

CALIFORNIA DEPARTMENT OF STATE HOSPITALS

# REPORT ON THE INVOLUNTARY MEDICATION WORKLOAD FOR THE NOT GUILTY BY REASON OF INSANITY (NGI) POPULATION



SUPPLEMENTAL REPORT TO THE LEGISLATURE

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DIRECTOR  
Pam Ahlin

# **Department of State Hospitals**

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## **Supplemental Report to the Legislature – Involuntary Medication for NGIs**

Pursuant to the Fiscal Year 2015-16 Budget, the Department of State Hospitals submits this Supplemental Report to the Legislature on the Involuntary Medication workload for the Not Guilty by Reason of Insanity (NGI) population.

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## Supplemental Report to the Legislature – Involuntary Medication for NGIs

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## Supplemental Report to the Legislature – Involuntary Medication for NGIs

### EXECUTIVE SUMMARY

The Fiscal Year (FY) 2015-16 Budget requires the Department of State Hospitals (DSH) to submit a Supplemental Report to the Legislature (SRL) regarding the workload for securing involuntary medication (IM) orders for the Not Guilty by Reason of Insanity (NGI) population, as well as an estimate of the future impact and cost associated with the enacted *Greenshields* process.

DSH manages the nation's largest inpatient forensic mental health hospital system in the United States. In FY 2014-15, DSH served almost 13,000 patients and on average the inpatient census was approximately 6,800 in a 24-hours-a-day, seven-days-a-week hospital system and 600 outpatient census in its conditional release program. DSH oversees five state hospitals and three psychiatric programs located in state prisons, employing over 12,000 staff. DSH's five state hospitals are Atascadero, Coalinga, Metropolitan – Los Angeles, Napa, and Patton. The three psychiatric programs are operated through an interagency agreement with the California Department of Corrections and Rehabilitation (CDCR), treating inmates at prisons in Vacaville, Salinas Valley and Stockton.

A patient committed as an NGI has been determined by the court to have been insane at the time the crime was committed, and the maximum term of commitment cannot exceed the maximum sentence that would have been imposed for the crime. The NGI population is housed at Atascadero, Metropolitan, Napa, and Patton. During FY 2014-15, DSH served 1,548 patients committed as an NGI; on average, the NGI population represented 21 percent of the average daily census for all commitment types in FY 2014-15<sup>1</sup>.

In July 2014, an appellate court issued an order for a writ of habeas corpus, and directed DSH to refrain from administering psychotropic medication to the NGI population until a decision was made regarding *In Re Greenshields* (2014) Cal. App. 4<sup>th</sup> 1284. As a result of the court decision, *Greenshields* was implemented as a process to secure IM orders for the NGI population. With *Greenshields*, if a patient does not consent to the recommended medication, the hospital will pursue authorization from a number of in-hospital panels, as well as Superior Court, to involuntarily medicate the patient for treatment.

To initially implement the *Greenshields* IM authorization process for the NGI population, DSH had to assess all current residents and pursue IM authorizations as appropriate for the portion of the population that did not consent to medication. Of the 1,412 patients<sup>2</sup> who were initially assessed, 114 (8 percent) refused medication. Over the course of the process, 43 petitions were withdrawn, 20 were denied, and 51 received final approval. The 51 authorization orders can be renewed annually through Superior Court as necessary.

DSH estimates that in FY 2016-17, 86 Superior Court hearings will be required to authorize IMs for its newly admitted patients and patients withdrawing consent. This includes 43 IM petitions initiated in the second half of FY 2015-16 that will move to Superior Court hearings in the first half of FY 2016-17. DSH assumes approximately the same number of patients will complete the in hospital panels for temporary authorization between July and December 2016 and will require Superior Court hearings between January and June 2017.

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<sup>1</sup> The average daily census for NGI patients in FY 2014-15 totals 1,405.

<sup>2</sup> Residents on unit, as of May 31, 2015. Census was cited as 1,411 in the 2015-16 *Greenshields* BCP.

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Further, DSH estimates an annual total of 193 patients will require initial assessment upon admission, 8 of whom (4.2 percent) will not consent to the clinician-recommended medication. Additionally, DSH estimates 79 (5.6 percent) of the current residents-on-unit, each year, will withdraw their previous consent for medication, necessitating pursuit of initial authorization to involuntarily medicate the patient and petitioning through the process to secure Superior Court authorization for the IM order. Of those who secure Superior Court authorization for an IM order, an anticipated 77 renewals will occur next year; this estimate is dependent on the average length of stay for the NGI population. Of those patients with secured Superior Court authorization for an IM order, approximately 89% will not be discharged after one year, and will require a renewal hearing.

The total staffing needed to balance the workload for the full *Greenshields* process, including all renewal hearings for previously authorized IM orders, is 9.6 total positions<sup>3</sup>, or \$2 million<sup>4</sup>.

Additionally, the report presents a slightly higher workload than was originally anticipated in the previously approved Budget Change Proposal (BCP). The Legislature approved *Greenshields* implementation with 9.0 total positions and a \$2 million budget augmentation. The change, as demonstrated in this report, is primarily in the Clinical staffing responsibilities. The original BCP request was developed using the five months of data available at the time of implementation, whereas this report has an additional two months of data from the implementation process, as well as seven months of data post-implementation. The 14 months of data used in the methodology for this report, as well as lessons learned in actual practice of the *Greenshields* process during this time period, presents a more precise understanding of the impact to workload of DSH clinical and legal staff, and an accurate account of the positions and funding necessary to support the program.

The analysis in this report is limited by the minimal data available related to the *Greenshields* process, due in part to its recent implementation, as well as an accompanying initiation of tracking mechanisms at each of the hospitals. All estimates and projections contained within this report have been calculated with approximately 12 months of data, though in some instances, only 7 months were appropriate to capture the patient activity post-implementation<sup>5</sup>. Each analysis specifies the time period of the utilized data, as applicable.

It is the goal of DSH to refine the calculations as more data is captured over time to precisely operationalize the impact of *Greenshields* and strive to provide safe and responsible treatment of the various patient populations. The impact of involuntary medication is not static, but rather dependent on the varying needs of the individual patients.

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<sup>3</sup> These positions include the Hospital Forensic Evaluator (Senior Psychiatrist Specialist), the IM panelists (two Senior Psychiatrist Specialists and one Senior Psychologist), and the IM Coordinator (Psychiatric Technician), as well as the Legal Services positions (Attorneys, Assistant Chief Counsel, Senior Legal Analyst, Legal Analyst).

<sup>4</sup> This value does not include the cost of the contract augmentation with Disability Rights of California at \$165,000.

<sup>5</sup> Implementation was completed as of May 31, 2015. Post-implementation analyses capture June 2015 through December 31, 2015 data.

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### THE DEPARTMENT OF STATE HOSPITALS OVERVIEW

#### The Department of State Hospitals

DSH manages the nation's largest inpatient forensic mental health hospital system. Its mission is to provide evaluation and treatment in a safe and responsible manner, seeking innovation and excellence in state hospital operations, across a continuum of care and settings. DSH is responsible for the daily care and provision of mental health treatment of its patients. In FY 2014-15, DSH served almost 13,000 patients and on average the inpatient census was approximately 6,800 in a 24-hours-a-day, seven-days-a-week hospital system and approximately 600 outpatient census in its conditional release program. DSH oversees five state hospitals and three psychiatric programs located in state prisons. Additionally, DSH provides services in jail-based competency treatment programs and conditional release programs throughout the 58 counties. It employs over 12,000 staff.

DSH's five state hospitals are Atascadero, Coalinga, Metropolitan – Los Angeles, Napa and Patton. The three psychiatric programs are operated through an interagency agreement with the California Department of Corrections and Rehabilitation (CDCR), treating inmates at prisons in Vacaville, Salinas Valley and Stockton.

The five state hospitals are licensed psychiatric hospitals defined as health facilities that provide 24-hour inpatient care for persons with mental health disorders, including the following basic services: medical, nursing, rehabilitative, pharmacy, and dietary services. The California Department of Public Health (CDPH) is the California state agency responsible for determining a hospital is in compliance with applicable state licensing requirements.

The following information is relevant to consider in documenting and analyzing the workload associated with pursuing IM orders for the NGI population.

- The NGI population is housed at four of the five state hospitals: Atascadero, Metropolitan, Napa, and Patton. Coalinga does not admit NGI commitments.
- 21 percent of the FY 2014-15 average daily census (1,405) is composed of NGI patients.
- The *Greenshields* process was implemented in November 2014, requiring hospitals to assess all current and future NGI patients to determine the need for IM orders.
- IM authorization orders must be pursued through Superior Court for patients who are not consenting to medication.

DSH received authority for a total of 9.0 permanent positions in the 2015-16 Enacted Budget to support the new *Greenshields* IM process and its implementation. This included 3.5 hospital positions (3.0 Senior Psychiatrist [Specialist], 0.5 Clinical Psychologist) and 5.5 Legal positions (3.5 Attorney I, 1.0 Senior Legal Analyst, 1.0 Legal Analyst). Additionally, DSH committed to monitoring the impact of the process on the state hospitals, as well as providing updated data to demonstrate the actual need to meet the *Greenshields* requirements.

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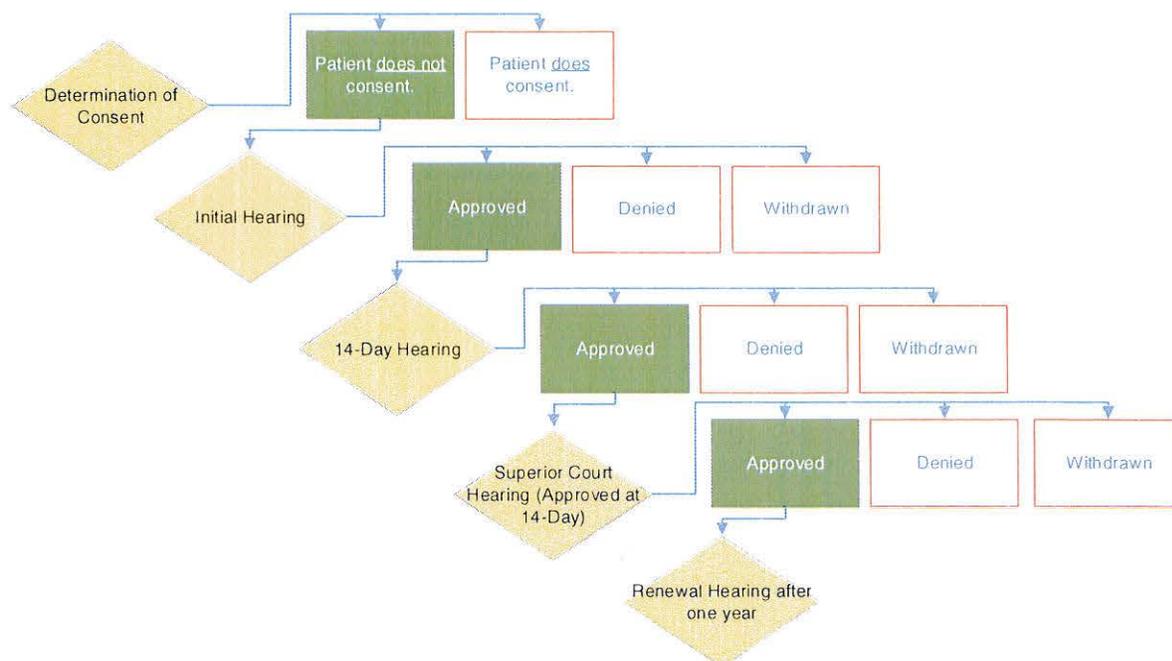
### BACKGROUND ON NGI INVOLUNTARY MEDICATION

In FY 2014-15, as a result of *In re Greenshields*, DSH implemented the *Greenshields* IM process. This provided a hearing process for DSH to seek IM orders for the NGI population, much in the way of the existing *Qawi* and *Calhoun* processes for other commitment types<sup>6</sup>.

Prior to the implementation of *Greenshields*, the NGI population did not undergo a hearing process in order for DSH to administer IMs, as it was assumed the patient had already undergone due process to determine that they were suffering from a mental illness by virtue of their NGI commitment. However, in the *Greenshields* decision, the court ruled that a more formal authorization process must be in place to administer IMs to this population regardless of the presence of mental illness at the time of the committable offense.

The *Greenshields* process is modeled after existing authorization processes for other patient types<sup>5</sup> who refuse to consent to medication. The initial hearing occurs in the hospital, and upon approval, secures an IM order for 14 days. The 14-day hearing, also in the hospital, allows for continued medication administration upon approval until the petition is heard at Superior Court, where the final determination is made regarding the IM order. The in-hospital panels, for both the initial authorizations and 14-day hearings, consist of two Senior Psychiatrists and one Senior Psychologist or three Senior Psychiatrists. A forensic clinician is also required to attend the Superior Court hearing, which must occur within 180 days of the 14-day panel approval. Finally, an annual renewal hearing is required for applicable patients who continue to refuse to consent to medication. The authorization process ensures patients' rights are not violated, while hospitals continue to have a legal avenue for providing psychotropic medications as appropriate for therapeutic psychiatric treatment.

Figure 1 – Overview of *Greenshields* Process Flowchart



<sup>6</sup> Incompetent to Stand Trial, Mentally Disordered Offender, and Sexually Violent Predator populations may be involuntarily medicated via these existing processes.

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Appendix A provides a full depiction of the *Greenshields* process.

An initial panel hearing is scheduled when a patient refuses to consent to psychotropic medication, and it is believed the inability to consent is due to one of the following reasons:

- The patient is unaware of his situation and/or does not acknowledge his current condition.
- The patient is unable to understand the benefits and risks of the treatment.
- The patient is unable to understand and knowingly, intelligently, and rationally evaluate and participate in the treatment decision.
- The patient poses a risk to himself or others (determined by attempts or demonstrations of dangerous behaviors intended to inflict harm).

A petition for an IM order must be approved at each phase of the process in order to secure full authorization. At any point in time, the petition may be withdrawn from the process for a variety of reasons.

In November 2014, DSH began implementation of the *Greenshields* process for the current NGI population at each of the hospitals, and on May 31, 2015, all hospitals reported full implementation of *Greenshields* for the current NGI residents.

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### INVOLUNTARY MEDICATION DATA

The following sections provide IM data and workload projections in response to the FY 2015-16 Supplemental Reporting Language, *Involuntary Medication Workload for Not Guilty by Reason of Insanity (NGI) Population*, budget item 4440-011-0001. Please see Appendix B for a detailed timeline covering the various steps of the *Greenshields* process through FY 2016-17.

All analyses conducted in this report employ data that was available through December 31, 2015. This analysis is limited by the minimal data available due in part to *Greenshields* recent implementation, as well as an accompanying initiation of tracking mechanisms at each of the hospitals. All estimates and projections contained within this report have been calculated with approximately 12 months of data, though in some instances, only 7 months were appropriate to capture the patient activity post-implementation. Each analysis specifies the time period of the utilized data, as applicable. As data is limited, projections for ongoing years should be interpreted with care. These estimates for the future impact of *Greenshields* will become more refined over time with additional data.

### **SECTION A**

#### **Initial Assessments for Current NGI Population**

DSH implemented the *Greenshields* process in November 2014 requiring initial assessments for current NGI patients to determine the need for IM orders. These initial assessments were conducted over a seven month period, with full completion by May 31, 2015. During the implementation period, all current NGI residents, 1,412 patients, were assessed to determine their consent to medication. This involved patient interviews and medication consent documentation. As of May 31, 2015, DSH did not have any patients who remain to be assessed for consent to medication.

Consent assessments will continue for newly admitted patients as well as patients withdrawing consent. The workload associated with these two groups is discussed within later sections of the report.

### **SECTION B**

#### **NGI Patients Refusing Medication**

Of the 1,412 NGI patients who were assessed during the implementation phase of *Greenshields*, 8 percent of the population, or 114 individuals, did not consent to medication. DSH subsequently pursued involuntary medication authorization for the 114 patients. Prior to the initial panel hearing, one case was withdrawn. The initial panel hearings resulted in 13 denials to involuntarily medicate and 100 approved cases to continue use of IM and to move forward in the *Greenshields* authorization process.

Table 1 – Initial Panel Hearings of Current NGI Population

| Non-consent to medication | Consent Withdrawn prior to Initial Panel Hearing | Denied at Initial Panel Hearing   | Approved to 14-Day Hearing |
|---------------------------|--------------------------------------------------|-----------------------------------|----------------------------|
| 114                       | 1                                                | 13                                | 100                        |
|                           |                                                  | <i>Hearings Approved by Panel</i> | 88.5%                      |

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Prior to the 14-day hearing, an additional 7 cases were withdrawn from the pursuit of an IM order. The 14-day hearings resulted in 5 denials and 88 approved cases to continue use of IM and move to Superior Court for final authorization. Of these 88, 53 cases were heard at Superior Court; subsequently, 2 petitions were denied and 51 were approved. A total of 35 petitions were withdrawn prior to going to Superior Court. Of the cases that were heard, DSH secured a 96.2 percent success rate.

Table 2 – 14-Day Hearings of Current NGI Population

| 14-Day Hearings | Withdrawn prior to 14-Day Hearing | Denied at 14-Day Hearing | Approved to Superior Court        |
|-----------------|-----------------------------------|--------------------------|-----------------------------------|
| 100             | 7                                 | 5                        | 88                                |
|                 |                                   |                          | <i>Hearings Approved by Panel</i> |
|                 |                                   |                          | 94.6%                             |

Table 3 – Superior Court Hearings of Current NGI Population

| Superior Court Hearings | Withdrawn prior to Superior Court | Denied at Superior Court | Approved at Superior Court                 |
|-------------------------|-----------------------------------|--------------------------|--------------------------------------------|
| 88                      | 35                                | 2                        | 51                                         |
|                         |                                   |                          | <i>Hearings Approved by Superior Court</i> |
|                         |                                   |                          | 96.2%                                      |

Overall, from the initial panel hearing to Superior Court authorization, 71.8 percent of petitions received final authorization for an IM order<sup>7</sup>.

### Estimated FY 2016-17 Superior Court Cases

In projecting the number of patients who will still need Superior Court authorization at the end of FY 2015-16 and into the next fiscal year, there are two aspects that must be examined. First, a number of NGI patients will have completed the 14-day hearing and are awaiting their Superior Court Hearing date. Specifically, those who complete their 14-day hearing between January and June of FY 2015-16 will likely be heard at Superior Court in the first half of the following fiscal year, FY 2016-17, due to the 180 day requirement<sup>8</sup>.

This impact, system-wide, is projected to be a total of 43 NGI patients who will attend a Superior Court hearing for IM authorization, though the 14-day approval occurred in the previous fiscal year. Using the monthly rate of new admission and resident-on-unit initial authorizations post-implementation<sup>9</sup>, the average monthly rate for in-hospital hearings, 7.14, was extrapolated to determine the total number of initial authorizations, and therefore the in-hospital hearings, that would occur between January and June in FY 2015-16. These estimated 43 patients will experience the two in-hospital hearings during this time period, and will need to attend a Superior Court hearing for IM authorization between July and December of FY 2016-17.

Secondly, NGI patients who receive approval from 14-day panels from July 1, 2016 to December 31, 2016, will need to pursue their Superior Court hearing by June 30, 2017; this is

<sup>7</sup> This calculation excludes withdrawn orders; 51 final authorized of 71 heard petitions.

<sup>8</sup> Superior Court hearings must occur within 180 days, following approval by the 14-day panel.

<sup>9</sup> Implementation was completed May 31, 2015. These calculations use actual data for June 2015 through December 31, 2015.

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the necessary second piece to the projection of Superior Court hearings to understand the true annual impact. Specifically, the average of the months post-implementation, including the anticipated January through June Superior Court hearings in FY 2015-16, is applied to the second six months of FY 2016-17, and summed with the first projection for a total in FY 2016-17 of Superior Court hearings. This results in a projected 86 Superior Court hearings for FY 2016-17.

Table 4 – Superior Court Hearings for FY 2015-16 and 2016-17

| Projection of Superior Court (S.C) Hearings           |                                                        |                                                 |
|-------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------|
| June 2015-December 2015<br>Actuals<br>Monthly Average | FY 2015-16: January-June<br>Projected 14-Day Hearings* | FY 2016-17<br>Projected Hearings<br>(12 months) |
| 7.14                                                  | 43                                                     | 86                                              |

\*Superior Court hearings to be completed between July and December 2016.

### **SECTION C**

#### **New Admissions and the IM Process**

All future new NGI admissions will need to be initially assessed to evaluate consent to medication upon placement in a state hospital. Using the last three fiscal years of admissions data, the average number of NGI admissions is projected at 193 patients. A significant percentage of the new admissions each year are expected to consent to medication if established actuals following the *Greenshields* implementation remain true.

Table 5 – Total Number of NGI Admissions

| FY 2012-13 | FY 2013-14 | FY 2014-15 <sup>10</sup> | Average Admissions<br>(FY 2012-13 to FY<br>2014-2015) | Year-to-Date<br>FY 2015-16 <sup>11</sup> |
|------------|------------|--------------------------|-------------------------------------------------------|------------------------------------------|
| 214        | 198        | 167                      | 193                                                   | 142                                      |

### **SECTION D**

#### **IM Authorizations in Future Years**

DSH estimates 87 NGI patients annually will withdraw consent and prompt a need to secure initial authorization to involuntarily medicate. In calculating this projection, new admissions and current residents-on-unit were treated distinctly. To determine the impact of new admissions that will not consent to medication, the percentage of IMs for new admissions from actual data (December 2014 through December 2015) was applied to the average number of projected admissions<sup>12</sup> for FY 2016-17. Specifically, for the prior 12 months, 4.2 percent of newly admitted

<sup>10</sup> Year over year, the NGI admissions have slightly decreased due to the prioritization of Incompetent to Stand Trial placements.

<sup>11</sup> FY 2015-16 admissions represent NGI admissions from July 1, 2015 through March 31, 2016 system-wide.

<sup>12</sup> Value calculated in Section C.

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patients did not consent to medication; this results in an estimated 8 NGI admissions who will not consent to medication in FY 2016-17.

In many cases, IM orders either accompany patients transferring from other hospitals, or occur upon admission as an initial assessment. New petitions that are associated with a resident-on-unit<sup>13</sup> are considered instances of withdrawn consent. Of all IM orders for residents-on-unit since full implementation (June 2015 through December 2015), on average, there were 6.6 withdrawals each month. Applying this monthly rate to an annual projection results in 79 petitions for initial authorization for current residents-on-unit.

Table 6 – Projected Withdrawals of Consent for Residents-on-Unit

| Total Initial IMs (June 2015-Dec 2015) | Resident-on-Unit Withdrawal Projection |                             |
|----------------------------------------|----------------------------------------|-----------------------------|
| Residents-on-Unit                      | Estimated Monthly Withdrawals          | Estimated Annual Projection |
| 46                                     | 6.6                                    | 79                          |

In total, the projected 87 patients who will need initial authorization represents approximately 6.2 percent of the state hospital NGI census<sup>14</sup>, as of December 31, 2015.

### **SECTION E**

#### **IM Renewals**

In the next fiscal year, a number of IM authorizations will need to be renewed. The final authorization, secured through Superior Court, is valid for one year, after which the department must seek authorization to renew the IM order. This impact is dependent on the length of stay for the NGI population. If the patient is discharged less than one year after securing IM authorization, a renewal hearing is unnecessary. In 2014-15, 89 percent of NGI patients had an average length of stay of more than one year; if the patient is subject to an authorized IM order, a renewal would be required to continue its use.

To calculate the FY 2016-17 projection, the percentage of NGI patients who stay over one year in a facility for treatment was applied to the sum of Superior Court approvals the department has received between July and December of FY 2015-16 and the projected number of Superior Court approvals between January and June of FY 2015-16. All secured authorizations during this time period would be subject to a renewal hearing during FY 2016-17. Of the 87 estimated final authorizations, 77 are expected to remain in a state hospital through the next year, and would require renewal authorizations.

However, estimating renewal workload beyond FY 2016-17 presents a challenge. With the initial implementation occurring in November 2014, renewal hearings are not anticipated until after January 2016. Given this, the department does not have any data on actual renewal hearings as of yet. The projection presented above is solely based on the approved and anticipated FY

<sup>13</sup> A patient is classified as a resident-on-unit after 3 months in the hospital facility.

<sup>14</sup> This rate is slightly lower than the rate at implementation (8%, or 114 initial authorizations of the 1,412 census point-in-time). Census for December 31, 2015 is 1,410 NGI patients.

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2015-16 Superior Court hearings and applies a length of stay statistic for patients who stay longer than one year.

### **SECTION F**

#### **Estimated Costs based on Anticipated IM Workload**

The workload calculations and positions identified below present the Clinical Operations and Legal Services necessary to support the *Greenshields* process. In addition, DSH maintains a contract with Disability Rights of California to serve as patient right advocates throughout all IM processes. This contract was augmented by \$165,000 to expand services to NGI patients. The projected cost to support the *Greenshields* process is presented below in Table 7.

#### Clinical Operations

The staffing necessary to accommodate the workload associated with the *Greenshields* process is calculated based on a number of job duties for each applicable staff member, and the number of hours required to accomplish the task per patient. The detail regarding the calculations for each clinical position can be referenced in Appendix C.

The Hospital Forensic Evaluator, staffed as a Senior Psychiatrist Specialist, is responsible for the determination of consent, participating in the in-hospital hearings<sup>15</sup> and Superior Court hearings, as well as additional miscellaneous responsibilities. In total, for both new IM petitions and renewal hearings, the workload for a Hospital Evaluator equates to 2,857 hours annually. With relief and additional travel requirements to serve multiple hospitals, this results in a need for 1.98 Senior Psychiatrist Specialists.

The panelists for the IM Hearings are staffed with two Senior Psychiatrist Specialists and one Psychologist. These individuals are responsible for hearing each IM case at the in-hospital level and making a determination as to conditional approval prior to the Superior Court hearing. Additionally, they must travel and testify at the Superior Court hearings and renewals, as applicable. In total, for both new IM petitions and renewal hearings, the workload for these positions equates to 2,095 hours annually. With relief, this results in a need for 1.2 positions to meet the needs of the panelists' responsibilities.

A Psychiatric Technician serves as the IM Coordinator at each hospital, and is responsible for all logistics and preparation necessary for each hearing in the process. This workload, applied to the number of patients for new IM orders and renewals, equates to 1,507.5 hours annually. With relief, this results in a need for 0.9 Psychiatric Technicians.

In total, the clinical portion of the *Greenshields* process requires 4.1 full-time positions at an annual cost of \$1.2 million to manage the workload associated with the NGI population needs for involuntary medication. Approximately 41 percent of this cost is attributed to workload during the in-hospital hearings, both the initial and 14-day panels.

#### Legal Services

The legal staff necessary to manage and support the *Greenshields* process consists of Attorneys and Assistant Chief Counsel and Legal Analyst support. The Attorneys provide regular consultation on procedural issues, representation at all superior court hearings including initial hearings, status hearings and renewal hearings and collaboration with county courts for

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<sup>15</sup> Includes both the initial hearing and the 14-day hearing.

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ongoing implementation issues. With the implementation phase complete, attorneys will begin a system-wide review of hospital practices involving training and consultation with executive and forensic staff, review of petitions and preparation of other required documents and oversee the ongoing process to ensure system-wide consistency. In total, the workload for the Attorneys equates to 5,663.2 hours annually, resulting in a need for 3.2 Attorney positions.

The Assistant Chief Counsel functions as a Supervisory Attorney in cases with complex issues and litigation. In collaboration with the Attorneys, the Assistant Chief Counsel participates in training efforts and consultation with executive and forensic staff at each of the hospitals. Additionally, the Assistant Chief Counsel reviews all IM petitions, as well as *Greenshields* tracking logs, provides general supervision of all cases, and ensures proper implementation of regulation changes and form revisions as necessary. In total, the workload for the Assistant Chief Counsel equates to 532.8 hours annually, or 0.3 positions.

The Senior Legal Analyst and Legal Analyst serves as the initial point of contact for the hospitals and counties on coordination and programmatic issues, coordination of superior court hearings and preparation of court documentation, management of data tracking for the entire *Greenshields* process and coordination of testifying doctors and witnesses. In total, the workload equates to 3,552 hours annually, resulting in a need for 1.0 Senior Legal Analyst and 1.0 Legal Analyst.

The legal portion of the *Greenshields* process requires 5.5 full-time positions at an annual cost of \$675,000. Approximately 100 percent of this cost is attributed to management and representation of the *Greenshields* process. This includes the oversight of all workload leading up to and throughout the superior court process. The detail regarding the calculations for each legal position can be referenced in Appendix D.

Table 7 – Approximate Distribution of Cost (dollars in thousands)

|                                 | Clinical Cost  | DSH-Legal Cost <sup>16</sup> | Contract     | Total          |
|---------------------------------|----------------|------------------------------|--------------|----------------|
| <b>Determination of Consent</b> | \$79           | -                            | -            | \$79           |
| <b>In-Hospital Hearings</b>     | \$479          | -                            | \$165        | \$644          |
| <b>Superior Court Hearings</b>  | \$306          | \$675                        | -            | \$1,266        |
| <b>Renewals</b>                 | \$285          |                              |              |                |
| <b>General Workload</b>         | \$17           | -                            | -            | \$17           |
| <b>Total</b>                    | <b>\$1,166</b> | <b>\$675</b>                 | <b>\$165</b> | <b>\$2,006</b> |
| <b>Percent-to-total</b>         | <b>58.1%</b>   | <b>33.7%</b>                 | <b>8.2%</b>  | <b>100%</b>    |

<sup>16</sup> A majority of the workload for Legal Services is driven by the Superior Court and Renewal hearings. However, they may also contribute to other parts of the process, though the precise distribution is not determined.

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### CONCLUSION

The increased workload due to the implementation of *Greenshields'* involuntary medication process is dependent on the size of the NGI population, and the likelihood that these patients will not consent to medication during their stay at a state hospital.

Although the estimated need for involuntary medication is more difficult to predict, there still exist aspects to the workload that are certain. For example, as all patients must be initially assessed, the *Greenshields* process, to this extent, impacts the entire NGI population; this component, dependent solely on the trend of admissions, can therefore be more precisely anticipated.

From assessment, the impact of the workload is reliant on the number of patients who do not consent, as well as those who had already been assessed previously but now withdraw their consent to medication. This effect is driven largely by the varying needs of the patient population at the specific point in time, which certainly has the potential to fluctuate. With the limited data available, DSH has estimated the impact of the enacted *Greenshields* requirement for FY 2016-17; ongoing years require additional data, especially regarding the projections concerning renewals, of which, due to the timing of implementation, the department has not experienced as of yet.

Despite the limitations of projecting a flexible issue concerning patients' needs, which vary naturally based on the individuals involved, DSH is committed to providing safe and responsible treatment for each of the patient populations; understanding the precise impact of *Greenshields*, and operationalizing appropriately through procedure and staffing, is an important aspect of this mission.

# Department of State Hospitals

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## Supplemental Report to the Legislature – Involuntary Medication for NGIs

### APPENDICES

**Appendix A.** NGI In-Hospital Involuntary Medication Panels and Superior Court Involuntary Medication Process

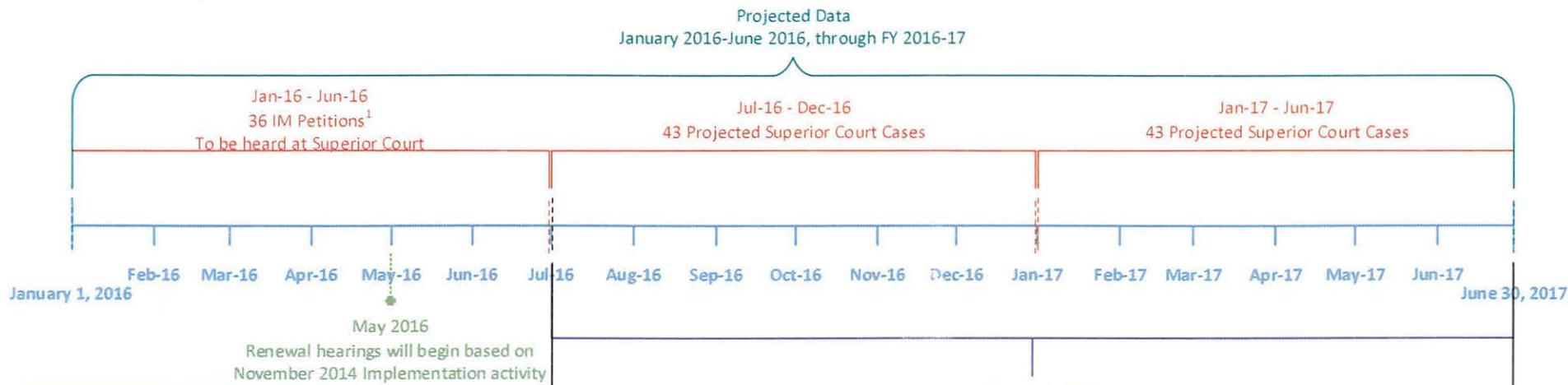
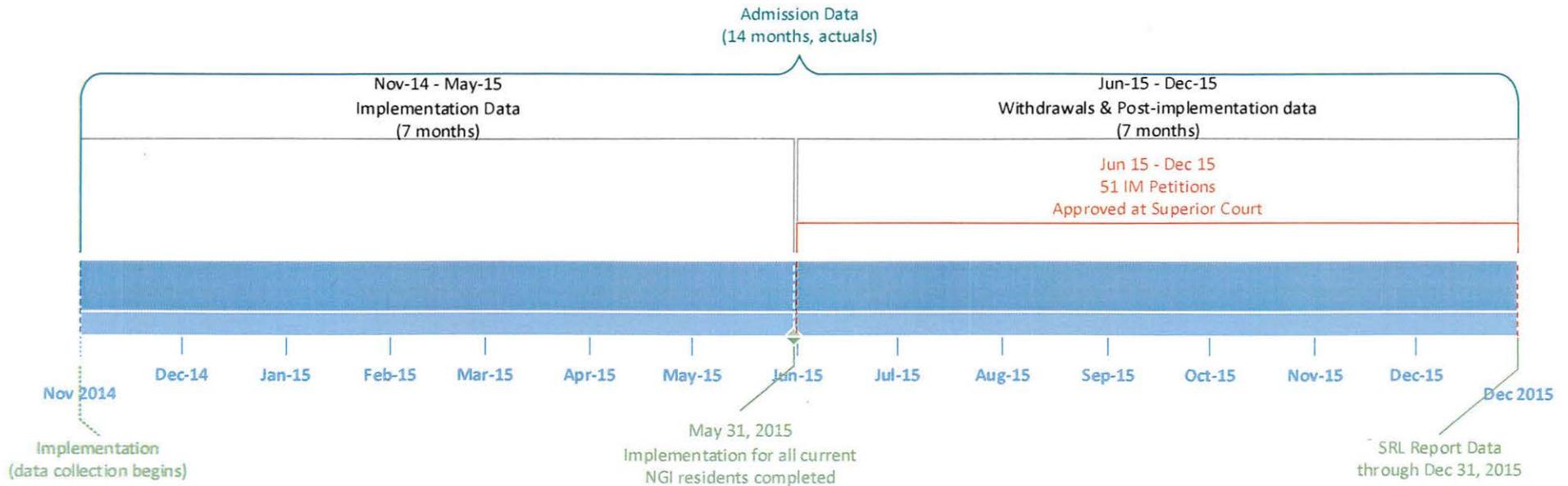
**Appendix B.** Involuntary Medication Data Projections and Timeline

**Appendix C.** *Greenshields* Process: Workload Calculations: Clinical Operations

**Appendix D.** *Greenshields* Process: Workload Calculations: Legal Services



# Involuntary Medication Data Projections and Timeline



| Legend    |                  |
|-----------|------------------|
| Blue bar  | Actuals          |
| Blue line | Projected        |
| Green     | Milestones       |
| Black     | In-hospital data |
| Red       | Superior Court   |
| Purple    | Renewals         |

Jul 2016 - Jun 2017  
77 Renewals from FY 2015-16 Authorized IM Orders

Jul 2016 - Jun 2017  
87 Projected IM Initial Authorizations  
(39 Withdrawals of Consent + 8 New Admissions)

<sup>1</sup>These 36 cases were approved at their respective 14-day hearings, and should have their Superior Court hearing between January 2016 and June 2016.

Greenshields Process  
Workload Calculations  
1/1/2016

Hospital Evaluator: Senior Psychiatrist Specialist

| IM Process:<br>Workload Calculations                                                                                                                       | Psychiatrist | Avg # of<br>Hours | Frequency | Method for Total<br>Annual Hours                                    | ASH                |       | CSH                |       | MSH                |       | NSH                |         | PSH                |         | System-wide                      |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------|-----------|---------------------------------------------------------------------|--------------------|-------|--------------------|-------|--------------------|-------|--------------------|---------|--------------------|---------|----------------------------------|---------|
|                                                                                                                                                            |              |                   |           |                                                                     | Population<br>Data | Hours | Population<br>Data | Hours | Population<br>Data | Hours | Population<br>Data | Hours   | Population<br>Data | Hours   | Estimated<br>Annual<br>Caseload* | Hours   |
| Determination of Consent                                                                                                                                   |              | 5                 | One time  | Avg hrs. x Estimated<br>Patients requiring IMs<br>Annually          | 20.0               | 100.0 | 0.0                | 0.0   | 1.0                | 5.0   | 32.0               | 160.0   | 34.0               | 170.0   | 87.0                             | 435.0   |
| Panel In-Hospital Hearings (authorizing up to 180 days)                                                                                                    |              | 7                 | One time  | Avg hrs. x Estimated<br>Patients requiring IMs<br>Annually          | 20.0               | 140.0 | 0.0                | 0.0   | 1.0                | 7.0   | 32.0               | 224.0   | 34.0               | 238.0   | 87.0                             | 609.0   |
| Involuntary Meds - Superior Court Hearings (Preparation, Testimony, Travel)                                                                                |              | 10                | One time  | Avg hrs. x Estimated<br>Patients requiring IMs<br>Annually          | 20.0               | 200.0 | 0.0                | 0.0   | 1.0                | 10.0  | 32.0               | 320.0   | 34.0               | 340.0   | 87.0                             | 870.0   |
| Involuntary Meds - Renewal Superior Court Hearing                                                                                                          |              | 11                | Annual    | Avg hrs. x Estimated<br>Patients requiring IMs<br>Renewals Annually | 12.0               | 132.0 | 0.0                | 0.0   | 0.0                | 0.0   | 28.0               | 308.0   | 37.0               | 407.0   | 77.0                             | 847.0   |
| General Workload - Maintaining policies, procedures, preparing & responding to requests for information on process, consultation to legal on data tracking |              | 2                 | Monthly   | Avg monthly workload x #<br>of months                               | N/A                | 24    | N/A                | 0.0   | N/A                | 24    | N/A                | 24      | N/A                | 24      | N/A                              | 96.0    |
| <b>Subtotal Hours</b>                                                                                                                                      |              |                   |           |                                                                     |                    | 596.0 |                    | 0.0   |                    | 46.0  |                    | 1,036.0 |                    | 1,179.0 |                                  | 2,857.0 |
| <b>Subtotal Annual PYs</b>                                                                                                                                 |              |                   |           |                                                                     |                    | 0.29  |                    | 0.00  |                    | 0.02  |                    | 0.50    |                    | 0.57    |                                  | 1.4     |
| <b>With Relief</b>                                                                                                                                         |              |                   |           |                                                                     |                    | 0.34  |                    | 0.00  |                    | 0.03  |                    | 0.60    |                    | 0.68    |                                  | 1.6     |
| <b>Annual Workload Hours</b>                                                                                                                               |              | 2080              |           |                                                                     |                    |       |                    |       |                    |       |                    |         |                    |         |                                  |         |

Notes:

Determination of Consent: This includes interviewing the patient, reviewing all medical documentation, and questionnaire.  
In Hospital Hearings: This includes the hours for both the initial in-hospital hearing and the 14 day hearing.  
Superior Court Hearings: Assume full day for prep., testimony and travel, plus one hour for patient interview and chart review.  
Superior Court Hearing Renewals: Assume full day for prep., testimony and travel, plus two hours for renewal paperwork.

If coverage is provided to more than one hospital (i.e. 50% time at each location) then add in 6 days of travel per month

0.33

Grand Total:

1.98

IM Hearing Panelist: Senior Psychiatrist Specialist (2) and Psychologist (1)

| IM Process:<br>Workload Calculations                                        | Psychiatrist | Avg # of<br>Hours | Frequency | Method for Total<br>Annual Hours                                    | ASH                |       | CSH                |       | MSH                |       | NSH                |       | PSH                |       | System-wide                      |         |
|-----------------------------------------------------------------------------|--------------|-------------------|-----------|---------------------------------------------------------------------|--------------------|-------|--------------------|-------|--------------------|-------|--------------------|-------|--------------------|-------|----------------------------------|---------|
|                                                                             |              |                   |           |                                                                     | Population<br>Data | Hours | Estimated<br>Annual<br>Caseload* | Hours   |
| Panel In-Hospital Hearings (authorizing up to 180 days)                     |              | 9                 | One time  | Avg hrs. x Estimated<br>Patients requiring IMs<br>Annually          | 20.0               | 180.0 | 0.0                | 0.0   | 1.0                | 9.0   | 32.0               | 288.0 | 34.0               | 306.0 | 87.0                             | 783.0   |
| Involuntary Meds - Superior Court Hearings (Preparation, Testimony, Travel) |              | 8                 | One time  | Avg hrs. x Estimated<br>Patients requiring IMs<br>Annually          | 20.0               | 160.0 | 0.0                | 0.0   | 1.0                | 8.0   | 32.0               | 256.0 | 34.0               | 272.0 | 87.0                             | 696.0   |
| Involuntary Meds - Renewal Superior Court Hearing                           |              | 8                 | Annual    | Avg hrs. x Estimated<br>Patients requiring IMs<br>Renewals Annually | 12.0               | 96.0  | 0.0                | 0.0   | 0.0                | 0.0   | 28.0               | 224.0 | 37.0               | 296.0 | 77.0                             | 616.0   |
| <b>Subtotal Hours</b>                                                       |              |                   |           |                                                                     |                    | 436.0 |                    | 0.0   |                    | 17.0  |                    | 768.0 |                    | 874.0 |                                  | 2,095.0 |
| <b>Subtotal Annual PYs</b>                                                  |              |                   |           |                                                                     |                    | 0.21  |                    | 0.00  |                    | 0.01  |                    | 0.37  |                    | 0.42  |                                  | 1.0     |
| <b>With Relief</b>                                                          |              |                   |           |                                                                     |                    | 0.25  |                    | 0.00  |                    | 0.01  |                    | 0.44  |                    | 0.50  |                                  | 1.2     |
| <b>Annual Workload Hours</b>                                                |              | 2080              |           |                                                                     |                    |       |                    |       |                    |       |                    |       |                    |       |                                  |         |

Notes:

In Hospital Hearings: This includes the hours for both the initial in-hospital hearing and the 14 day hearing.  
Superior Court Hearings: Assume full day for testimony and travel.  
Superior Court Hearing Renewals: Assume full day for testimony and travel.

Greenshields Process  
 Workload Calculations  
 1/1/2016

IM Coordinator: Psychiatric Technician

| IM Process:<br>Psychiatric<br>Technician Workload Calculations                                                                                                                                      | Avg # of<br>Hours | Frequency | Method for Total<br>Annual Hours                                    | ASH                |       | CSH                |       | MSH                |       | NSH                |       | PSH                |       | System-wide                      |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------|---------------------------------------------------------------------|--------------------|-------|--------------------|-------|--------------------|-------|--------------------|-------|--------------------|-------|----------------------------------|---------|
|                                                                                                                                                                                                     |                   |           |                                                                     | Population<br>Data | Hours | Estimated<br>Annual<br>Caseload* | Hours   |
| Pre-Superior Court Workload<br>(Drafting notice letter, serving patient,<br>coordinating and scheduling Panels, Panel<br>preparation and panel time, coordination and<br>tracking of court filings) | 14.5              | One time  | Avg hrs. x Estimated<br>Patients requiring IMs<br>Annually          | 20.0               | 290.0 | 0.0                | 0.0   | 1.0                | 14.5  | 32.0               | 464.0 | 34.0               | 493.0 | 87.0                             | 1,261.5 |
| Involuntary Meds - Superior Court Hearings<br>(Report monitoring, tracking of ongoing<br>documentation)                                                                                             | 1.5               | One time  | Avg hrs. x Estimated<br>Patients requiring IMs<br>Annually          | 20.0               | 30.0  | 0.0                | 0.0   | 1.0                | 1.5   | 32.0               | 48.0  | 34.0               | 51.0  | 87.0                             | 130.5   |
| Involuntary Meds - Renewal Hearings (Report<br>monitoring, tracking of ongoing<br>documentation)                                                                                                    | 1.5               | One time  | Avg hrs. x Estimated<br>Patients requiring IMs<br>Renewals Annually | 12.0               | 18.0  | 0.0                | 0.0   | 0.0                | 0.0   | 28.0               | 42.0  | 37.0               | 55.5  | 77.0                             | 115.5   |
| Subtotal Hours                                                                                                                                                                                      |                   |           |                                                                     |                    | 338.0 |                    | 0.0   |                    | 16.0  |                    | 554.0 |                    | 599.5 |                                  | 1,507.5 |
| Subtotal Annual PYS                                                                                                                                                                                 |                   |           |                                                                     |                    | 0.16  |                    | 0.00  |                    | 0.01  |                    | 0.27  |                    | 0.29  |                                  | 0.7     |
| With Relief                                                                                                                                                                                         |                   |           |                                                                     |                    | 0.20  |                    | 0.00  |                    | 0.01  |                    | 0.32  |                    | 0.35  |                                  | 0.9     |
| Annual Workload Hours                                                                                                                                                                               | 2080              |           |                                                                     |                    |       |                    |       |                    |       |                    |       |                    |       |                                  |         |

|                                        |         |
|----------------------------------------|---------|
| Total Hours                            | 6,459.5 |
| Total Positions, incl. Relief & Travel | 4.1     |

Department of State Hospitals

Appendix D

Greenshields IM Process

DSH-Legal Workload Calculations

3/11/2016

Annual Workload Hours

1,776

| Attorney I Workload | Superior Court Hearing            |                        |                                                         |                      |                  | Renewal Hearings           |                        |                                                         |                      |                  | Total On-Going PYs |             |
|---------------------|-----------------------------------|------------------------|---------------------------------------------------------|----------------------|------------------|----------------------------|------------------------|---------------------------------------------------------|----------------------|------------------|--------------------|-------------|
|                     | Projected Superior Court Hearings | Avg. Hours per Hearing | Avg. Hours per Status Hearing (additional) <sup>1</sup> | Total Hours (annual) | PY Need (annual) | Projected Renewal Hearings | Avg. Hours per Hearing | Avg. Hours per Status Hearing (additional) <sup>1</sup> | Total Hours (annual) | PY Need (annual) |                    | Total Hours |
| ASH                 | 20.0                              | 17.0                   | -                                                       | 340.0                | 0.2              | 12.0                       | 17.0                   | -                                                       | 204.0                | 0.1              | 544.0              | 0.3         |
| MSH                 | 1.0                               | 15.0                   | 5.0                                                     | 20.0                 | 0.0              | -                          | 15.0                   | 5.0                                                     | -                    | 0.0              | 20.0               | 0.0         |
| NSH                 | 32.0                              | 11.0                   | -                                                       | 352.0                | 0.2              | 28.0                       | 11.0                   | -                                                       | 308.0                | 0.2              | 660.0              | 0.4         |
| PSH                 | 34.0                              | 15.0                   | 5.0                                                     | 680.0                | 0.4              | 37.0                       | 15.0                   | 5.0                                                     | 740.0                | 0.4              | 1,420.0            | 0.8         |
| <b>Total</b>        | <b>87.0</b>                       |                        |                                                         | <b>1,392.0</b>       | <b>0.8</b>       | <b>77.0</b>                |                        |                                                         | <b>1,252.0</b>       | <b>0.7</b>       |                    | <b>1.5</b>  |

<sup>1</sup>Status Hearings occur in the event of a petition that warrants additional court time due to case complexity or county court need.

\*Additional Attorney (1.7) Workload

- Superior Court Appeals
- Jurisdictional Issues related to County of treatment versus County of commitment
- Increased hearing time due to expert witnesses
- Training, audits and consultation with hospital executive and forensic staff

\*Assistant Chief Counsel (0.3) Workload

- Supervisory Attorney time for complex issues and litigation
- Training, audits and consultation with hospital executive and forensic staff
- Review of all petitions and 4210 tracking logs
- General supervision of all cases, form revisions and regulation changes

Additional Positions:

|                           |            |
|---------------------------|------------|
| Attorney*                 | 1.7        |
| Assistant Chief Counsel** | 0.3        |
| Sr. Legal Analyst         | 1.0        |
| Legal Analyst             | 1.0        |
| <b>Total Positions</b>    | <b>5.5</b> |