477	0	129,473	0	0
Total Operating Expenses and Equipment	**$0**	**$205,477**	**$0**	**$129,473**	**$0**	**$0**
Total Budget Request	**$0**	**$207,020**	**$0**	**$129,473**	**$0**	**$0**

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	207,020	0	129,473	0	0
Total State Operations Expenditures	**$0**	**$207,020**	**$0**	**$129,473**	**$0**	**$0**
Fund Source -						
Total Expenditures	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Total All Funds	**$0**	**$207,020**	**$0**	**$129,473**	**$0**	**$0**

Program Summary

Program Funding						
4400010 - Headquarters Administration	0	1,543	0	0	0	0
4430030 - Other Contracted Services	0	100,000	0	0	0	0
4430060 - Community Based IST Programs	0	102,977	0	129,473	0	0
4450020 - Incompetent to Stand Trial Re-Evaluation Services	0	2,500	0	0	0	0
Total All Programs	**$0**	**$207,020**	**$0**	**$129,473**	**$0**	**$0**

BCP Title: IST Solutions Adjustment **BR Name: 4440-079-ECP-2023-MR**

Personal Services Details

Staff Benefits						
5150450 - Medicare Taxation	0	24	0	0	0	0
Total Staff Benefits	**$0**	**$24**	**$0**	**$0**	**$0**	**$0**
Total Personal Services	**$0**	**$24**	**$0**	**$0**	**$0**	**$0**

STATE HOSPITALS
VOCATIONAL SERVICES AND PATIENT MINIMUM WAGE CASELOAD
Informational Only

SUMMARY

The Department of State Hospitals (DSH) Vocational Services Program has almost fully resumed pre-pandemic program operations although Vocational Services operations can be impacted intermittently while hospitals navigate COVID-19 unit quarantines and outbreaks as they arise.

BACKGROUND

As part of the patient treatment plan and rehabilitation process, DSH offers its patients access to the Vocational Rehabilitation Program, which serves as a therapeutic program that provides a range of vocational skills and therapeutic interventions. 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. Vocational Rehabilitation assists patients by preparing for discharge and/or transition to next level of care, successful community integration when released, obtaining future employment, and reducing criminal recidivism.

In the 2023-24 Governor's Budget, DSH reported vocational services have almost fully resumed normal program activities; however, facilities continue to experience incidental COVID-19 quarantines which restrict patient movement and affect which programs they are able to participate in.

PROGRAM UPDATE

As of the 2023-24 May Revision, hospitals continue to navigate sporadic COVID-19 quarantines which restrict patient movement and impact Vocational Services programs. DSH will provide an update in the 2024-25 Governor's Budget.

STATE HOSPITALS
SKILLED NURSING FACILITY CONVERSIONS
Informational Only

SUMMARY

As the Department of State Hospitals (DSH) population ages, higher levels of medical care are required. Addressing the aging population's special needs increasingly proves to be a challenge for primary medical care at DSH as the number of DSH Skilled Nursing Facilities (SNF) beds statewide are insufficient to meet the needs of existing and future patients. In response, three state hospitals have commenced efforts to evaluate strategies to meet the needs of DSH's aging patient population.

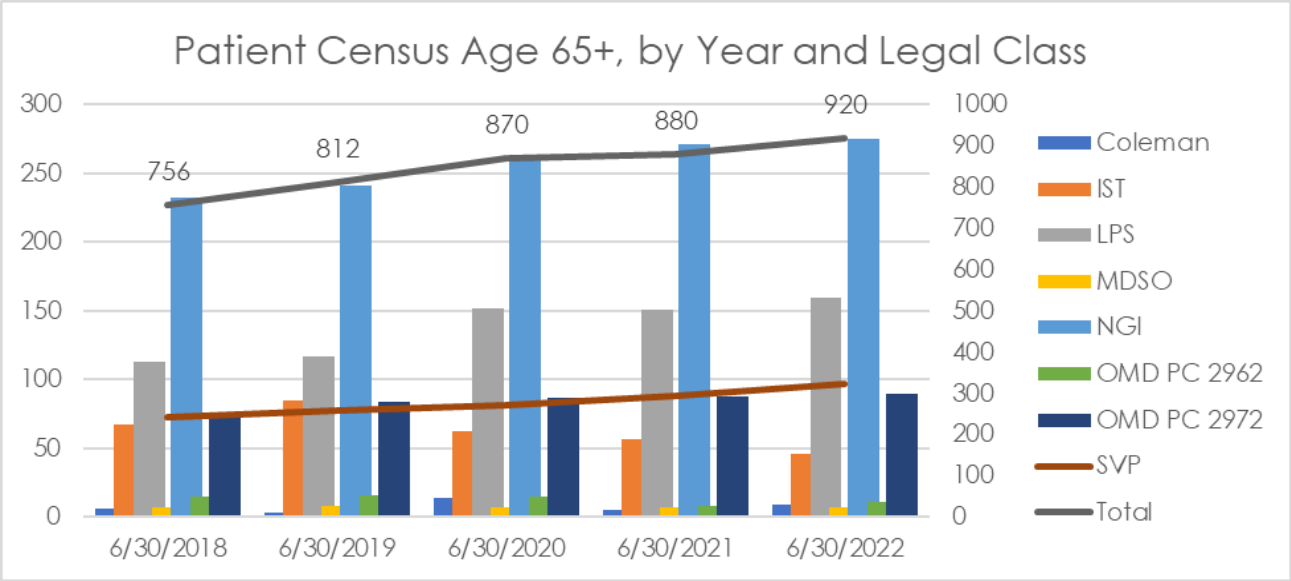
BACKGROUND

As the administrator of the nation's largest inpatient forensic mental health hospital system, DSH is responsible for the daily care of over 7,000 patients; many of whom, due to either the nature of their mental illness or the crimes they have committed, have long lengths of stay. The following provides by commitment type, the average number of patient days for patients in census at the end of FY 2021-22.

Commitment Type	Average Patient Days
Coleman	327.1
IST	158.5
LPS	3,573.9
MDSO	4,462.7
NGI	6,319.4
OMD PC 2962	440.1
OMD PC 2972	3,860.4
SVP	4,697.4

Mental, physical, and dental health care are provided for patients over the course of their stay at DSH. Depending on a patient's length of stay, their health care may include geriatric and end-of-life care, requiring either interim or long-term skilled nursing care.

In recent years, the number of DSH patients aged 65 and older has continued to increase. As illustrated in the graph and table below, DSH has shown an increase of 31 percent in the number of patients aged 65 and older over the last five years.



While older patients already experience a higher level of prevalence for multiple medical conditions, current research reveals patients with schizophrenia experience accelerated aging and development of age-related illnesses 20 years earlier than expected and suffer from a dramatically decreased life expectancy. As of June 30, 2022, 31% of DSH's population had a diagnosis of schizophrenia. Moreover, mental illness, particularly psychotic spectrum disorders, bipolar disorders, and depressive disorders, are associated with increased prevalence of chronic diseases including asthma, arthritis, cardiovascular disease, cancer, diabetes, and obesity. As of June 30, 2022, 19% of DSH's population had a diagnosis of schizoaffective disorder and 18% had a diagnosis of bipolar disorder.

DSH currently operates three licensed[1] SNF units; two located at DSH-Metropolitan and one at DSH-Napa. As of June 30, 2022, there are 96 active SNF beds at DSH-Metropolitan and 29 at DSH-Napa, for a combined total of 125 active SNF beds. This limited capacity must also accommodate SNF patients transferred from DSH-Atascadero and DSH-Patton. However, due to system limitations, DSH-Metropolitan and DSH-Napa are not able to serve SNF patients committed to DSH-Coalinga as Sexually Violent Predators (SVP).

For DSH-Coalinga, and any other facilities unable to place their SNF patients into one of the three existing DSH SNF units due to capacity limitations, DSH contracts out with community facilities when possible. However, community options pose several challenges which often make placement difficult, including availability of community beds, and the challenge that even when an available bed is identified,

[1] SNF beds are licensed and regulated by the California Department of Public Health (CDPH) pursuant to California Code of Regulations (CCR) Title 22, Division 5, Chapter 3. DSH SNF beds are also federally certified by Centers for Medicare and Medicaid Services (CMS) and therefore must also comply with CMS regulations and reporting requirements.

many community options are unwilling to accept forensic commitments, particularly those with sexual offenses. DSH has taken steps to convert existing residential units to meet the increased medical needs of patients with a higher level of acuity, including the currently underway conversion of one of their residential units to an Intensive Care Facility (ICF) to accommodate their increasingly geriatric population.

In the 2023-24 Governor's Budget, DSH reported three state hospitals are exploring both internal and external options to create SNF bed capacity. DSH will continue to evaluate options and explore solutions to the meet the SNF needs of DSH's aging and high acuity patient population.

PROGRAM UPDATE

As of the 2023-24 May Revision, DSH continues to collaborate with the Department of General Services (DGS) to finalize a study detailing options to operationalize a SNF Unit at DSH-Coalinga. The study will include rough order of magnitude costs along with recommendations and alternatives and is estimated to be finalized by June 1, 2023. Both DSH-Metropolitan and DSH-Napa are currently evaluating potential buildings to convert into SNF units before proceeding with study development.

Additionally, the SNF Building at DSH-Metropolitan sustained significant water damage in July 2021 due to a rainstorm which occurred while the roof was being replaced, resulting in SNF patients being relocated to other units within the hospital. DSH is working with DGS to repair the damaged roof. As of the 2023-24 May Revision, DSH and DGS anticipate repairs to the SNF Building will be completed by July 2023.

FORENSIC EVALUATION SERVICES
SEX OFFENDER COMMITMENT PROGRAM AND OFFENDERS WITH A MENTAL HEALTH DISORDER (SOCP/OMD) PRE-COMMITMENT PROGRAM

Informational Only

SUMMARY

The Department of State Hospitals (DSH) continues to monitor the referral trends of Sexually Violent Predator (SVP)s and Offenders with a Mental Health Disorder (OMD). In the 2023-24 Governor's Budget, DSH anticipated fiscal year (FY) 2022-23 referrals received would total 410 for SVP and 2,428 for OMD. As of the 2023-24 May Revision, based on the number of referrals received between July 2022 and January 2023, DSH now projects to receive 357 SVP and 2,134 OMD referrals in fiscal year (FY) 2022-23.

BACKGROUND

Prior to release on parole, DSH is required to provide forensic evaluation services[2] to determine if an inmate within the California Department of Corrections and Rehabilitation (CDCR) requires treatment in a state hospital as an SVP or OMD upon release from prison. DSH administers these services through the Sex Offender Commitment Program (SOCP) and the OMD Program. DSH employs a team of Consulting Psychologists, SVP Evaluators, and contracted forensic psychologists to provide the forensic evaluations. The forensic evaluator staffing provides the necessary support for the volume of interviews, evaluations, forensic report development, and expert witness and court testimony services. The number of CDCR referrals for potential SVP and OMD commitments to DSH drives the workload. Additional workload may include, but is not limited to:

- Completing update and replacement evaluations, and report addendums, as required by the court.
- Completing recommitment evaluations in accordance with WIC 6604.
- Completing independent evaluations to resolve differences of opinion for SVP evaluations, as required by statute.
- Developing and maintaining a robust quality assurance program, including data analytics, to target evaluators' training and/or support needs.
- Developing and implementing standardized assessment protocols, policies, and regulations.
- Preparing for and participating in court testimony.

[2] DSH continues to rely on the existing video conferencing infrastructure throughout the state. This has allowed DSH to conduct forensic evaluations and provide court testimony virtually, significantly reducing travel costs for SVP and OMD evaluations.

SOCP Program

In accordance with WIC 6601(b), CDCR and the Board of Parole Hearings (BPH) are responsible for screening CDCR inmates to determine whether an individual is likely to be an SVP. If CDCR and BPH determine an individual is likely to be an SVP, BPH refers the individual to DSH for forensic psychological evaluation. For those referred, DSH is required to complete two forensic psychological evaluations to determine if the individual meets the statutory criteria for civil commitment as an SVP. In addition, the statute requires cases in which evaluations indicate an individual meets criterion to be referred to the District Attorney's Office no less than 20 days prior to the inmate's release from prison.

OMD Program

Pursuant to Penal Code (PC) 2960–2981, CDCR evaluators conduct a forensic evaluation of inmates with a mental health history and violent commitment offense prior to release on parole. If the CDCR evaluator determines the inmate has a severe mental health disorder and could meet the criteria for OMD commitment, CDCR refers the inmate to DSH for an additional forensic evaluation. The CDCR Chief Psychiatrist then reviews the reports to determine if the inmate meets the criteria for commitment as an OMD. If the Chief Psychiatrist certifies the criteria are met, BPH transfers the inmate to a state hospital for treatment as a special condition of parole.

PROGRAM UPDATE

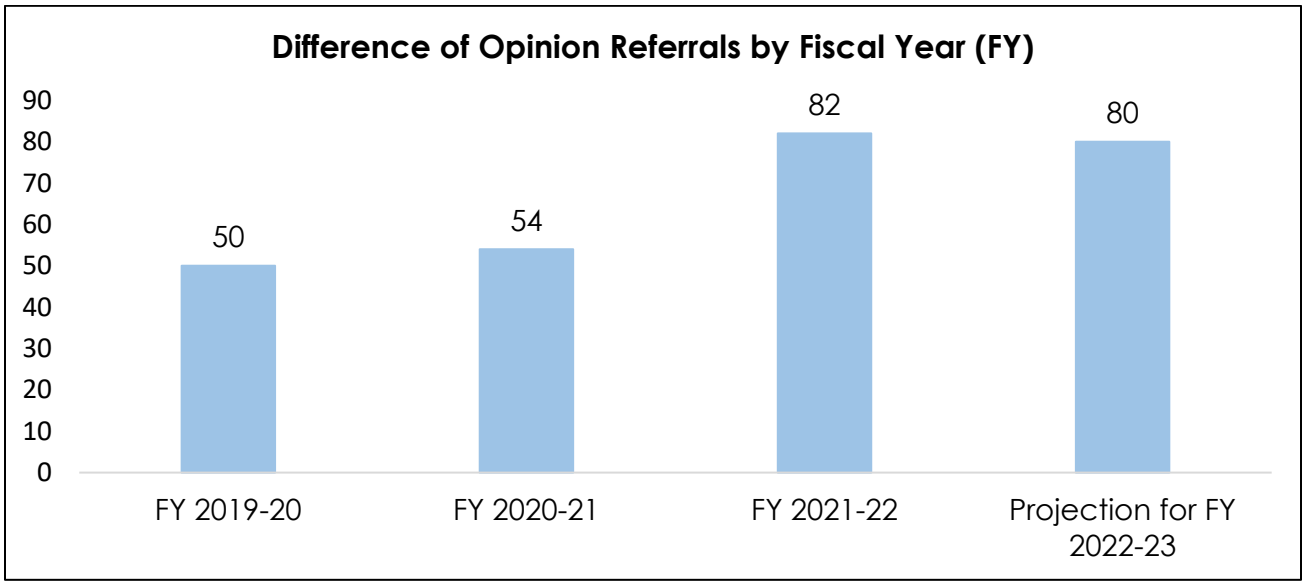
As of the 2023-24 May Revision, DSH does not request a change in funding or position authority. Although there is a decrease in projected referrals for FY 2022-23 from the Governor's Budget projection, the overall referral trend continues to be higher than prior years.

SOCP Program Update

DSH received 467 referrals from BPH to perform SVP evaluations in FY 2021-22, 8.1 percent less than the referral projection of 505. In the 2023-24 Governor's Budget, DSH assumed a caseload of 410 SVP referrals in FY 2022-23. Between July 2022 and January 2023, DSH received a total of 208 SVP referrals. Based on prior year actuals and the monitoring of current year trends, DSH now projects a total of 357 SVP referrals for FY 2022-2023, 12.9 percent less than the referral projection of 410 reflected in the Governor's Budget caseload estimate.

When there is a difference of opinion (DOP) between the two forensic civil service evaluators initially assigned by DSH to perform SVP evaluations, DSH is statutorily required to assign two additional independent evaluators who are not state

government employees to assess the individual. As shown below, the number of DOP referrals has risen from prior FYs.



DOP referrals have risen from prior FYs due to referral and rush referral increases. Rush referrals are cases released in 30 days or less from the date of referral. Most rush and referral increases have been due to CDCR sentence recalculations in recent years. In FY 2021-22, DSH completed approximately 82 DOP cases. Between July 2022 and January 2023, DSH received a total of 47 DOPs. Based on prior FY actuals and the monitoring of current year trends, DSH now projects a total of 80 DOP cases for FY 2022-2023.

Between July 2022 and January 2023, the Forensic Services Division (FSD) evaluators testified in 218 SVP court cases[3]. DSH will continue to monitor and analyze potential causes for the upward trends.

OMD Program Update

DSH received 2,155 referrals from CDCR to perform OMD evaluations in FY 2021-22, in line with the prior projection of 2,107. DSH assumed a caseload of 2,428 OMD referrals in FY 2022-23. Between July 2022 and January 2023, DSH received a total of 1,245 OMD referrals. Based on prior year actuals and the monitoring of current year trends, DSH now projects a total of 2,134 OMD referrals for FY 2022-2023, 12.1 percent less than previously projected. DSH will continue to work closely with CDCR and BPH to determine additional workload impacts to the SOCP and OMD Program. An update will be provided in the 2024-25 Governor's Budget.

[3] The workload for testimony for probable cause hearings and jury trials is equal to approximately two SVP evaluations.

STATE HOSPITALS
WORKFORCE DEVELOPMENT
Informational Only

SUMMARY

The Workforce Development proposal is fully phased-in. DSH-Napa is now in its second year of residencies with 14 residents in the program. Both DSH-Atascadero and DSH-Napa continue to partner with local community colleges' Psychiatric Technician programs to attract and retain a sufficient workforce of trained medical professionals.

BACKGROUND

The 2019 Budget Act included resources to work in conjunction with the Mission Based Review – Direct Care Nursing proposal as a means to attract and retain a sufficient workforce of trained medical professionals. DSH and other state and national employers of health care professionals are experiencing difficulties in filling these positions largely due to nationwide shortages. In addition, successful recruitment is also challenged by the high-risk work environment.

While nursing level of care classifications vary at DSH, this initiative was 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. As a workforce strategy, DSH developed and implemented a Psychiatric Residency Program and expanded resources for Nursing Recruitment to meet the mission of providing mental health services to patients and reduce vacancy rates for mental health providers.

PROGRAM UPDATE

Residency Program Update

The Residency Program at St. Joseph Medical Center (SJMC) received temporary accreditation from the Accreditation Council for Graduate Medical Education (ACGME) in February 2021 and received ongoing accreditation in February 2023. The program is now in its second year and has two cohorts of seven rotating residents for a total of 14 residents. Over 700 applications for the third-year class have been received and reviewed, interviews have been held, and candidates are being ranked. Based on the success of program so far, DSH has also proposed expanding psychiatry workforce strategies beyond DSH-Napa, as reflected in the 4440-008-BCP-2023-GB Psychiatry Workforce Pipeline, Recruitment, Hiring and Retention Budget Change Proposal.

Psychiatric Technician Graduation Rates

DSH partners with local community colleges to offer education and training programs to provide an adequate supply of Psychiatric Technicians (PT) for state hospitals. The below table displays actual graduation rates from cohorts conducted from calendar year 2019.

DSH-Atascadero

Cohorts	Number of Attendees	Number of Graduates	DSH Hires
2019	90	73	58
2020	60	44	32
2021	60	53	10
Spring 2022	26	17	10
Summer 2022	30	18	15
Fall 2022	33	17	11

DSH-Napa

Cohorts	Number of Attendees	Number of Graduates	DSH Hires
Spring 2020	24	16	2
Fall 2020[1]	N/A	N/A	N/A
Spring 2021	30	19	11
Fall 2021[2]	N/A	N/A	N/A
Spring 2022	26	TBD	TBD
Fall 2022	17	TBD	TBD
Spring 2023[2]	N/A	N/A	N/A

[1] COVID-19 Restrictions, no clinical available
[2] No new students

STATE HOSPITALS
CAPITAL OUTLAY BUDGET CHANGE PROPOSALS

Please see the Department of Finance (DOF) website for all Capital Outlay Budget Change Proposals (COBCPs).

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 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 (OMD) 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 (LPS) 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, 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.

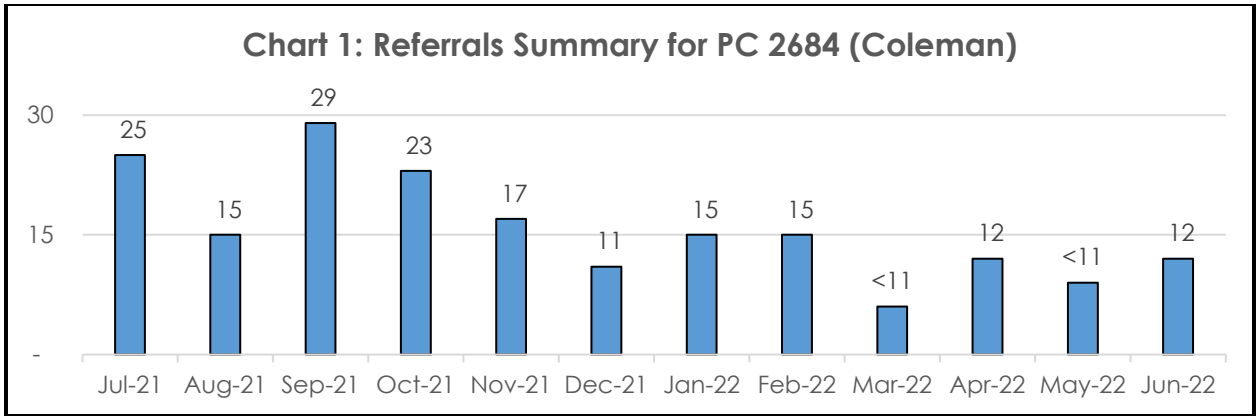
Treatment:

The focus of treatment for the *Coleman* population is on psychiatric stabilization. Several *Coleman* patients are sent to DSH because of complicated presentations, such as complex medical diagnoses, cognitive issues, developmental disabilities,

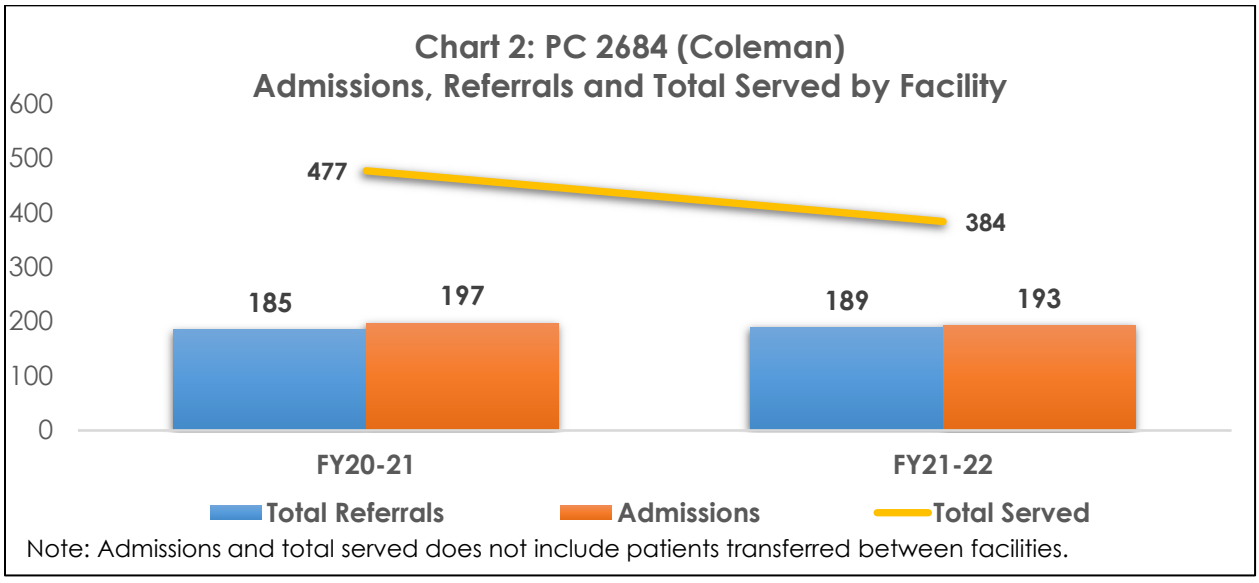
and mental illness. In addition to psychiatric and medical services, psychosocial treatments are provided with a focus on helping the patient manage their mental illness symptoms and reintegrate back into a prison environment when discharged from the state hospital.

Population Data:

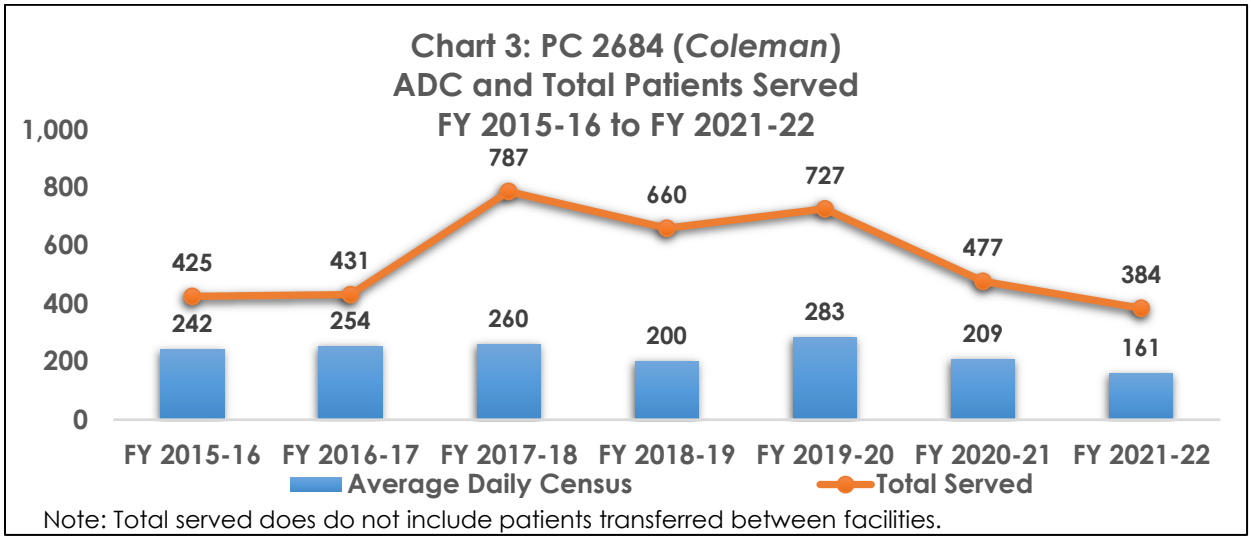
In FY 2021-22, 189 *Coleman* patients were referred and accepted for admission to the state hospitals, excluding referrals rescinded by CDCR. This is a 2 percent increase from FY 2020-21. At the start of the FY 2021-22, the July 1 census was 170, and on June 30, 2022, the census had decreased to 114, a 33 percent decrease.



Over the course of FY 2021-22, 193 *Coleman* patients were admitted into a state hospital. Chart 2 below displays the admission, referrals, and total patients served system-wide for the *Coleman* population in FY 2020-21 and FY 2021-22. The number of admissions decreased by 2 percent.

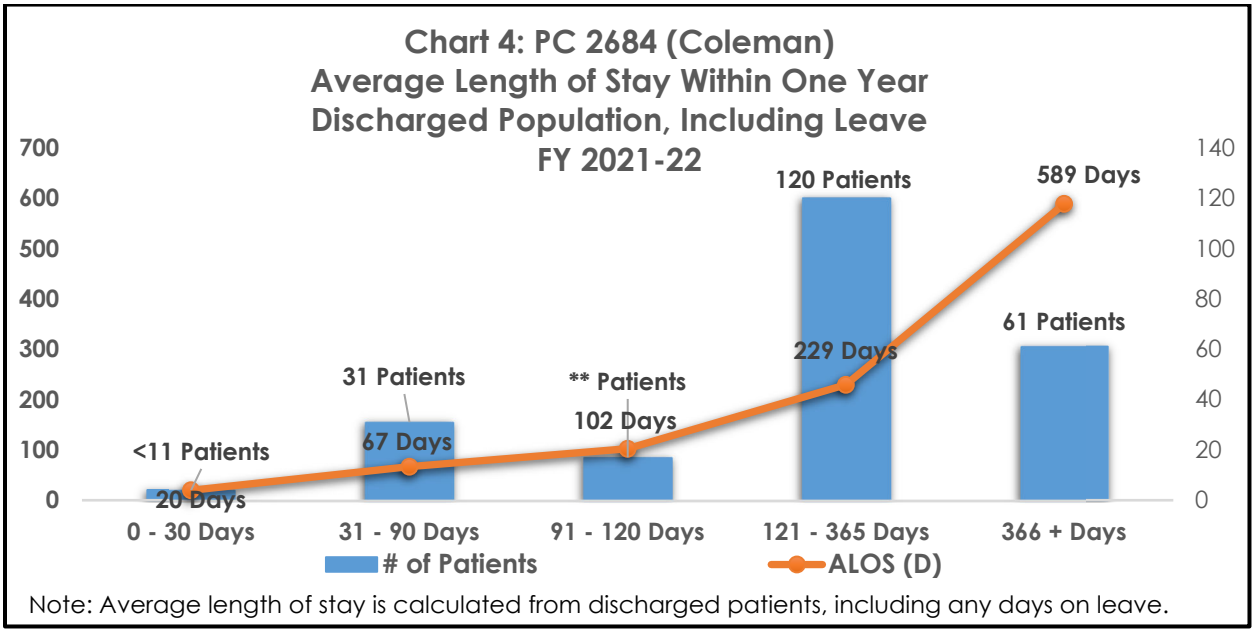


On average, 161 *Coleman* patients are treated daily in the state hospitals, representing 3 percent of the overall patient population in FY 2021-22. Chart 3 below displays the average daily census (ADC) and total number of patients served for the *Coleman* population during FY 2015-16 to FY 2021-22. As of June 30, 2022, the system-wide *Coleman* census was 114 patients.



Note: Total served does do not include patients transferred between facilities.

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 2021-22, 233 *Coleman* patients were discharged, with an average length of stay of 289 days. Chart 4 below 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. The court then commits these defendants to DSH for treatment specifically designed to enable the defendant to proceed with the 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, are determined to be unlikely to be restored to competency in the foreseeable future or are within 90-days of their maximum commitment for competency treatment. IST patients committed to DSH mainly include felony criminal charges and occasionally include misdemeanor charges. As of July 27, 2021, defendants only with misdemeanor commitment charges (1370.01) can no longer be committed to DSH. There are still 1370.01 commitments to DSH prior to July 27, 2021.

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 deemed competent to stand trial, but who requires continued, involuntary treatment in a state hospital to maintain competency during the criminal trial.
PC1370(b)(1)	Unlikely to regain competency in the foreseeable future; may apply to PC 1370, PC 1370.01, or PC 1370.1. The treating facility will provide a report to the court that an individual is unlikely to regain competency. For defendants committed pursuant to Penal Code section 1370, within 10 days following notice to the Sheriff that a defendant is unlikely to be regain competency in the foreseeable future, the Sheriff shall return the defendant to county custody. Defendants remaining in a facility beyond 10 days from notice to the Sheriff will be billed for cost of care

PC1370(c)(1)	IST that remains at DSH within 90 days of their maximum term commitment. Upon notice to the Sheriff, these defendants shall be picked up and returned to county custody within 10-days of notice.
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 they have 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, and the commitment is vacated by the court, usually after a defendant is placed under a Lanterman-Petris-Short Act conservatorship. 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 the foreseeable future, the patient/defendant must be returned to the committing county.

As defined in PC 1370(b)(1), a patient may be deemed by the treatment team as unlikely to regain competency. Upon notification to the county of commitment Sheriff, the patient must be picked up within ten days and returned to county custody. Often, the county will pursue other means to ensure the patient is receives treatment and care, including securing a conservatorship and referring the individual back to the state hospital under a conservatorship commitment. In the event a patient is nearing their maximum term of commitment, the state hospital, pursuant to PC 1370(c)(1) must notify the Sheriff, who must pick up the patient who is within 90 days prior to the expiration of the commitment term within 10-days of notice by DSH. In prior years, DSH noted counties not consistently retrieving their patients promptly, requiring patients to remain on the census for extended periods. In FY 2021-22, when applying the average length of stay for an IST patient, this practice resulted in a loss of 48.5 IST patients served between PC 1370 (b)(1) and PC 1370(c)(1) individuals. Assembly Bill 133 amended and added subdivision to the Penal Code to require defendants remaining in a facility beyond ten days from notice to the Sheriff to pick-up these defendants will be billed for the cost of care.

[1] Effective January 1, 2019, the maximum term for ISTs was reduced from three years to two years, pursuant to SB 1187.

As of July 27, 2021, defendants only with misdemeanor commitment charges (1370.01) can no longer be committed to DSH. There are still 1370.01 commitments to DSH prior to July 27, 2021.

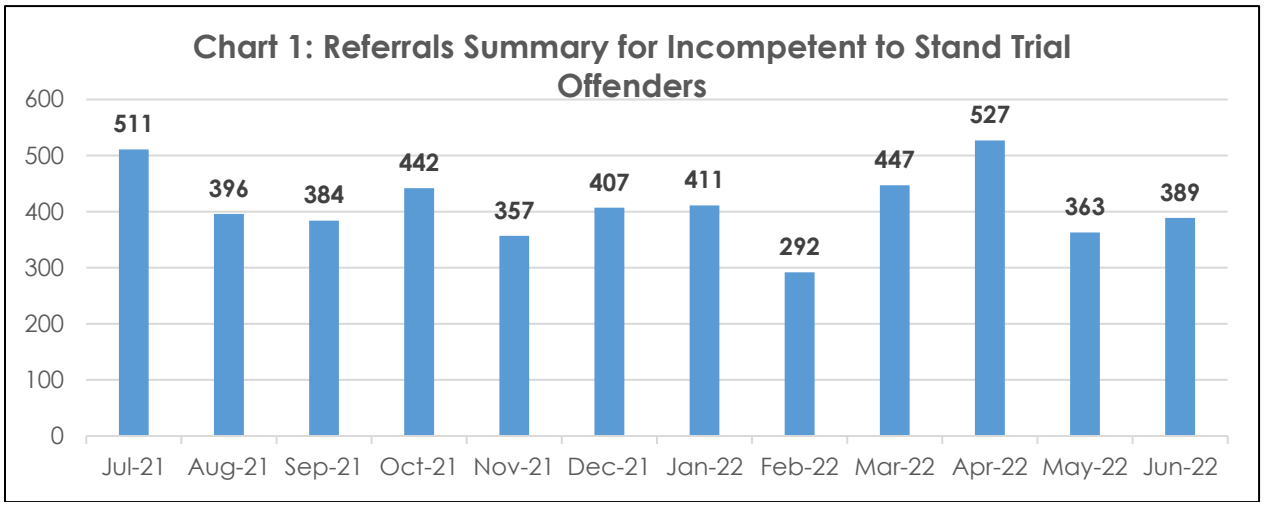
Treatment

The treatment for the IST population focuses on restoring trial competency in the most expeditious manner. To this end, IST patients are treated in one treatment program, so the training in criminal procedures can constantly be 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 the court.

Throughout treatment, patients are regularly evaluated. 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 2021-22, 4,926 IST patients were committed[2] to DSH, a 19 percent increase from FY 2020-21. The COVID-19 pandemic directly impacted IST referral rates. After courts resumed court proceedings following 2020 pandemic stay-in-place orders, IST referral rates have steadily increased. Chart 1 below displays monthly referrals system-wide for the IST population in FY 2021-22.

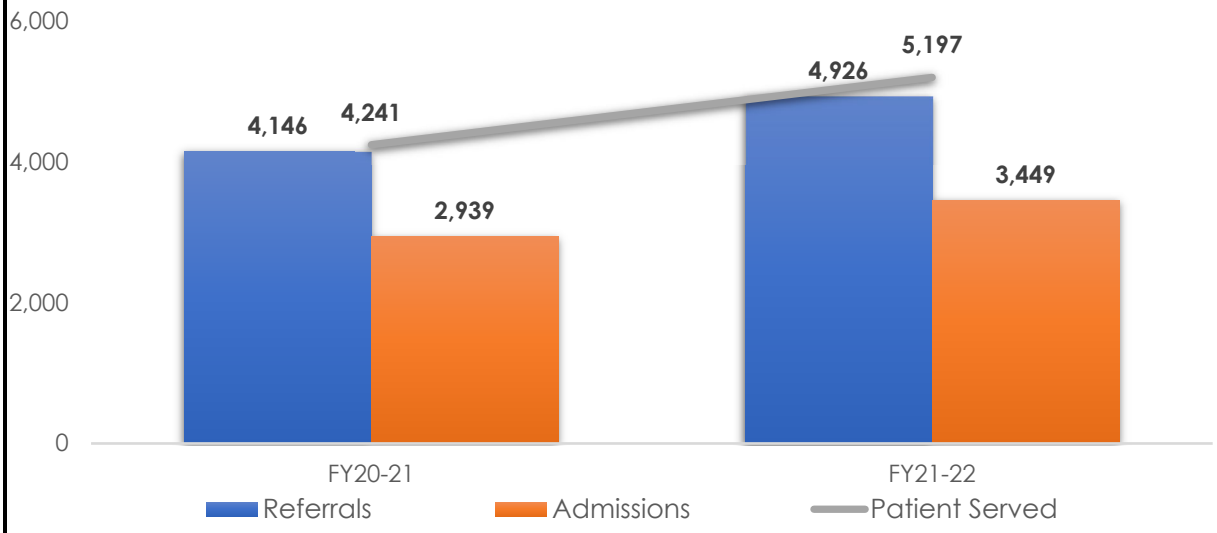


[2] Referral data excludes JBCT Transfers, State Hospital Transfers, Court Returns, CBR referrals/off-ramps.

Incompetent to Stand Trial Data

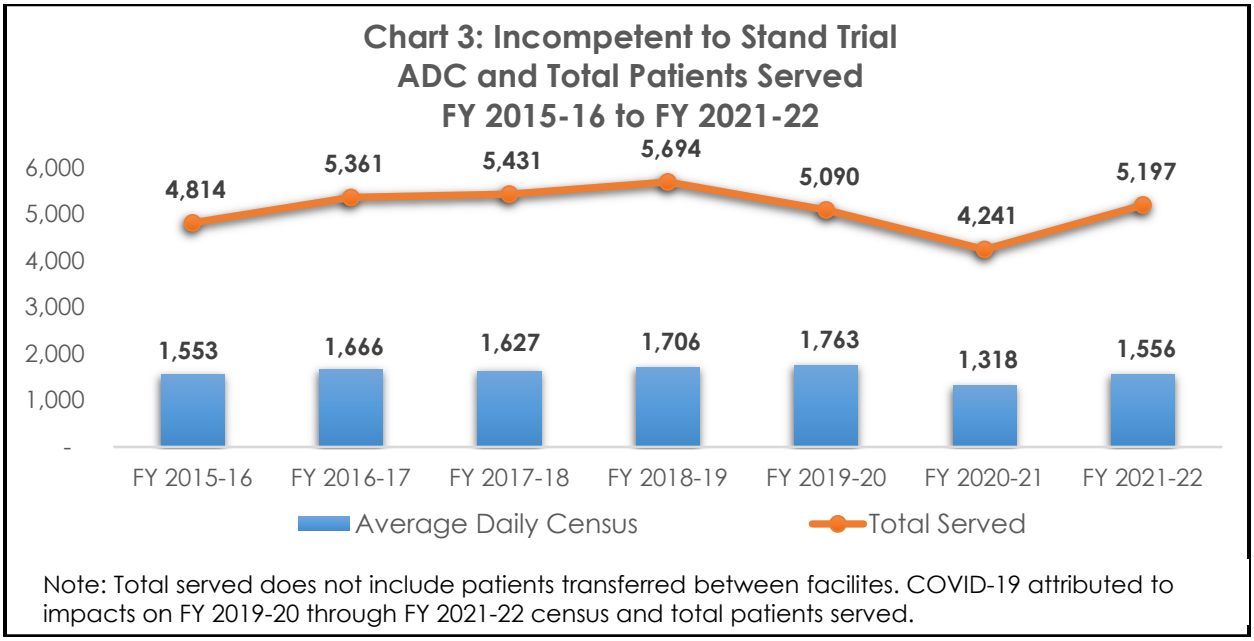
Over the course of FY 2021-22, 3,449 IST patients were admitted into DSH's inpatient programs, including state hospitals, jail-based programs, and Sacramento Behavioral Health (SBHH), an increase of 17 percent from the prior year. COVID- 19 slightly impacted admission rates and restricted patient movement due to quarantine units and the continued need for Admission Observation Units (AOU). AOUs house patients arriving at the hospital for admission and in certain circumstances, patients coming from receiving outside care/services. Patients are isolated and tested for ten days as a prevention measure for routine intake quarantine. As admissions directly correlate to patients served, DSH served 23 percent more patients in FY 2021-22 than in the prior year. Chart 2 below displays referrals, admissions, and total patients served system-wide for the IST population in FY 2020-21 and FY 2021-22.

Chart 2: Incompetent to Stand Trial Admissions and Total Served



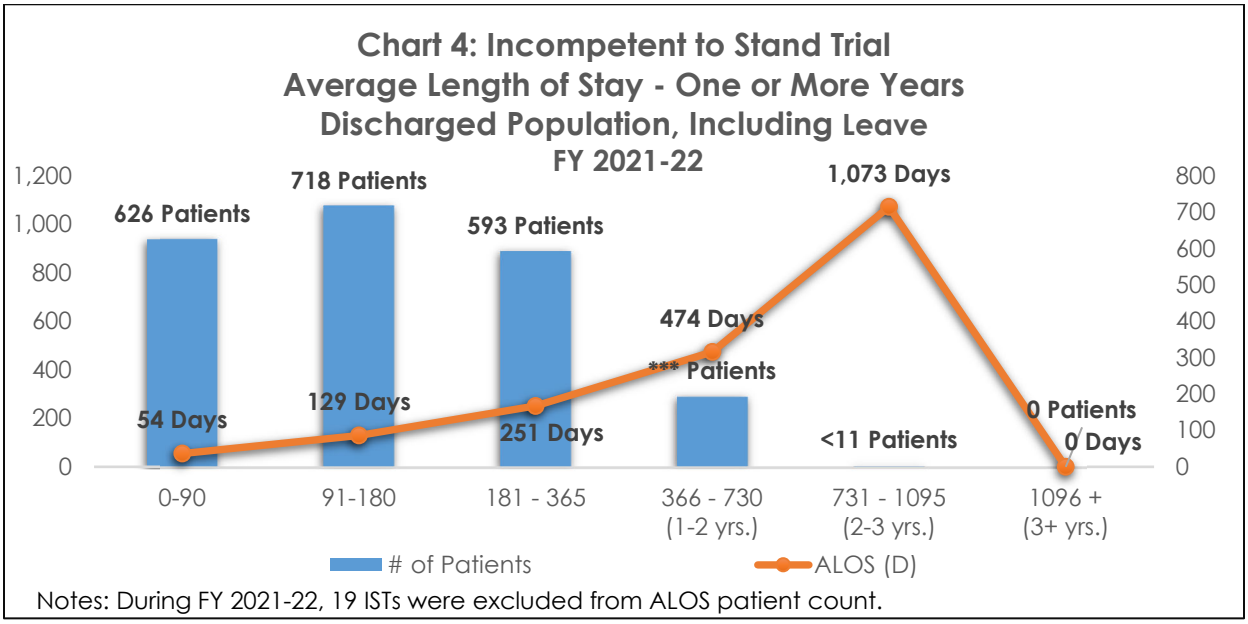
Notes: Total admissions and total served does not include patients transfers from DSH or JBCT facilities. COVID-19 attributed to impacts on FY 2021-22 referrals, admissions and total patients.

On average, 1,556 IST patients are treated daily in the state hospitals, jail-based programs, and SBHH representing 27 percent of the overall patient population in FY 2021-22. Chart 3 below displays the average daily census (ADC) and the total number of patients served in state hospital facilities, jail-based programs, and SBHH for the IST population from FY 2015-16 to FY 2021-22. As of June 30, 2022, the system-wide IST census is 1,677 patients.



Note: Total served does not include patients transferred between facilites. COVID-19 attributed to impacts on FY 2019-20 through FY 2021-22 census and total patients served.

In FY 2021-22, 2,135 IST patients were discharged from state hospitals with an average length of stay of 174 days, 0.5 years. The State Hospital's length of stay decreased by 29 percent (or approximately 70 days) as compared to the prior year. Chart 4 below displays the distribution of lengths of stay for all discharged IST patients.

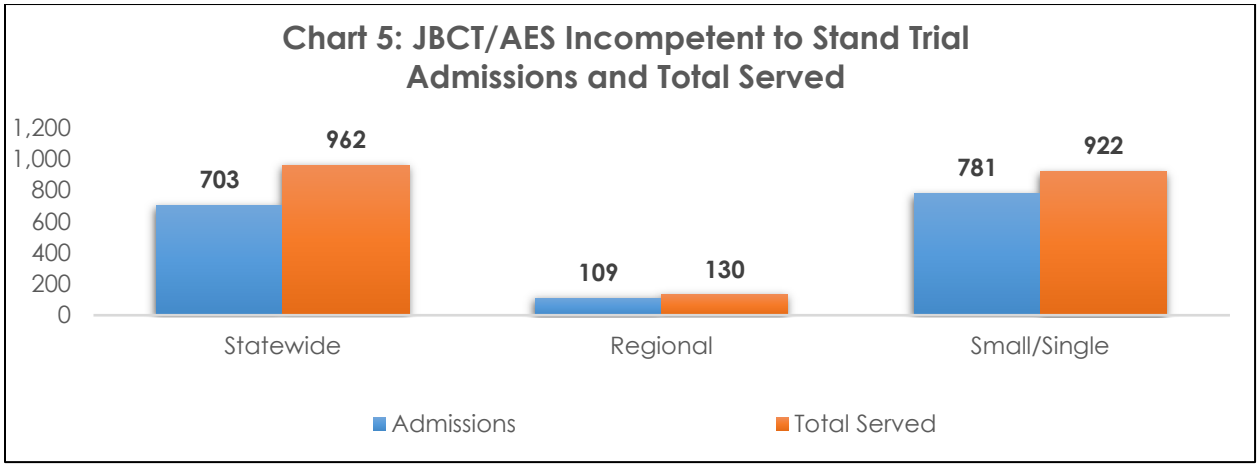


Notes: During FY 2021-22, 19 ISTs were excluded from ALOS patient count.

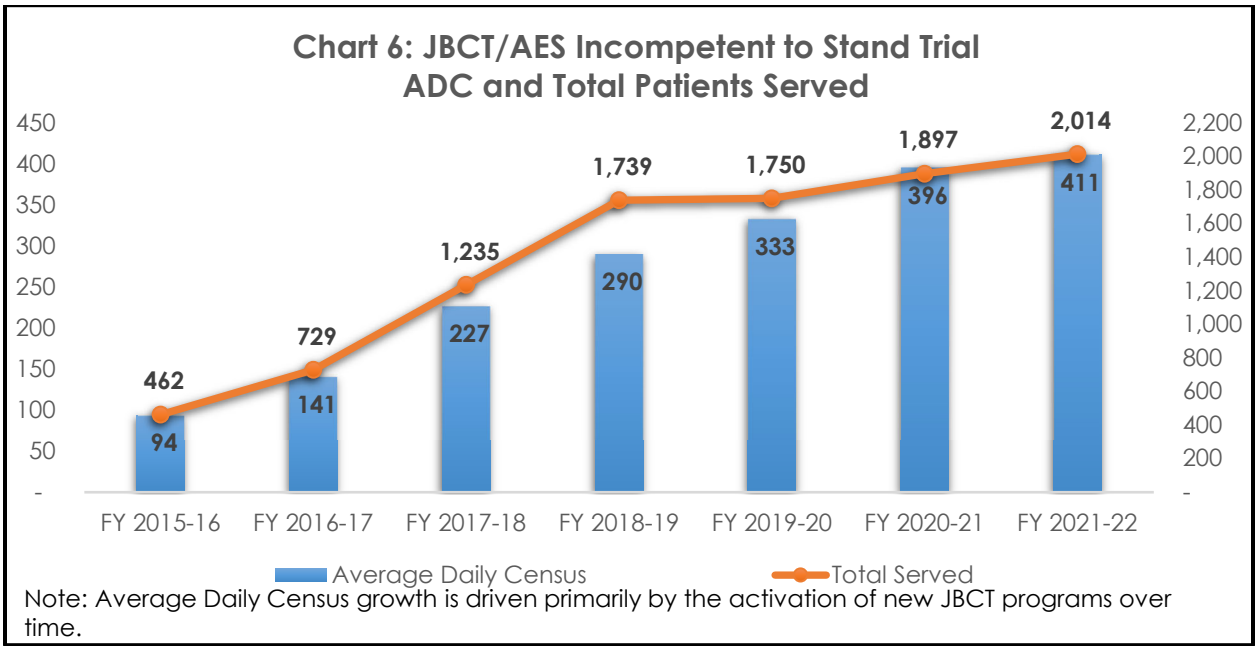
*Chart 4. Data has been de-identified in accordance with the California Health and Human Services Agency Data De-Identification Guidelines. Values are aggregated and masked to protect confidentiality of the individuals summarized in the data. Counts between 1-10 are masked with "<11". Complementary masking is applied using "***" where further de-identification is needed to prevent the ability of calculating the de-identified number.*

Jail-Based Competency Treatment (JBCT) Program Data

Over the course of FY 2021-22, 1,593 IST patients were admitted into a JBCT facility or the Admission, Evaluation, and Stabilization (AES) Center, which reflects no change in percent from the prior year. Chart 5 displays the admission and total patients served distribution by JBCT/AES facility categories for the IST population in FY 2021-22.



On average, 411 IST patients are treated daily in the JBCT/AESs, a 4 percent increase from FY 2020-21. Chart 6 below displays the ADC and a total number of patients served yearly in the JBCT/AESs for the IST population. As of June 30, 2022, the JBCT/AES system-wide IST census is 424 patients.



Note: Average Daily Census growth is driven primarily by the activation of new JBCT programs over time.

The JBCT and AES programs were designed to treat patients with a stronger likelihood of quick restoration of competency, generally under 90 days from admission. However, if, during 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 the continuation of restoration care. In FY 2021-22, 1,163 IST patients were restored and discharged with an average length of stay of 68 days. During that same period, 432 IST patients were discharged from the JBCT/AES program and transferred to a state hospital, with an average length of stay of 142 days. Chart 7 below displays the lengths of stay for all discharged IST patients that were restored.

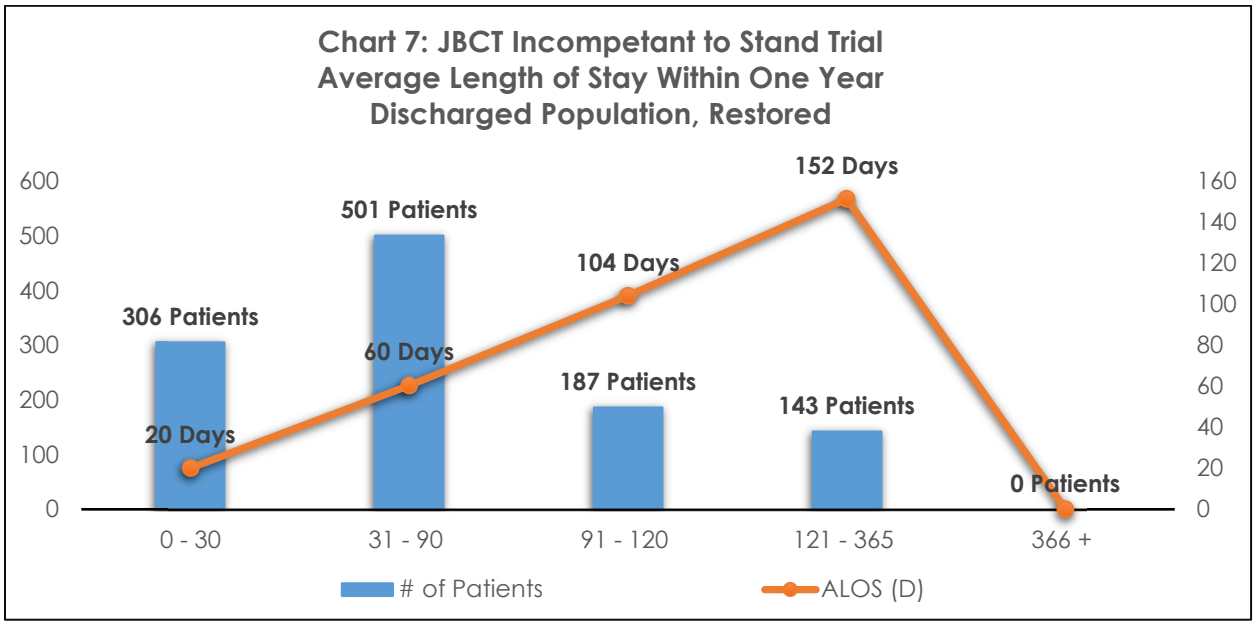


Chart 8 below displays the distribution of lengths of stay for all discharged IST patients that transferred to state hospital facilities.

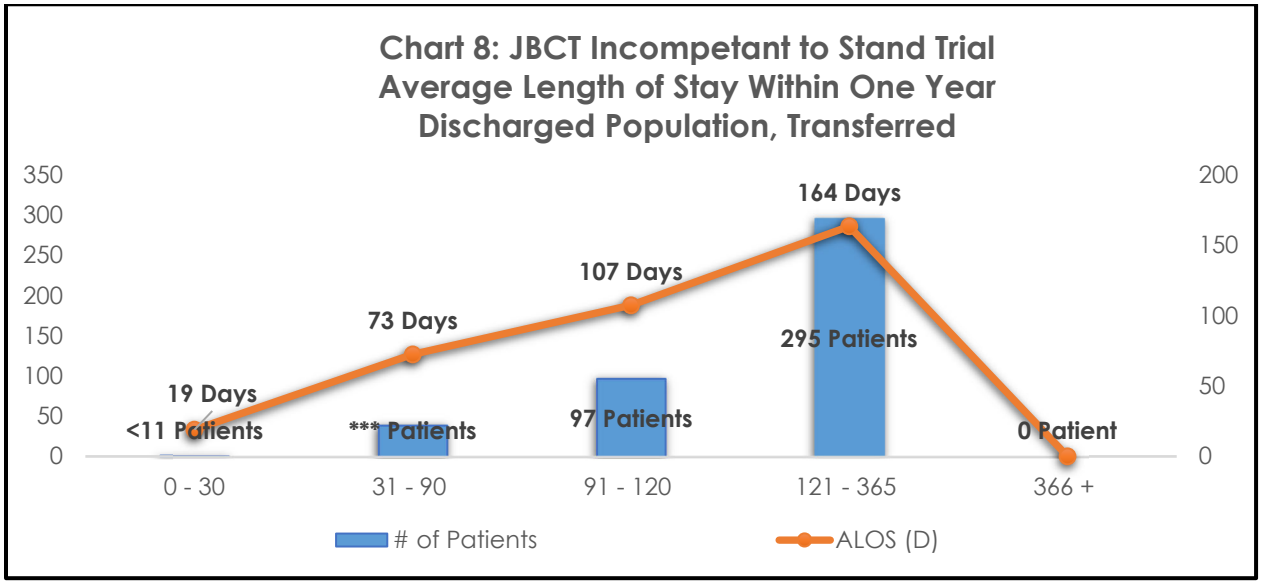


*Chart 8. Data has been de-identified in accordance with the California Health and Human Services Agency Data De-Identification Guidelines. Values are aggregated and masked to protect confidentiality of the individuals summarized in the data. Counts between 1-10 are masked with "<11". Complementary masking is applied using "***" where further de-identification is needed to prevent the ability of calculating the de-identified number.*

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 (LA) 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 400+ 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 2021-22, CBR successfully off-ramped 55 patients. Chart 9 below displays the number of patients found competent monthly in CBR's off-ramp assessment.

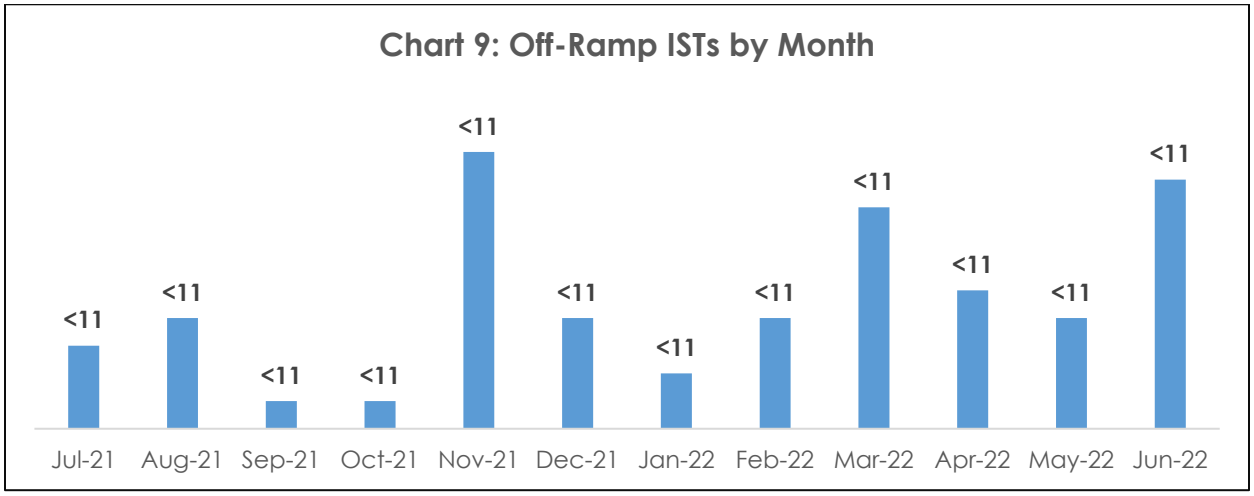


Chart 9. Data has been de-identified in accordance with the California Health and Human Services Agency Data De-Identification Guidelines. Values are aggregated and masked to protect confidentiality of the individuals summarized in the data. Counts between 1-10 are masked with "<11".

Upon assessment of LA 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 the court approves conditional release, the matched provider arranges pickup of the patient and admits them into their community facility to begin treatment In FY 2021-22, 445 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 below displays the ADC by month in the various levels of care.

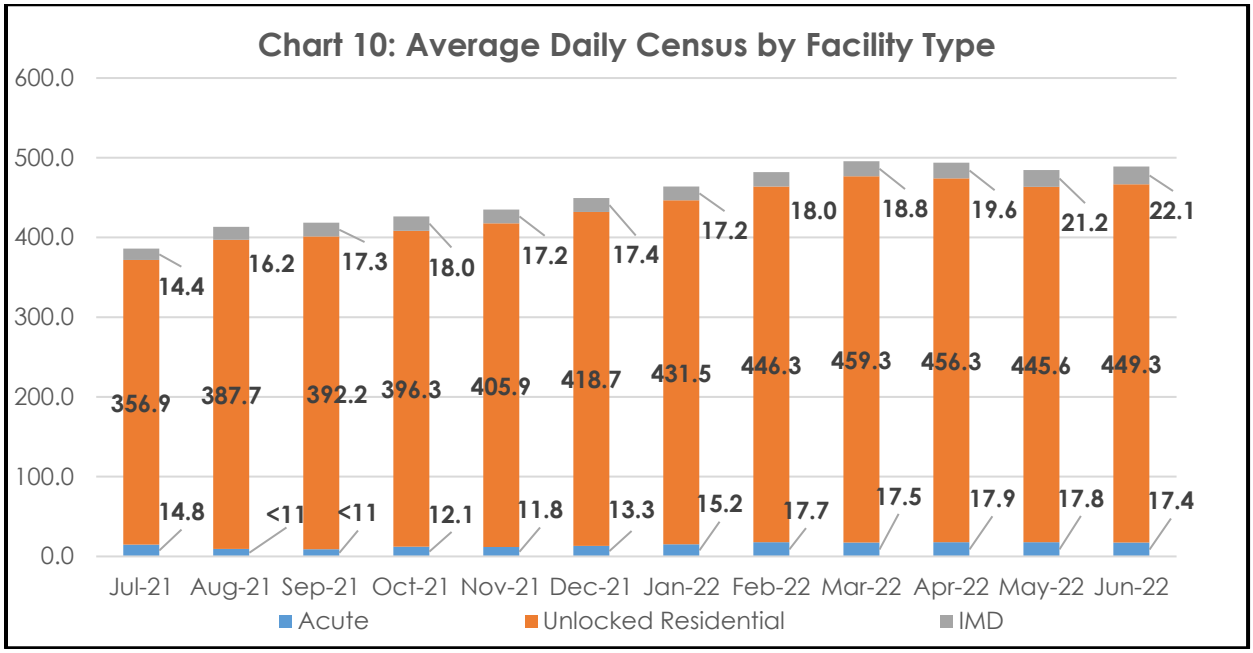


Chart 10. Data has been de-identified in accordance with the California Health and Human Services Agency Data De-Identification Guidelines. Values are aggregated and masked to protect confidentiality of the individuals summarized in the data. Counts between 1-10 are masked with "<11".

In FY 2021-22, less than 11 patients were restored to competency with an average length of treatment of 177 days.

Without the CBR program, LA County patients who have received competency assessment, off-ramp petition (n = 55), or conditional release and admission to a community facility (n = 445), would continue as referrals to DSH and continue awaiting an available bed 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, 87 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 15 percent were conserved under WIC 5008(h)(1)(B) (Murphy Conservatorship). The remaining LPS population within DSH was comprised of the other four legal statutes under the LPS Act.

The following are the various LPS commitments, and their corresponding citation in code:

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.
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 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 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 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)
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 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 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 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 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 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 6552[1]	Voluntary application as Juvenile court ward to be treated for a mental disorder at a state hospital (VJCW)

[1]During Fiscal Year (FY) 2021-22, 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 below displays DSH LPS population including Murphy Conservatorship. A subset of Murphy Conservatorship data can be found on page 6. In Fiscal Year (FY) 2021-22, 105 LPS patients were referred to the state hospitals, a 7 percent decrease from FY 2020-21.

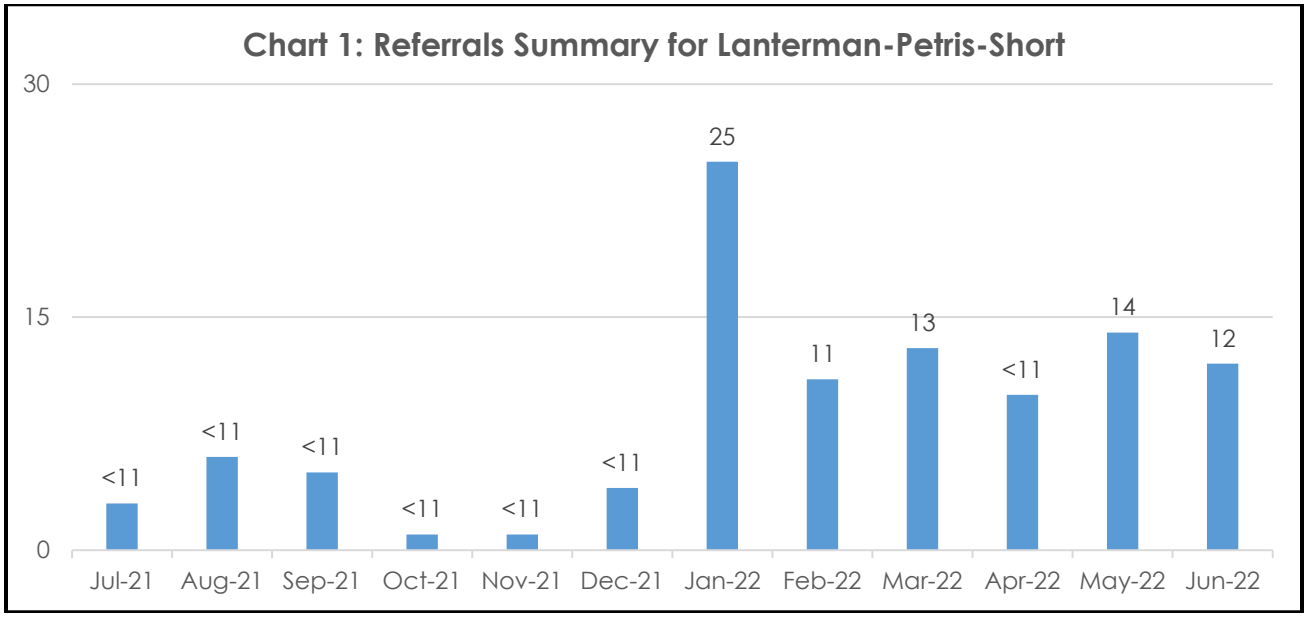


Chart 1. Data has been de-identified in accordance with the California Health and Human Services Agency Data De-Identification Guidelines. Values are aggregated and masked to protect confidentiality of the individuals summarized in the data. Counts between 1-10 are masked with "<11".

Over the course of FY 2021-22, 23 LPS patients were admitted into a state hospital. Chart 2 displays the referrals, admissions, and total patients served for the LPS population in FY 2020-21 and FY 2021-22

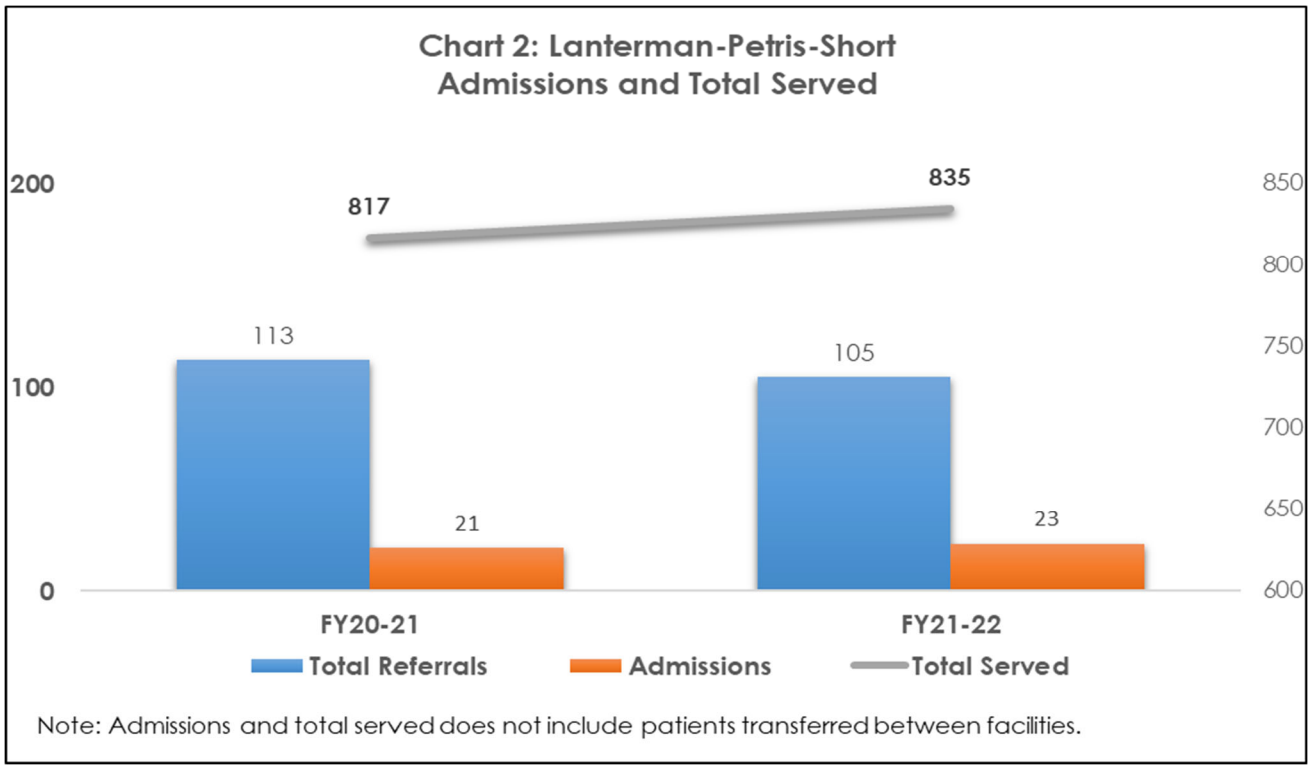
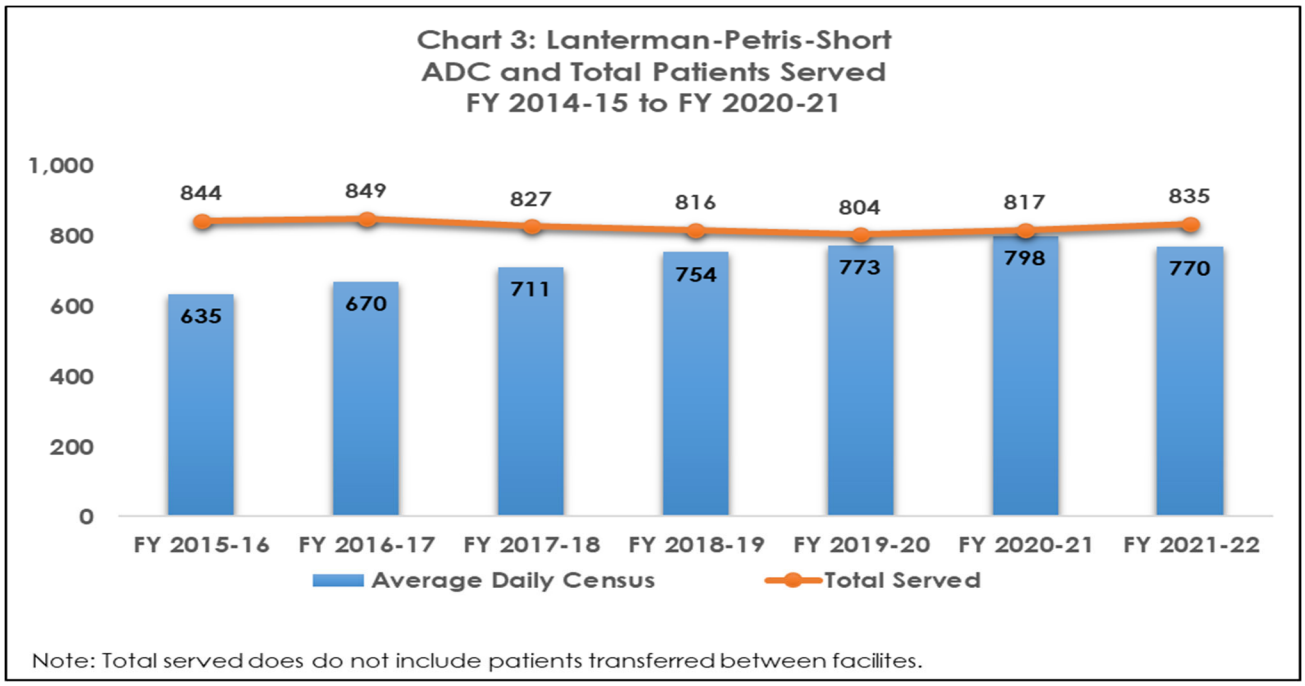
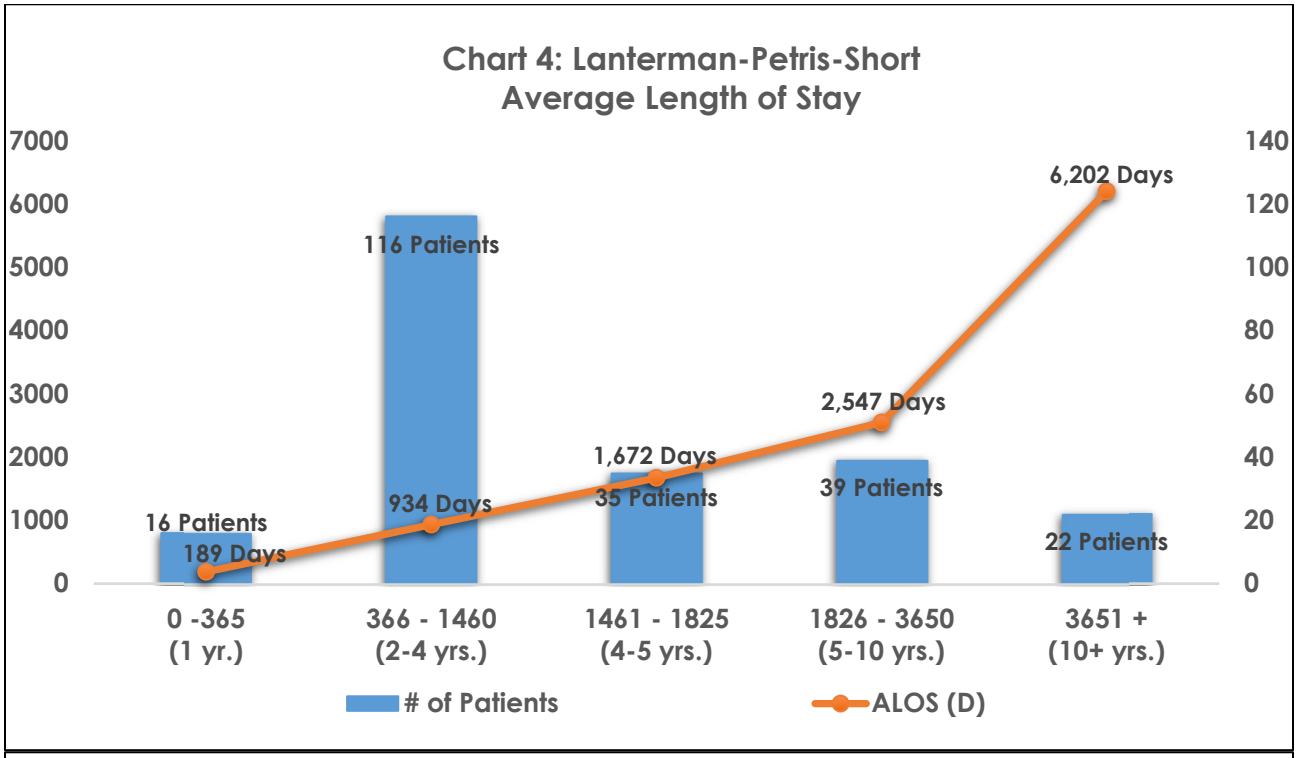
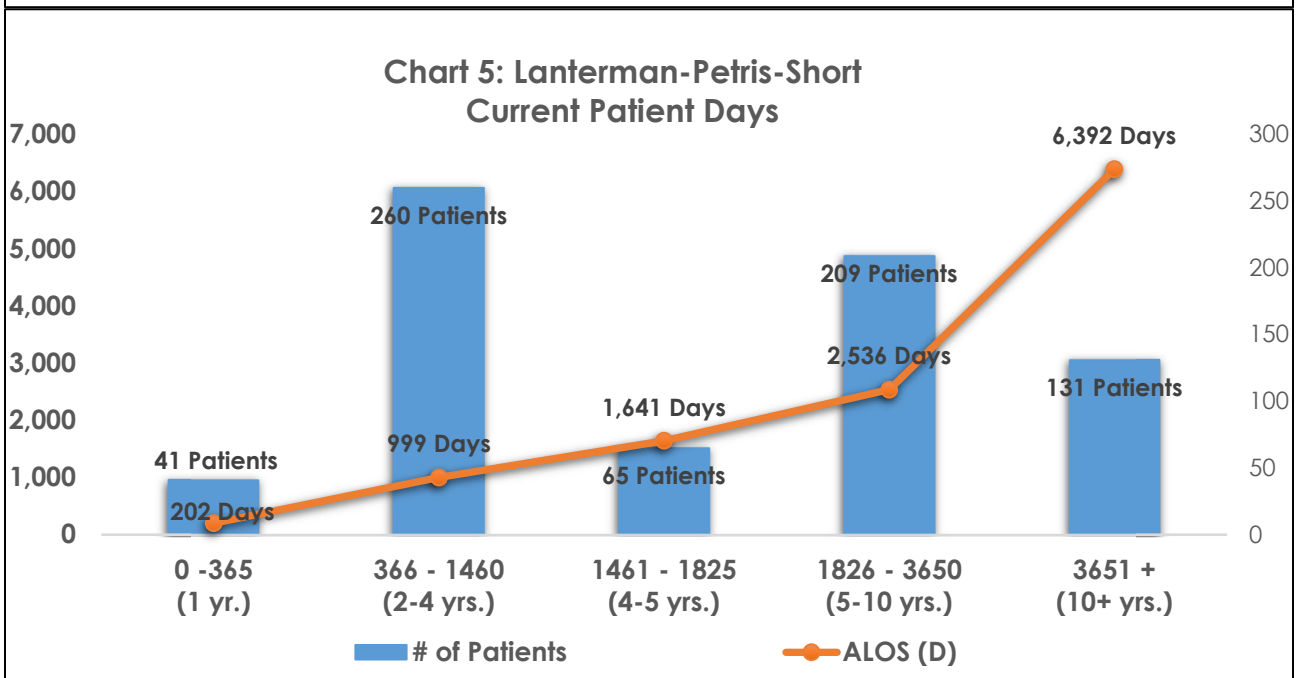


Chart 3 below displays the average daily census (ADC) and total number of patients served for the LPS population during FY 2015-16 to FY 2021-22. On average, 770 LPS patients are treated daily in the state hospitals, representing 13 percent of the overall patient population. As of June 30, 2022, the system wide LPS census was 706.



In FY 2021-22, 228 LPS patients were discharged with an average length of stay of 4.9 years. Chart 4 below 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, 2022.





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 if all of the following exist: (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 2021-22, 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 2020-21 and FY 2021-22.

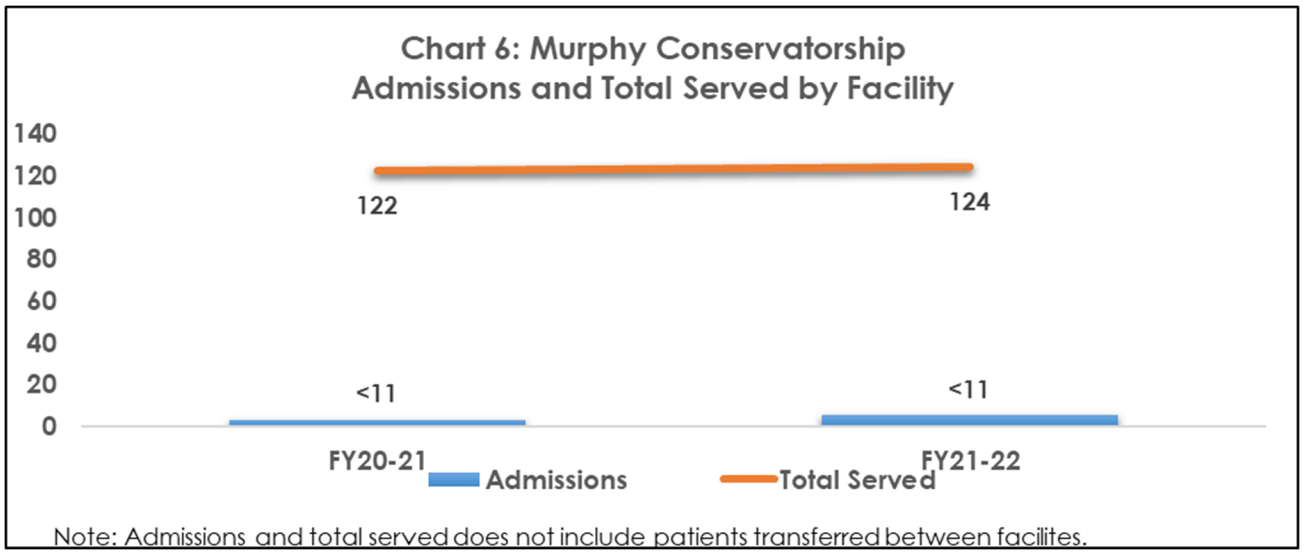
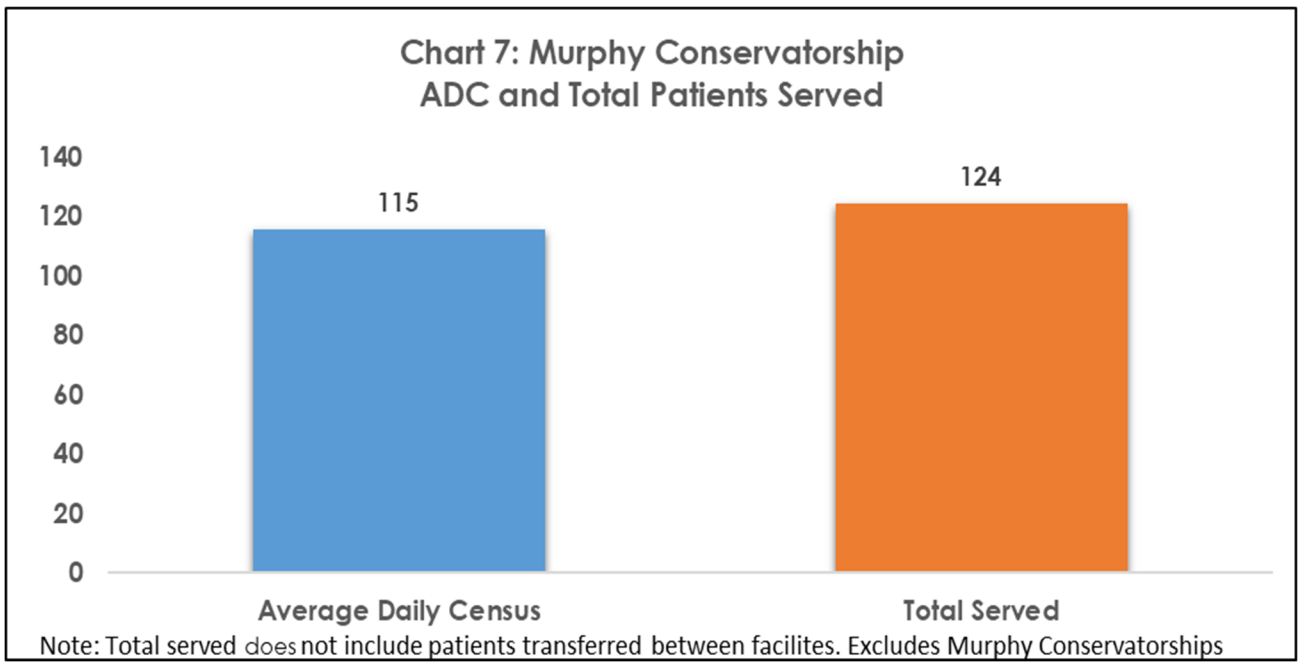


Chart 6. Data has been de-identified in accordance with the California Health and Human Services Agency Data De-Identification Guidelines. Values are aggregated and masked to protect confidentiality of the individuals summarized in the data. Counts between 1-10 are masked with "<11".

On average, 115 Murphy Conservatorship patients are treated daily in the state hospitals, representing 2 percent of the overall patient population in FY 2021-22. Chart 7 displays the average daily census (ADC) and total number of patients served for the MURCON population in FY 2021-22. As of June 30, 2022, the system wide MURCON census was 113.



In FY 2021-22, 11 MURCON patients were discharged with an average length of stay of 6.7 years. Chart 8 displays the distribution of lengths of stay for all discharged MURCON patients.

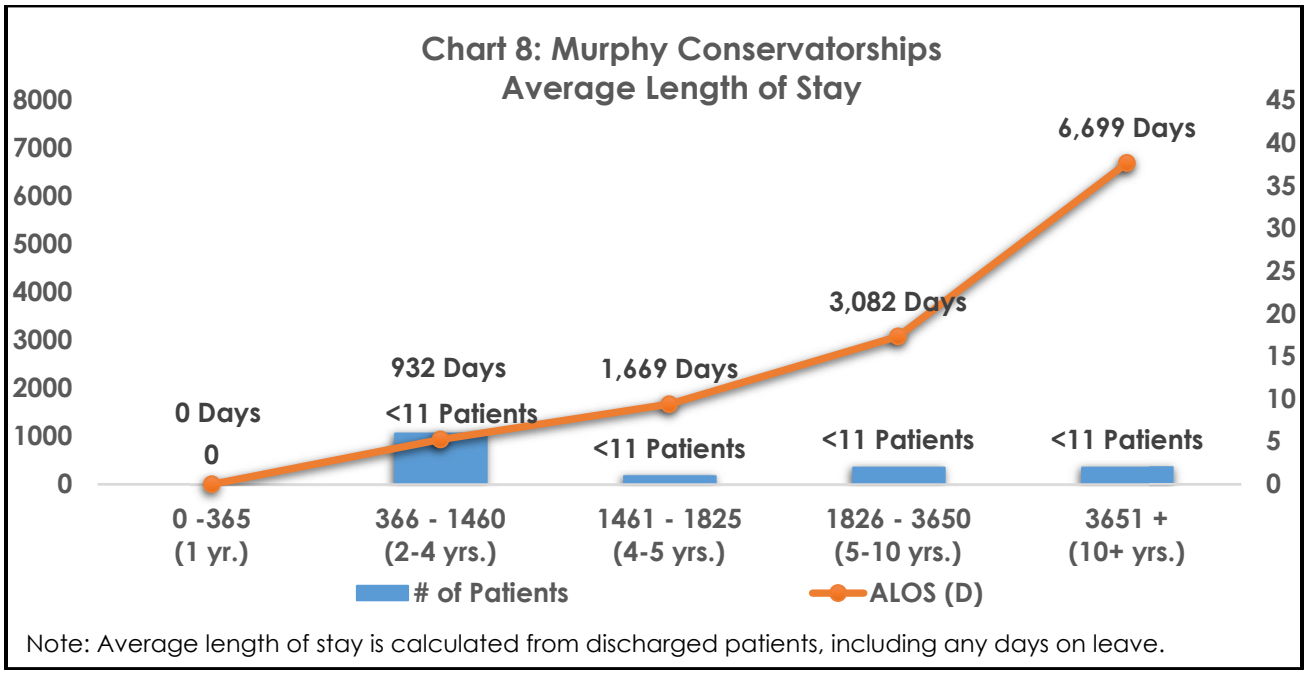
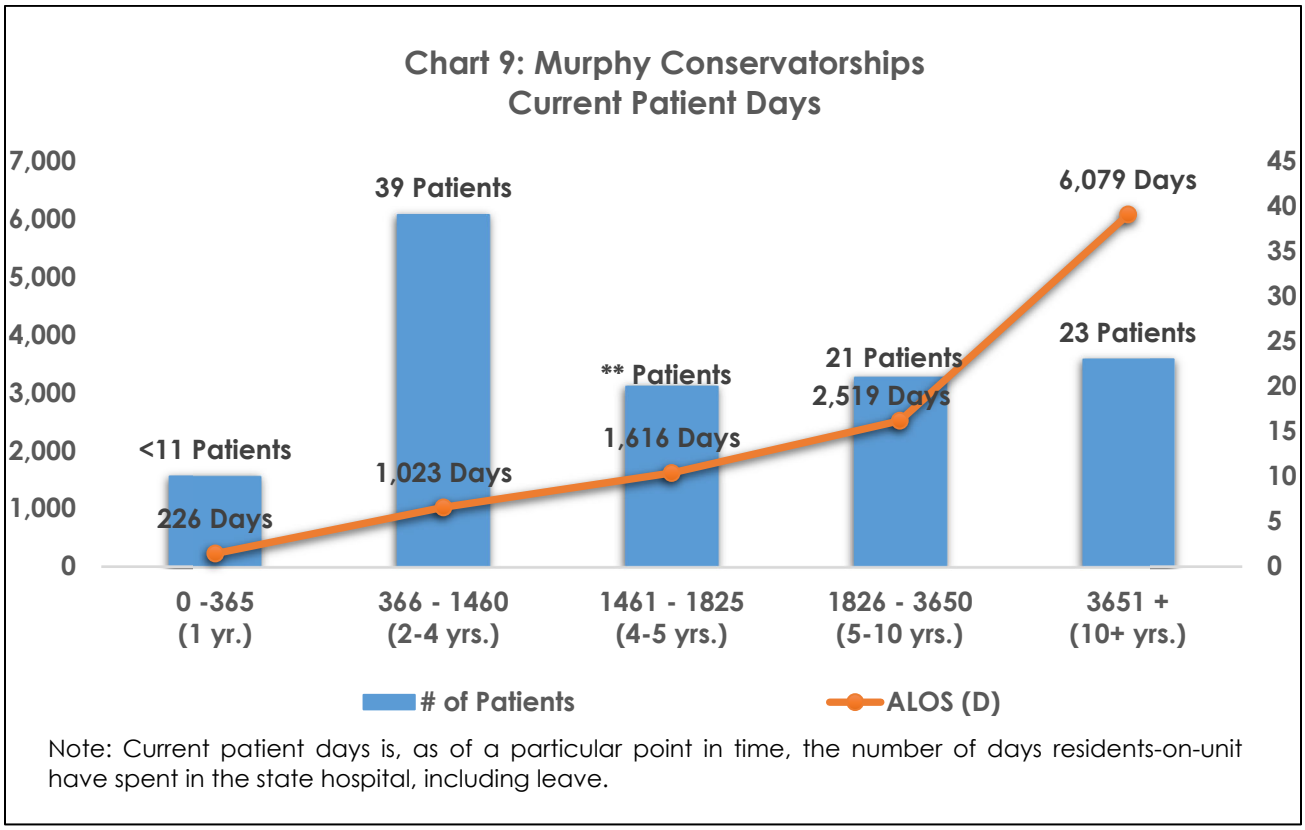


Chart 8. Data has been de-identified in accordance with the California Health and Human Services Agency Data De-Identification Guidelines. Values are aggregated and masked to protect confidentiality of the individuals summarized in the data. Counts between 1-10 are masked with "<11".

Chart 9 displays the distribution of patient days for those MURCON patients who remain residents on unit as of June 30, 2022.



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.

Chart 9. Data has been de-identified in accordance with the California Health and Human Services Agency Data De-Identification Guidelines. Values are aggregated and masked to protect confidentiality of the individuals summarized in the data. Counts between 1-10 are masked with "<11".

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. If 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) 2021-22, 404 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 2021-22, 96 NGI patients were committed to the state hospitals, a 23 percent increase from FY 2020-21. Chart 1 below depicts the monthly referrals of NGI patients to DSH.

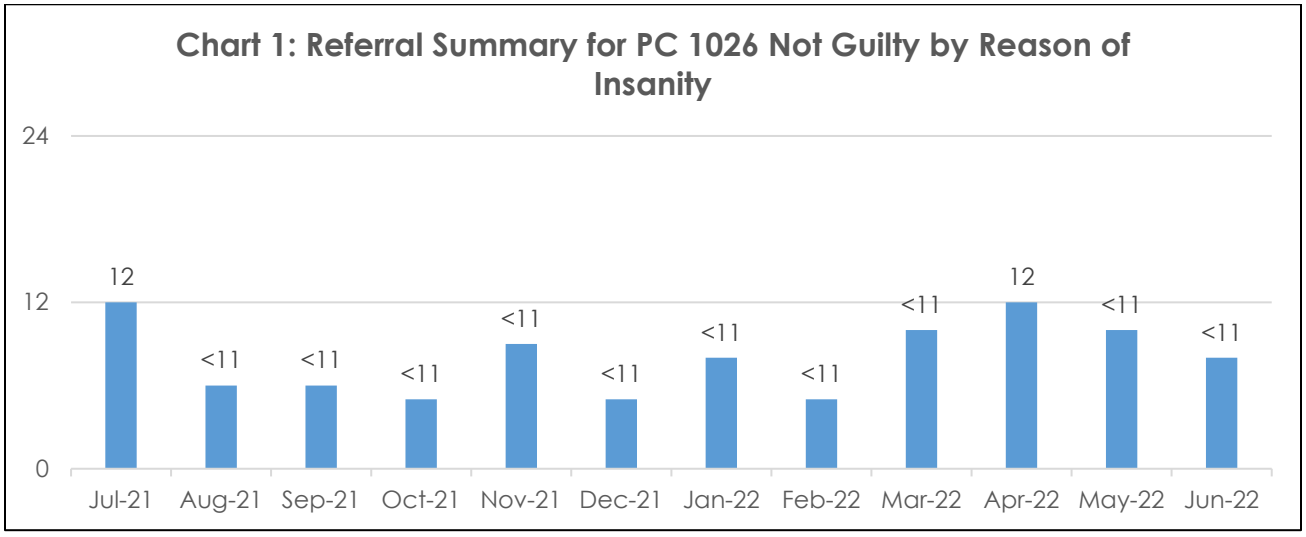
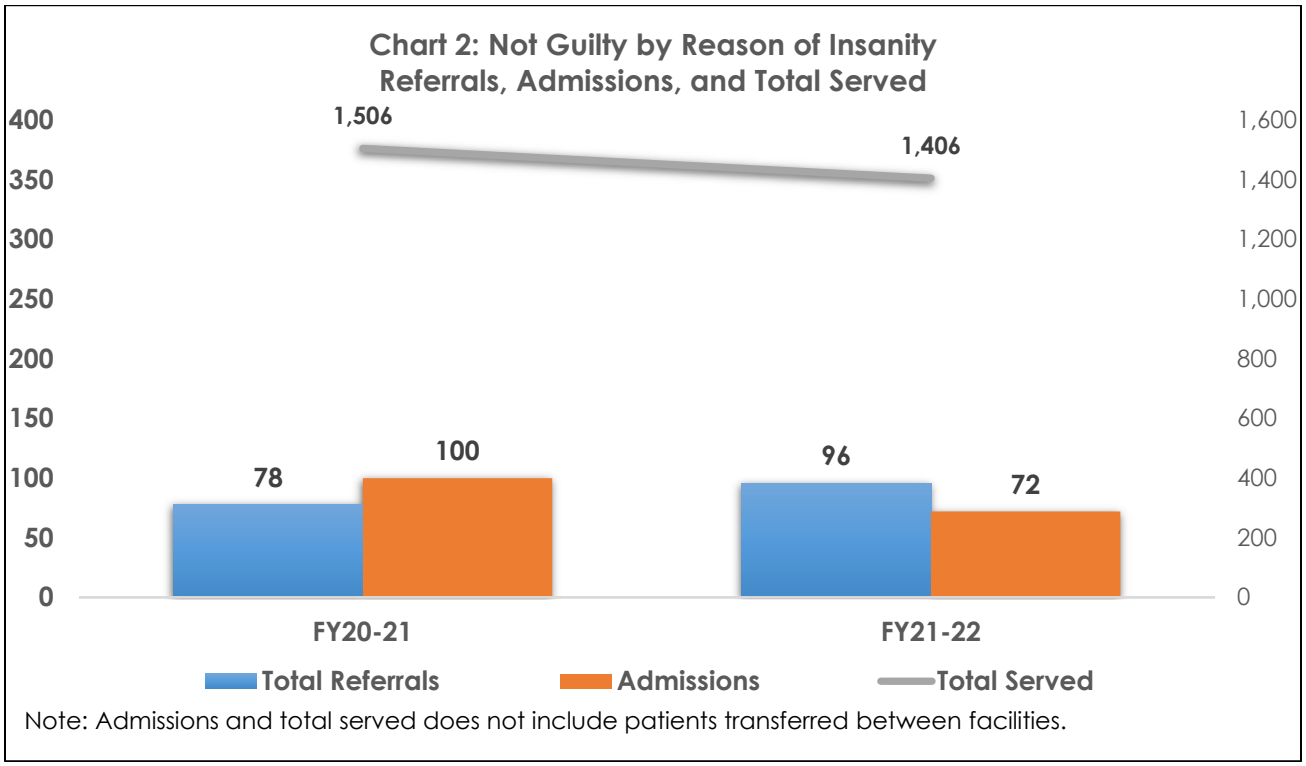


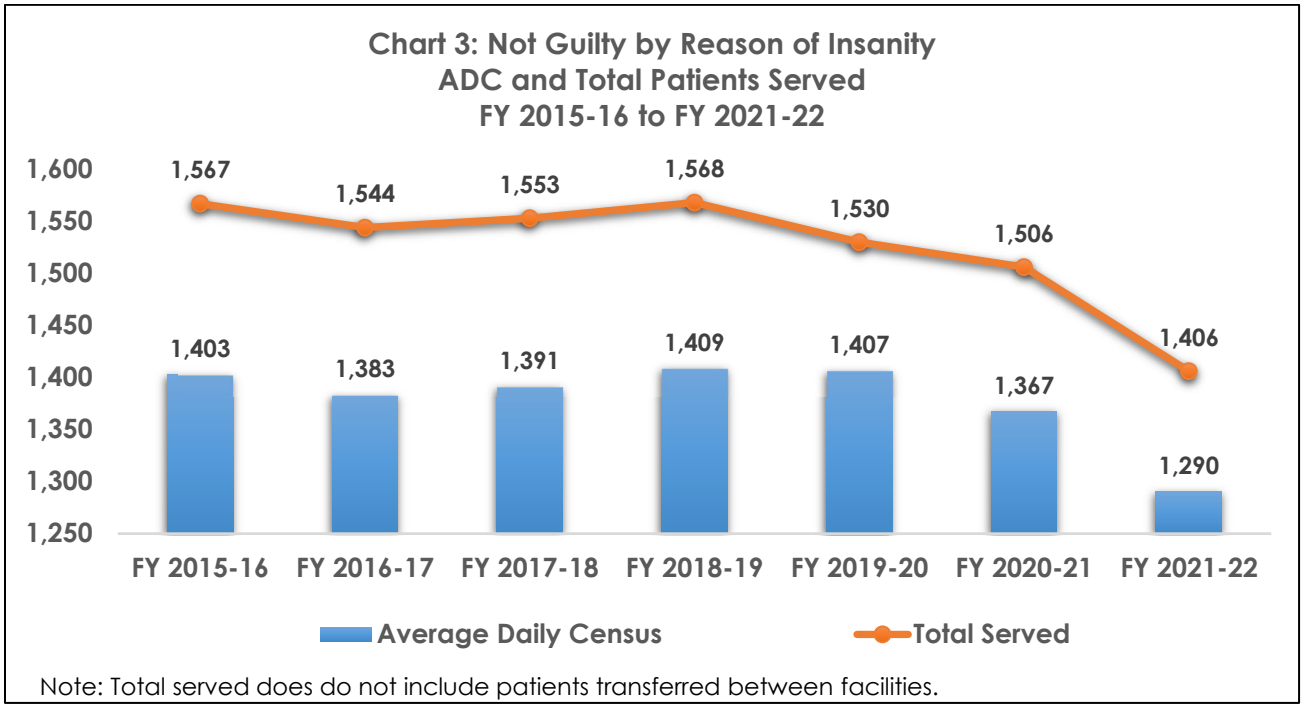
Chart 1. Data has been de-identified in accordance with the California Health and Human Services Agency Data De-Identification Guidelines. Values are aggregated and masked to protect confidentiality of the individuals summarized in the data. Counts between 1-10 are masked with "<11".

Over the course of FY 2021-22, 72 NGI patients were admitted into a state hospital which is a decrease of 28 percent from the prior year. Chart 2 below displays the referrals, admissions and total patients served for the NGI population for FY 2020-21 and FY 2021-22.



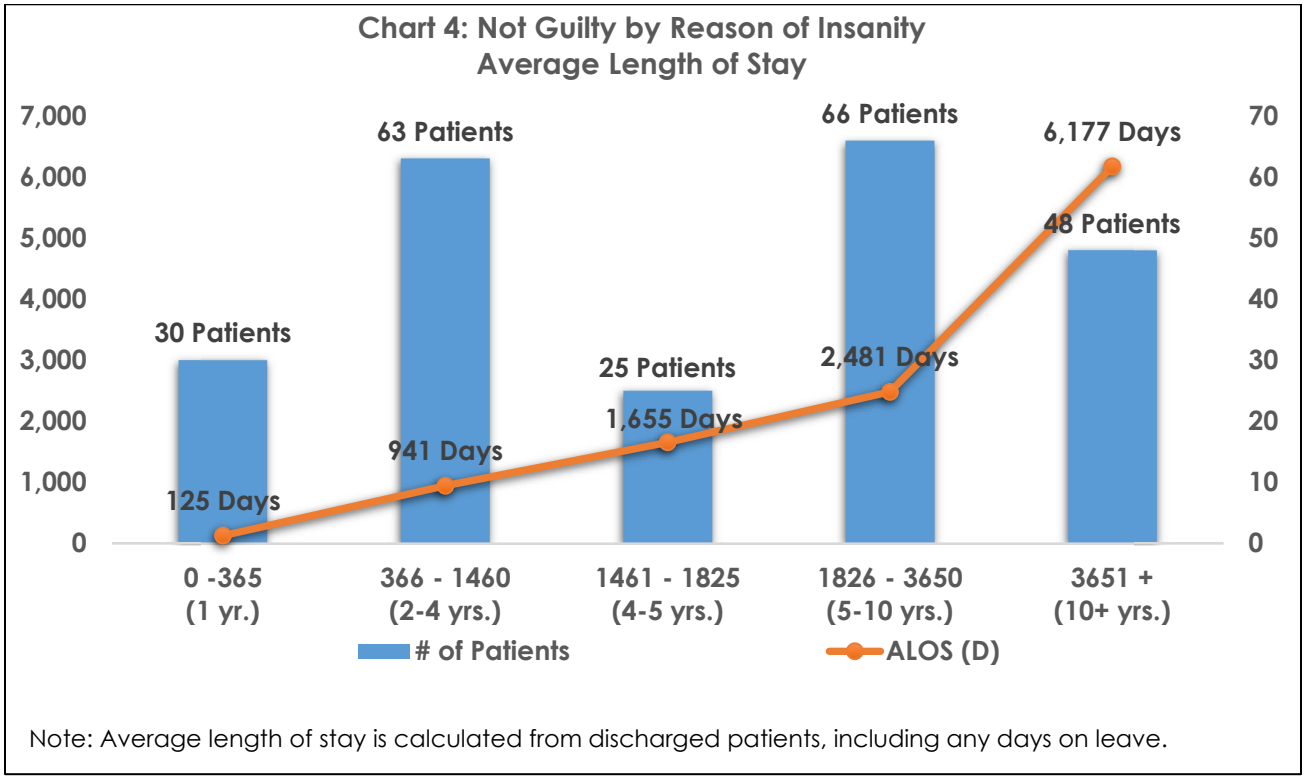
Note: Admissions and total served does not include patients transferred between facilities.

Chart 3 below displays the average daily census (ADC) and total number of patients served for the NGI population during FY 2015-16 to FY 2021-22. On average, 1,290 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 7 percent less patients in FY 2021-22 than in the prior year. As of June 30, 2022, the system-wide NGI census was 1,247 patients.



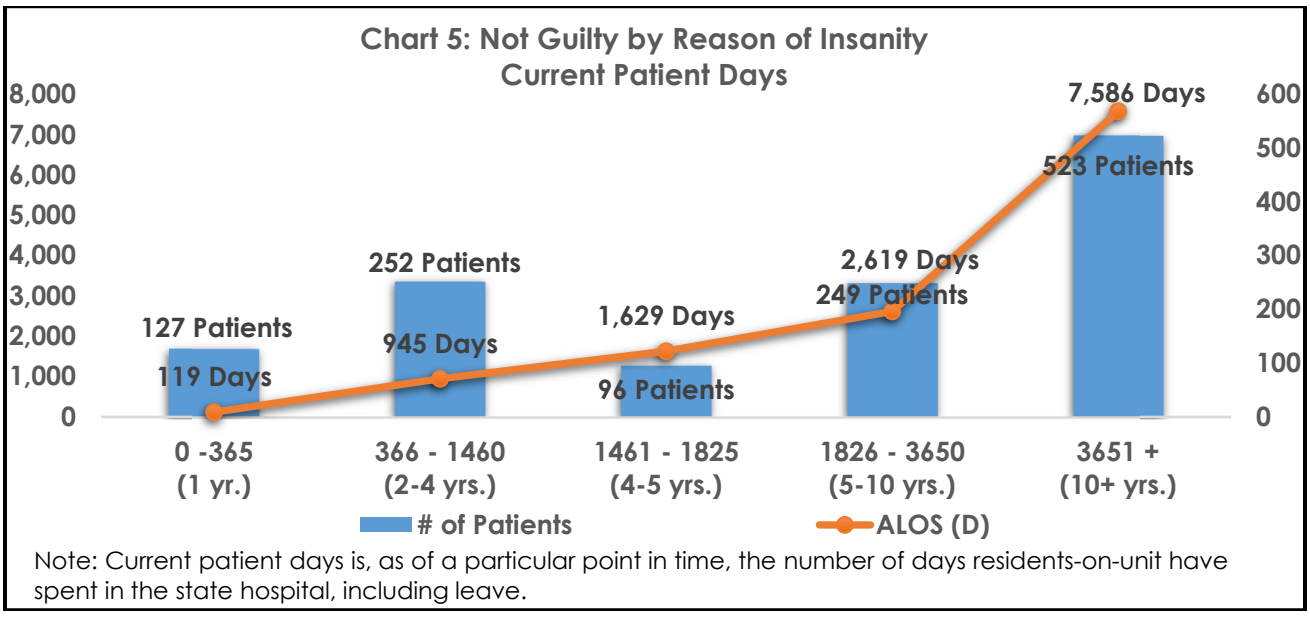
Note: Total served does do not include patients transferred between facilities.

In FY 2021-22, 232 NGI patients were discharged with an average length of stay of 6.7 years. Chart 4 below 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 1,247 NGI patients who continue to reside at DSH as of June 30, 2022 have been there for 4,033 days, or 11 years. These days will continue to accrue until the individual NGI patients have been discharged. Chart 5 below displays the distribution of patient days for all NGI residents on unit as of June 30, 2022.



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 lists 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 Statue 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 BPH. 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.

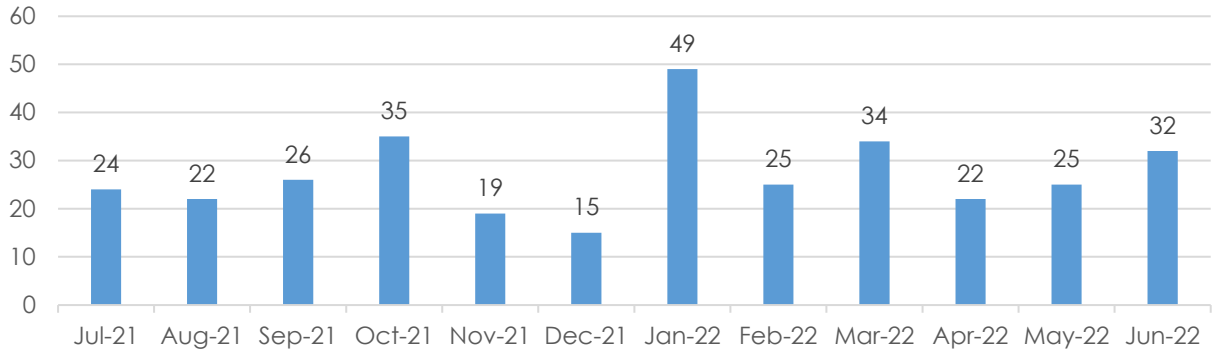
The focus of treatment for the OMD population involves helping patients increase their ability to safely and effectively manage symptoms associated with their mental illness and prepare them for eventual transfer to the CONREP. Another area of focus is substance abuse treatment since a history of substance 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)

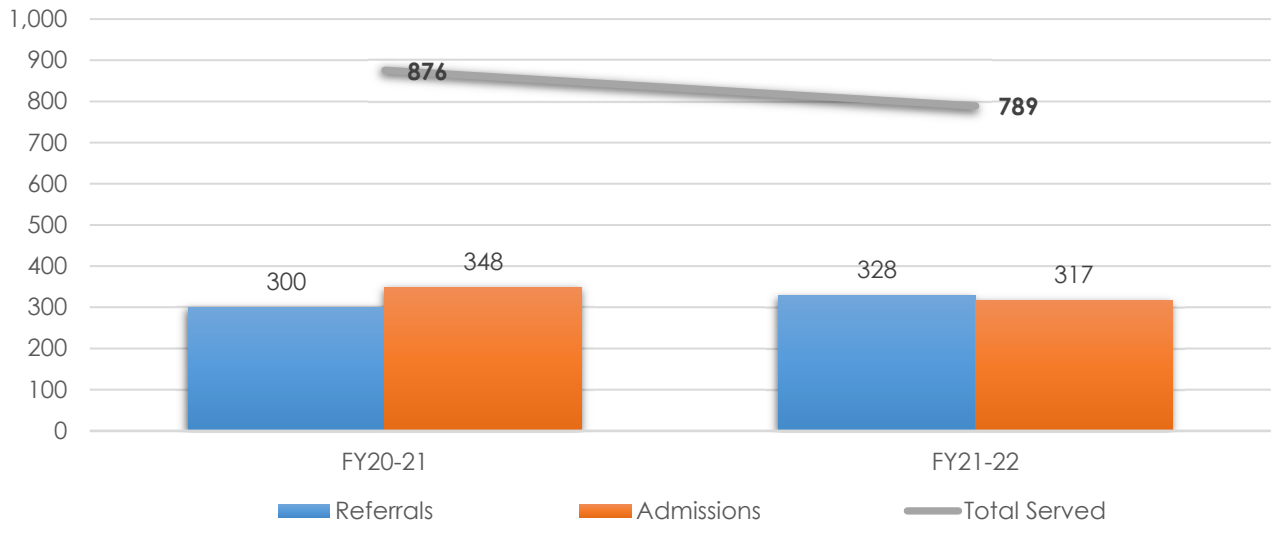
In fiscal year (FY) 2021-22, 328 PC 2962/2964a OMD patients were committed to the state hospitals, a 9 percent increase from FY 2020-21.

Chart 1: Referrals Summary for PC 2962/2964a Offenders with a Mental Health Disorder



Over the course of FY 2021-22, 317 PC 2962/2964a OMD patients were admitted into a state hospital. Chart 2 below displays the referrals, admissions and total patients served for the PC 2962/2964a OMD population in FY 2021-22.

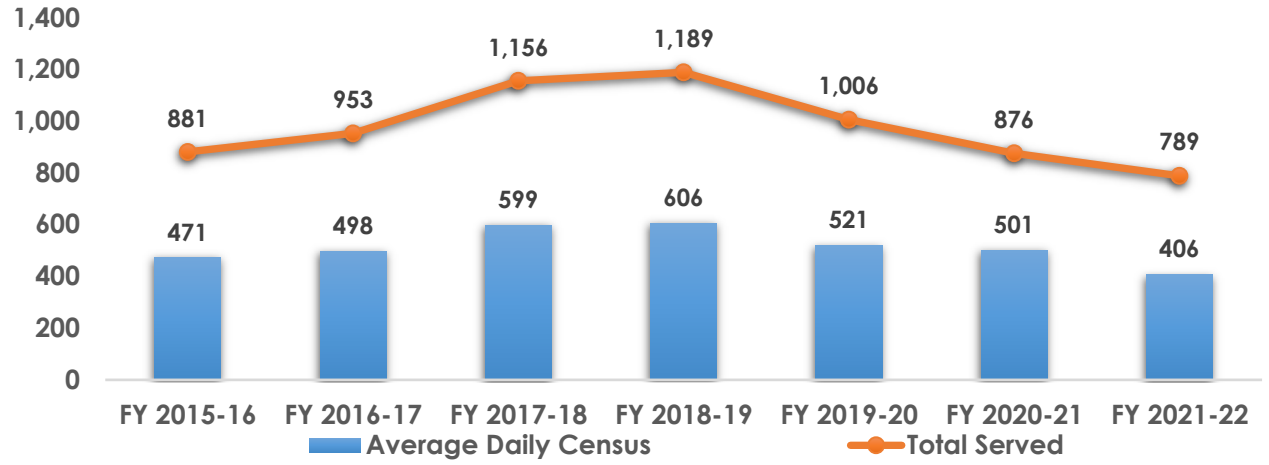
Chart 2: PC 2962/2964a Offenders with a Mental Health Disorder Admissions and Total Served



Note: Admissions and total served does not include patients transferred between facilities.

Chart 3 below displays the average daily census (ADC) and total number of patients served for the PC 2962/2964a OMD population during FY 2015-16 to FY 2021-22. On average, 406 PC 2962/2964a OMD patients are treated daily in the state hospitals, representing 7 percent of the overall patient population. As of June 30, 2022, the system-wide PC 2962/2964a OMD census was 388 patients.

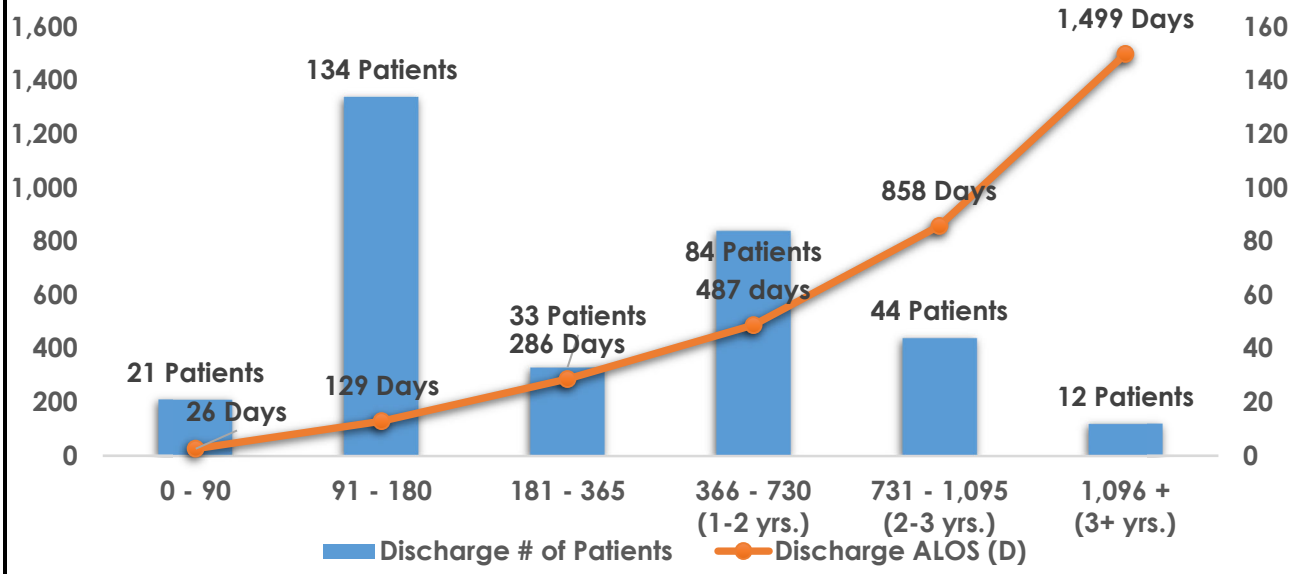
Chart 3: PC 2962/2964a Offenders with a Mental Health Disorder ADC and Total Served FY 2015-16 to FY 2021-22



Note: Total served does do not include patients transferred between facilities.

Chart 4 below displays the distribution of lengths of stay for all discharged PC 2962/2964a OMD patients. In FY 2021-22, 328 PC 2962/2964a OMD patients were discharged with an average length of stay of 437 days, a little more than 1 year.

Chart 4: PC2962/2964a Offenders with a Mental Health Disorder Average Length of Stay

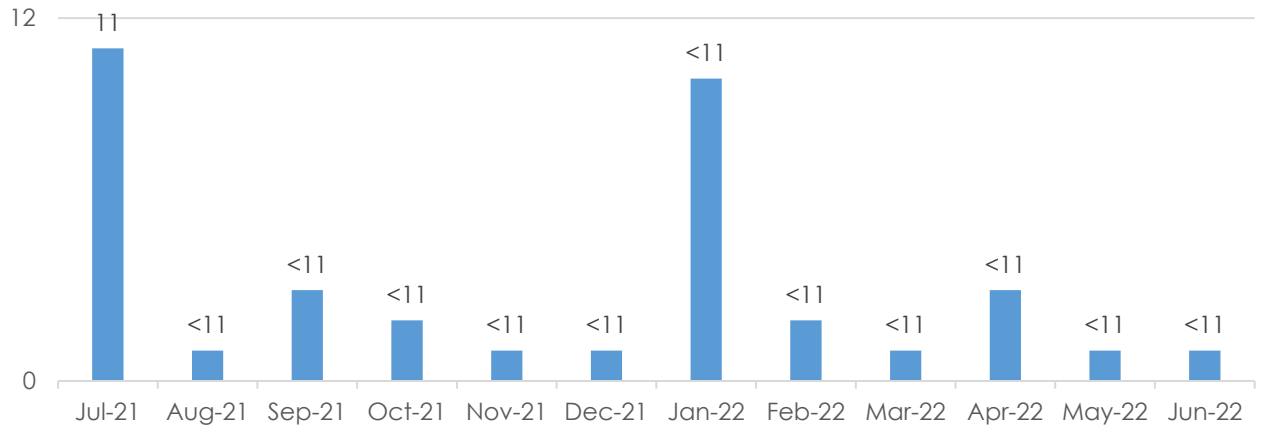


Note: Average length of stay is calculated from discharged patients, including any days on leave.

PC 2972 Offenders with a Mental Health Disorder (OMD)

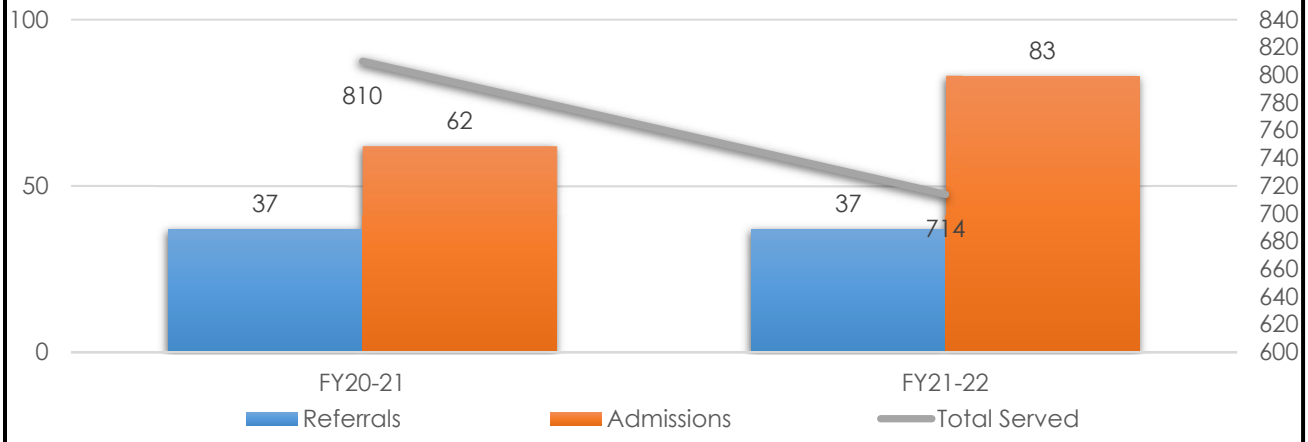
In FY 2021-22, 37 PC 2972 OMD patients were committed to the state hospital, a zero percent increase from FY 2020-21.

Chart 5: Referrals Summary for PC 2972 Offenders with a Mental Health Disorder



Over the course of FY 2021-22, 83 PC 2972 OMD patients were admitted, including transfer admissions, to a state hospital. Chart 6 below displays the referrals, admissions and total patient served for the PC 2972 OMD population in FY 2021-22.

Chart 6: PC 2972 Offenders with a Mental Health Disorder Admissions and Total Served

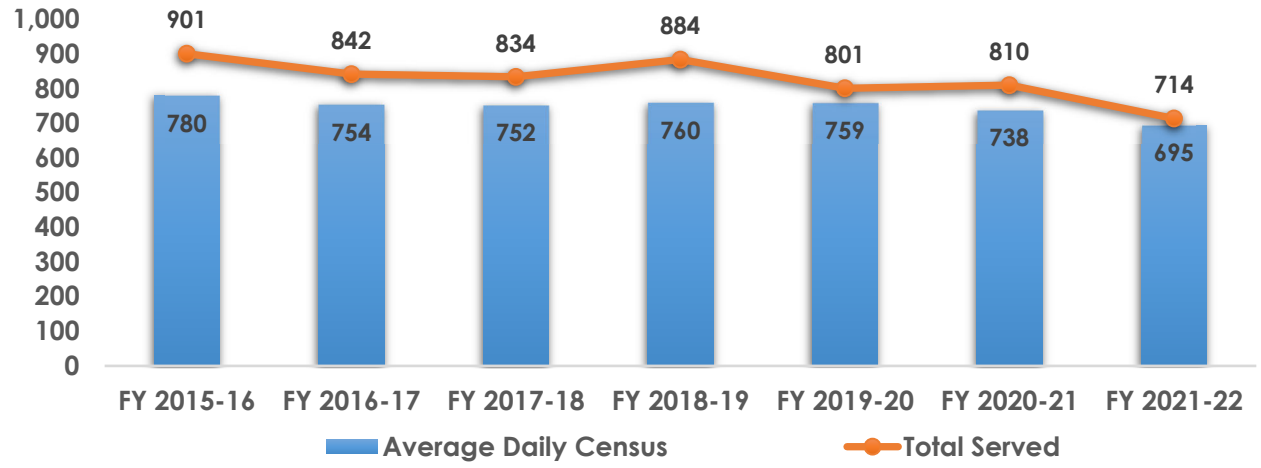


Note: Admissions and total served does include patients transferred between facilities.

Chart 7 displays the ADC and total number of patients served for the PC 2972 OMD population during FY 2015-16 to FY 2021-22. On average, 695 PC 2972 OMD patients are treated daily in the state hospitals, representing 12 percent of the overall patient

population. As of June 30, 2022, the system-wide PC 2972 OMD census was 674 patients.

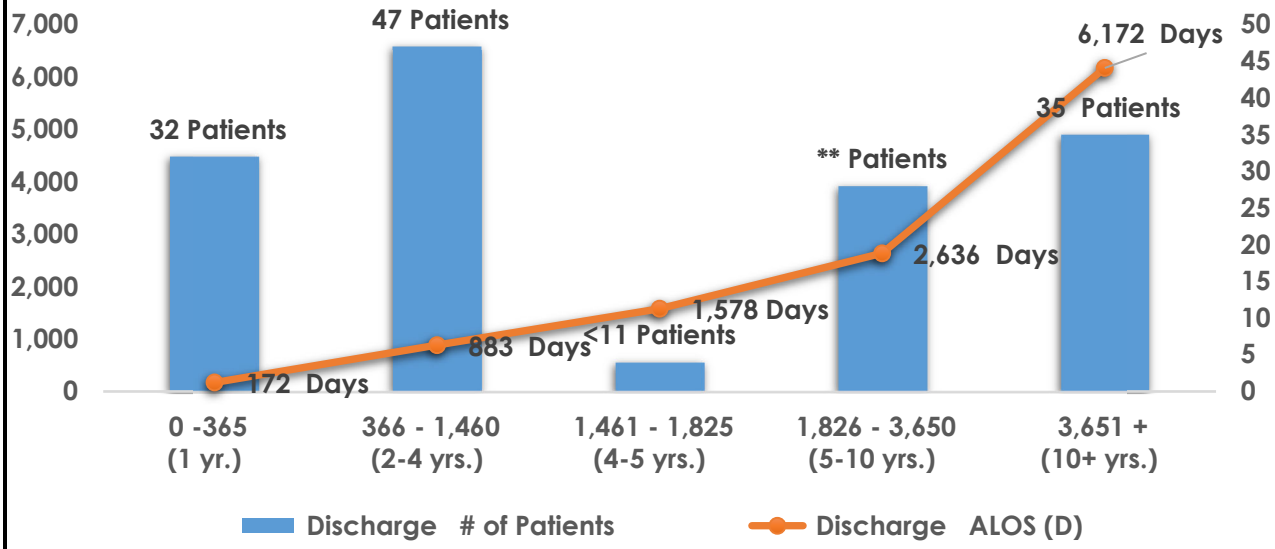
Chart 7: PC 2972 Offenders with a Mental Health Disorder ADC and Total Served FY 2015-16 to FY 2021-22



Note: Total served does include patients transferred between facilities.

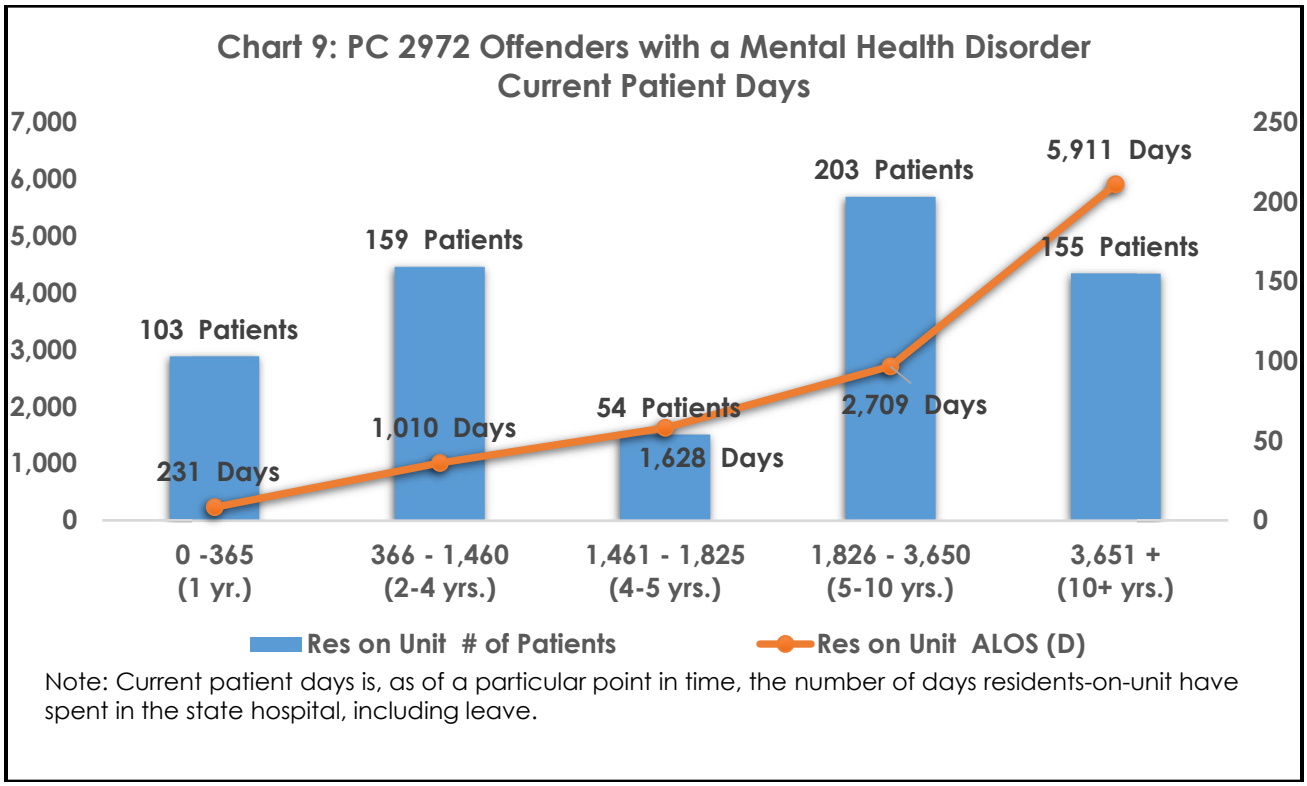
In FY 2021-22, 146 PC 2972 OMD patients were discharged with an average length of stay of 6 years. Chart 8 below displays the distribution of lengths of stay for all discharged PC 2972 OMD patients.

Chart 8: PC 2972 Offenders with a Mental Health Disorder Average Length of Stay



Note: Average length of stay is calculated from discharged patients, including any days on leave.

Chart 9 below displays the distribution of patient days for all PC 2972 OMD residents on unit as of June 30, 2022. On average, the 674 PC 2972 OMD patients who continue to reside at DSH as of June 30, 2022, have been there for 2,579 days or a little over 7 years; these days will continue to accrue until the individual PC 2972 OMD patients have been discharged.



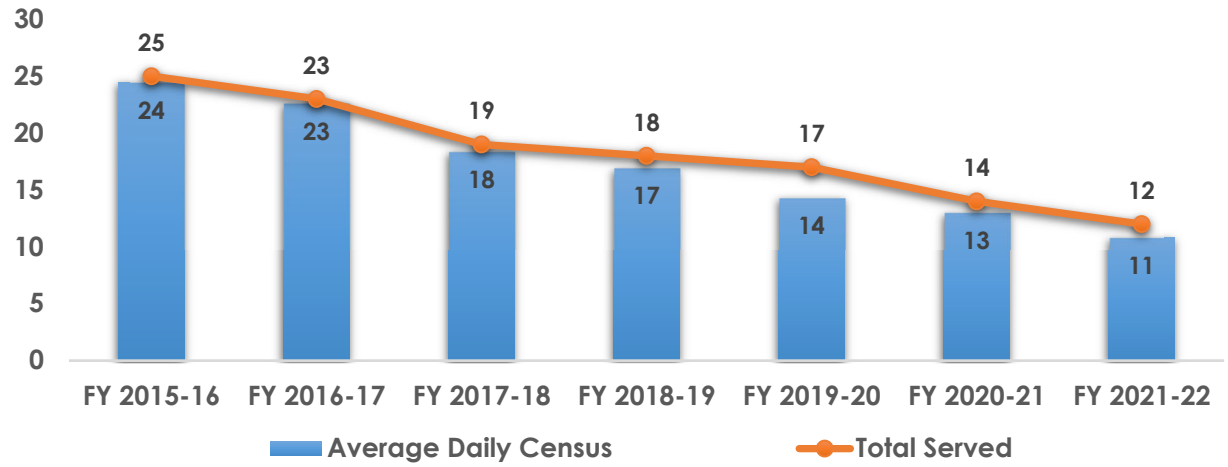
Note: Current patient days is, as of a particular point in time, the number of days residents-on-unit have spent in the state hospital, including leave.

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 below displays the ADC and total number of patients served for the WIC 6316 MDSO population during FY 2015-16 to FY 2021-22. On average, 11 WIC 6316 MDSO patients are treated daily in the state hospitals, representing 0.2 percent of the overall patient population. As of June 30, 2022, the system-wide WIC 6316 MDSO census was less than 11 patients.

Chart 10: WIC 6316 Offenders with a Mental Health Disorder ADC and Total Served FY 2015-16 to FY 2021-22



Note: Total served does do not include patients transferred between facilities.

In FY 2021-22, WIC 6316 MDSO patients that discharged had an average length of stay of over 2 years. For the 10 WIC 6316 MDSO patients who continue to reside at DSH, they have been there for 3,777 days, or a little over 10 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. If the judge determines probable cause exists, the individual will remain in a secured facility until a trial for the determination of WIC 6604 is completed.
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 an SVP
PC 1610	Temporary admission while waiting for court revocation of Sexually Violent Predator commitment

[1]During Fiscal Year (FY) 2020-21, this population was not served in the state hospitals.

Legal Requirements/Legal Statue 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.

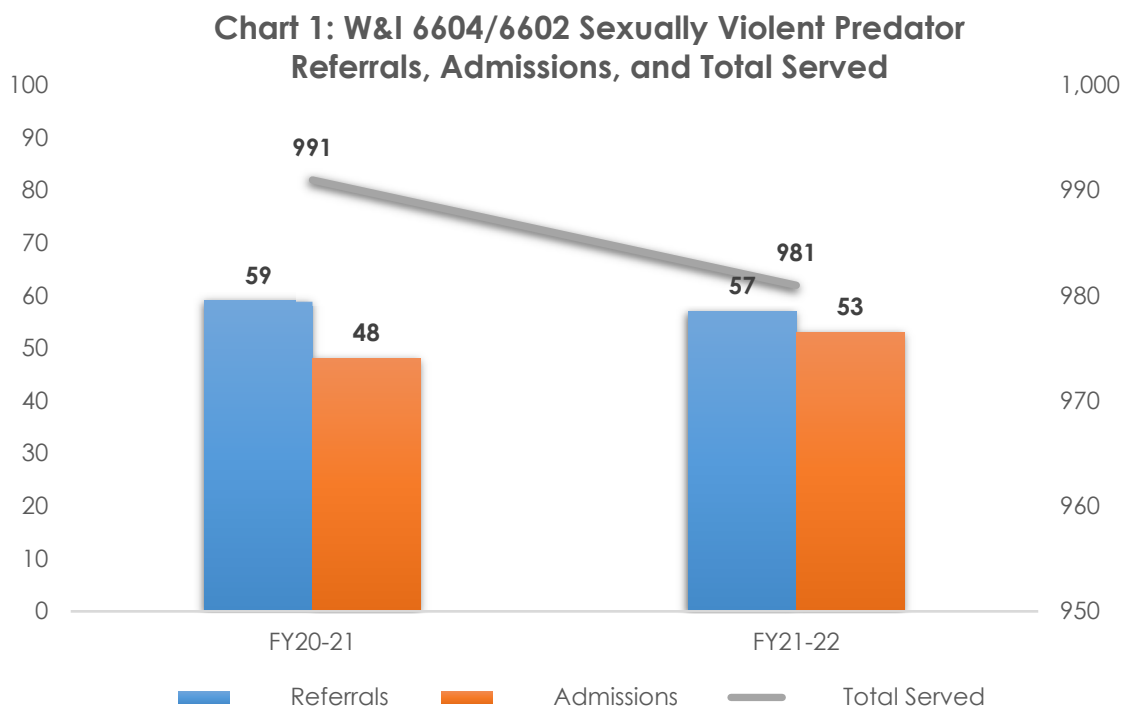
Before being recommended for release, the SVP patient must demonstrate long-term stability and adherence to treatments, as well as demonstrate an understanding of their sexual violence risk factors and patterns of thinking that relates to their criminal activity patterns. Furthermore, the SVP patient 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.

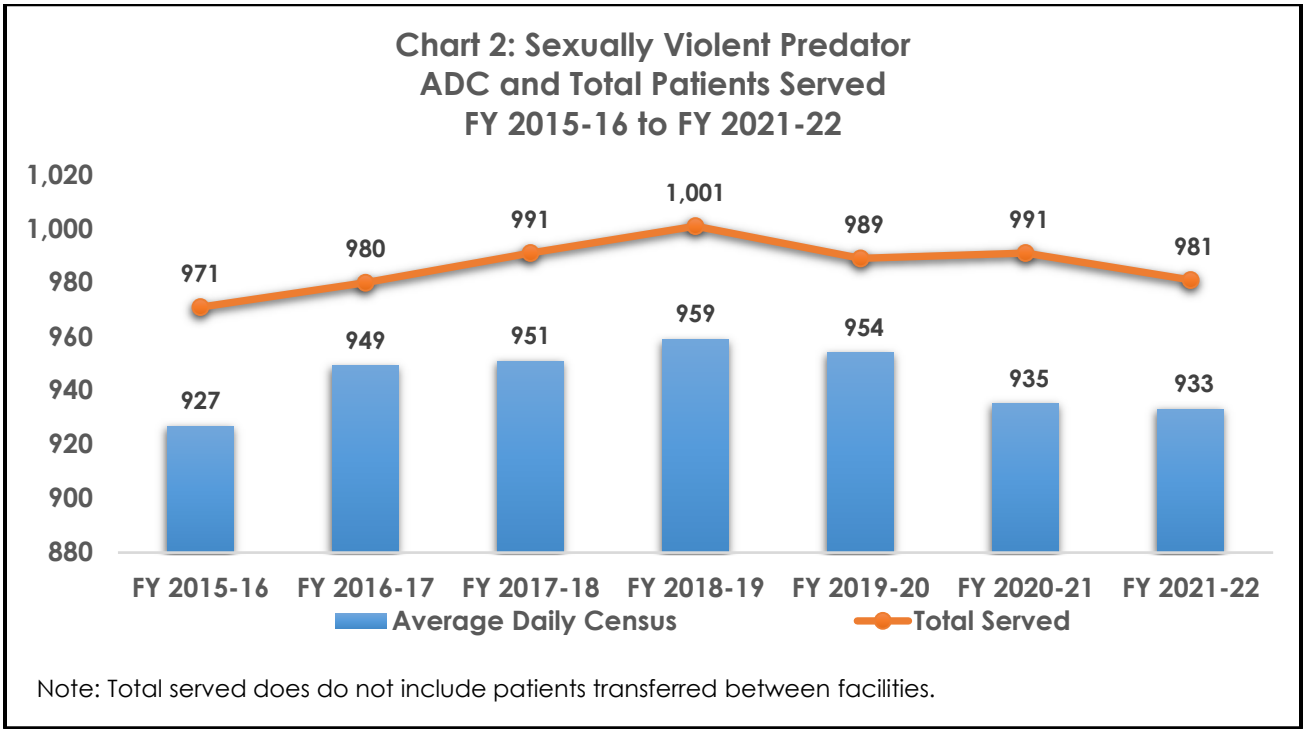
Population Data

In Fiscal Year (FY) 2021-22, 57 SVP patients were committed, of which 53 SVP patients were admitted into a state hospital. Chart 1 below displays the referrals, admissions, and total patients served for the SVP population in FY 2020-21 and FY 2021-22.



Note: Admissions and total served does not include patients transferred between facilities.

Chart 2 displays the average daily census (ADC) and total number of patients served for the SVP population during FY 2015-16 to FY 2021-22. On average, 933 SVP patients are treated daily in the state hospitals, representing 16 percent of the overall patient population. As of June 30, 2022, the system-wide SVP census was 955 patients.



Note: Total served does do not include patients transferred between facilities.

In FY 2021-22, 25 SVP patients were discharged with an average length of stay of 11 years. Chart 3 below displays the distribution of lengths of stay for all discharged SVP patients.

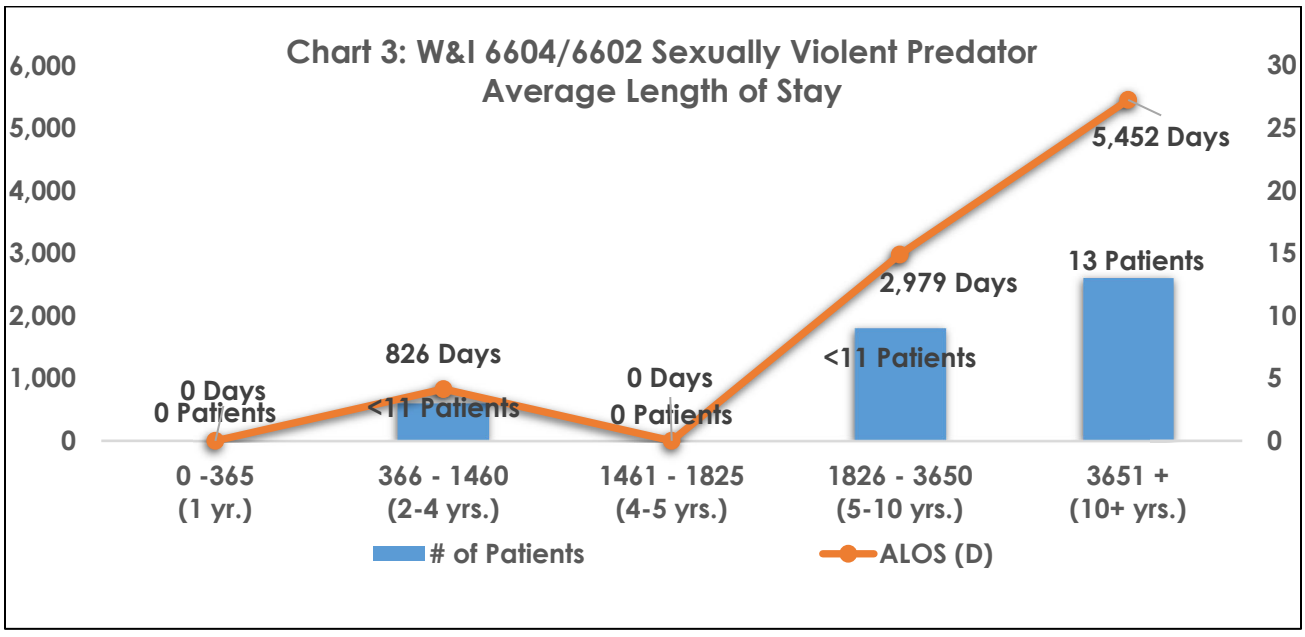
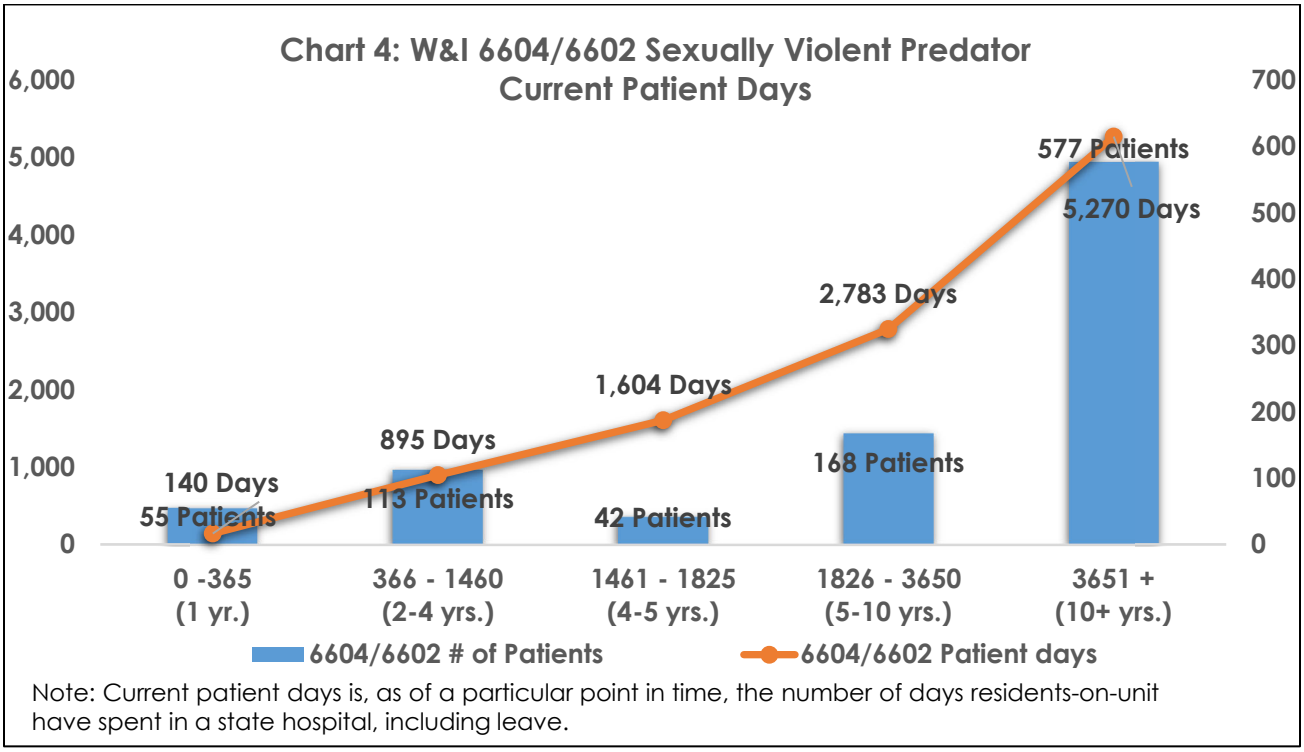


Chart 3. Data has been de-identified in accordance with the California Health and Human Services Agency Data De-Identification Guidelines. Values are aggregated and masked to protect confidentiality of the individuals summarized in the data. Counts between 1-10 are masked with "<11".

Chart 4 below displays the patient days for all SVP patients that remained on census as of June 30, 2022. On average, the 955 SVP patients who continue to reside at DSH as of June 30, 2022, have been there for an average of 3,858 days, or a little over 10.5 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 (DSH)-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) 2021-22, DSH-Atascadero served 1,802 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	WIC 500 Sec.
Offender with a Mental Health Disorder	2962 / 2972
Coleman/CDCR	2684
Not Guilty by Reason of Insanity	1026

HOSPITAL STAFF

Approximately 2,240 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 General Education Diploma, or pursue advanced independent studies.

Program management is responsible for ensuring 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 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)

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-Atascadero. 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.

Enhanced Treatment Program (ETP)

The ETP is designed to provide enhanced treatment in a secure setting for patients at the highest risk of most dangerous behavior. The ETP is intended to provide increased therapy opportunities within a structured, least restrictive environment. The ETP is to be utilized when safe treatment is not possible in a standard treatment environment. The pilot is driven by Assembly Bill 1340. Unit 29 opened in September 2021 and the Budget Act of 2022 postponed the activation of Units 33 and 34 due to the ongoing bed capacity pressures within the DSH system.

The ETP model allows for enhanced staffing which includes a complement of Clinical, Nursing and Hospital Police Officer (HPO) staff. Classifications utilized include Staff Psychiatrist, Clinical Psychologist, Clinical Social Worker, Rehabilitation Therapist, Registered Nurse, and Psychiatric Technician.

ACCREDITATION AND LICENSURE

DSH-Atascadero 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 whether 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 and 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.

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 (DSH)-Coalinga is 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) 2021-22, DSH-Coalinga served 1,327 patients. The commitment categories of patients treated at DSH-Coalinga are as follows:

Patient Commitments	Code Section
Lanterman-Petris Short	WIC 500 Sec.
Offender with a Mental Health Disorder	2972
Coleman/CDCR	2684
Not Guilty by Reason of Insanity	1026
Mentally Disordered Sex Offenders	6316 (WIC)
Sexually Violent Predators	6602/6604

HOSPITAL STAFF

Approximately 2,475 employees work at DSH-Coalinga providing 24/7 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 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 currently 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 is currently converting a Residential Recovery Units (RRU) to an ICF with a complete conversion date of March 2023 and will have 24 licensed units. In addition, DSH-Coalinga has six unlicensed RRU's, 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. DSH-Coalinga can 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 (DSH)-Metropolitan opened in 1916 as a self-sufficient facility with its own dairy cows, pigs, chickens, and farmland. Located in Norwalk in Los Angeles (LA) 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 LA 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) 2020-21, DSH-Metropolitan served 665 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	WIC 500 Sec.
Offender with a Mental Health Disorder	2972
Not Guilty by Reason of Insanity	1026

HOSPITAL STAFF

Approximately 2,267 employees work at DSH-Metropolitan providing 24/7 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 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-Metropolitan 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 (DSH)-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. The hospital does not accept voluntary admissions.

PATIENT POPULATION

The hospital is licensed to operate up to approximately 1,418 beds, but current maximum capacity is 1,374 beds. In Fiscal Year (FY) 2021-22, DSH-Napa served 1,014 patients. The commitment categories of patients treated at DSH-Napa are as follows:

Patient Commitments	Code Section
Incompetent to Stand Trial	1370
Lanterman-Petris Short	WIC 500 Sec.
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
Department of Juvenile Justice	-

HOSPITAL STAFF

Approximately 2,635 employees work at DSH-Napa, providing 24/7k 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, 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. Rehabilitation Therapy Services also provides physical, occupational, and speech therapies. Department of Medicine and Ancillary Services provides clinics that deliver

various medical services, including, but not limited to primary care, 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

DSH-Napa is accredited by The Joint Commission (TJC) and 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 whether 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-Napa is licensed by the California Department of Public Health and 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 is 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 •Psychiatric Technician Prorams Clinical Rotation
Psychiatry	•UC Davis, Psychiatry and Law •Touro University •Clinical Clerkships for Medical School Graduates •Residency Program with St. Joseph Medical Center
Psychology	•American Psychological Association Approved Pre-Doctoral Internship
Registered Dietitians	•Accredited Dietetic Internship
Rehabilitation Therapy	•Recreation Therapy Internship •Occupational Therapy •Music Therapy •Dance Movement Therapy •Art Therapy
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 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. University of Southern California (USC), University of California-San Francisco (UCSF), Touro University California College of Pharmacy, 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 HOSPITAL – PATTON

HISTORY

The Department of State Hospitals (DSH)-Patton is a secure forensic psychiatric hospital located 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 secure treatment areas (STA's). 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) 2021-22, DSH-Patton served 1,311 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	WIC 5000 Sec.
Offender with a Mental Health Disorder	2962 / 2972
Coleman/CDCR	2684
Not Guilty by Reason of Insanity	1026

HOSPITAL STAFF

Approximately 2,534 employees work at DSH-Patton providing 24/7 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, information technology staff, plant operations staff, spiritual leaders, and other administrative staff.

TREATMENT AND PROGRAMS

The Trial Competency treatment along with the Court Preparation Project is for patients admitted to the hospital under Penal Code (PC) 1370 as Incompetent to Stand Trial. These patients receive a specialized constellation 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 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 manage symptoms of a mental illness, while also enhance the patient's awareness and insight into symptoms that led to dangerousness in the past. Other goals include motivation for treatment, development of social skills, understanding co-occurring disorders, independence in Activities of Daily Living (ADL), and helping patients to create an overall lifestyle of recovery from mental illness, addiction, and other co-morbid conditions. Treatment also focuses on improving patients' quality of life for preparation and eventual successful and effective transition to Community Outpatient Treatment (COT) or a less restrictive setting.

All treatment programs at DSH-Patton utilize the recovery philosophy as well as a Trauma-Informed Care approach, 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.

Enhanced Treatment Program (ETP)

The ETP is designed to provide enhanced treatment in a secure setting for patients at the highest risk of most dangerous behavior. The ETP is intended to provide increased therapy opportunities within a structured, least restrictive environment. The ETP is to be utilized when safe treatment is not possible in a standard treatment environment. The pilot is driven by Assembly Bill 1340. The Budget Act of 2022 reported delays to the unit U-06 fire sprinkler installation due to design changes required to accommodate existing conditions, the discovery of gaps in the existing smoke barrier, redesign of 1-hour fire rated construction in the corridors, and the need to survey for potential asbestos-containing materials. On August 30, 2022, Department of General Services (DGS) and DSH-Patton received approval from the State Fire Marshal for the fire sprinkler installation design changes. The contractor is currently remobilizing to continue construction activities.

The ETP model allows for enhanced staffing which includes a complement of Clinical, Nursing and Hospital Police Officer (HPO) staff. Classifications utilized include Staff Psychiatrist, Clinical Psychologist, Clinical Social Worker, Rehabilitation Therapist, Registered Nurse, and Psychiatric Technician.

ACCREDITATION AND LICENSURE

DSH-Patton is awarded the *Gold Seal of Approval* for achieving accreditation under the (HAP) Hospital Accreditation Program by The Joint Commission (TJC) recognized as an independent, not-for-profit organization and the largest standards-setting and accrediting body in healthcare. The HAP accreditation program is achieved upon successful completion of an on-site triennial survey attained by meeting rigorous performance standards, delivering the best quality care and exhibiting a culture of excellence that inspires to continually improve performance. The hospital sustains accreditation with a mutual belief in patient and employee safety, effective care processes, patient outcomes using evidence-based practices, maintenance in environmental engineering controls, and, performance analysis studies, which are collectively woven into the fabric of our healthcare organization's operation. The hospital recognizes accreditation does not begin and end with an on-site survey, it is a continuous process of monitoring, communication, transparency, education and evaluating sustainability.

DSH-Patton is licensed as an Acute Psychiatric Hospital (APH) by the California Department of Public Health – Licensing and Certification Unit governed by the provisions of the Health and Safety Code of California and its rules and regulations to operate and maintain Acute Psychiatric Care and Intermediate Care bed classifications. Patton hospital meets the APH definition by demonstrating 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 the following basic services: medical, nursing, rehabilitative, pharmacy and dietary services. DSH-Patton is licensed to provide services for 1,287 patients and additional housing not to exceed 1,530 patient beds in adherence to the Welfare and Institutions Code, Section 4107 (c) defining the joint plan between the California Department of Corrections and Rehabilitation and the State Department of Mental Health. DSH-Patton's licensing operation also includes Physical Therapy, Radiological Services, Social Services and Speech Pathology. The hospital maintains licensure through frequent on-site surveys that includes a robust review on the hospitals' safety, environment, effectiveness, and quality of healthcare, every 3 years for Acute units and 2 years for Intermediate Care units. Communication, education, performance improvement studies, quality improvement analysis and risk

management awareness and interventions are additional priorities to the hospital's continued emphasis for optimal patient care and treatment.

DSH-PATTON MUSEUM

On April 17th, 2015, the DSH-Patton Museum opened its doors for the first time to the public. The on-site museum examines the history of psychiatric treatment in California state-run facilities and offers a glimpse of the evolution of mental health treatment 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 artifacts. 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. It explores the complex and extensive history of Patton State Hospital, including its history as a general psychiatric hospital and the transition to a forensic facility. It avoids reinforcing stigma and attempts to be inclusive of the various individuals whose experiences are reflected in the hospital's past.

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. Since the museum's opening, numerous Southern Californians have visited for tours and researchers from as far away as South Africa have presented to experience the museum. The DSH-Patton Museum remains a valuable resource for state employees and members of the public by providing insight and information about an institution with deep local roots and a history that exemplifies the progression of mental health treatment in America.

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 •20/20 Psychiatric Technician Program
Pharmacy [1]	•Systemwide, DSH's pharmacy discipline is currently contracted with 13 pharmacy schools.
Psychiatry	•UC Riverside •Western University of Health Sciences •CA University of Science and Medicine
Psychology	•Practicum •American Psychological Association Approved Pre-Doctoral Internship •Post-Doctoral Fellowship •Forensic Psychology and Neuropsychology
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 13 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 (Stockton), Western University of Health Science, Chapman University, American University of Health Sciences School of Pharmacy, and Marshal B Ketchum College of Pharmacy.

CALIFORNIA DEPARTMENT OF STATE HOSPITALS

REPORT ON STATE HOSPITAL FINANCIAL ACTIVITY

California Department of State Hospitals

FISCAL YEAR 2022-23

May 12, 2023






DIRECTOR
Stephanie Clendenin

EXECUTIVE SUMMARY

Pursuant to the Budget Act of 2022, 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 2022 Budget Act which requires DSH to provide a year-end summary and an operating budget for each state hospital with the fiscal year (FY) 2023-24 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 2021-22 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

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, by leading 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. In addition to state hospital treatment, DSH provides services in contracted Jail-Based Competency Treatment (JBCT), Community-Based Restoration (CBR), pre-trial felony mental health diversion programs, other community-based facilities, and the conditional release program (CONREP). DSH is responsible for the daily care to over 7,000 patients. In FY 2021-22, DSH served 8,070 across the state hospitals, 2,014 in JBCT and 813 in CBR contracted programs and 885 in CONREP programs. In addition, during FY 2021-22, 340 individuals were diverted into county programs funded by DSH.

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, 2023.

State Hospital	Authorized Positions[1]	Vacant as of 4/1/23	Percent Vacant
Atascadero	2,269.5	543.9	24.0%
Coalinga	2,511.2	524.7	20.9%
Metropolitan	2,292.1	583.9	25.5%
Napa	2,666.4	579.6	21.7%
Patton	2,562.0	342.9	13.4%
Totals	**12,301.2**	**2,574.9**	**20.9%**

[1] Includes positions approved for Estimate Items Enhanced Treatment Program (27.4 in Patton) and Metropolitan State Hospital Increased Secure Bed Capacity (42.0 in Metropolitan) that will not be filled due to delayed activations as described in the 2023-24 May Revision Estimate

AUTHORIZED VERSUS VACANT POSITIONS BY CLASSIFICATION

As of April 1, 2023, DSH's vacancy rate is 20.9 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[1]	Vacant	Authorized	Vacant	Authorized[1]	Vacant
Staff Psychiatrist	7619	39.0	30.0	37.3	23.3	67.3	37.3	55.4	10.7	66.5	36.0
Psychologist	9873	45.0	8.0	37.6	24.6	44.0	11.0	51.4	12.9	61.3	15.9
Senior Psychiatric Technicia	8252	104.2	36.2	94.0	13.0	84.8	30.8	84.0	17.0	86.0	1.0
Rehabilitation Therapist	Various	53.4	11.4	44.0	8.0	60.0	21.8	61.1	7.1	67.3	11.3
Registered Nurse	8094	244.4	54.4	235.9	43.5	294.1	67.1	461.2	77.8	362.1	21.1
Clinical Social Worker	9872	47.7	13.7	45.0	15.0	62.7	24.7	61.2	11.2	70.0	7.5
Psychiatric Technician	8253	661.7	166.7	735.5	190.9	492.5	142.5	470.8	109.4	728.0	85.0
Physician/Surgeon	7552	17.5	3.0	25.2	16.2	26.4	7.4	26.8	0.3	29.0	0.0

[1]Includes positions approved for the Enhanced Treatment Program (27.4 in Patton) and Metropolitan State Hospital Increased Secure Bed Capacity (42.0 in Metropolitan) that will not be filled due to delayed activations as described in the 2023-24 May Revision Estimate

TEMPORARY HELP BLANKET POSITIONS

Temporary help blanket positions are 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, 2023. 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 account code for FY 2021-22. For FY 2022-23 and FY 2023-24, 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]

		2021-22 Budget	2021-22 Expenditure
Salaries and Wages	5100000-Earnings - Permanent Civil Service Employees	$593,031,000	$589,589,000
	5100150-Earnings - Temporary Civil Service Employees	$32,509,000	$32,320,000
	5108000-Overtime Earnings (Other than to Temporary Help)	$104,450,000	$103,844,000
Salaries and Wages Total		**$730,282,000**	**$729,990,000**
Staff Benefits	5150150-Dental Insurance	$1,039,000	$1,033,000
	5150200-Disability Leave - Industrial	$15,225,000	$15,136,000
	5150210-Disability Leave - Nonindustrial	$3,843,000	$3,820,000
	5150350-Health Insurance	$21,400,000	$21,276,000
	5150400-Life Insurance	$60,000	$60,000
	5150450-Medicare Taxation	$12,606,000	$12,533,000
	5150500-OASDI	$9,583,000	$9,528,000
	5150600-Retirement - General	$168,290,000	$167,313,000
	5150700-Unemployment Insurance	$538,000	$535,000
	5150750-Vision Care	$198,000	$198,000
	5150800-Workers' Compensation	$60,953,000	$60,600,000
	5150900-Staff Benefits - Other	$295,838,000	$294,120,000
Staff Benefits Total		**$589,810,000**	**$589,573,000**
Operating Expenses and Equipment	5301400-Goods - Other	$3,491,000	$3,471,000
	5302900-Printing - Other	$781,000	$776,000
	5304800-Communications - Other	$2,030,000	$2,018,000
	5306700-Postage - Other	$228,000	$228,000
	5308900-Insurance - Other	$629,000	$626,000
	5320490-Travel - In State - Other	$1,094,000	$1,087,000
	5320890-Travel - Out of State - Other	$6,000	$6,000
	5322400-Training - Tuition and Registration	$1,126,000	$1,119,000
	5324350-Rents and Leases	$124,368,000	$123,647,000
	5326900-Utilities - Other	$20,413,000	$20,296,000
	5340330-Consulting and Professional Services – Inter - Other	$4,486,000	$4,461,000
	5340580-Consulting and Professional Services - External - Other	$89,711,000	$89,185,000
	5342600-Departmental Services - Other	$17,000	$17,000
	5344000-Consolidated Data Centers	$59,000	$59,000
	5346900-Information Technology - Other	$645,000	$642,000
	5368115-Office Equipment	$33,567,000	$33,373,000
	5390900-Other Items of Expense - Miscellaneous	$77,589,000	$77,140,000
	5415000-Claims Against the State	$351,000	$349,000
	5490000-Other Special Items of Expense	$8,687,000	$8,637,000
Operating Expenses and Equipment Total		**$369,429,000**	**$369,278,000**
Grand Total		**$1,688,841,000**	**$1,679,042,000**

[1]Budget and expenditure do not include reimbursements.

Exhibit I—Atascadero State Hospital[2/3]

		2021-22 Budget	2021-22 Expenditure
Salaries and Wages	5100000-Earnings - Permanent Civil Service Employees	$119,088,000	$118,397,000
	5100150-Earnings - Temporary Civil Service Employees	$5,851,000	$5,817,000
	5108000-Overtime Earnings (Other than to Temporary Help)	$16,941,000	$16,843,000
Salaries and Wages Total		**$141,937,000**	**$141,880,000**
Staff Benefits	5150150-Dental Insurance	$169,000	$168,000
	5150200-Disability Leave - Industrial	$2,945,000	$2,928,000
	5150210-Disability Leave - Nonindustrial	$1,161,000	$1,154,000
	5150350-Health Insurance	$4,161,000	$4,137,000
	5150400-Life Insurance	$12,000	$12,000
	5150450-Medicare Taxation	$2,383,000	$2,369,000
	5150500-OASDI	$1,720,000	$1,710,000
	5150600-Retirement - General	$33,786,000	$33,590,000
	5150700-Unemployment Insurance	$133,000	$132,000
	5150750-Vision Care	$39,000	$39,000
	5150800-Workers' Compensation	$14,722,000	$14,637,000
	5150900-Staff Benefits - Other	$51,159,000	$50,862,000
Staff Benefits Total		**$112,435,000**	**$112,390,000**
Operating Expenses and Equipment	5301400-Goods - Other	$1,077,000	$1,071,000
	5302900-Printing - Other	$252,000	$251,000
	5304800-Communications - Other	$501,000	$498,000
	5306700-Postage - Other	$50,000	$50,000
	5308900-Insurance - Other	$11,000	$11,000
	5320490-Travel - In State - Other	$301,000	$299,000
	5320890-Travel - Out of State - Other	$3,000	$3,000
	5322400-Training - Tuition and Registration	$281,000	$279,000
	5324350-Rents and Leases	$52,321,000	$52,017,000
	5326900-Utilities - Other	$2,997,000	$2,980,000
	5340330-Consulting and Professional Services – Inter - Other	$1,280,000	$1,273,000
	5340580-Consulting and Professional Services - External - Other	$23,350,000	$23,213,000
	5342600-Departmental Services - Other	$17,000	$17,000
	5344000-Consolidated Data Centers	$22,000	$22,000
	5346900-Information Technology - Other	$56,000	$56,000
	5368115-Office Equipment	$3,820,000	$3,798,000
	5390900-Other Items of Expense - Miscellaneous	$12,910,000	$12,835,000
	5415000-Claims Against the State	$159,000	$158,000
	5490000-Other Special Items of Expense	$1,708,000	$1,698,000
Operating Expenses and Equipment Total		**$101,157,000**	**$101,116,000**
Grand Total		**$355,386,000**	**$353,324,000**

[2]Budget and expenditure do not include reimbursements.
[3]Includes Hospital Police Academy.

Exhibit I—Coalinga State Hospital[4]

		2021-22 Budget	2021-22 Expenditure
Salaries and Wages	5100000-Earnings - Permanent Civil Service Employees	$131,978,000	$131,211,000
	5100150-Earnings - Temporary Civil Service Employees	$766,000	$762,000
	5108000-Overtime Earnings (Other than to Temporary Help)	$23,647,000	$23,510,000
Salaries and Wages Total		**$156,453,000**	**$156,391,000**
Staff Benefits	5150150-Dental Insurance	$223,000	$222,000
	5150200-Disability Leave - Industrial	$3,906,000	$3,883,000
	5150210-Disability Leave - Nonindustrial	$1,055,000	$1,049,000
	5150350-Health Insurance	$4,545,000	$4,519,000
	5150400-Life Insurance	$14,000	$14,000
	5150450-Medicare Taxation	$2,618,000	$2,603,000
	5150500-OASDI	$3,095,000	$3,077,000
	5150600-Retirement - General	$37,908,000	$37,688,000
	5150700-Unemployment Insurance	$187,000	$186,000
	5150750-Vision Care	$41,000	$41,000
	5150800-Workers' Compensation	$11,810,000	$11,742,000
	5150900-Staff Benefits - Other	$60,128,000	$59,778,000
Staff Benefits Total		**$125,581,000**	**$125,530,000**
Operating Expenses and Equipment	5301400-Goods - Other	$524,000	$521,000
	5302900-Printing - Other	$160,000	$159,000
	5304800-Communications - Other	$648,000	$644,000
	5306700-Postage - Other	$43,000	$43,000
	5308900-Insurance - Other	$55,000	$55,000
	5320490-Travel - In State - Other	$362,000	$360,000
	5320890-Travel - Out of State - Other	$3,000	$3,000
	5322400-Training - Tuition and Registration	$171,000	$170,000
	5324350-Rents and Leases	$2,658,000	$2,643,000
	5326900-Utilities - Other	$5,394,000	$5,363,000
	5340330-Consulting and Professional Services – Inter - Other	$366,000	$364,000
	5340580-Consulting and Professional Services - External - Other	$26,060,000	$25,907,000
	5344000-Consolidated Data Centers	$2,000	$2,000
	5346900-Information Technology - Other	$33,000	$33,000
	5368115-Office Equipment	$20,854,000	$20,733,000
	5390900-Other Items of Expense - Miscellaneous	$19,218,000	$19,107,000
	5415000-Claims Against the State	$1,000	$1,000
	5490000-Other Special Items of Expense	$1,921,000	$1,910,000
Operating Expenses and Equipment Total		**$78,505,000**	**$78,473,000**
Grand Total		**$360,394,000**	**$358,303,000**

[4]Budget and expenditure do not include reimbursements.

Exhibit I—Metropolitan State Hospital[5]

		2021-22 Budget	2021-22 Expenditure
Salaries and Wages	5100000-Earnings - Permanent Civil Service Employees	$69,544,000	$69,140,000
	5100150-Earnings - Temporary Civil Service Employees	$4,573,000	$4,546,000
	5108000-Overtime Earnings (Other than to Temporary Help)	$7,411,000	$7,368,000
Salaries and Wages Total		**$81,560,000**	**$81,528,000**
Staff Benefits	5150150-Dental Insurance	$180,000	$179,000
	5150200-Disability Leave – Industrial	$1,842,000	$1,831,000
	5150210-Disability Leave – Nonindustrial	$294,000	$292,000
	5150350-Health Insurance	$3,313,000	$3,294,000
	5150400-Life Insurance	$9,000	$9,000
	5150450-Medicare Taxation	$1,630,000	$1,621,000
	5150500-OASDI	$1,272,000	$1,265,000
	5150600-Retirement – General	$19,845,000	$19,730,000
	5150700-Unemployment Insurance	$62,000	$62,000
	5150750-Vision Care	$30,000	$30,000
	5150800-Workers' Compensation	$7,672,000	$7,627,000
	5150900-Staff Benefits - Other	$50,186,000	$49,894,000
Staff Benefits Total		**$86,370,000**	**$86,335,000**
Operating Expenses and Equipment	5301400-Goods – Other	$400,000	$398,000
	5302900-Printing – Other	$96,000	$95,000
	5304800-Communications – Other	$78,000	$78,000
	5306700-Postage – Other	$32,000	$32,000
	5308900-Insurance – Other	$197,000	$196,000
	5320490-Travel - In State – Other	$115,000	$114,000
	5322400-Training - Tuition and Registration	$129,000	$128,000
	5324350-Rents and Leases	$24,459,000	$24,317,000
	5326900-Utilities – Other	$2,674,000	$2,659,000
	5340330-Consulting and Professional Services - Inter – Other	$588,000	$585,000
	5340580-Consulting and Professional Services - External – Other	$9,053,000	$8,999,000
	5344000-Consolidated Data Centers	$23,000	$23,000
	5346900-Information Technology – Other	$30,000	$30,000
	5368115-Office Equipment	$1,428,000	$1,420,000
	5390900-Other Items of Expense – Miscellaneous	$8,360,000	$8,312,000
	5415000-Claims Against the State	$187,000	$186,000
	5490000-Other Special Items of Expense	$1,234,000	$1,227,000
Operating Expenses and Equipment Total		**$49,103,000**	**$49,083,000**
Grand Total		**$216,946,000**	**$215,687,000**

[5]Budget and expenditure do not include reimbursements.

Exhibit I—Napa State Hospital[6]

		2021-22 Budget	2021-22 Expenditure
Salaries and Wages	5100000-Earnings - Permanent Civil Service Employees	$137,950,000	$137,150,000
	5100150-Earnings - Temporary Civil Service Employees	$7,334,000	$7,291,000
	5108000-Overtime Earnings (Other than to Temporary Help)	$27,036,000	$26,879,000
Salaries and Wages Total		**$172,389,000**	**$172,320,000**
Staff Benefits	5150150-Dental Insurance	$259,000	$257,000
	5150200-Disability Leave – Industrial	$4,015,000	$3,992,000
	5150210-Disability Leave – Nonindustrial	$631,000	$627,000
	5150350-Health Insurance	$5,105,000	$5,075,000
	5150400-Life Insurance	$12,000	$12,000
	5150450-Medicare Taxation	$2,953,000	$2,936,000
	5150500-OASDI	$1,740,000	$1,730,000
	5150600-Retirement – General	$38,396,000	$38,173,000
	5150700-Unemployment Insurance	$106,000	$105,000
	5150750-Vision Care	$46,000	$46,000
	5150800-Workers' Compensation	$13,083,000	$13,007,000
	5150900-Staff Benefits – Other	$67,161,000	$66,772,000
Staff Benefits Total		**$133,560,000**	**$133,507,000**
Operating Expenses and Equipment	5301400-Goods – Other	$870,000	$865,000
	5302900-Printing – Other	$87,000	$86,000
	5304800-Communications – Other	$104,000	$103,000
	5306700-Postage – Other	$44,000	$44,000
	5308900-Insurance – Other	$353,000	$351,000
	5320490-Travel - In State – Other	$123,000	$122,000
	5322400-Training - Tuition and Registration	$304,000	$302,000
	5324350-Rents and Leases	$13,371,000	$13,294,000
	5326900-Utilities – Other	$5,533,000	$5,501,000
	5340330-Consulting and Professional Services - Inter – Other	$1,465,000	$1,457,000
	5340580-Consulting and Professional Services - External – Other	$13,867,000	$13,787,000
	5346900-Information Technology – Other	$506,000	$503,000
	5368115-Office Equipment	$5,063,000	$5,034,000
	5390900-Other Items of Expense – Miscellaneous	$18,410,000	$18,303,000
	5490000-Other Special Items of Expense	$1,695,000	$1,685,000
Operating Expenses and Equipment Total		**$61,821,000**	**$61,795,000**
Grand Total		**$367,622,000**	**$365,489,000**

[6]Budget and expenditure do not include reimbursements.

Exhibit I—Patton State Hospital[7]

		2021-22 Budget	2021-22 Expenditure
Salaries and Wages	5100000-Earnings - Permanent Civil Service Employees	$134,471,000	$133,691,000
	5100150-Earnings - Temporary Civil Service Employees	$13,985,000	$13,904,000
	5108000-Overtime Earnings (Other than to Temporary Help)	$29,415,000	$29,244,000
Salaries and Wages Total		**$177,943,000**	**$177,871,000**
Staff Benefits	5150150-Dental Insurance	$208,000	$207,000
	5150200-Disability Leave - Industrial	$2,517,000	$2,502,000
	5150210-Disability Leave - Nonindustrial	$702,000	$698,000
	5150350-Health Insurance	$4,276,000	$4,251,000
	5150400-Life Insurance	$13,000	$13,000
	5150450-Medicare Taxation	$3,022,000	$3,004,000
	5150500-OASDI	$1,756,000	$1,746,000
	5150600-Retirement - General	$38,355,000	$38,132,000
	5150700-Unemployment Insurance	$50,000	$50,000
	5150750-Vision Care	$42,000	$42,000
	5150800-Workers' Compensation	$13,666,000	$13,587,000
	5150900-Staff Benefits - Other	$67,204,000	$66,814,000
Staff Benefits Total		**$131,864,000**	**$131,811,000**
Operating Expenses and Equipment	5301400-Goods - Other	$620,000	$616,000
	5302900-Printing - Other	$186,000	$185,000
	5304800-Communications - Other	$699,000	$695,000
	5306700-Postage - Other	$59,000	$59,000
	5308900-Insurance - Other	$13,000	$13,000
	5320490-Travel - In State - Other	$193,000	$192,000
	5322400-Training - Tuition and Registration	$241,000	$240,000
	5324350-Rents and Leases	$31,559,000	$31,376,000
	5326900-Utilities - Other	$3,815,000	$3,793,000
	5340330-Consulting and Professional Services – Inter - Other	$787,000	$782,000
	5340580-Consulting and Professional Services - External - Other	$17,381,000	$17,279,000
	5344000-Consolidated Data Centers	$12,000	$12,000
	5346900-Information Technology - Other	$20,000	$20,000
	5368115-Office Equipment	$2,402,000	$2,388,000
	5390900-Other Items of Expense - Miscellaneous	$18,691,000	$18,583,000
	5415000-Claims Against the State	$4,000	$4,000
	5490000-Other Special Items of Expense	$2,129,000	$2,117,000
Operating Expenses and Equipment Total		**$78,843,000**	**$78,811,000**
Grand Total		**$388,493,000**	**$386,239,000**

[7]Budget and expenditure do not include reimbursements.

Exhibit II—All Hospitals[8]

	2022-23 Budget	2023-24 Budget	2022-23 Projected Expenditure	2023-24 Projected Expenditure
4410010-Atascadero	$357,405,000	$387,158,000	$353,831,000	$383,306,000
4410020-Coalinga	$379,335,000	$402,431,000	$375,542,000	$398,426,000
4410030-Metro	$203,697,000	$256,067,000	$201,660,000	$253,526,000
4410040-Napa	$364,489,000	$390,079,000	$360,904,000	$386,139,000
4410050-Patton	$390,772,000	$416,406,000	$386,864,000	$412,262,000
Grand Total	**$1,695,698,000**	**$1,852,141,000**	**$1,678,800,000**	**$1,833,659,000**

[8]Budget and projected expenditures do not include reimbursements.

STATE HOSPITALS
HOSPITAL POLICE OFFICER/STATE HOSPITAL POLICE ACADEMY
Provisional Language Reporting

BACKGROUND

The Budget Act of 2022 included 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 2022–23 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 2022–23 fiscal year, the projected attrition rate for the 2023–24 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

The table below displays the status of Hospital Police Officers (HPO) authorized positions as of March 1, 2023:

HPO Authorized Positions[1] as of March 1, 2023				
Hospitals	Filled	Vacant	FTE[2]	Vacancy Rate
Atascadero	118.0	12.6	130.6	9.7%
Coalinga[3]	184.0	37.0	221.0	16.7%
Metropolitan[4]	99.0	44.3	143.3	30.9%
Napa [5]	100.0	47.9	147.9	32.4%
Patton	58.0	0.0	58.0	0.0%
Total	559.0	141.8	700.8	20.2%

[1] Only includes classification 1937 - Hospital Police Officer
[2] Authorized Positions as of DSH Budget Management Branch (BMB) Hospital Position Report FY 2022-23 March, Rev A.xlsx
3 DSH-Coalinga vacancies include 10.0 positions established 7/1/2022
[4] DSH-Metropolitan vacancies include 42.0 positions related to Increased Secure Bed Capacity (ISBC). Per the 2023-24 Governor's Budget Metro ISBC update (see section C02), this space is being used temporarily to respond to COVID-19 and to provide interim housing for Skilled Nursing Facility (SNF) patients while the SNF building is under repair for extensive water damage
[5] DSH-Napa vacancies include 30.0 positions established 7/1/2022

Hospital Police Officer Attrition Rate

The table below displays the projected HPO attrition rate as of March 1, 2023, based on actual attrition rates and trends for fiscal years (FYs) 2020-21, 2021-22, and 2022-23:

HPO Attrition Rates as of March 1, 2023					
Hospitals	FY 2022-23 FTE[6]	FY 2022-23 Attrition Rate[7]	Avg Estimated Monthly Pos.	FY 2023-24 Attrition Rate[8]	Avg Estimated Monthly Pos.
Atascadero	130.6	1.1%	1.5	1.3%	1.7
Coalinga	221.0	0.4%	0.8	0.8%	1.7
Metropolitan	143.3	1.1%	1.5	1.2%	1.7
Napa	147.9	0.4%	0.5	0.5%	0.8
Patton	58.0	0.9%	0.5	0.7%	0.4
Total	**700.8**	**0.8%**	**4.8**	**0.9%**	**6.3**

Cadet Graduation Rates

The table below displays actual graduation rates from cohorts conducted from FY 2017-18 through the present.

OPS Cadet Graduation Rates				
Academy	Academy Dates	Cadets Attended	Cadets Graduated	Graduation Rate
Academy 27	(02/12/18 – 05/18/18)	50	44	88.0%
Academy 28	(08/13/18 – 11/16/18)	49	42	85.7%

[6] Authorized Positions as of DSH Budget Management Branch (BMB) Hospital Position Report FY 2022-23 March, Rev A.xlxs
[7] Projected attrition rate based on FY 2020-21, 2021-22, and 2022-23 data
[8] Projected attrition rate based on FY 2020-21, 2021-22, and 2022-23 data

Academy 29	(10/01/18 – 01/10/19)	38	32	84.2%
Academy 30	(02/11/19 – 05/31/19)	33	31	93.9%
Academy 31	(08/12/19 – 11/22/19)	43	34	79.1%
Academy 32	(12/02/19 – 03/20/20)	19	17	89.5%
Academy 33	(02/10/20 – 05/22/20)	20	16	80.0%
Academy 34	(08/24/20 – 12/10/20)	25	21	84.0%
Academy 35	(12/28/20 – 04/22/21)	19	10	52.6%
Academy 36	(05/03/21 – 08/12/21)	16	9	56.3%
Academy 37	(08/23/21 – 12/09/21)	10	4	40.0%
Academy 38	(12/28/21 – 04/17/22)	15	11	73.3%
Academy 39	(05/02/22 – 8/11/22)	24	18	75.0%
Academy 40	(08/23/22-12/08/22)	16	14	87.5%
Academy 41	(12/28/22-04/13/23)	22	19	86.4%
Academy 42	(05/01/23-08/15/23)	18	-	TBD
	[9]Total	**399**	**322**	**80.7%**

HPO Recruitment Efforts

To enhance ongoing recruitment efforts, the Office of Protective Services (OPS) established a contract in December 2021 with Cooperative Personnel Services (CPS) to assist with recruitment efforts and increase the number of applications received. CPS uses both Facebook and Google advertisements to increase awareness as part of a digital marketing campaign. In addition, DSH continues to conduct online virtual Career Fairs, and create videos and other media advertisements to increase

[9] Not including Academy 42, scheduled to end August 15, 2023

awareness of DSH peace officer employment opportunities. Advertisements are frequently refreshed to continue to attract new applicants. While the contract with CPS has been successful in increasing the numbers of applicants who take the entry exam, DSH is also exploring opportunities with CPS on how to increase the number of candidates who successfully make it from entry exam application to academy acceptance. To increase availability, DSH is converting their exam process from a proctored in-person exam to a non-proctored online exam effective July 2023. DSH will continue to work on HPO recruitment efforts and provide an update in the 2024-25 Governor's Budget.

STATE HOSPITALS
ENHANCED TREATMENT PROGRAM (ETP) STAFFING
An Annual Report to the Fiscal and Policy Committees of the Legislature in Accordance with Section 4145(a) of the Welfare and Institutions Code
Informational Only

This item is updated annually.

Please see the 2023-24 Governor's Budget for the most recent version.

CONTRACTED PATIENT SERVICES
INCOMPETENT TO STAND TRIAL (IST) DIVERSION PROGRAM
SUPPLEMENTAL REPORTING LANGUAGE
Informational Only

This item is updated annually.

Please see the 2023-24 Governor's Budget for the most recent version.