



**Department of State Hospitals
2020-21 May Revision Estimates
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1. Electronic Health Record within Clinical Assessments, Reports & Eval. System- Phase 2	\$ -	0.0	\$ 2,425	4.0	B
2. Pharmacy Modernization- Phase 2	\$ -	0.0	\$ 928	0.0	
3. Statewide Roof Repairs and Replacement	\$ -	0.0	\$ 26,700	1.0	
4. Mission-Based Review - Treatment Team	\$ -	0.0	\$ 9,400	36.3	
5. Statewide Ligature Risk Special Repair Funding	\$ -	0.0	\$ 5,257	0.0	
6. Statewide Integrated Health Care Provider Network (HCPN)	\$ -	0.0	\$ 3,156	0.0	
7. Quality Improvement, Internal Auditing, Monitoring, Risk Mgmt. & Hospital Support	\$ -	0.0	\$ -	0.0	
8. Relocation to the Clifford L. Allenby Building- Phase 2	\$ -	0.0	\$ 3,250	0.0	
9. Cooperative Electronic Document Management System (CEDMS)	\$ -	0.0	\$ -	0.0	
10. Increase Resources for Regulation Promulgation	\$ -	0.0	\$ -	0.0	
11. Disaster, Preparedness, Response Recovery	\$ -	0.0	\$ (535)	-5.0	
C. ENROLLMENT, CASELOAD, AND POPULATION					
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1. Lanterman-Petris-Short Population and Personal Services Adjustment	\$ -	0.0	\$ (1,033)	0.0	
2. Patient Driven Operating Expenses and Equipment	\$ -	0.0	\$ (3,534)	0.0	
3. Metropolitan State Hospital Increased Secure Bed Capacity	\$ (26,455)	-171.3	\$ (6,758)	-43.7	
4. Enhanced Treatment Program	\$ (3,085)	-21.1	\$ (1,379)	-8.4	
5. Mission-Based Review - Court Evaluations and Reports	\$ 2,356	-2.7	\$ (3,270)	-17.7	
6. Mission-Based Review - Direct Care Nursing	\$ (7,456)	-83.5	\$ (20,969)	-162.1	
7. DSH-Patton Over-Bedding	\$ -	0.0	\$ -	0.0	
CONDITIONAL RELEASE PROGRAM (CONREP)					
8. CONREP- Continuum of Care Expansion	\$ (3,354)	0.0	\$ -	0.0	
9. CONREP- Community Program Director	\$ -	0.0	\$ -	0.0	
CONTRACTED PATIENT SERVICES					
10. Jail-Based Competency Treatment (JBCT) Programs	\$ (3,222)	0.0	\$ (2,402)	0.0	
11. IST- Off Ramp Services	\$ -	0.0	\$ (1,000)	0.0	
12. Community Care Collaborative Pilot Program (CCCP)	\$ -	0.0	\$ (24,563)	-3.0	
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CALIFORNIA DEPARTMENT OF STATE HOSPITALS PROGRAM OVERVIEW

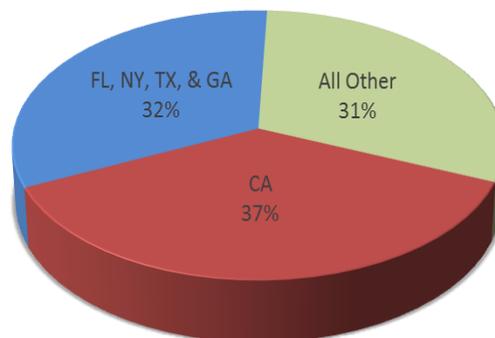
DSH Program Background

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

DSH manages the nation's largest inpatient forensic mental health hospital system. Its mission is to provide evaluation and treatment in a safe and responsible manner, seeking innovation and excellence in state hospital operations, across a continuum of care and settings. DSH is responsible for the daily care and provision of mental health treatment of its patients. DSH oversees five state hospitals (Atascadero, Coalinga, Metropolitan, Napa, and Patton) and employs nearly 13,000 staff. Additionally, DSH provides services in jail-based competency treatment (JBCT) programs and conditional release (CONREP) programs throughout the 58 counties. In FY 2018-19, DSH served 11,752 patients within state hospitals and jail-based facilities, with average daily censuses of 6,122 and 290 respectively. The CONREP program maintains an average daily census of approximately 661.

According to the National Association of State Mental Health Program Directors (NASMHD), California comprises 37 percent of all forensic mental health patients served in the United States. By comparison, the next four largest states – Florida, New York, Texas and Georgia – collectively comprise less than a third (32 percent) of the population. The following graph illustrates the distribution of the United States' forensic mental health population per the 2013 National Association of State Mental Health Program Directors, State Profiles.

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



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

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

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

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

DSH State Hospitals

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

DSH-Atascadero primarily serves the following four patient types: Offender with a Mental Health Disorder (OMD)¹, *Coleman* patients from CDCR, Incompetent to Stand Trial (IST), and Not Guilty by Reason of Insanity (NGI).

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

DSH-Coalinga primarily serves the following three patient types: ODM¹, *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

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

and the Los Angeles County Sheriff not to accept patients charged with murder or a sex crime, or at high risk for escape. This agreement has limited the total number of patients that DSH-Metropolitan can treat below the licensed bed capacity.

DSH-Metropolitan's operational bed capacity is restricted due to multiple units within two areas of the hospital that are located outside of the secured treatment area (STA). The units outside of the STA are unable to house PC forensically committed patients. In order to properly house the PC patients and provide additional capacity, a secured fence surrounding the remaining non-STA area is required and would increase the operational capacity to 1,062.

DSH-Metropolitan primarily serves the following four patient types: LPS, IST, ODM¹, and NGI.

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

DSH-Napa primarily serves the following four patient types: LPS, IST, ODM¹, and NGI.

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

DSH-Patton primarily serves the following four patient types: LPS, IST, ODM¹, and NGI.

For additional information on the specific state hospitals, please reference the DSH Hospital Profiles located in the 2020-21 Governor's Budget Proposals and Estimates binder within Section E2.

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

**Detailed Funding Summary - All Programs
2020-21 May Revision Detail of Adjustments**

Fund	Reference	Program	Current Service Level	2020-21 Governor's Budget: Baseline Adjustments							BBA Total
				Allocation for Employee Compensation	Allocation for Other Post-Employment Benefits	Allocation for Staff Benefits	Lease Revenue Debt Service Adjustment	Lottery Fund Technical Adjustment	Section 3.60 Pension Contribution Adjustment	Attorney General Services Rate Increase	
0001-General Fund	RF 003	4410010-Atascadero	\$3,670,000				\$2,000				\$2,000
		4410020-Coalinga	\$30,856,000				\$682,000				\$682,000
		4410030-Metropolitan	\$2,193,000				\$5,000				\$5,000
		4410040-Napa	\$2,246,000				-\$8,000				-\$8,000
		4410050-Patton	\$963,000				\$9,000				\$9,000
	RF 003 Total			\$39,928,000				\$690,000			\$690,000
	RF 011	4400010-Headquarters Administration	\$59,205,000	\$683,000	\$205,000	\$345,000			\$341,000	\$1,506,000	\$3,080,000
		4400020-Hospital Administration	\$98,998,000	\$718,000	\$225,000	\$379,000			\$335,000		\$1,657,000
		4410010-Atascadero	\$287,614,000	\$3,806,000	\$1,923,000	\$1,909,000			\$2,432,000		\$10,070,000
		4410020-Coalinga	\$306,290,000	\$4,079,000	\$2,028,000	\$2,129,000			\$2,661,000		\$10,897,000
		4410030-Metropolitan	\$234,737,000	\$3,896,000	\$1,783,000	\$1,902,000			\$2,371,000		\$9,952,000
		4410040-Napa	\$291,523,000	\$4,736,000	\$2,093,000	\$2,395,000			\$2,724,000		\$11,948,000
		4410050-Patton	\$354,542,000	\$4,397,000	\$2,094,000	\$2,177,000			\$2,703,000		\$11,371,000
		4410060-State Hospital Police Academy	\$6,373,000	\$32,000	\$8,000	\$15,000			\$19,000		\$74,000
		4420010-Conditional Release Program	\$14,389,000	\$26,000	\$11,000	\$14,000			\$17,000		\$68,000
		4420020-Conditional Release Program - SVP	\$34,423,000	\$14,000	\$6,000	\$8,000			\$10,000		\$38,000
		4430010-Admission, Evaluation, Stabilization Center	\$10,772,000	\$3,000	\$1,000	\$2,000			\$2,000		\$8,000
		4430020-Jail Based Competency Treatment	\$57,493,000	\$5,000	\$2,000	\$2,000			\$2,000		\$11,000
		4430030-Other Contracted Services	\$15,570,000	\$3,000	\$1,000	\$2,000			\$2,000		\$8,000
		4440-Evaluation and Forensic Services	\$22,868,000	\$202,000	\$90,000	\$111,000			\$144,000		\$547,000
	RF 011 Total			\$1,794,797,000	\$22,600,000	\$10,470,000	\$11,390,000		\$13,763,000	\$1,506,000	\$59,729,000
	RF 017	4400010-Headquarters Administration	\$413,000	\$6,000	\$2,000	\$3,000			\$4,000		\$15,000
		4400020-Hospital Administration	\$852,000	\$18,000	\$6,000	\$10,000			\$8,000		\$42,000
	RF 017 Total			\$1,265,000	\$24,000	\$8,000	\$13,000		\$12,000		\$57,000
	RF 502	4410010-Atascadero	\$46,000								
		4410020-Coalinga	\$101,000								
		4410030-Metropolitan	\$150,000								
4410040-Napa		\$480,000									
4410050-Patton		\$323,000									
RF 502 Total			\$1,100,000								
0001-General Fund Total			\$1,837,090,000	\$22,624,000	\$10,478,000	\$11,403,000	\$690,000		\$13,775,000	\$1,506,000	\$60,476,000
0814-California State Lottery Education Fund	RF 511	4410010-Atascadero	\$8,000					\$2,000			\$2,000
		4410030-Metropolitan	\$8,000					\$2,000			\$2,000
		4410040-Napa	\$8,000					\$3,000			\$3,000
		4410050-Patton	\$8,000					\$3,000			\$3,000
	RF 511 Total			\$32,000					\$10,000		\$10,000
0814-California State Lottery Education Fund Total			\$32,000					\$10,000		\$10,000	
0995-Reimbursements	RF 511	4400020-Hospital Administration	\$3,412,000								
		4410010-Atascadero	\$2,532,000								
		4410020-Coalinga	\$32,000								
		4410030-Metropolitan	\$80,882,000								
		4410040-Napa	\$57,639,000								
	4410050-Patton	\$25,328,000									
RF 511 Total			\$169,825,000								
0995-Reimbursements Total			\$169,825,000								
Grand Total			\$2,006,947,000	\$22,624,000	\$10,478,000	\$11,403,000	\$690,000	\$10,000	\$13,775,000	\$1,506,000	\$60,486,000

**Detailed Funding Summary - All Programs
2020-21 May Revision Detail of Adjustments**

			2020-21 Governor's Budget: Budget Change Proposals														
Fund	Reference	Program	Electronic Health Record within Clinical Assessments, Reports and Evaluation System-Phase 2	Statewide Roof Repairs and Replacement	Quality Improvement and Internal Auditing, Monitoring, Risk Management and Hospital Support	Post-Incident Debriefing and Support	Increase Resources for Regulation Promulgation	Mission-Based Review - Treatment Team	Statewide Integrated Health Care Provider Network	Relocation to the Clifford L. Allenby Building-Phase 2	Pharmacy Modernization-Phase 2	Statewide Ligature Risk Special Repair Funding	Mission-Based Review - Protective Services	Cooperative Electronic Document Management System	BCP Total		
0001-General Fund	RF 003	4410010-Atascadero															
		4410020-Coalinga															
		4410030-Metropolitan															
		4410040-Napa															
		4410050-Patton															
		RF 003 Total															
	RF 011	4400010-Headquarters Administration	\$9,588,000	\$49,438,000	\$1,539,000	\$826,000	\$480,000	\$754,000	\$2,206,000	\$2,692,000			\$283,000	\$441,000	\$68,247,000		
		4400020-Hospital Administration	\$18,000	\$5,000	\$11,000	\$5,000	\$3,000	\$77,000	\$4,106,000	\$3,808,000	\$5,378,000		\$46,000	\$5,202,000	\$18,659,000		
		4410010-Atascadero						\$5,718,000				\$1,281,000	\$1,513,000		\$8,512,000		
		4410020-Coalinga						\$6,886,000					\$288,000		\$7,174,000		
		4410030-Metropolitan						\$5,786,000				\$910,000	\$1,557,000		\$8,253,000		
		4410040-Napa						\$6,825,000				\$3,659,000	\$3,856,000		\$14,340,000		
		4410050-Patton						\$5,974,000				\$4,661,000	\$357,000		\$10,992,000		
		4410060-State Hospital Police Academy															
		4420010-Conditional Release Program															
		4420020-Conditional Release Program - SVP															
		4430010-Admission, Evaluation, Stabilization Center															
		4430020-Jail Based Competency Treatment															
		4430030-Other Contracted Services															
		4440-Evaluation and Forensic Services															
			RF 011 Total	\$9,606,000	\$49,443,000	\$1,550,000	\$831,000	\$483,000	\$32,020,000	\$6,312,000	\$6,500,000	\$5,378,000	\$10,511,000	\$7,900,000	\$5,643,000	\$136,177,000	
	RF 017	4400010-Headquarters Administration															
		4400020-Hospital Administration															
		RF 017 Total															
	RF 502	4410010-Atascadero															
		4410020-Coalinga															
		4410030-Metropolitan															
4410040-Napa																	
4410050-Patton																	
	RF 502 Total																
0001-General Fund Total			\$9,606,000	\$49,443,000	\$1,550,000	\$831,000	\$483,000	\$32,020,000	\$6,312,000	\$6,500,000	\$5,378,000	\$10,511,000	\$7,900,000	\$5,643,000	\$136,177,000		
0814-California State Lottery Education Fund	RF 511	4410010-Atascadero															
		4410030-Metropolitan															
		4410040-Napa															
		4410050-Patton															
		RF 511 Total															
0814-California State Lottery Education Fund Total																	
0995-Reimbursements	RF 511	4400020-Hospital Administration															
		4410010-Atascadero															
		4410020-Coalinga															
		4410030-Metropolitan															
		4410040-Napa															
	4410050-Patton																
	RF 511 Total																
0995-Reimbursements Total																	
Grand Total			\$9,606,000	\$49,443,000	\$1,550,000	\$831,000	\$483,000	\$32,020,000	\$6,312,000	\$6,500,000	\$5,378,000	\$10,511,000	\$7,900,000	\$5,643,000	\$136,177,000		

**Detailed Funding Summary - All Programs
2020-21 May Revision Detail of Adjustments**

Fund	Reference	Program	2020-21 Governor's Budget: Enrollment, Caseload and Population Adjustments											GB Total			
			Enhanced Treatment Program	Metropolitan State Hospital Increased Secure Bed Capacity	Mission-Based Review: Court Evaluations and Reports	Mission-Based Review: Direct Care Nursing	Community Care Collaborative Pilot Program	Admission, Evaluation, and Stabilization Center Expansion	Jail-Based Competency Treatment Program	Patient-Driven Operating Expenses	Conditional Release Program for Non-Sexually Violent Predators Provider Contract Funding	Incompetent to Stand Trial "Off-Ramp" Services	Lanterman-Petris-Short Population and Personal Services Adjustment		ECP Total		
0001-General Fund	RF 003	4410010-Atascadero														\$2,000	
		4410020-Coalinga														\$682,000	
		4410030-Metropolitan														\$5,000	
		4410040-Napa														-\$8,000	
		4410050-Patton														\$9,000	
		RF 003 Total														\$690,000	
	RF 011	4400010-Headquarters Administration				\$0		\$15,000								\$15,000	\$71,342,000
		4400020-Hospital Administration	\$638,000	\$2,000				\$3,000								\$643,000	\$20,959,000
		4410010-Atascadero	\$0			\$0						\$603,000				\$603,000	\$19,185,000
		4410020-Coalinga				\$0	\$0					\$882,000				\$882,000	\$18,953,000
		4410030-Metropolitan		\$292,000		\$0	\$0					\$299,000				\$591,000	\$18,796,000
		4410040-Napa				\$0	\$0					\$477,000				\$477,000	\$26,765,000
		4410050-Patton	-\$253,000			\$0	\$0					\$1,273,000				\$1,020,000	\$23,383,000
		4410060-State Hospital Police Academy															\$74,000
		4420010-Conditional Release Program											\$2,200,000			\$2,200,000	\$2,268,000
		4420020-Conditional Release Program - SVP															\$38,000
		4430010-Admission, Evaluation, Stabilization Center								\$5,283,000						\$5,283,000	\$5,291,000
		4430020-Jail Based Competency Treatment									\$1,626,000					\$1,626,000	\$1,637,000
		4430030-Other Contracted Services							\$24,545,000						\$2,000,000	\$26,545,000	\$26,553,000
		4440-Evaluation and Forensic Services															\$547,000
			RF 011 Total		\$385,000	\$294,000	\$0	\$0	\$24,563,000	\$5,283,000	\$1,626,000	\$3,534,000	\$2,200,000	\$2,000,000	\$39,885,000	\$235,791,000	
	RF 017	4400010-Headquarters Administration														\$15,000	
		4400020-Hospital Administration														\$42,000	
		RF 017 Total														\$57,000	
	RF 502	4410010-Atascadero															
		4410020-Coalinga															
4410030-Metropolitan																	
4410040-Napa																	
4410050-Patton																	
	RF 502 Total																
0001-General Fund Total			\$385,000	\$294,000	\$0	\$0	\$24,563,000	\$5,283,000	\$1,626,000	\$3,534,000	\$2,200,000	\$2,000,000	\$39,885,000	\$236,538,000			
0814-California State Lottery Education Fund	RF 511	4410010-Atascadero														\$2,000	
		4410030-Metropolitan														\$2,000	
		4410040-Napa														\$3,000	
		4410050-Patton														\$3,000	
		RF 511 Total														\$10,000	
0814-California State Lottery Education Fund Total															\$10,000		
0995-Reimbursements	RF 511	4400020-Hospital Administration															
		4410010-Atascadero												\$114,000	\$114,000	\$114,000	
		4410020-Coalinga															
		4410030-Metropolitan												\$3,226,000	\$3,226,000	\$3,226,000	
		4410040-Napa												\$2,076,000	\$2,076,000	\$2,076,000	
4410050-Patton												\$1,374,000	\$1,374,000	\$1,374,000			
	RF 511 Total												\$6,790,000	\$6,790,000	\$6,790,000		
0995-Reimbursements Total													\$6,790,000	\$6,790,000	\$6,790,000		
Grand Total			\$385,000	\$294,000	\$0	\$0	\$24,563,000	\$5,283,000	\$1,626,000	\$3,534,000	\$2,200,000	\$2,000,000	\$6,790,000	\$46,675,000	\$243,338,000		

Detailed Funding Summary - All Programs
2020-21 May Revision Detail of Adjustments

Fund	Reference	Program	2020-21 May Revision: Baseline Adjustments			
			Allocation for Employee Compensation	Allocation for Staff Benefits	BBA Total	
0001-General Fund	RF 003	4410010-Atascadero				
		4410020-Coalinga				
		4410030-Metropolitan				
		4410040-Napa				
		4410050-Patton				
	RF 003 Total					
	RF 011	4400010-Headquarters Administration				
		4400020-Hospital Administration				
		4410010-Atascadero	\$2,444,000	\$789,000	\$3,233,000	
		4410020-Coalinga	\$2,657,000	\$916,000	\$3,573,000	
		4410030-Metropolitan	\$1,921,000	\$642,000	\$2,563,000	
		4410040-Napa	\$2,295,000	\$769,000	\$3,064,000	
		4410050-Patton	\$2,954,000	\$964,000	\$3,918,000	
		4410060-State Hospital Police Academy				
		4420010-Conditional Release Program				
		4420020-Conditional Release Program - SVP				
		4430010-Admission, Evaluation, Stabilization Center				
		4430020-Jail Based Competency Treatment				
		4430030-Other Contracted Services				
		4440-Evaluation and Forensic Services				
	RF 011 Total			\$12,271,000	\$4,080,000	\$16,351,000
	RF 017	4400010-Headquarters Administration				
		4400020-Hospital Administration				
	RF 017 Total					
	RF 502	4410010-Atascadero				
		4410020-Coalinga				
		4410030-Metropolitan				
4410040-Napa						
4410050-Patton						
RF 502 Total						
0001-General Fund Total			\$12,271,000	\$4,080,000	\$16,351,000	
0814-California State Lottery Education Fund	RF 511	4410010-Atascadero				
		4410030-Metropolitan				
		4410040-Napa				
		4410050-Patton				
	RF 511 Total					
0814-California State Lottery Education Fund Total						
0995-Reimbursements	RF 511	4400020-Hospital Administration				
		4410010-Atascadero				
		4410020-Coalinga				
		4410030-Metropolitan				
		4410040-Napa				
	4410050-Patton					
RF 511 Total						
0995-Reimbursements Total						
Grand Total			\$12,271,000	\$4,080,000	\$16,351,000	

**Detailed Funding Summary - All Programs
2020-21 May Revision Detail of Adjustments**

Fund	Reference	Program	2020-21 May Revision: Budget Change Proposals											BCP Total		
			Electronic Health Record within Clinical Assessments, Reports and Evaluation System-Phase 2	Increase Resources for Regulation Promulgation	Mission-Based Review - Treatment Team	Statewide Integrated Health Care Provider Network	Relocation to the Clifford L. Allenby Building-Phase 2	Statewide Ligature Risk Special Repair Funding	Cooperative Electronic Document Management System	Disaster Preparedness, Response, and Recovery	Statewide Roof Repairs and Replacements	Quality Improvement and Internal Auditing, Monitoring and Risk Management and Hospital Support	Pharmacy Modernization - Phase 2			
0001-General Fund	RF 003	4410010-Atascadero														
		4410020-Coalinga														
		4410030-Metropolitan														
		4410040-Napa														
		4410050-Patton														
		RF 003 Total														
	RF 011	4400010-Headquarters Administration														
		4400020-Hospital Administration														
		4410010-Atascadero														
		4410020-Coalinga														
		4410030-Metropolitan														
		4410040-Napa														
		4410050-Patton														
		4410060-State Hospital Police Academy														
		4420010-Conditional Release Program														
		4420020-Conditional Release Program - SVP														
		4430010-Admission, Evaluation, Stabilization Center														
		4430020-Jail Based Competency Treatment														
		4430030-Other Contracted Services														
		4440-Evaluation and Forensic Services														
			RF 011 Total													
	RF 017	4400010-Headquarters Administration														
		4400020-Hospital Administration														
		RF 017 Total														
	RF 502	4410010-Atascadero														
4410020-Coalinga																
4410030-Metropolitan																
4410040-Napa																
4410050-Patton																
	RF 502 Total															
0001-General Fund Total																
0814-California State Lottery Education Fund	RF 511	4410010-Atascadero														
		4410030-Metropolitan														
		4410040-Napa														
		4410050-Patton														
		RF 511 Total														
0814-California State Lottery Education Fund Total																
0995-Reimbursements	RF 511	4400020-Hospital Administration														
		4410010-Atascadero														
		4410020-Coalinga														
		4410030-Metropolitan														
		4410040-Napa														
	4410050-Patton															
	RF 511 Total															
0995-Reimbursements Total																
Grand Total																

**Detailed Funding Summary - All Programs
2020-21 May Revision Detail of Adjustments**

Fund	Reference	Program	2020-21 May Revision: Enrollment, Caseload and Population Adjustments													MR Total	
			Enhanced Treatment Program	Metropolitan State Hospital Increased Secure Bed Capacity	Mission-Based Review: Court Evaluations and Reports	Mission-Based Review: Direct Care Nursing	Community Care Collaborative Pilot Program	Admission, Evaluation, and Stabilization Center Expansion	Jail-Based Competency Treatment Program	Patient-Driven Operating Expenses	Incompetent to Stand Trial "Off-Ramp" Services	Lanterman-Petris-Short Population and Personal Services Adjustment	Vocational Services and Patient Wages Technical Adjustment	Conditional Release Program Continuum of Care	ECP Total		
0001-General Fund	RF 003	4410010-Atascadero															
		4410020-Coalinga															
		4410030-Metropolitan															
		4410040-Napa															
		4410050-Patton															
		RF 003 Total															
	RF 011	4400010-Headquarters Administration															
		4400020-Hospital Administration															
		4410010-Atascadero															
		4410020-Coalinga															
		4410030-Metropolitan															
		4410040-Napa															
		4410050-Patton															
		4410060-State Hospital Police Academy															
		4420010-Conditional Release Program															
		4420020-Conditional Release Program - SVP															
		4430010-Admission, Evaluation, Stabilization Center															
		4430020-Jail Based Competency Treatment															
		4430030-Other Contracted Services															
		4440-Evaluation and Forensic Services															
			RF 011 Total														
	RF 017	4400010-Headquarters Administration															
		4400020-Hospital Administration															
		RF 017 Total															
	RF 502	4410010-Atascadero															
4410020-Coalinga																	
4410030-Metropolitan																	
4410040-Napa																	
4410050-Patton																	
	RF 502 Total																
0001-General Fund Total																	
0814-California State Lottery Education Fund	RF 511	4410010-Atascadero															
		4410030-Metropolitan															
		4410040-Napa															
		4410050-Patton															
		RF 511 Total															
0814-California State Lottery Education Fund Total																	
0995-Reimbursements	RF 511	4400020-Hospital Administration															
		4410010-Atascadero															
		4410020-Coalinga															
		4410030-Metropolitan															
	4410040-Napa																
	RF 511 Total																
0995-Reimbursements Total																	
Grand Total																	

Detailed Funding Summary - All Programs
2020-21 May Revision Detail of Adjustments

Fund	Reference	Program	Grand Total	
0001-General Fund	RF 003	4410010-Atascadero	\$3,672,000	
		4410020-Coalinga	\$31,538,000	
		4410030-Metropolitan	\$2,198,000	
		4410040-Napa	\$2,238,000	
		4410050-Patton	\$972,000	
	RF 003 Total		\$40,618,000	
	RF 011	4400010-Headquarters Administration	\$95,106,000	
		4400020-Hospital Administration	\$106,183,000	
		4410010-Atascadero	\$297,044,000	
		4410020-Coalinga	\$320,557,000	
		4410030-Metropolitan	\$241,176,000	
		4410040-Napa	\$310,305,000	
		4410050-Patton	\$365,479,000	
		4410060-State Hospital Police Academy	\$6,447,000	
		4420010-Conditional Release Program	\$16,657,000	
		4420020-Conditional Release Program - SVP	\$34,461,000	
		4430010-Admission, Evaluation, Stabilization Center	\$16,063,000	
		4430020-Jail Based Competency Treatment	\$56,728,000	
		4430030-Other Contracted Services	\$16,578,000	
		4440-Evaluation and Forensic Services	\$23,415,000	
	RF 011 Total		\$1,906,199,000	
	RF 017	4400010-Headquarters Administration	\$428,000	
		4400020-Hospital Administration	\$894,000	
	RF 017 Total		\$1,322,000	
	RF 502	4410010-Atascadero	\$46,000	
		4410020-Coalinga	\$101,000	
		4410030-Metropolitan	\$150,000	
		4410040-Napa	\$480,000	
		4410050-Patton	\$323,000	
	RF 502 Total		\$1,100,000	
	0001-General Fund Total			\$1,949,239,000
	0814-California State Lottery Education Fund	RF 511	4410010-Atascadero	\$10,000
4410030-Metropolitan			\$10,000	
4410040-Napa			\$11,000	
4410050-Patton			\$11,000	
RF 511 Total		\$42,000		
0814-California State Lottery Education Fund Total			\$42,000	
0995-Reimbursements	RF 511	4400020-Hospital Administration	\$3,412,000	
		4410010-Atascadero	\$2,629,000	
		4410020-Coalinga	\$32,000	
		4410030-Metropolitan	\$83,617,000	
		4410040-Napa	\$59,399,000	
	4410050-Patton	\$26,493,000		
RF 511 Total		\$175,582,000		
0995-Reimbursements Total			\$175,582,000	
Grand Total			\$2,124,863,000	

POSITION SUMMARY
CURRENT YEAR 2019-20

	Authorized Positions Budget Act 2019	Authorized Blanket Positions 2019	Governor's Budget										Total November Estimate Adjustments	May Revision										Total May Revise Estimate Adjustments	Total Positions CY 2019-20	Total CY Adjustments				
			Electronic Health Record within Clinical Assessments, Reports and Evaluation System-Phase 2	Treatment Team Staffing Study	Protective Services Staffing Study	Quality Improvement and Internal Auditing, Monitoring, Risk Management and Hospital Support	Post-Incident Debriefing and Support	Cooperative Electronic Document Management System (CEDMS)	Increase Resources for Regulation Promulgation	DSH-Metro Increased Secure Bed Capacity	Enhanced Treatment Program Adjustment	Community Care Collaborative Pilot Program		Electronic Health Record within Clinical Assessments, Reports and Evaluation System-Phase 2	Mission-Based Review - Treatment Team	Quality Improvement and Internal Auditing, Monitoring, Risk Management and Hospital Support	Cooperative Electronic Document Management System (CEDMS)	Increase Resources for Regulation Promulgation	Disaster Preparedness, Response, and Recovery	Metropolitan Increased Secure Bed Capacity	Enhanced Treatment Program Staffing	Mission-Based Review - Court Evaluations and Reports	Mission-Based Review - Direct Care Nursing				Community Care Collaborative Pilot Program			
Headquarters Admin	247.9	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-0.5	0.0	0.0	-0.5	249.4	-0.5
Hospital Admin	246.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	246.3	0.0
DSH-Atascadero	2,188.2	30.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-26.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-21.1	-1.8	-26.9	0.0	-49.8	2,141.8	-76.5		
DSH-Coalinga	2,324.0	28.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-2.2	-5.9	0.0	-8.1	2,343.9	-8.1			
DSH-Metropolitan	2,166.6	67.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-51.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-171.3	0.0	-1.1	-13.3	0.0	-185.7	1,997.0	-236.8			
DSH-Napa	2,476.9	47.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	-7.6	0.0	-5.6	2,518.8	-5.6			
DSH-Patton	2,428.1	81.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-5.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	-29.8	0.0	-28.9	2,474.8	-34.5			
State Hospital Police Academy	7.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.0	0.0		
CONREP	9.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9.7	0.0		
CONREP SVP	4.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.9	0.0		
AES	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0		
JBCT	3.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.6	0.0		
Other Contracted Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Evaluation and Forensic Services	73.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	73.3	0.0		
2019-20 Established Position Totals	12,177.5	256.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-51.1	-32.3	0.0	-83.4	0.0	0.0	0.0	0.0	0.0	-171.3	-21.1	-2.7	-83.5	0.0	-278.6	12,071.5	-362.0			

POSITION SUMMARY
BUDGET YEAR 2020-21

	Authorized Positions Budget Act 2019	Authorized Blanket Positions 2019	Governor's Budget										Total November Estimate Adjustments	May Revision										Total May Revise Estimate Adjustments	Total Positions BY 2020-21	Total BY Adjustments	
			Electronic Health Record within Clinical Assessments, Reports and Evaluation System-Phase 2	Treatment Team Staffing Study	Protective Services Staffing Study	Quality Improvement and Internal Auditing, Monitoring, Risk Management and Hospital Support	Post-Incident Debriefing and Support	Cooperative Electronic Document Management System (CEDMS)	Increase Resources for Regulation Promulgation	DSH-Metro Increased Secure Bed Capacity	Enhanced Treatment Program Adjustment	Community Care Collaborative Pilot Program		Electronic Health Record within Clinical Assessments, Reports and Evaluation System-Phase 2	Mission-Based Review - Treatment Team	Quality Improvement and Internal Auditing, Monitoring, Risk Management and Hospital Support	Cooperative Electronic Document Management System (CEDMS)	Increase Resources for Regulation Promulgation	Disaster Preparedness, Response, and Recovery	Metropolitan Increased Secure Bed Capacity	Enhanced Treatment Program Staffing	Mission-Based Review - Court Evaluations and Reports	Mission-Based Review - Direct Care Nursing				Community Care Collaborative Pilot Program
Headquarters Admin	247.3	2.0	18.0	14.0	1.0	11.0	5.0	0.0	3.0	0.0	0.0	0.0	52.0	-14.0	-3.0	-11.0	0.0	-3.0	0.0	0.0	0.0	-0.5	0.0	0.0	-31.5	269.8	20.5
Hospital Admin	243.3	0.0	0.0	0.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0	-2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-2.0	243.3	0.0
DSH-Atascadero	2,241.5	30.1	0.0	11.6	9.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.6	0.0	-7.8	0.0	0.0	0.0	-1.0	0.0	-6.0	-2.3	-51.6	0.0	-68.7	2,223.5	-48.1
DSH-Coalinga	2,353.5	28.0	0.0	9.2	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.2	0.0	-1.9	0.0	0.0	0.0	-1.0	0.0	-3.4	-16.0	0.0	-22.3	2,369.4	-12.1	
DSH-Metropolitan	2,228.3	67.2	0.0	14.4	9.0	0.0	0.0	0.0	0.0	2.0	0.0	0.0	25.4	0.0	-9.9	0.0	0.0	0.0	-1.0	-43.7	0.0	-4.7	-17.7	0.0	-77.0	2,243.9	-51.6
DSH-Napa	2,524.5	47.5	0.0	18.7	25.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	44.0	0.0	-14.1	0.0	0.0	0.0	-1.0	0.0	-2.1	-22.1	0.0	-39.3	2,576.7	4.7	
DSH-Patton	2,485.3	81.2	0.0	13.0	1.0	0.0	0.0	0.0	0.0	0.0	-1.5	0.0	12.5	0.0	-7.9	0.0	0.0	0.0	-1.0	0.0	-2.4	-4.7	-54.7	0.0	-70.7	2,508.3	-58.2
State Hospital Police Academy	7.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.0	0.0
CONREP	9.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9.7	0.0
CONREP SVP	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.0	0.0
AES	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0
JBCT	3.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.6	0.0
Other Contracted Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-3.0	-3.0	0.0	0.0
Evaluation and Forensic Services	73.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	73.3	0.0
2020-21 Established Position Totals	12,423.3	256.0	18.0	80.9	46.3	11.0	5.0	2.0	3.0	2.0	-1.5	3.0	169.7	-14.0	-44.6	-11.0	-2.0	-3.0	-5.0	-43.7	-8.4	-17.7	-162.1	-3.0	-314.5	12,534.5	-144.8

DEPARTMENT OF STATE HOSPITALS
Special Galley Display
(Informational Only)

BACKGROUND:

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

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

- **Clinical Services – Treatment Team and Primary Care:** For the Physician and Surgeon positions, State Hospitals relies on temporary help and contract employees to staff 10 percent of the filled positions and for Staff Psychiatrists, the rate is 19 percent. Note that only Rehabilitation Therapists and Nurse Practitioners are able to work overtime because they are hourly employees.
- **Clinical Services – Nursing:** The high utilization rates for temporary help and overtime reflect a finding from the Clinical Staffing Study for 24-Hour Care Nursing Services, which determined that State Hospitals does not have enough authorized nursing positions to fill all the posts on the units. This finding was discussed in the Direct Care Nursing Budget Change Proposal (BCP) included in the 2019-20 Governor's Budget.
- **Protective Services:** Between July 2019 and January 2020, the number of filled Hospital Police Officer positions grew from 421 to 620 due to the DSH-Metropolitan Increase Secure Bed Capacity project and the Enhanced Treatment Program (ETP) staffing at DSH-Atascadero and DSH-Patton. As was discussed in the Protective Services BCP included in the 2020-21 Governor's Budget, Napa State Hospital does not have sufficient position authority to cover the protective services posts necessary to fulfill essential police functions which is a driver for overtime for protective services classifications.

Department of State Hospitals		Hospital Position Report FY 2019-20 Average Totals for July 2019 - January 2020								
Classifications	Departmental Regular/Ongoing Authorized Positions ¹	Temporary Help	Total Authorized Positions ⁵	Total Filled Civil Service Positions	Temp Help filled ²	Contracted FTE ³	Overtime FTE ³	Total Filled FTE	Functional Vacancy FTE	Functional Vacancy Rate
CS-Treatment Team and Primary Care⁴										
Social Worker (9872, 9874)	271.20	0.00	271.20	238.29	2.74	0.36	0.00	241.39	29.81	10.99%
Rehab Therapist - Safety (8321,8324,8324,8420)	274.30	0.00	274.30	237.55	1.32	1.14	3.78	243.79	30.51	11.12%
Psychologist-Clinical-Safety (9873)	233.40	0.00	233.40	162.71	7.97	5.34	0.00	176.03	57.37	24.58%
Staff Psychiatrist-Safety (7619)	214.60	0.00	214.60	147.37	4.32	24.05	0.05	175.78	38.82	18.09%
Nurse Practitioner-Safety (9700)	44.00	0.00	44.00	33.13	0.55	0.00	0.36	34.03	9.97	22.65%
Physician & Surgeon-Safety (7552)	99.10	0.00	99.10	83.18	2.61	5.64	0.00	91.43	7.67	7.74%
Total: CS-Treatment Team and Primary Care	1,136.60	0.00	1,136.60	902.23	19.50	36.54	4.18	962.45	174.15	15.32%
CS-Nursing⁴										
Psychiatric Technician (8236,8253,8254,8274)	3,472.60	174.00	3,502.08	2,954.69	218.16	0.00	585.14	3,757.98	0.00	0.00%
Registered Nurse-Safety (8094)	1,541.00	80.00	1,763.75	1,276.95	104.38	0.00	238.36	1,619.68	144.07	8.17%
Senior Psych Technician-Safety (8252)	381.40	0.00	381.40	349.27	4.18	0.00	87.19	440.64	0.00	0.00%
Total: CS-Nursing	5,395.00	254.00	5,647.23	4,580.91	326.71	0.00	910.69	5,818.30	144.07	2.55%
Protective Services										
Hosp Police Lieutenant (1935)	25.00	0.00	25.00	19.71	1.70	0.00	6.14	27.56	0.00	0.00%
Hosp Police Sergeant (1936)	91.60	0.00	91.60	72.29	0.83	0.00	15.62	88.73	5.16	5.63%
Hosp Police Officer (1937)	677.70	0.00	677.70	530.71	27.15	0.00	104.87	662.74	41.95	6.19%
Total: Protective Services	794.30	0.00	794.30	622.71	29.68	0.00	126.62	779.02	47.68	6.00%

¹ Authorized positions are as of January 2020 based on the number of Regular/Ongoing CY positions in the Budget Management Branch (BMB) Position Authority Tracker (PAT).

² Total Temp Help filled positions includes employees working second positions, retired annuitants, limited term, permanent intermittent.

³ Contract hours and overtime hours worked during the reporting period are converted to full-time equivalent positions.

⁴ Treatment team and nursing staffing is based on the licensing minimums*, escorts, 1-to-1 staff, and treatment team support.

⁵ These figures won't tie to Schedule 7A due to only specific classifications being used.

STATE HOSPITALS POPULATION

	CURRENT YEAR 2019-20				
	July 1, 2019 Actual Census	Previously Approved Adjustments CY 2019-20	2020-21 November Adjustment CY 2019-20	2020-21 May Revision Adjustment CY 2019-20	June 30, 2020 Projected Census
POPULATION BY HOSPITAL					
ATASCADERO	1,132	-63	0	0	1,069
COALINGA	1,392	0	0	0	1,392
METROPOLITAN	795	96	0	0	891
NAPA	1,255	0	0	0	1,255
PATTON	1,530	-43	0	0	1,487
TOTAL BY HOSPITAL	6,104	-10	0	0	6,094
POPULATION BY COMMITMENT					
Coleman - PC 2684 ¹	187	0	0	0	187
IST - PC 1370	1,480	26	0	0	1,506
LPS & PC 2974	733	3	0	0	736
OMD ² - PC 2962	556	-15	0	0	541
OMD ² - PC 2972	776	0	0	0	776
NGI - PC 1026	1,411	-24	0	0	1,387
SVP - WIC 6602/6604	961	0	0	0	961
TOTAL BY COMMITMENT	6,104	-10	0	0	6,094
CONTRACTED PROGRAMS					
AES KERN CENTER	59	1	30	16	106
REGIONAL JBCT	181	85	-33	-15	218
SINGLE COUNTY JBCT	81	18	0	6	105
SMALL COUNTY MODEL JBCT: MENDOCINO, MARIPOSA ³	N/A	N/A	N/A	N/A	N/A
TOTAL - CONTRACTED PROGRAMS	321	104	-3	7	429
CY POPULATION AND CONTRACTED TOTAL	6,425	94	-3	7	6,523

Note: DSH contracts with community based programs to provide IST restoration and conditional release services. These services are provided through the Los Angeles IST Restoration Program, which operates 150 beds and through the Conditional Release Program, which operates an average of 646 beds.

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

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

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

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

STATE HOSPITALS POPULATION

	BUDGET YEAR 2020-21				
	July 1, 2020 Projected Census	Previously Approved Adjustments BY 2020-21	2020-21 November Adjustment BY 2020-21	2020-21 May Revision Adjustment BY 2020-21	June 30, 2021 Projected Census
POPULATION BY HOSPITAL					
ATASCADERO	1,069	26	0	0	1,095
COALINGA	1,392	0	0	0	1,392
METROPOLITAN	891	140	0	0	1,031
NAPA	1,255	0	0	0	1,255
PATTON	1,487	10	0	0	1,497
TOTAL BY HOSPITAL	6,094	176	0	0	6,270
POPULATION BY COMMITMENT					
Coleman - PC 2684 ¹	187	0	0	0	187
IST - PC 1370	1,506	152	0	0	1,658
LPS & PC 2974	736	6	0	0	742
OMD ² - PC 2962	541	9	0	0	550
OMD ² - PC 2972	776	0	0	0	776
NGI - PC 1026	1,387	9	0	0	1,396
SVP - WIC 6602/6604	961	0	0	0	961
TOTAL BY COMMITMENT	6,094	176	0	0	6,270
CONTRACTED PROGRAMS					
AES KERN CENTER	106	0	0	0	106
REGIONAL JBCT	218	6	27	13	264
SINGLE COUNTY JBCT	105	15	21	10	151
SMALL COUNTY MODEL JBCT: MENDOCINO, MARIPOSA, SISKIYOU ³	N/A	N/A	N/A	N/A	N/A
TOTAL - CONTRACTED PROGRAMS	429	21	48	23	521
BY POPULATION AND CONTRACTED TOTAL	6,523	197	48	23	6,791

Note: DSH contracts with community based programs to provide IST restoration and conditional release services. These services are provided through the Los Angeles IST Restoration Program, which operates 150 beds and through the Conditional Release Program, which operates an average of 646 beds.

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

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

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

³ Mendocino, Mariposa and Siskiyou JBCT Programs do not have a set number of beds and instead focus on the number of patients served. As such, the annual population change total does not include these additional beds.

**PROGRAM UPDATE
STATE HOSPITALS
POPULATION AND PERSONAL SERVICES ADJUSTMENTS**
(Informational Only)

POPULATION

1) 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.

a. Methodology

In the 2016-17 Governor's Budget DSH implemented a methodology to project the pending placement list. Through collaborative efforts with the University of California, Irvine's (UCI) Department of Criminology, Law, and Society research team this methodology has been enhanced and expanded to include additional commitments. Moving forward this methodology will be used as the standard forecasting tool to project the pending placement list for the Incompetent to Stand Trial (IST), Lanterman-Petris-Short (LPS), Offender with a Mental Health Disorder (OMD), Not Guilty by Reason of Insanity (NGI) and Sexually Violent Predator (SVP) populations. This methodology does not project for the *Coleman* or the Division of Juvenile Justice (DJJ) patients. Department of Corrections and Rehabilitation (CDCR) determines the bed need and produces projections for the *Coleman* population as well as contracts with DSH for a specific number of beds to serve the DJJ population.

This methodology utilizes four main measures, as well as expected systemwide capacity expansions, to forecast the pending placement list. These measures include pending admissions, average referrals, average admissions and average length of stay (ALOS). A projected pending placement list is generated by adding a point-in-time pending placement list value to an average of monthly new patient referrals, less the correlating average of monthly admissions, which are offset accordingly 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, 2020 and June 30, 2021. Variables are specific to patient legal class and are calculated using actual data for the recent 12-month period ending February 29, 2020.

The table below presents the DSH pending placement list projections for the IST, LPS, OMD, NGI and SVP populations. The table also presents the actual census for July 1, 2019 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, 2019. The projected census for June 30, 2020 (for CY) and June 30, 2021 (for BY) reflects the actual census as well as the approved and proposed census adjustments.

Census and Pending Placement List Projections			
CURRENT YEAR			
Legal Class	July 1, 2019 Actual Census	June 30, 2020 Projected Census	June 30, 2020 Projected Pending Placement List ²
IST <i>(with JBCT/AES)</i>	1,801	1,935	1,128
LPS	733	736	269
OMD2962	556	541	77
OMD2972	776	776	8
NGI	1,411	1,387	35
SVP	961	961	3
Subtotal	6,238	6,336	1,520
Coleman ¹	187	187	
Total	6,425	6,523	1,520
BUDGET YEAR			
Legal Class	July 1, 2020 Projected Census	June 30, 2021 Projected Census	June 30, 2021 Projected Pending Placement List ²
IST <i>(with JBCT/AES)</i>	1,935	2,179	928
LPS	736	742	343
OMD2962	541	550	79
OMD2972	776	776	7
NGI	1,387	1,396	23
SVP	961	961	2
Subtotal	6,336	6,604	1,383
Coleman ¹	187	187	
Total	6,523	6,791	1,383

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 in accordance with data de-identification guidelines.

² Projected pending placement list forecast assumes an average referral rate and an average admission rate based on the most recent 12-month period ending February 2020.

Projected pending placement list forecast incorporates COVID-19 impacts to referrals associated with county court closures and impacts to admissions associated with temporary admission suspensions pursuant to Governor Gavin Newsom's Proclamation of a State of Emergency dated March 2, 2020, and Executive Order N-35-20 issued March 21, 2020.

b. Census and Referrals

In FY 2019-20¹ DSH has observed an increase of 62.6 percent in referral rates for the PC2684 population as compared to the FY 2018-19 monthly average. Similarly, the PC2684 in-patient census increased by 60 percent as compared to the in-patient census on June 30, 2019. DSH has also observed an increase of 8.3 percent in referral rates for the IST population and an increase of 4.6 percent for the IST in-patient census.

Admission requirements and wait times for PC2684 patients are set forth by federal court orders (Coleman v. Brown), generated to address the need for treatment of mentally-ill prisoners. Pursuant to these court orders 336 beds are required to be available to Coleman patients for referrals of these patients from CDCR.

PC2962 patients are committed to a state hospital to receive treatment as a condition of parole. Qualifications for PC2962 patients are defined by the OMD Act (Penal Code sections 2960 et seq.), which requires PC2962 patients to receive mental health treatment as a condition of parole. Pursuant to the OMD Act PC2962 patients are committed and transferred to DSH on their parole release date.

The table below presents DSH's census and average monthly referrals by legal class.

CENSUS				
	June 30, 2019	February 29, 2020	Difference	% Change
IST <i>(with JBCT/AES)</i>	1,811	1,894	83	4.6%
LPS	736	747	11	1.5%
OMD2962	559	508	-51	-9.1%
OMD2972	778	760	-18	-2.3%
NGI	1,416	1,415	-1	-0.1%
SVP	962	943	-19	-2.0%
CDCR	185	296	111	60.0%
	6,447	6,563	116	1.8%
AVERAGE MONTHLY STATE HOSPITAL REFERRALS				
	FY 2018-19	FY 2019-20¹	Difference	% Change
IST <i>(with JBCT/AES)</i>	402.5	422.9	20.4	5.1%
LPS	17.0	13.8	-3.3	-19.1%
OMD2962	48.7	43.6	-5.0	-10.4%
OMD2972	12.7	6.1	-6.5	-51.6%
NGI	13.8	14.5	0.8	5.5%
SVP	3.9	2.5	-1.4	-36.2%
CDCR	35.6	57.9	22.3	62.6%
	534.1	561.3	27.2	5.1%

¹FY 2019-20 referral data through February 2020.

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

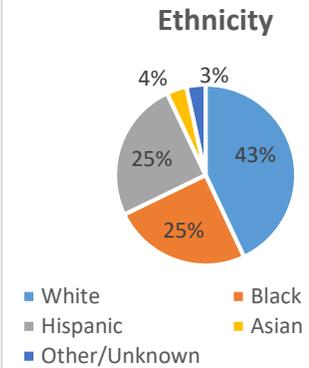
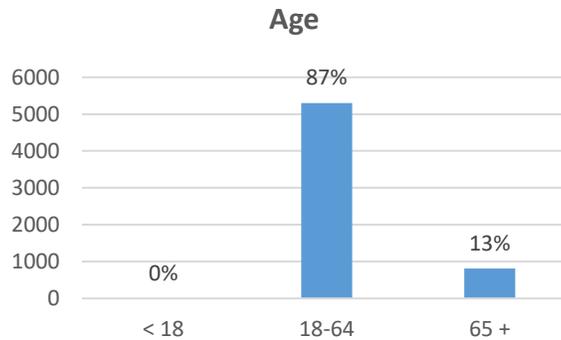
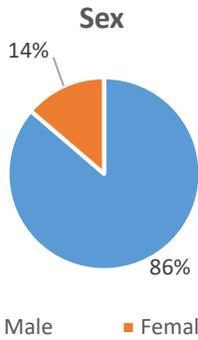
COMMITMENT CODES

Legal Category	Legal Class Text	Code Section	Description
NGI	NGI PC1026	PC 1026	Not Guilty by Reason of Insanity
Other NGI*	RONGI, RO1026	PC 1610	Temporary Admission while waiting for Court Revocation of a PC 1026 (NGI)
Other NGI	MNGI	WIC 702.3	Minor Not Guilty by Reason of Insanity
IST	IST PC1370	PC 1370 or TITLE 18 USC 4244	Incompetent to Stand Trial
Other IST	MIST	PC 1370.01	Misdemeanant Incompetent to Stand Trial
Other IST	EIST	PC 1372(e)	Restored (IST) on Court Hold
Other IST	ROIST, RO1370	PC 1610	Temporary Admission while waiting for Court Revocation of a PC 1370 (IST)
Other IST*	DDIST	PC 1370.1	Commitment as Incompetent to Stand Trial because of Developmental Disability (up to 6 months) and Mental Disorder
OMD	PC2962	PC 2962	Parolee Referred from the Department of Corrections
OMD	PC2964a	PC 2964(a)	Parolee Rehospitalized from CONREP after DSH hearing
OMD	PC2972	PC 2972	Former Parolee Referred from Superior Court
OMD*	RO2972	PC 1610	Temporary admission while waiting for court revocation of PC 2972
MDSO*	MDSO	WIC 6316	Mentally Disordered Sex Offender--Observation
MDSO*	MDSOI	WIC 6316	1. MDSO Observation Indeterminate; 2. MDSO Return by Court
MDSO*	ROMDSO	PC 1610	Temporary Admission while waiting for Court Revocation of MDSO
Other SVP	SVPH	WIC 6601.3	Sexually Violent Predator BPH Hold
Other SVP	SVPE	WIC 6600	Sexually Violent Predator Court Hold
SVP	SVP	WIC 6604	Sexually Violent Predator
SVP	SVPP	WIC 6602	Sexually Violent Predator Probable Cause
PC 2684	PC2684	PC 2684	Prisoner from the Department of Corrections
PC 2685	PC2684A	PC 2684A	Prisoner from the Department of Corrections
DJJ W&I 1756	YAC	WIC 1756	Youth Authority Certification/Youth Authority Referral through Regional Office
LPS	T.CON	WIC 5353	Temporary Conservatorship
LPS	CON	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)

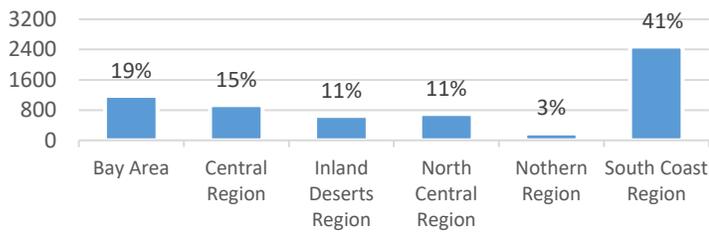
* Items marked with an asterisk were previously captured in the "Other PC" category



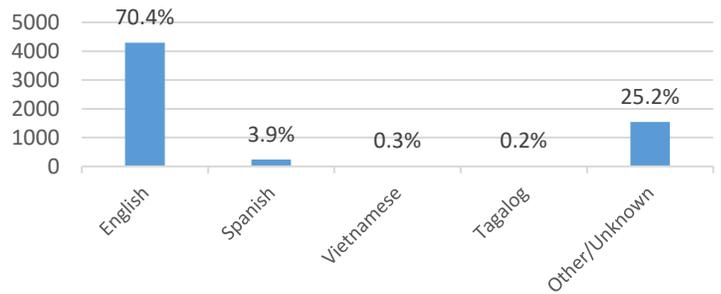
Basic Demographics



Resident County

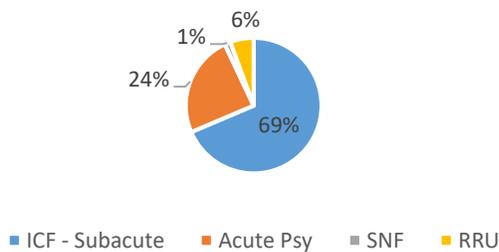


Language Spoken at Home

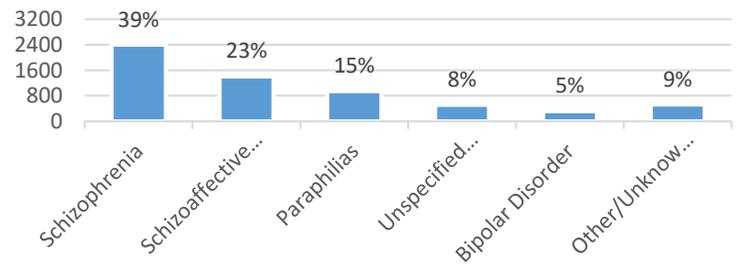


While at a State Hospital

Level of Care



Diagnosis



Summary

The DSH population is composed of 86% males and 14% females; a majority of this population is between the ages of 18 and 64. Approximately 43% identify as White, 25% Black, and 25% Hispanic with mostly English spoken at home. The majority of the DSH population are residents of South Coast and Bay Area counties. DSH patients are being treated at an Intermediate level of care 69% of the time, followed by 24% at an Acute level of care, 6% at an RRU level of care, and 1% at an SNF level of care. Schizophrenia, Schizoaffective, and Paraphilia-type disorders are the three most common diagnoses for the DSH population, accounting for 77% of the population.

Electronic Health Record (EHR) within Clinical Assessments, Reports and Evaluation System – Phase 2
Governor’s Budget Proposal
Modified

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor’s Budget	0.0	18.0	18.0	\$0	\$9,606	\$3,446
May Revision	0.0	-14.0	-10.0	\$0	-\$7,181	-\$255
Total	0.0	4.0	8.0	\$0	\$2,425	\$3,191

BACKGROUND:

In the Governor’s Budget, the Department of State Hospitals (DSH) requested 18.0 permanent positions and \$9.6 million General Fund in fiscal year (FY) 2020-21 and \$3.5 million ongoing General Fund to continue planning and procurement of the Electronic Health Record (EHR) component of DSH’s “Continuum” health care product. Continuum is the product which encompasses the major DSH patient care components, including patient primary care, forensic behavioral health, laboratory services, pharmaceuticals, radiology and dental care. The request will support the completion of activities required by the State’s Project Approval Lifecycle (PAL) Stage Gates 3 and 4, which includes procurement of the solution. Continuing support for DSH Continuum-EHR project planning will allow DSH to continue developing an integrated solution which will provide for enhanced patient care, improves metrics for resource and health management, and allows patient data to be seamlessly securely exchanged with internal and external partners.

DESCRIPTION OF CHANGE:

As of the 2020-21 May Revision, DSH is modifying its request for funding for the DSH Continuum-EHR project. As staff resources assigned to this project have been redirected towards DSH’s COVID-19 response, efforts have been reduced on this project and subsequently, timelines and deliverables are being shifted. The revised proposal aligns requested positions and consultants with the following revised timeline:

Description	GB Estimated Completion Date	MR Estimated Completion Date
S1BA Approval	November 2016	November 2016
S2AA Approval	January – February 2020	September 2020
S3SD Approval	June 2021	February 2023
<ul style="list-style-type: none"> • WLAN consulting services 	June 2021	April 2022
<ul style="list-style-type: none"> • Data Management consulting services 	June 2022	June 2023
<ul style="list-style-type: none"> • OCM consulting services 	June 2022	July 2024
S4PRA Approval	July 2022	June 2024
Implementation Commencement	July 2022	July 2024
Project Implemented	January 2024	September 2026

DISCRETIONARY? Y/N: No

BCP Fiscal Detail Sheet

BCP Title: Electronic Health Record within Clinical Assessments, Reports and Evaluation System-Phase 2

BR Name: 4440-002-BCP-2020-GB

Budget Request Summary

	FY20					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Personal Services						
Positions - Permanent	0.0	18.0	18.0	18.0	18.0	18.0
Total Positions	0.0	18.0	18.0	18.0	18.0	18.0
Salaries and Wages						
Earnings - Permanent	0	2,002	2,002	2,002	2,002	2,002
Total Salaries and Wages	\$0	\$2,002	\$2,002	\$2,002	\$2,002	\$2,002
Total Staff Benefits	0	1,156	1,156	1,156	1,156	1,156
Total Personal Services	\$0	\$3,158	\$3,158	\$3,158	\$3,158	\$3,158
Operating Expenses and Equipment						
5301 - General Expense	0	144	144	144	144	144
5304 - Communications	0	18	18	18	18	18
5320 - Travel: In-State	0	18	18	18	18	18
5324 - Facilities Operation	0	90	90	90	90	90
5340 - Consulting and Professional Services - External	0	6,160	0	0	0	0
5346 - Information Technology	0	18	18	18	18	18
Total Operating Expenses and Equipment	\$0	\$6,448	\$288	\$288	\$288	\$288
Total Budget Request	\$0	\$9,606	\$3,446	\$3,446	\$3,446	\$3,446

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	9,606	3,446	3,446	3,446	3,446
Total State Operations Expenditures	\$0	\$9,606	\$3,446	\$3,446	\$3,446	\$3,446
Total All Funds	\$0	\$9,606	\$3,446	\$3,446	\$3,446	\$3,446

Program Summary

Program Funding						
4400010 - Headquarters Administration	0	9,588	3,428	3,428	3,428	3,428
4400020 - Hospital Administration	0	18	18	18	18	18
Total All Programs	\$0	\$9,606	\$3,446	\$3,446	\$3,446	\$3,446

Personal Services Details

Positions	Salary Information								
	Min	Mid	Max	CY	BY	BY+1	BY+2	BY+3	BY+4
1403 - Info Tech Supvr I				0.0	1.0	1.0	1.0	1.0	1.0
1406 - Info Tech Mgr II				0.0	1.0	1.0	1.0	1.0	1.0
1873 - Hlth Recd Techn III				0.0	1.0	1.0	1.0	1.0	1.0
2172 - Registered Dietitian (Safety)				0.0	1.0	1.0	1.0	1.0	1.0
5795 - Atty III				0.0	1.0	1.0	1.0	1.0	1.0
7500 - C.E.A.				0.0	1.0	1.0	1.0	1.0	1.0
7552 - Physician & Surgeon (Safety)				0.0	1.0	1.0	1.0	1.0	1.0
7619 - Staff Psychiatrist (Safety)				0.0	1.0	1.0	1.0	1.0	1.0
7659 - Pharmacist I				0.0	1.0	1.0	1.0	1.0	1.0
8094 - Registered Nurse (Safety)				0.0	1.0	1.0	1.0	1.0	1.0
8102 - Program Asst				0.0	1.0	1.0	1.0	1.0	1.0
8315 - Physical Therapist I				0.0	1.0	1.0	1.0	1.0	1.0
8316 - Supvng Rehab Therapist				0.0	1.0	1.0	1.0	1.0	1.0
8321 - Rehab Therapist (Music-Safety)				0.0	1.0	1.0	1.0	1.0	1.0
8338 - Hlth Program Spec I				0.0	2.0	2.0	2.0	2.0	2.0
9872 - Clinical Soc Worker (Hlth/CF)-Safety				0.0	1.0	1.0	1.0	1.0	1.0
9873 - Psychologist (Hlth Facility-Clinical-Safety)				0.0	1.0	1.0	1.0	1.0	1.0
Total Positions				0.0	18.0	18.0	18.0	18.0	18.0
Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4			
1403 - Info Tech Supvr I	0	85	85	85	85	85			
1406 - Info Tech Mgr II	0	119	119	119	119	119			
1873 - Hlth Recd Techn III	0	53	53	53	53	53			
2172 - Registered Dietitian (Safety)	0	69	69	69	69	69			
5795 - Atty III	0	126	126	126	126	126			
7500 - C.E.A.	0	150	150	150	150	150			
7552 - Physician & Surgeon (Safety)	0	227	227	227	227	227			
7619 - Staff Psychiatrist (Safety)	0	271	271	271	271	271			
7659 - Pharmacist I	0	126	126	126	126	126			
8094 - Registered Nurse (Safety)	0	103	103	103	103	103			
8102 - Program Asst	0	96	96	96	96	96			

8315 - Physical Therapist I	0	69	69	69	69	69
8316 - Supvng Rehab Therapist	0	89	89	89	89	89
8321 - Rehab Therapist (Music-Safety)	0	80	80	80	80	80
8338 - Hlth Program Spec I	0	147	147	147	147	147
9872 - Clinical Soc Worker (Hlth/CF)-Safety	0	85	85	85	85	85
9873 - Psychologist (Hlth Facility-Clinical-Safety)	0	107	107	107	107	107
Total Salaries and Wages	\$0	\$2,002	\$2,002	\$2,002	\$2,002	\$2,002
Staff Benefits						
5150200 - Disability Leave - Industrial	0	26	26	26	26	26
5150210 - Disability Leave - Nonindustrial	0	8	8	8	8	8
5150350 - Health Insurance	0	92	92	92	92	92
5150450 - Medicare Taxation	0	30	30	30	30	30
5150500 - OASDI	0	56	56	56	56	56
5150600 - Retirement - General	0	530	530	530	530	530
5150700 - Unemployment Insurance	0	2	2	2	2	2
5150800 - Workers' Compensation	0	92	92	92	92	92
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	55	55	55	55	55
5150900 - Staff Benefits - Other	0	265	265	265	265	265
Total Staff Benefits	\$0	\$1,156	\$1,156	\$1,156	\$1,156	\$1,156
Total Personal Services	\$0	\$3,158	\$3,158	\$3,158	\$3,158	\$3,158

BCP Fiscal Detail Sheet

BCP Title: Electronic Health Record (EHR) with Clinical Assessments, Reports and Evaluation
System-Phase 2

BR Name: 4440-097-BCP-2020-MR

Budget Request Summary

	FY20					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Personal Services						
Positions - Permanent	0.0	-14.0	-10.0	0.0	0.0	0.0
Total Positions	0.0	-14.0	-10.0	0.0	0.0	0.0
Salaries and Wages						
Earnings - Permanent	0	-1,598	-1,239	0	0	0
Total Salaries and Wages	\$0	-\$1,598	-\$1,239	\$0	\$0	\$0
Total Staff Benefits	0	-890	-707	-1	-1	-1
Total Personal Services	\$0	-\$2,488	-\$1,946	-\$1	-\$1	-\$1
Operating Expenses and Equipment						
5301 - General Expense	0	-112	-80	1	1	1
5304 - Communications	0	-14	-10	0	0	0
5320 - Travel: In-State	0	-14	-10	0	0	0
5324 - Facilities Operation	0	-70	-50	0	0	0
5340 - Consulting and Professional Services - External	0	-4,469	1,851	2,618	0	0
5346 - Information Technology	0	-14	-10	0	0	0
Total Operating Expenses and Equipment	\$0	-\$4,693	\$1,691	\$2,619	\$1	\$1
Total Budget Request	\$0	-\$7,181	-\$255	\$2,618	\$0	\$0
Fund Summary						
Fund Source - State Operations						
0001 - General Fund	0	-7,181	-255	2,618	0	0
Total State Operations Expenditures	\$0	-\$7,181	-\$255	\$2,618	\$0	\$0
Total All Funds	\$0	-\$7,181	-\$255	\$2,618	\$0	\$0
Program Summary						
Program Funding						
4400010 - Headquarters Administration	0	-7,167	-245	2,618	0	0
4400020 - Hospital Administration	0	-14	-10	0	0	0
Total All Programs	\$0	-\$7,181	-\$255	\$2,618	\$0	\$0

Personal Services Details

Positions	Salary Information								
	Min	Mid	Max	<u>CY</u>	<u>BY</u>	<u>BY+1</u>	<u>BY+2</u>	<u>BY+3</u>	<u>BY+4</u>
1873 - Hlth Recd Techn III				0.0	-1.0	-1.0	0.0	0.0	0.0
2172 - Registered Dietitian (Safety)				0.0	-1.0	-1.0	0.0	0.0	0.0
7500 - C.E.A.				0.0	-1.0	-1.0	0.0	0.0	0.0
7552 - Physician & Surgeon (Safety)				0.0	-1.0	-1.0	0.0	0.0	0.0
7619 - Staff Psychiatrist (Safety)				0.0	-1.0	-1.0	0.0	0.0	0.0
7659 - Pharmacist I				0.0	-1.0	-1.0	0.0	0.0	0.0
8094 - Registered Nurse (Safety)				0.0	-1.0	0.0	0.0	0.0	0.0
8102 - Program Asst				0.0	-1.0	-1.0	0.0	0.0	0.0
8315 - Physical Therapist I				0.0	-1.0	0.0	0.0	0.0	0.0
8316 - Supvng Rehab Therapist				0.0	-1.0	-1.0	0.0	0.0	0.0
8321 - Rehab Therapist (Music-Safety)				0.0	-1.0	0.0	0.0	0.0	0.0
8338 - Hlth Program Spec I				0.0	-1.0	-1.0	0.0	0.0	0.0
9872 - Clinical Soc Worker (Hlth/CF)-Safety				0.0	-1.0	-1.0	0.0	0.0	0.0
9873 - Psychologist (Hlth Facility-Clinical-Safety)				0.0	-1.0	0.0	0.0	0.0	0.0
Total Positions				0.0	-14.0	-10.0	0.0	0.0	0.0

Salaries and Wages	<u>CY</u>	<u>BY</u>	<u>BY+1</u>	<u>BY+2</u>	<u>BY+3</u>	<u>BY+4</u>
1873 - Hlth Recd Techn III	0	-53	-53	0	0	0
2172 - Registered Dietitian (Safety)	0	-69	-69	0	0	0
7500 - C.E.A.	0	-150	-150	0	0	0
7552 - Physician & Surgeon (Safety)	0	-227	-227	0	0	0
7619 - Staff Psychiatrist (Safety)	0	-271	-271	0	0	0
7659 - Pharmacist I	0	-126	-126	0	0	0
8094 - Registered Nurse (Safety)	0	-103	0	0	0	0
8102 - Program Asst	0	-96	-96	0	0	0
8315 - Physical Therapist I	0	-69	0	0	0	0
8316 - Supvng Rehab Therapist	0	-89	-89	0	0	0
8321 - Rehab Therapist (Music-Safety)	0	-80	0	0	0	0
8338 - Hlth Program Spec I	0	-73	-73	0	0	0
9872 - Clinical Soc Worker (Hlth/CF)-Safety	0	-85	-85	0	0	0
9873 - Psychologist (Hlth Facility-Clinical-	0	-107	0	0	0	0

Safety)

Total Salaries and Wages

Staff Benefits

	\$0	\$-1,598	\$-1,239	\$0	\$0	\$0
5150200 - Disability Leave - Industrial	0	-21	-16	0	0	0
5150210 - Disability Leave - Nonindustrial	0	-6	-5	0	0	0
5150350 - Health Insurance	0	-73	-57	0	0	0
5150450 - Medicare Taxation	0	-24	-19	0	0	0
5150500 - OASDI	0	-31	-31	0	0	0
5150600 - Retirement - General	0	-404	-323	0	0	0
5150700 - Unemployment Insurance	0	-2	-1	0	0	0
5150800 - Workers' Compensation	0	-73	-57	0	0	0
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	-44	-34	0	0	0
5150900 - Staff Benefits - Other	0	-212	-164	-1	-1	-1
Total Staff Benefits	\$0	\$-890	\$-707	\$-1	\$-1	\$-1
Total Personal Services	\$0	\$-2,488	\$-1,946	\$-1	\$-1	\$-1

Pharmacy Modernization – Phase 2
Governor’s Budget Proposal
Modified

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor’s Budget	0.0	0.0	0.0	\$0	\$5,378	\$2,351
May Revision	0.0	0.0	0.0	\$0	-\$4,450	\$3,292
Total	0.0	0.0	0.0	\$0	\$928	\$5,643

BACKGROUND:

In the Governor’s Budget, the Department of State Hospitals (DSH) requested \$5.4 million General Fund in fiscal year (FY) 2020-21, \$2.4 million General Fund in FY 2021-22, \$823,000 General Fund annually thereafter to support the pharmacy modernization implementation for all five state hospitals. The request will fund consulting staff, software and equipment required to implement the Pharmacy Modernization project. Pharmacy Modernization consists of an inventory control system, unit dose repackaging equipment, automated drug dispensing equipment, controlled medication security equipment, standardized patient specific medication billing and data integration. In addition, the project will rearchitect the existing pharmacy application environment to accommodate the new pharmacy systems.

DESCRIPTION OF CHANGE:

As of the 2020-21 May Revision, DSH is modifying its request for funding for the Pharmacy Modernization project.

As staff resources assigned to this project have been redirected towards DSH’s COVID-19 response, thus projected timelines for this project have shifted. Initial implementation efforts are deferred by three (3) months which extends implementations through FY 2023/24. DSH has modified the funding request to support the following implementation timelines. There is no change to the scope of the project.

The change in implementation is as follows:

In FY 2020/21 Hospital 1 will be initiated in October 2020

In FY 2021/22 Hospital 1, 2, 3 and 4 will be completed and hospital 5 will be initiated

In FY 2022/23 Hospital 5 will be completed along with final project close out activities

FY 2023/24 is an out year

DISCRETIONARY? Y/N: No

BCP Fiscal Detail Sheet

BCP Title: Pharmacy Modernization-Phase 2

BR Name: 4440-003-BCP-2020-GB

Budget Request Summary

	FY20					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Operating Expenses and Equipment						
5320 - Travel: In-State	0	6	6	0	0	0
5322 - Training	0	80	0	0	0	0
5324 - Facilities Operation	0	1,400	500	0	0	0
5340 - Consulting and Professional Services - Interdepartmental	0	110	110	0	0	0
5340 - Consulting and Professional Services - External	0	1,162	912	0	0	0
5346 - Information Technology	0	2,620	823	823	823	823
Total Operating Expenses and Equipment	\$0	\$5,378	\$2,351	\$823	\$823	\$823
Total Budget Request	\$0	\$5,378	\$2,351	\$823	\$823	\$823

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	5,378	2,351	823	823	823
Total State Operations Expenditures	\$0	\$5,378	\$2,351	\$823	\$823	\$823
Total All Funds	\$0	\$5,378	\$2,351	\$823	\$823	\$823

Program Summary

Program Funding						
4400020 - Hospital Administration	0	5,378	2,351	823	823	823
Total All Programs	\$0	\$5,378	\$2,351	\$823	\$823	\$823

BCP Fiscal Detail Sheet

BCP Title: Pharmacy Modernization - Phase 2 MR

BR Name: 4440-096-BCP-2020-MR

Budget Request Summary

	FY20					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Operating Expenses and Equipment						
5320 - Travel: In-State	0	-5	8	0	0	0
5322 - Training	0	-67	1	0	0	0
5324 - Facilities Operation	0	-1,158	700	0	0	0
5340 - Consulting and Professional Services - External	0	-961	1,277	0	0	0
5340 - Consulting and Professional Services - Interdepartmental	0	-91	154	0	0	0
5346 - Information Technology	0	-2,168	1,152	336	-823	-823
Total Operating Expenses and Equipment	\$0	-\$4,450	\$3,292	\$336	-\$823	-\$823
Total Budget Request	\$0	-\$4,450	\$3,292	\$336	-\$823	-\$823

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	-4,450	3,292	336	-823	-823
Total State Operations Expenditures	\$0	-\$4,450	\$3,292	\$336	-\$823	-\$823
Total All Funds	\$0	-\$4,450	\$3,292	\$336	-\$823	-\$823

Program Summary

Program Funding						
4400020 - Hospital Administration	0	-4,450	3,292	336	-823	-823
Total All Programs	\$0	-\$4,450	\$3,292	\$336	-\$823	-\$823

Statewide Roof Repairs and Replacement
Governor's Budget Proposal
Modified

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	0.0	1.0	1.0	\$0	\$49,443	\$129
May Revision	0.0	0.0	0.0	\$0	-\$22,743	\$0
Total	0.0	1.0	1.0	\$0	\$26,700	\$129

BACKGROUND:

In the Governor's Budget, the Department of State Hospitals (DSH) requested a one-time allocation of \$49.4 million in General Funds to replace seven critical roofs that have well exceeded their useful life expectancy including two roof replacement projects at DSH-Metropolitan, four at DSH-Napa, and one at DSH-Patton. Additionally, DSH requested \$129,000 for one (1.0) Associate Governmental Program Analyst (AGPA) to provide project management including ongoing monitoring, tracking and reporting on the statewide roofing funding and ongoing maintenance program.

DESCRIPTION OF CHANGE:

Due to economic challenges and the resulting General Fund deficit California is facing because of the COVID-19 global pandemic, DSH proposes to reduce the request to address the needs of the three most critical roofing projects as follows: DSH has prioritized the roofs that have the most extensive deterioration resulting in water intrusion into the building. These roofs are at high-risk for mold, licensure concerns, and negative impacts to bed capacity.

Priority	Hospital	Project Title	Estimated Cost	2020-21
1	Napa	Bldg. 199 Roof and Air Handler Replacement	\$8,376,483	\$8,376,000
2	Metropolitan	CTW Bldg. Roof and Air Handler Replacement	\$10,697,200	\$10,697,000
3	Patton	70 Building Roof and Air Handler Replacement	\$7,472,242	\$7,472,000
4	Napa	Bldg. 194 Roof and Exhaust Fans Replacement	\$10,956,127	\$0
5	Napa	Replace Roof on Bldg. 168	\$10,076,618	\$0
6	Metropolitan	YAB Bldg. Roof and Air Handler Replacement	\$746,845	\$0
7	Napa	Bldg. 261 Roof and Exhaust Fans Replacement	\$987,770	\$0
		Total	\$49,313,285	\$26,545,000

DISCRETIONARY? Y/N: No.

BCP Fiscal Detail Sheet

BCP Title: **Statewide Roof Repairs and Replacement**

BR Name: **4440-004-BCP-2020-GB**

Budget Request Summary

		FY20				
	CY	BY	BY+1	BY+2	BY+3	BY+4
Personal Services						
Positions - Permanent	0.0	1.0	1.0	1.0	1.0	1.0
Total Positions	0.0	1.0	1.0	1.0	1.0	1.0
Salaries and Wages						
Earnings - Permanent	0	68	68	68	68	68
Total Salaries and Wages	\$0	\$68	\$68	\$68	\$68	\$68
Total Staff Benefits	0	47	47	47	47	47
Total Personal Services	\$0	\$115	\$115	\$115	\$115	\$115
Operating Expenses and Equipment						
5301 - General Expense	0	1	1	1	1	1
5304 - Communications	0	1	1	1	1	1
5320 - Travel: In-State	0	1	1	1	1	1
5324 - Facilities Operation	0	49,313	2	2	2	2
5326 - Utilities	0	2	2	2	2	2
5340 - Consulting and Professional Services - Interdepartmental	0	2	2	2	2	2
5340 - Consulting and Professional Services - External	0	2	2	2	2	2
5346 - Information Technology	0	5	2	2	2	2
5368 - Non-Capital Asset Purchases - Equipment	0	1	1	1	1	1
Total Operating Expenses and Equipment	\$0	\$49,328	\$14	\$14	\$14	\$14
Total Budget Request	\$0	\$49,443	\$129	\$129	\$129	\$129
Fund Summary						
Fund Source - State Operations						
0001 - General Fund	0	49,443	129	129	129	129
Total State Operations Expenditures	\$0	\$49,443	\$129	\$129	\$129	\$129
Total All Funds	\$0	\$49,443	\$129	\$129	\$129	\$129

Program Summary

Program Funding

4400010 - Headquarters Administration	0	49,438	127	127	127	127
4400020 - Hospital Administration	0	5	2	2	2	2
Total All Programs	\$0	\$49,443	\$129	\$129	\$129	\$129

Personal Services Details

			Salary Information						
Positions	Min	Mid	Max	<u>CY</u>	<u>BY</u>	<u>BY+1</u>	<u>BY+2</u>	<u>BY+3</u>	<u>BY+4</u>
5393 - Assoc Govtl Program Analyst				0.0	1.0	1.0	1.0	1.0	1.0
Total Positions				0.0	1.0	1.0	1.0	1.0	1.0
Salaries and Wages	<u>CY</u>	<u>BY</u>	<u>BY+1</u>	<u>BY+2</u>	<u>BY+3</u>	<u>BY+4</u>			
5393 - Assoc Govtl Program Analyst	0	68	68	68	68	68			
Total Salaries and Wages	\$0	\$68	\$68	\$68	\$68	\$68			
Staff Benefits									
5150200 - Disability Leave - Industrial	0	1	1	1	1	1			
5150350 - Health Insurance	0	3	3	3	3	3			
5150450 - Medicare Taxation	0	1	1	1	1	1			
5150500 - OASDI	0	4	4	4	4	4			
5150600 - Retirement - General	0	21	21	21	21	21			
5150800 - Workers' Compensation	0	6	6	6	6	6			
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	2	2	2	2	2			
5150900 - Staff Benefits - Other	0	9	9	9	9	9			
Total Staff Benefits	\$0	\$47	\$47	\$47	\$47	\$47			
Total Personal Services	\$0	\$115	\$115	\$115	\$115	\$115			

BCP Fiscal Detail Sheet

BCP Title: Statewide Roof Repairs and Replacements

BR Name: 4440-099-BCP-2020-MR

Budget Request Summary

	CY	BY	BY+1	FY20 BY+2	BY+3	BY+4
Operating Expenses and Equipment						
5324 - Facilities Operation	0	-22,743	0	0	0	0
Total Operating Expenses and Equipment	\$0	-\$22,743	\$0	\$0	\$0	\$0
Total Budget Request	\$0	-\$22,743	\$0	\$0	\$0	\$0

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	-22,743	0	0	0	0
Total State Operations Expenditures	\$0	-\$22,743	\$0	\$0	\$0	\$0
Total All Funds	\$0	-\$22,743	\$0	\$0	\$0	\$0

Program Summary

Program Funding						
4400010 - Headquarters Administration	0	-22,743	0	0	0	0
Total All Programs	\$0	-\$22,743	\$0	\$0	\$0	\$0

Mission-Based Review – Treatment Team
Governor’s Budget Proposal
Modified

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor’s Budget	0.0	80.9	149.9	\$0	\$32,020	\$37,678
May Revision	0.0	-44.6	0.0	\$0	-\$22,620	\$0
Total	0.0	36.3	149.9	\$0	\$9,400	\$37,678

BACKGROUND:

In the Governor’s Budget, the Department of State Hospitals (DSH) requested a total of 250.2 positions and \$64.2 million General Fund, phased in across a five-year period, to support the workload of providing psychiatric and medical care treatment to patients committed to DSH. This phase-in requests 80.9 permanent full-time positions and \$32.0 million in fiscal year (FY) 2020-21; an additional 69.0 permanent full-time positions and \$37.7 million in FY 2021-22; 48.7 permanent full-time positions and \$49.7 million in FY 2022-23; 30.0 permanent full-time positions and \$57.5 million in FY 2023-24 and the remaining 21.6 permanent full-time positions and \$64.2 million in FY 2024-25.

DESCRIPTION OF CHANGE:

Due to the economic challenges and the resulting General Fund deficit California faces due to the global COVID-19 pandemic, DSH proposes to reduce funding and resources in the budget year and phase implementation across six years. In the budget year, DSH proposes to prioritize the primary care and medical leadership positions, which are even more critical due to the risks of COVID-19 for DSH’s patient population. Implementation of the other critical treatment team positions, trauma-informed care, and discharge planning resources are delayed beginning implementation in July 2021.

DISCRETIONARY? Y/N: No

BCP Fiscal Detail Sheet

BCP Title: Mission-Based Review - Treatment Team

BR Name: 4440-049-BCP-2020-GB

Budget Request Summary

	FY20					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Personal Services						
Positions - Permanent	0.0	80.9	149.9	198.6	228.6	250.2
Total Positions	0.0	80.9	149.9	198.6	228.6	250.2
Salaries and Wages						
Earnings - Permanent	0	12,358	23,441	30,857	35,725	39,921
Total Salaries and Wages	\$0	\$12,358	\$23,441	\$30,857	\$35,725	\$39,921
Total Staff Benefits	0	6,402	12,074	15,871	18,363	20,510
Total Personal Services	\$0	\$18,760	\$35,515	\$46,728	\$54,088	\$60,431
Operating Expenses and Equipment						
5301 - General Expense	0	536	1,087	1,476	1,718	1,890
5304 - Communications	0	67	136	184	215	237
5320 - Travel: In-State	0	67	136	184	215	237
5324 - Facilities Operation	0	3,530	668	928	1,078	1,190
5346 - Information Technology	0	7,577	136	184	215	237
5368 - Non-Capital Asset Purchases - Equipment	0	1,483	0	0	0	0
Total Operating Expenses and Equipment	\$0	\$13,260	\$2,163	\$2,956	\$3,441	\$3,791
Total Budget Request	\$0	\$32,020	\$37,678	\$49,684	\$57,529	\$64,222

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	32,020	37,678	49,684	57,529	64,222
Total State Operations Expenditures	\$0	\$32,020	\$37,678	\$49,684	\$57,529	\$64,222
Total All Funds	\$0	\$32,020	\$37,678	\$49,684	\$57,529	\$64,222

Program Summary

Program Funding						
4400010 - Headquarters Administration	0	754	696	696	696	696
4400020 - Hospital Administration	0	77	136	184	215	237
4410010 - Atascadero	0	5,718	5,689	7,344	8,645	9,946
4410020 - Coalinga	0	6,886	8,732	11,300	12,780	14,204
4410030 - Metropolitan	0	5,786	6,905	9,553	11,011	12,611

4410040 - Napa	0	6,825	8,652	12,256	15,140	17,229
4410050 - Patton	0	5,974	6,868	8,351	9,042	9,299
Total All Programs	\$0	\$32,020	\$37,678	\$49,684	\$57,529	\$64,222

Personal Services Details

Positions	Salary Information								
	Min	Mid	Max	CY	BY	BY+1	BY+2	BY+3	BY+4
2155 - Assistant Director of Dietetics				0.0	1.0	1.0	1.0	1.0	1.0
5142 - Assoc Pers Analyst				0.0	6.0	6.0	6.0	6.0	6.0
7552 - Physician & Surgeon (Safety)				0.0	15.6	26.9	26.9	26.9	26.9
7561 - Chief Physician & Surgeon				0.0	5.0	6.0	6.0	6.0	6.0
7616 - Sr Psychiatrist (Spec)				0.0	2.0	2.0	2.0	2.0	2.0
7619 - Staff Psychiatrist (Safety)				0.0	9.2	25.3	40.6	51.6	62.6
8096 - Supvng Registered Nurse (Safety)				0.0	1.0	1.0	1.0	1.0	1.0
8103 - Program Director				0.0	1.0	1.0	1.0	1.0	1.0
8104 - Unit Supvr (Safety)				0.0	1.0	1.0	1.0	1.0	1.0
8316 - Supvng Rehab Therapist				0.0	1.0	1.0	1.0	1.0	1.0
8324 - Rehab Therapist (Recr-Safety)				0.0	3.9	14.9	24.6	31.0	31.0
9251 - Chief Psychologist				0.0	1.0	1.0	1.0	1.0	1.0
9831 - Sr Psychologist (Hlth Facility) (Supvr)				0.0	1.0	1.0	1.0	1.0	1.0
9839 - Sr Psychologist (Hlth Facility) (Spec)				0.0	5.0	5.0	5.0	5.0	5.0
9872 - Clinical Soc Worker (Hlth/CF)-Safety				0.0	5.2	20.8	29.0	32.0	32.0
9873 - Psychologist (Hlth Facility-Clinical-Safety)				0.0	10.0	24.0	39.5	49.1	59.7
VR00 - Various				0.0	12.0	12.0	12.0	12.0	12.0
Total Positions				0.0	80.9	149.9	198.6	228.6	250.2

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
2155 - Assistant Director of Dietetics	0	0	0	0	0	0
5142 - Assoc Pers Analyst	0	420	420	420	420	420
7552 - Physician & Surgeon (Safety)	0	3,379	5,994	5,994	5,994	5,994
7561 - Chief Physician & Surgeon	0	1,225	1,470	1,470	1,470	1,470
7616 - Sr Psychiatrist (Spec)	0	0	0	0	0	0
7619 - Staff Psychiatrist (Safety)	0	2,267	6,719	10,951	13,991	17,034
8096 - Supvng Registered Nurse (Safety)	0	0	0	0	0	0
8103 - Program Director	0	101	101	101	101	101
8104 - Unit Supvr (Safety)	0	0	0	0	0	0
8316 - Supvng Rehab Therapist	0	0	0	0	0	0
8324 - Rehab Therapist (Recr-Safety)	0	319	1,215	2,006	2,528	2,528

9251 - Chief Psychologist	0	0	0	0	0	0
9831 - Sr Psychologist (Hlth Facility) (Supvr)	0	128	128	128	128	128
9839 - Sr Psychologist (Hlth Facility) (Spec)	0	600	600	600	600	600
9872 - Clinical Soc Worker (Hlth/CF)-Safety	0	451	1,803	2,514	2,774	2,774
9873 - Psychologist (Hlth Facility-Clinical-Safety)	0	1,087	2,609	4,296	5,339	6,492
VR00 - Various	0	2,381	2,382	2,377	2,380	2,380
Total Salaries and Wages	\$0	\$12,358	\$23,441	\$30,857	\$35,725	\$39,921
Staff Benefits						
5150200 - Disability Leave - Industrial	0	162	305	402	466	520
5150210 - Disability Leave - Nonindustrial	0	47	93	121	141	159
5150350 - Health Insurance	0	569	1,078	1,419	1,643	1,836
5150450 - Medicare Taxation	0	184	350	461	535	598
5150500 - OASDI	0	32	32	32	32	32
5150600 - Retirement - General	0	2,852	5,367	7,051	8,156	9,107
5150700 - Unemployment Insurance	0	12	23	31	35	38
5150800 - Workers' Compensation	0	569	1,078	1,419	1,643	1,836
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	346	656	864	1,000	1,117
5150900 - Staff Benefits - Other	0	1,629	3,092	4,071	4,712	5,267
Total Staff Benefits	\$0	\$6,402	\$12,074	\$15,871	\$18,363	\$20,510
Total Personal Services	\$0	\$18,760	\$35,515	\$46,728	\$54,088	\$60,431

BCP Fiscal Detail Sheet

BCP Title: Mission Based Review: Treatment Team Reduction

BR Name: 4440-109-BCP-2020-MR

Budget Request Summary

	FY20					
CY	BY	BY+1	BY+2	BY+3	BY+4	
Personal Services						
Positions - Permanent	0.0	-44.6	0.0	0.0	0.0	
Total Positions	0.0	-44.6	0.0	0.0	0.0	
Salaries and Wages						
Earnings - Permanent	0	-6,381	0	0	0	
Total Salaries and Wages	\$0	-\$6,381	\$0	\$0	\$0	
Total Staff Benefits	0	-3,346	0	0	0	
Total Personal Services	\$0	-\$9,727	\$0	\$0	\$0	
Operating Expenses and Equipment						
5301 - General Expense	0	-351	0	0	0	
5304 - Communications	0	-44	0	0	0	
5320 - Travel: In-State	0	-44	0	0	0	
5324 - Facilities Operation	0	-3,417	0	0	0	
5346 - Information Technology	0	-7,554	0	0	0	
5368 - Non-Capital Asset Purchases - Equipment	0	-1,483	0	0	0	
Total Operating Expenses and Equipment	\$0	-\$12,893	\$0	\$0	\$0	
Total Budget Request	\$0	-\$22,620	\$0	\$0	\$0	

Fund Summary

Fund Source - State Operations					
0001 - General Fund	0	-22,620	0	0	0
Total State Operations Expenditures	\$0	-\$22,620	\$0	\$0	\$0
Total All Funds	\$0	-\$22,620	\$0	\$0	\$0

Program Summary

Program Funding					
4400010 - Headquarters Administration	0	-579	0	0	0
4400020 - Hospital Administration	0	-54	0	0	0
4410010 - Atascadero	0	-4,085	0	0	0
4410020 - Coalinga	0	-3,976	0	0	0
4410030 - Metropolitan	0	-4,317	0	0	0

4410040 - Napa	0	-5,322	0	0	0	0
4410050 - Patton	0	-4,287	0	0	0	0
Total All Programs	\$0	-\$22,620	\$0	\$0	\$0	\$0

Personal Services Details

Positions	Salary Information								
	Min	Mid	Max	CY	BY	BY+1	BY+2	BY+3	BY+4
5142 - Assoc Pers Analyst				0.0	-6.0	0.0	0.0	0.0	0.0
7552 - Physician & Surgeon (Safety)				0.0	-3.3	0.0	0.0	0.0	0.0
7561 - Chief Physician & Surgeon				0.0	-1.0	0.0	0.0	0.0	0.0
7619 - Staff Psychiatrist (Safety)				0.0	-8.2	0.0	0.0	0.0	0.0
8103 - Program Director				0.0	-1.0	0.0	0.0	0.0	0.0
8324 - Rehab Therapist (Recr-Safety)				0.0	-3.9	0.0	0.0	0.0	0.0
9831 - Sr Psychologist (Hlth Facility) (Supvr)				0.0	-1.0	0.0	0.0	0.0	0.0
9839 - Sr Psychologist (Hlth Facility) (Spec)				0.0	-5.0	0.0	0.0	0.0	0.0
9872 - Clinical Soc Worker (Hlth/CF)-Safety				0.0	-5.2	0.0	0.0	0.0	0.0
9873 - Psychologist (Hlth Facility-Clinical-Safety)				0.0	-10.0	0.0	0.0	0.0	0.0
Total Positions				0.0	-44.6	0.0	0.0	0.0	0.0

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
5142 - Assoc Pers Analyst	0	-420	0	0	0	0
7552 - Physician & Surgeon (Safety)	0	-763	0	0	0	0
7561 - Chief Physician & Surgeon	0	-245	0	0	0	0
7619 - Staff Psychiatrist (Safety)	0	-2,267	0	0	0	0
8103 - Program Director	0	-101	0	0	0	0
8324 - Rehab Therapist (Recr-Safety)	0	-319	0	0	0	0
9831 - Sr Psychologist (Hlth Facility) (Supvr)	0	-128	0	0	0	0
9839 - Sr Psychologist (Hlth Facility) (Spec)	0	-600	0	0	0	0
9872 - Clinical Soc Worker (Hlth/CF)-Safety	0	-451	0	0	0	0
9873 - Psychologist (Hlth Facility-Clinical-Safety)	0	-1,087	0	0	0	0
Total Salaries and Wages	\$0	-\$6,381	\$0	\$0	\$0	\$0

Staff Benefits	CY	BY	BY+1	BY+2	BY+3	BY+4
5150200 - Disability Leave - Industrial	0	-83	0	0	0	0
5150210 - Disability Leave - Nonindustrial	0	-25	0	0	0	0
5150350 - Health Insurance	0	-294	0	0	0	0
5150450 - Medicare Taxation	0	-95	0	0	0	0

5150500 - OASDI	0	-32	0	0	0	0
5150600 - Retirement - General	0	-1,496	0	0	0	0
5150700 - Unemployment Insurance	0	-6	0	0	0	0
5150800 - Workers' Compensation	0	-294	0	0	0	0
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	-178	0	0	0	0
5150900 - Staff Benefits - Other	0	-843	0	0	0	0
Total Staff Benefits	\$0	\$-3,346	\$0	\$0	\$0	\$0
Total Personal Services	\$0	\$-9,727	\$0	\$0	\$0	\$0

Statewide Ligature Risk Special Repair Funding
Governor's Budget Proposal
Modified

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	0.0	0.0	0.0	\$0	\$10,511	\$10,511
May Revision	0.0	0.0	0.0	\$0	-\$5,254	-\$5,254
Total	0.0	0.0	0.0	\$0	\$5,257	\$5,257

BACKGROUND:

In Governor's Budget, DSH requested \$10.5 million General Fund annually for seven years beginning in Fiscal Year (FY) 2020-21 to mitigate ligature risks within four of The Joint Commission (TJC) accredited state hospitals. This is necessary to meet standards for acute psychiatric hospitals required by the Centers for Medicaid and Medicare Services (CMS), and to maintain TJC accreditation at these four state hospitals.

DESCRIPTION OF CHANGE:

Due to economic challenges and the resulting General Fund deficit California is facing because of the COVID-19 global pandemic, DSH proposes to revise the phasing of the ligature risk modifications to focus the first five years on the high-risk ligature areas and defer the lower risk areas into the later years. The revised funding plan is as follows:

- o Year 1 - \$5.257M
- o Year 2 - \$5.257M
- o Year 3 - \$8.409M
- o Year 4 - \$8.409M
- o Year 5 - \$15.415M
- o Year 6 - \$15.415M
- o Year 7 - \$15.415M

DISCRETIONARY? Y/N: No.

BCP Fiscal Detail Sheet

BCP Title: Statewide Ligature Risk Special Repair Funding

BR Name: 4440-005-BCP-2020-GB

Budget Request Summary

	FY20					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Operating Expenses and Equipment						
5324 - Facilities Operation	0	10,511	10,511	10,511	10,511	10,511
Total Operating Expenses and Equipment	\$0	\$10,511	\$10,511	\$10,511	\$10,511	\$10,511
Total Budget Request	\$0	\$10,511	\$10,511	\$10,511	\$10,511	\$10,511

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	10,511	10,511	10,511	10,511	10,511
Total State Operations Expenditures	\$0	\$10,511	\$10,511	\$10,511	\$10,511	\$10,511
Total All Funds	\$0	\$10,511	\$10,511	\$10,511	\$10,511	\$10,511

Program Summary

Program Funding						
4410010 - Atascadero	0	1,281	1,281	1,281	1,281	1,281
4410030 - Metropolitan	0	910	910	910	910	910
4410040 - Napa	0	3,659	3,659	3,659	3,659	3,659
4410050 - Patton	0	4,661	4,661	4,661	4,661	4,661
Total All Programs	\$0	\$10,511	\$10,511	\$10,511	\$10,511	\$10,511

BCP Fiscal Detail Sheet

BCP Title: Statewide Ligature Risk Special Repair Funding MR

BR Name: 4440-102-BCP-2020-MR

Budget Request Summary

	FY20					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Operating Expenses and Equipment						
5324 - Facilities Operation	0	-5,254	-5,254	-2,102	-2,102	4,904
Total Operating Expenses and Equipment	\$0	-\$5,254	-\$5,254	-\$2,102	-\$2,102	\$4,904
Total Budget Request	\$0	-\$5,254	-\$5,254	-\$2,102	-\$2,102	\$4,904

Fund Summary

Fund Source - State Operations

0001 - General Fund

Total State Operations Expenditures

Total All Funds

	0	-5,254	-5,254	-2,102	-2,102	4,904
Total State Operations Expenditures	\$0	-\$5,254	-\$5,254	-\$2,102	-\$2,102	\$4,904
Total All Funds	\$0	-\$5,254	-\$5,254	-\$2,102	-\$2,102	\$4,904

Program Summary

Program Funding

4410010 - Atascadero

4410030 - Metropolitan

4410040 - Napa

4410050 - Patton

Total All Programs

	0	-640	-640	-256	-256	598
	0	-455	-455	-182	-182	425
	0	-1,829	-1,829	-732	-732	1,707
	0	-2,330	-2,330	-932	-932	2,174
Total All Programs	\$0	-\$5,254	-\$5,254	-\$2,102	-\$2,102	\$4,904

Statewide Integrated Health Care Provider Network
Governor's Budget Proposal
Modified

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	0.0	0.0	0.0	\$0	\$6,312	\$2,212
May Revision	0.0	0.0	0.0	\$0	-\$3,156	\$0
Total	0.0	0.0	0.0	\$0	\$3,156	\$2,212

BACKGROUND:

In the Governor's Budget the Department of State Hospitals (DSH) proposed to contract for a Statewide Integrated Health Care Provider Network HCPN (The Network), including prior authorization (PA) and third-party administration (TPA) services to support continuity of care and provide stable and timely access to specialty, quality medical services for patients, at an affordable cost. To support this effort, DSH requested \$6.3 million General Fund and 6.0 positions, of which \$4.1 million are one-time costs to build and implement The Network, \$1.41 million are ongoing per-claim costs for processing claims, maintaining the provider network and the prior authorization tool and \$800,000 are ongoing costs for staffing. DSH requested two-year temporary funding for these ongoing costs until potential cost savings can be quantified and actualized. DSH requested the staffing on a three-year limited term basis to support network implementation efforts and utilization review.

DESCRIPTION OF CHANGE:

This remains a critical proposal for ensuring timely access to providers and services in the community for DSH patients and implementing a third-party claims administrator for adjudication and payment of medical services. Due to DSH's current focus and prioritization surrounding COVID-19 response, DSH proposes to reduce the funding in budget year to reflect a six-month delay in implementation.

DISCRETIONARY? Y/N: No

BCP Fiscal Detail Sheet

BCP Title: Statewide Integrated Health Care Provider Network

BR Name: 4440-006-BCP-2020-GB

Budget Request Summary

	FY20					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Salaries and Wages						
Earnings - Temporary Help	0	432	432	432	0	0
Total Salaries and Wages	\$0	\$432	\$432	\$432	\$0	\$0
Total Staff Benefits	0	284	284	284	0	0
Total Personal Services	\$0	\$716	\$716	\$716	\$0	\$0
Operating Expenses and Equipment						
5301 - General Expense	0	48	48	48	0	0
5304 - Communications	0	6	6	6	0	0
5320 - Travel: In-State	0	6	6	6	0	0
5324 - Facilities Operation	0	30	30	30	0	0
5340 - Consulting and Professional Services - External	0	4,100	0	0	0	0
5340 - Consulting and Professional Services - Interdepartmental	0	1,400	1,400	1,400	1,400	1,400
5346 - Information Technology	0	6	6	6	0	0
Total Operating Expenses and Equipment	\$0	\$5,596	\$1,496	\$1,496	\$1,400	\$1,400
Total Budget Request	\$0	\$6,312	\$2,212	\$2,212	\$1,400	\$1,400

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	6,312	2,212	2,212	1,400	1,400
Total State Operations Expenditures	\$0	\$6,312	\$2,212	\$2,212	\$1,400	\$1,400
Total All Funds	\$0	\$6,312	\$2,212	\$2,212	\$1,400	\$1,400

Program Summary

Program Funding						
4400010 - Headquarters Administration	0	2,206	2,206	2,206	1,400	1,400
4400020 - Hospital Administration	0	4,106	6	6	0	0
Total All Programs	\$0	\$6,312	\$2,212	\$2,212	\$1,400	\$1,400

Personal Services Details

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
4800 - Staff Svcs Mgr I (Eff. 07-01-2020)	0	80	80	80	0	0
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2020)	0	204	204	204	0	0
8338 - Hlth Program Spec I (Eff. 07-01-2020)	0	148	148	148	0	0
Total Salaries and Wages	\$0	\$432	\$432	\$432	\$0	\$0
Staff Benefits						
5150200 - Disability Leave - Industrial	0	6	6	6	0	0
5150210 - Disability Leave - Nonindustrial	0	2	2	2	0	0
5150350 - Health Insurance	0	20	20	20	0	0
5150450 - Medicare Taxation	0	6	6	6	0	0
5150500 - OASDI	0	27	27	27	0	0
5150600 - Retirement - General	0	134	134	134	0	0
5150800 - Workers' Compensation	0	20	20	20	0	0
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	12	12	12	0	0
5150900 - Staff Benefits - Other	0	57	57	57	0	0
Total Staff Benefits	\$0	\$284	\$284	\$284	\$0	\$0
Total Personal Services	\$0	\$716	\$716	\$716	\$0	\$0

BCP Fiscal Detail Sheet

BCP Title: Statewide Integrated Health Care Provider Network MR

BR Name: 4440-106-BCP-2020-MR

Budget Request Summary

	CY	BY	BY+1	FY20 BY+2	BY+3	BY+4
Salaries and Wages						
Earnings - Temporary Help	0	-219	0	0	0	0
Total Salaries and Wages	\$0	\$-219	\$0	\$0	\$0	\$0
Total Staff Benefits	0	-144	0	0	0	0
Total Personal Services	\$0	\$-363	\$0	\$0	\$0	\$0
Operating Expenses and Equipment						
5301 - General Expense	0	-24	0	0	0	0
5304 - Communications	0	-3	0	0	0	0
5320 - Travel: In-State	0	-3	0	0	0	0
5324 - Facilities Operation	0	-15	0	0	0	0
5340 - Consulting and Professional Services - External	0	-2,050	0	0	0	0
5340 - Consulting and Professional Services - Interdepartmental	0	-694	0	0	0	0
5346 - Information Technology	0	-4	0	0	0	0
Total Operating Expenses and Equipment	\$0	\$-2,793	\$0	\$0	\$0	\$0
Total Budget Request	\$0	\$-3,156	\$0	\$0	\$0	\$0

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	-3,156	0	0	0	0
Total State Operations Expenditures	\$0	\$-3,156	\$0	\$0	\$0	\$0
Total All Funds	\$0	\$-3,156	\$0	\$0	\$0	\$0

Program Summary

Program Funding						
4400010 - Headquarters Administration	0	-1,102	0	0	0	0
4400020 - Hospital Administration	0	-2,054	0	0	0	0
Total All Programs	\$0	\$-3,156	\$0	\$0	\$0	\$0

Personal Services Details

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
4800 - Staff Svcs Mgr I	0	-80	0	0	0	0
8338 - Hlth Program Spec I	0	-139	0	0	0	0
Total Salaries and Wages	\$0	-\$219	\$0	\$0	\$0	\$0
Staff Benefits						
5150200 - Disability Leave - Industrial	0	-3	0	0	0	0
5150210 - Disability Leave - Nonindustrial	0	-1	0	0	0	0
5150350 - Health Insurance	0	-10	0	0	0	0
5150450 - Medicare Taxation	0	-3	0	0	0	0
5150500 - OASDI	0	-14	0	0	0	0
5150600 - Retirement - General	0	-68	0	0	0	0
5150800 - Workers' Compensation	0	-10	0	0	0	0
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	-6	0	0	0	0
5150900 - Staff Benefits - Other	0	-29	0	0	0	0
Total Staff Benefits	\$0	-\$144	\$0	\$0	\$0	\$0
Total Personal Services	\$0	-\$363	\$0	\$0	\$0	\$0

**Quality Improvement and Internal Auditing, Monitoring and Risk Management and
Hospital Support
Governor’s Budget Proposal
*Withdrawn***

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor’s Budget	0.0	11.0	11.0	\$0	\$1,550	\$1,550
May Revision	0.0	-11.0	-11.0	\$0	-\$1,550	-\$1,550
Total	0.0	0.0	0.0	\$0	\$0	\$0

BACKGROUND:

In the Governor’s Budget, the Department of State Hospitals (DSH) proposed to strengthen its Statewide Quality Improvement Division (SQID) and requests 11.0 positions and \$1.6 million General Fund in fiscal year (FY) 2020-21 and annually thereafter to support Standards Compliance (SC) and Quality Improvement (QI) operations that include systemwide coordination, conduct and monitoring of clinical compliance audits; quality assurance plan development; policy development and implementation; plans of correction to oversight agencies; licensing and accreditation survey preparation; risk mitigation, and to provide the Office of Audits (OOA) with necessary resources for ongoing independent, objective financial and operational compliance audits, and performance audits.

DESCRIPTION OF CHANGE:

As of the 2020-21 May Revision, due to the economic challenges and the resulting General Fund deficit California is facing because of the COVID-19 global pandemic, DSH withdraws the request of the Quality Improvement and Internal Auditing, Monitoring and Risk Management and Hospital Support proposal. DSH will continue to prioritize mission critical activities of this division within existing resources.

DISCRETIONARY? Y/N: No.

BCP Fiscal Detail Sheet

BCP Title: Quality Improvement and Internal Auditing, Monitoring, Risk Management and Hospital Support

BR Name: 4440-007-BCP-2020-GB

Budget Request Summary

	FY20					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Personal Services						
Positions - Permanent	0.0	11.0	11.0	11.0	11.0	11.0
Total Positions	0.0	11.0	11.0	11.0	11.0	11.0
Salaries and Wages						
Earnings - Permanent	0	849	849	849	849	849
Total Salaries and Wages	\$0	\$849	\$849	\$849	\$849	\$849
Total Staff Benefits	0	525	525	525	525	525
Total Personal Services	\$0	\$1,374	\$1,374	\$1,374	\$1,374	\$1,374
Operating Expenses and Equipment						
5301 - General Expense	0	88	88	88	88	88
5304 - Communications	0	11	11	11	11	11
5320 - Travel: In-State	0	11	11	11	11	11
5324 - Facilities Operation	0	55	55	55	55	55
5346 - Information Technology	0	11	11	11	11	11
Total Operating Expenses and Equipment	\$0	\$176	\$176	\$176	\$176	\$176
Total Budget Request	\$0	\$1,550	\$1,550	\$1,550	\$1,550	\$1,550

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	1,550	1,550	1,550	1,550	1,550
Total State Operations Expenditures	\$0	\$1,550	\$1,550	\$1,550	\$1,550	\$1,550
Total All Funds	\$0	\$1,550	\$1,550	\$1,550	\$1,550	\$1,550

Program Summary

Program Funding						
4400010 - Headquarters Administration	0	1,539	1,539	1,539	1,539	1,539
4400020 - Hospital Administration	0	11	11	11	11	11
Total All Programs	\$0	\$1,550	\$1,550	\$1,550	\$1,550	\$1,550

BCP Fiscal Detail Sheet

BCP Title: Quality Improvement and Internal Auditing, Monitoring and Risk Management

BR Name: 4440-098-BCP-2020-MR

Budget Request Summary

	FY20					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Personal Services						
Positions - Permanent	0.0	-11.0	-11.0	-11.0	-11.0	-11.0
Total Positions	0.0	-11.0	-11.0	-11.0	-11.0	-11.0
Salaries and Wages						
Earnings - Permanent	0	-849	-849	-849	-849	-849
Total Salaries and Wages	\$0	-\$849	-\$849	-\$849	-\$849	-\$849
Total Staff Benefits	0	-525	-525	-525	-525	-525
Total Personal Services	\$0	-\$1,374	-\$1,374	-\$1,374	-\$1,374	-\$1,374
Operating Expenses and Equipment						
5301 - General Expense	0	-88	-88	-88	-88	-88
5304 - Communications	0	-11	-11	-11	-11	-11
5320 - Travel: In-State	0	-11	-11	-11	-11	-11
5324 - Facilities Operation	0	-55	-55	-55	-55	-55
5346 - Information Technology	0	-11	-11	-11	-11	-11
Total Operating Expenses and Equipment	\$0	-\$176	-\$176	-\$176	-\$176	-\$176
Total Budget Request	\$0	-\$1,550	-\$1,550	-\$1,550	-\$1,550	-\$1,550

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	-1,550	-1,550	-1,550	-1,550	-1,550
Total State Operations Expenditures	\$0	-\$1,550	-\$1,550	-\$1,550	-\$1,550	-\$1,550
Total All Funds	\$0	-\$1,550	-\$1,550	-\$1,550	-\$1,550	-\$1,550

Program Summary

Program Funding						
4400010 - Headquarters Administration	0	-1,539	-1,539	-1,539	-1,539	-1,539
4400020 - Hospital Administration	0	-11	-11	-11	-11	-11
Total All Programs	\$0	-\$1,550	-\$1,550	-\$1,550	-\$1,550	-\$1,550

Personal Services Details

Positions	Salary Information			CY	BY	BY+1	BY+2	BY+3	BY+4
	Min	Mid	Max						
1139 - Office Techn (Typing)				0.0	-1.0	-1.0	-1.0	-1.0	-1.0
4159 - Assoc Mgmt Auditor				0.0	-4.0	-4.0	-4.0	-4.0	-4.0
4801 - Staff Svcs Mgr II (Supvry)				0.0	-1.0	-1.0	-1.0	-1.0	-1.0
5393 - Assoc Govtl Program Analyst				0.0	-3.0	-3.0	-3.0	-3.0	-3.0
8179 - Nurse Consultant III (Supvr)				0.0	-1.0	-1.0	-1.0	-1.0	-1.0
8197 - Nurse Consultant I				0.0	-1.0	-1.0	-1.0	-1.0	-1.0
Total Positions				0.0	-11.0	-11.0	-11.0	-11.0	-11.0
Salaries and Wages				CY	BY	BY+1	BY+2	BY+3	BY+4
1139 - Office Techn (Typing)				0	-42	-42	-42	-42	-42
4159 - Assoc Mgmt Auditor				0	-290	-290	-290	-290	-290
4801 - Staff Svcs Mgr II (Supvry)				0	-87	-87	-87	-87	-87
5393 - Assoc Govtl Program Analyst				0	-205	-205	-205	-205	-205
8179 - Nurse Consultant III (Supvr)				0	-117	-117	-117	-117	-117
8197 - Nurse Consultant I				0	-108	-108	-108	-108	-108
Total Salaries and Wages				\$0	-\$849	-\$849	-\$849	-\$849	-\$849
Staff Benefits									
5150200 - Disability Leave - Industrial				0	-11	-11	-11	-11	-11
5150210 - Disability Leave - Nonindustrial				0	-3	-3	-3	-3	-3
5150350 - Health Insurance				0	-39	-39	-39	-39	-39
5150450 - Medicare Taxation				0	-13	-13	-13	-13	-13
5150500 - OASDI				0	-39	-39	-39	-39	-39
5150600 - Retirement - General				0	-245	-245	-245	-245	-245
5150700 - Unemployment Insurance				0	-1	-1	-1	-1	-1
5150800 - Workers' Compensation				0	-39	-39	-39	-39	-39
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions				0	-23	-23	-23	-23	-23
5150900 - Staff Benefits - Other				0	-112	-112	-112	-112	-112
Total Staff Benefits				\$0	-\$525	-\$525	-\$525	-\$525	-\$525
Total Personal Services				\$0	-\$1,374	-\$1,374	-\$1,374	-\$1,374	-\$1,374

BCP Fiscal Detail Sheet

BCP Title: Relocation to the Clifford L. Allenby Building-Phase 2

BR Name: 4440-009-BCP-2020-GB

Budget Request Summary

	FY20					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Operating Expenses and Equipment						
5301 - General Expense	0	461	0	0	0	0
5324 - Facilities Operation	0	885	1,588	1,588	1,588	1,588
5340 - Consulting and Professional Services - External	0	1,638	0	0	0	0
5346 - Information Technology	0	3,516	1,171	1,157	1,157	1,157
Total Operating Expenses and Equipment	\$0	\$6,500	\$2,759	\$2,745	\$2,745	\$2,745
Total Budget Request	\$0	\$6,500	\$2,759	\$2,745	\$2,745	\$2,745

Fund Summary

Fund Source - State Operations

0001 - General Fund	0	6,500	2,759	2,745	2,745	2,745
Total State Operations Expenditures	\$0	\$6,500	\$2,759	\$2,745	\$2,745	\$2,745

Total All Funds	\$0	\$6,500	\$2,759	\$2,745	\$2,745	\$2,745
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Program Summary

Program Funding

4400010 - Headquarters Administration	0	2,692	2,212	2,198	2,198	2,198
4400020 - Hospital Administration	0	3,808	547	547	547	547
Total All Programs	\$0	\$6,500	\$2,759	\$2,745	\$2,745	\$2,745

BCP Fiscal Detail Sheet

BCP Title: Relocation to the Clifford L. Allenby Building-Phase 2

BR Name: 4440-100-BCP-2020-MR

Budget Request Summary

	FY20					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Operating Expenses and Equipment						
5301 - General Expense	0	-231	0	0	0	0
5324 - Facilities Operation	0	-442	-1,588	-1,588	-1,588	-1,588
5340 - Consulting and Professional Services - External	0	-819	0	0	0	0
5346 - Information Technology	0	-1,758	-1,171	-1,157	-1,157	-1,157
Total Operating Expenses and Equipment	\$0	-\$3,250	-\$2,759	-\$2,745	-\$2,745	-\$2,745
Total Budget Request	\$0	-\$3,250	-\$2,759	-\$2,745	-\$2,745	-\$2,745

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	-3,250	-2,759	-2,745	-2,745	-2,745
Total State Operations Expenditures	\$0	-\$3,250	-\$2,759	-\$2,745	-\$2,745	-\$2,745
Total All Funds	\$0	-\$3,250	-\$2,759	-\$2,745	-\$2,745	-\$2,745

Program Summary

Program Funding						
4400010 - Headquarters Administration	0	-1,346	-2,212	-2,198	-2,198	-2,198
4400020 - Hospital Administration	0	-1,904	-547	-547	-547	-547
Total All Programs	\$0	-\$3,250	-\$2,759	-\$2,745	-\$2,745	-\$2,745

Relocation to the Clifford L. Allenby Building – Phase 2
Governor’s Budget Proposal
Modified

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor’s Budget	0.0	0.0	0.0	\$0	\$6,500	\$2,759
May Revision	0.0	0.0	0.0	\$0	-\$3,250	-\$2,759
Total	0.0	0.0	0.0	\$0	\$3,250	\$0

BACKGROUND:

In the Governor’s Budget, the California Health and Human Services Agency (CHHS), Department of Developmental Services (DDS) and Department of State Hospitals (DSH) requested \$8.2 million General Fund in 2020-21, \$4.2 million General Fund in 2021-22 and ongoing. This includes DDS one-time resources equivalent to 2.6 positions in 2020-21. This request addresses the services and equipment necessary for the three organizations to occupy the new building that are not funded through the capital outlay project. The proposed augmentation was to support move activities and includes funding for purchases and their corresponding on-going costs to relocate staff and operations to the new Clifford L. Allenby Building located at 1215 O Street in Sacramento in January 2021.

DESCRIPTION OF CHANGE:

In accordance with a statewide mandate to review all building and relocation projects due to ongoing operational changes related to COVID-19 modifications, this proposal is revised to support only the most critical ongoing network and infrastructure needs as identified in Phase 2.

Phase 2 involves the IT purchases necessary to outfit the new building, the planning work necessary for decommissioning of the Bateson building, and the moving contractor to physically move items between the two buildings. The proposed reduction of funding will be addressed through the transfer of existing IT equipment to the Allenby Building with planned equipment refreshes and purchase of energy saving equipment to be deferred. In addition, the scope of the physical move will be realigned and reduced through increased staff measures to reduce physical items requiring move with the expectation of increased use of telework. The remaining funds will be utilized to implement the required network infrastructure, physical property move and staff support services.

Revised provisional language is necessary. To effectuate this proposal, add the following provision to Item 4440-011-0001:

“13. Of the amount appropriated in Schedule (1) of this Item, \$3,250,000 is available for encumbrance or expenditure until June 20, 2023, for costs associating with the relocation to the Clifford L. Allenby Building. This funding shall not be available until after the completion of the State’s evaluation of telework opportunities and restacking opportunities in state-owned buildings.”

DISCRETIONARY? Y/N: No.

Cooperative Electronic Document Management System
Governor's Budget Proposal
Withdrawn

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	0.0	2.0	2.0	\$0	\$5,643	\$3,540
May Revision	0.0	-2.0	-2.0	\$0	-\$5,643	-\$3,540
Total	0.0	0.0	0.0	\$0	\$0	\$0

BACKGROUND:

In the Governor's Budget, the California Health and Human Services Agency (CHHS), Department of Developmental Services (DDS) and Department of State Hospitals (DSH) requested \$6.4 million in 2020-21, \$4.1 million in 2021-22 and \$0.7 million in 2022-23 and ongoing in General Fund (GF) authority to support the Cooperative Electronic Document Management System (CEDMS) implementation for all three entities moving to the Allenby building by January 2021. This project leverages the existing DDS legacy Document Management System (DMS) used by the DDS Developmental Centers. The departments also requested 4.0 permanent positions and one-time resources equivalent to 6.6 positions in 2020-21. The CEDMS functionality addresses capturing, storing, retrieval, indexing, versioning, transactions, security, archive and record management, as well as metadata.

DESCRIPTION OF CHANGE:

As of the 2020-21 May Revision, DSH withdraws the request for funding the Cooperative Electronic Document Management System due to economic challenges and the resulting General Fund deficit California is facing because of the COVID-19 global pandemic. The project has been put on hold with the California Department of Technology until such time as funding resources may become available. By placing the project on hold, the departments have the option to resume the project at a later date without starting at Stage 1 Business Analysis, preserving project planning efforts invested to date.

As an alternative to this proposal, the departments will evaluate their records retention practices and identify opportunities to maximize records archive and retrieval. Additionally, the departments will continue to evaluate strategies to reduce their production of paper records to the extent possible.

DISCRETIONARY? Y/N: No.

BCP Fiscal Detail Sheet

BCP Title: Cooperative Electronic Document Management System (CEDMS)

BR Name: 4440-010-BCP-2020-GB

Budget Request Summary

	FY20					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Personal Services						
Positions - Permanent	0.0	2.0	2.0	2.0	2.0	2.0
Total Positions	0.0	2.0	2.0	2.0	2.0	2.0
Salaries and Wages						
Earnings - Permanent	0	169	169	169	169	169
Earnings - Temporary Help	0	208	208	0	0	0
Total Salaries and Wages	\$0	\$377	\$377	\$169	\$169	\$169
Total Staff Benefits	0	248	248	112	112	112
Total Personal Services	\$0	\$625	\$625	\$281	\$281	\$281
Operating Expenses and Equipment						
5301 - General Expense	0	78	48	16	16	16
5304 - Communications	0	6	6	2	2	2
5320 - Travel: In-State	0	6	6	2	2	2
5324 - Facilities Operation	0	30	30	10	10	10
5340 - Consulting and Professional Services - External	0	3,519	1,632	0	0	0
5346 - Information Technology	0	1,379	1,193	49	49	49
Total Operating Expenses and Equipment	\$0	\$5,018	\$2,915	\$79	\$79	\$79
Total Budget Request	\$0	\$5,643	\$3,540	\$360	\$360	\$360

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	5,643	3,540	360	360	360
Total State Operations Expenditures	\$0	\$5,643	\$3,540	\$360	\$360	\$360
Total All Funds	\$0	\$5,643	\$3,540	\$360	\$360	\$360

Program Summary

Program Funding						
4400010 - Headquarters Administration	0	441	411	8	8	8
4400020 - Hospital Administration	0	5,202	3,129	352	352	352
Total All Programs	\$0	\$5,643	\$3,540	\$360	\$360	\$360

Personal Services Details

Positions	Salary Information			CY	BY	BY+1	BY+2	BY+3	BY+4
	Min	Mid	Max						
1402 - Info Tech Spec I				0.0	2.0	2.0	2.0	2.0	2.0
5157 - Staff Svcs Analyst (Gen)				0.0	0.0	0.0	0.0	0.0	0.0
Total Positions				0.0	2.0	2.0	2.0	2.0	2.0
Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4			
1402 - Info Tech Spec I	0	169	169	169	169	169			
5157 - Staff Svcs Analyst (Gen)	0	208	208	0	0	0			
Total Salaries and Wages	\$0	\$377	\$377	\$169	\$169	\$169			
Staff Benefits									
5150200 - Disability Leave - Industrial	0	5	5	2	2	2			
5150210 - Disability Leave - Nonindustrial	0	2	2	1	1	1			
5150350 - Health Insurance	0	18	18	8	8	8			
5150450 - Medicare Taxation	0	6	6	3	3	3			
5150500 - OASDI	0	24	24	11	11	11			
5150600 - Retirement - General	0	116	116	53	53	53			
5150800 - Workers' Compensation	0	17	17	8	8	8			
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	11	11	5	5	5			
5150900 - Staff Benefits - Other	0	49	49	21	21	21			
Total Staff Benefits	\$0	\$248	\$248	\$112	\$112	\$112			
Total Personal Services	\$0	\$625	\$625	\$281	\$281	\$281			

BCP Fiscal Detail Sheet

BCP Title: Cooperative Electronic Document Management System Implementation MR

BR Name: 4440-101-BCP-2020-MR

Budget Request Summary

	FY20					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Personal Services						
Positions - Permanent	0.0	-2.0	-2.0	-2.0	-2.0	-2.0
Total Positions	0.0	-2.0	-2.0	-2.0	-2.0	-2.0
Salaries and Wages						
Earnings - Permanent	0	-169	-169	-169	-169	-169
Earnings - Temporary Help	0	-208	-208	0	0	0
Total Salaries and Wages	\$0	-\$377	-\$377	-\$169	-\$169	-\$169
Total Staff Benefits	0	-248	-248	-112	-112	-112
Total Personal Services	\$0	-\$625	-\$625	-\$281	-\$281	-\$281
Operating Expenses and Equipment						
5301 - General Expense	0	-78	-48	-16	-16	-16
5304 - Communications	0	-6	-6	-2	-2	-2
5320 - Travel: In-State	0	-6	-6	-2	-2	-2
5324 - Facilities Operation	0	-30	-30	-10	-10	-10
5340 - Consulting and Professional Services - External	0	-3,519	-1,632	0	0	0
5346 - Information Technology	0	-1,379	-1,193	-49	-49	-49
Total Operating Expenses and Equipment	\$0	-\$5,018	-\$2,915	-\$79	-\$79	-\$79
Total Budget Request	\$0	-\$5,643	-\$3,540	-\$360	-\$360	-\$360

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	-5,643	-3,540	-360	-360	-360
Total State Operations Expenditures	\$0	-\$5,643	-\$3,540	-\$360	-\$360	-\$360
Total All Funds	\$0	-\$5,643	-\$3,540	-\$360	-\$360	-\$360

Program Summary

Program Funding						
4400010 - Headquarters Administration	0	-441	-411	-8	-8	-8
4400020 - Hospital Administration	0	-5,202	-3,129	-352	-352	-352
Total All Programs	\$0	-\$5,643	-\$3,540	-\$360	-\$360	-\$360

Personal Services Details

Positions	Salary Information			CY	BY	BY+1	BY+2	BY+3	BY+4
	Min	Mid	Max						
1402 - Info Tech Spec I				0.0	-2.0	-2.0	-2.0	-2.0	-2.0
5157 - Staff Svcs Analyst (Gen)				0.0	0.0	0.0	0.0	0.0	0.0
Total Positions				0.0	-2.0	-2.0	-2.0	-2.0	-2.0
Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4			
1402 - Info Tech Spec I	0	-169	-169	-169	-169	-169			
5157 - Staff Svcs Analyst (Gen)	0	-208	-208	0	0	0			
Total Salaries and Wages	\$0	-\$377	-\$377	-\$169	-\$169	-\$169			
Staff Benefits									
5150200 - Disability Leave - Industrial	0	-5	-5	-2	-2	-2			
5150210 - Disability Leave - Nonindustrial	0	-2	-2	-1	-1	-1			
5150350 - Health Insurance	0	-18	-18	-8	-8	-8			
5150450 - Medicare Taxation	0	-6	-6	-3	-3	-3			
5150500 - OASDI	0	-24	-24	-11	-11	-11			
5150600 - Retirement - General	0	-116	-116	-53	-53	-53			
5150800 - Workers' Compensation	0	-17	-17	-8	-8	-8			
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	-11	-11	-5	-5	-5			
5150900 - Staff Benefits - Other	0	-49	-49	-21	-21	-21			
Total Staff Benefits	\$0	-\$248	-\$248	-\$112	-\$112	-\$112			
Total Personal Services	\$0	-\$625	-\$625	-\$281	-\$281	-\$281			

Increase Resources for Regulation Promulgation
Governor's Budget Proposal
Withdrawn

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	0.0	3.0	3.0	\$0	\$483	\$483
May Revision	0.0	-3.0	-3.0	\$0	-\$483	-\$483
Total	0.0	0.0	0.0	\$0	\$0	\$0

BACKGROUND:

In the Governor's Budget, the Department of State Hospitals (DSH) requested 3.0 two-year limited term (LT) positions and General Fund (GF) authority of \$483,000 in Fiscal Year (FY) 2020-21 and \$483,000 in 2021-2022 to promulgate mission critical regulations.

DESCRIPTION OF CHANGE:

As of the 2020-21 May Revision, DSH withdraws the request for the Increase Resources for Regulations Promulgation due to economic challenges and the resulting General Fund deficit California is facing because of the COVID-19 global pandemic. DSH will continue to process mission critical regulations within existing resources while prioritizing those that are most critical.

DISCRETIONARY? Y/N: No

BCP Fiscal Detail Sheet

BCP Title: Increase Resources for Regulation Promulgation

BR Name: 4440-011-BCP-2020-GB

Budget Request Summary

	FY20					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Personal Services						
Positions - Permanent	0.0	3.0	3.0	0.0	0.0	0.0
Total Positions	0.0	3.0	3.0	0.0	0.0	0.0
Salaries and Wages						
Earnings - Permanent	0	263	263	0	0	0
Total Salaries and Wages	\$0	\$263	\$263	\$0	\$0	\$0
Total Staff Benefits	0	172	172	0	0	0
Total Personal Services	\$0	\$435	\$435	\$0	\$0	\$0
Operating Expenses and Equipment						
5301 - General Expense	0	24	24	0	0	0
5304 - Communications	0	3	3	0	0	0
5320 - Travel: In-State	0	3	3	0	0	0
5324 - Facilities Operation	0	15	15	0	0	0
5346 - Information Technology	0	3	3	0	0	0
Total Operating Expenses and Equipment	\$0	\$48	\$48	\$0	\$0	\$0
Total Budget Request	\$0	\$483	\$483	\$0	\$0	\$0

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	483	483	0	0	0
Total State Operations Expenditures	\$0	\$483	\$483	\$0	\$0	\$0
Total All Funds	\$0	\$483	\$483	\$0	\$0	\$0

Program Summary

Program Funding						
4400010 - Headquarters Administration	0	480	480	0	0	0
4400020 - Hospital Administration	0	3	3	0	0	0
Total All Programs	\$0	\$483	\$483	\$0	\$0	\$0

Personal Services Details

Positions	Salary Information			CY	BY	BY+1	BY+2	BY+3	BY+4
	Min	Mid	Max						
5393 - Assoc Govtl Program Analyst				0.0	2.0	2.0	0.0	0.0	0.0
5795 - Atty III				0.0	1.0	1.0	0.0	0.0	0.0
Total Positions				0.0	3.0	3.0	0.0	0.0	0.0
Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4			
5393 - Assoc Govtl Program Analyst	0	137	137	0	0	0			
5795 - Atty III	0	126	126	0	0	0			
Total Salaries and Wages	\$0	\$263	\$263	\$0	\$0	\$0			
Staff Benefits									
5150200 - Disability Leave - Industrial	0	3	3	0	0	0			
5150210 - Disability Leave - Nonindustrial	0	1	1	0	0	0			
5150350 - Health Insurance	0	12	12	0	0	0			
5150450 - Medicare Taxation	0	4	4	0	0	0			
5150500 - OASDI	0	16	16	0	0	0			
5150600 - Retirement - General	0	82	82	0	0	0			
5150800 - Workers' Compensation	0	12	12	0	0	0			
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	7	7	0	0	0			
5150900 - Staff Benefits - Other	0	35	35	0	0	0			
Total Staff Benefits	\$0	\$172	\$172	\$0	\$0	\$0			
Total Personal Services	\$0	\$435	\$435	\$0	\$0	\$0			

BCP Fiscal Detail Sheet

BCP Title: Increase Resources for Regulation Promulgation MR

BR Name: 4440-103-BCP-2020-MR

Budget Request Summary

	FY20					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Personal Services						
Positions - Permanent	0.0	-3.0	-3.0	0.0	0.0	0.0
Total Positions	0.0	-3.0	-3.0	0.0	0.0	0.0
Salaries and Wages						
Earnings - Permanent	0	-263	-263	0	0	0
Total Salaries and Wages	\$0	\$-263	\$-263	\$0	\$0	\$0
Total Staff Benefits	0	-172	-172	0	0	0
Total Personal Services	\$0	\$-435	\$-435	\$0	\$0	\$0
Operating Expenses and Equipment						
5301 - General Expense	0	-24	-24	0	0	0
5304 - Communications	0	-3	-3	0	0	0
5320 - Travel: In-State	0	-3	-3	0	0	0
5324 - Facilities Operation	0	-15	-15	0	0	0
5346 - Information Technology	0	-3	-3	0	0	0
Total Operating Expenses and Equipment	\$0	\$-48	\$-48	\$0	\$0	\$0
Total Budget Request	\$0	\$-483	\$-483	\$0	\$0	\$0

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	-483	-483	0	0	0
Total State Operations Expenditures	\$0	\$-483	\$-483	\$0	\$0	\$0
Total All Funds	\$0	\$-483	\$-483	\$0	\$0	\$0

Program Summary

Program Funding						
4400010 - Headquarters Administration	0	-480	-480	0	0	0
4400020 - Hospital Administration	0	-3	-3	0	0	0
Total All Programs	\$0	\$-483	\$-483	\$0	\$0	\$0

Personal Services Details

			Salary Information						
Positions	Min	Mid	Max	<u>CY</u>	<u>BY</u>	<u>BY+1</u>	<u>BY+2</u>	<u>BY+3</u>	<u>BY+4</u>
5393 - Assoc Govtl Program Analyst				0.0	-2.0	-2.0	0.0	0.0	0.0
5795 - Atty III				0.0	-1.0	-1.0	0.0	0.0	0.0
Total Positions				0.0	-3.0	-3.0	0.0	0.0	0.0
			<u>CY</u>	<u>BY</u>	<u>BY+1</u>	<u>BY+2</u>	<u>BY+3</u>	<u>BY+4</u>	
Salaries and Wages									
5393 - Assoc Govtl Program Analyst	0	-137	-137	0	0	0	0	0	
5795 - Atty III	0	-126	-126	0	0	0	0	0	
Total Salaries and Wages	\$0	-\$263	-\$263	\$0	\$0	\$0	\$0	\$0	
Staff Benefits									
5150200 - Disability Leave - Industrial	0	-3	-3	0	0	0	0	0	
5150210 - Disability Leave - Nonindustrial	0	-1	-1	0	0	0	0	0	
5150350 - Health Insurance	0	-12	-12	0	0	0	0	0	
5150450 - Medicare Taxation	0	-4	-4	0	0	0	0	0	
5150500 - OASDI	0	-16	-16	0	0	0	0	0	
5150600 - Retirement - General	0	-82	-82	0	0	0	0	0	
5150800 - Workers' Compensation	0	-12	-12	0	0	0	0	0	
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	-7	-7	0	0	0	0	0	
5150900 - Staff Benefits - Other	0	-35	-35	0	0	0	0	0	
Total Staff Benefits	\$0	-\$172	-\$172	\$0	\$0	\$0	\$0	\$0	
Total Personal Services	\$0	-\$435	-\$435	\$0	\$0	\$0	\$0	\$0	

Disaster Preparedness, Response and Recovery
Governor's Budget Proposal
Modified

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	6.0	6.0	6.0	\$996	\$826	\$826
May Revision	0.0	-5.0	-5.0	\$0	-\$535	-\$535
Total	6.0	1.0	1.0	\$996	\$291	\$291

BACKGROUND:

The 2019-20 Budget Act provided increased resources for DSH to augment its disaster preparedness, response and recovery efforts. This proposal was part of the Administration's larger Disaster Preparedness, Response and Recovery package.

DESCRIPTION OF CHANGE:

Due to economic challenges and the resulting General Fund deficit California is facing because of the COVID-19 global pandemic, DSH proposes to reduce the positions associated with this prior budget action. DSH had not yet fully implemented this proposal. DSH proposes to continue to perform disaster preparedness, response and recovery efforts within its existing resources at the hospitals and coordinated by the one position in DSH-Sacramento that is proposed to be retained. DSH proposes to also retain the funding for critical increased telecommunications equipment and other disaster preparedness contracts and services that were included in the 2019-20 Budget Act.

DISCRETIONARY? Y/N: No.

BCP Fiscal Detail Sheet

BCP Title: Emergency Management

BR Name: 4440-087-BCP-2019-MR

Budget Request Summary

	FY19					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Personal Services						
Positions - Permanent	0.0	6.0	6.0	6.0	6.0	6.0
Total Positions	0.0	6.0	6.0	6.0	6.0	6.0
Salaries and Wages						
Earnings - Permanent	0	407	407	407	407	407
Total Salaries and Wages	\$0	\$407	\$407	\$407	\$407	\$407
Total Staff Benefits	0	213	213	213	213	213
Total Personal Services	\$0	\$620	\$620	\$620	\$620	\$620
Operating Expenses and Equipment						
5301 - General Expense	0	48	48	48	48	48
5304 - Communications	0	36	36	36	36	36
5320 - Travel: In-State	0	6	6	6	6	6
5324 - Facilities Operation	0	30	30	30	30	30
5340 - Consulting and Professional Services - External	0	230	80	80	80	80
5346 - Information Technology	0	6	6	6	6	6
5368 - Non-Capital Asset Purchases - Equipment	0	20	0	0	0	0
Total Operating Expenses and Equipment	\$0	\$376	\$206	\$206	\$206	\$206
Total Budget Request	\$0	\$996	\$826	\$826	\$826	\$826

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	996	826	826	826	826
Total State Operations Expenditures	\$0	\$996	\$826	\$826	\$826	\$826
Total All Funds	\$0	\$996	\$826	\$826	\$826	\$826

Program Summary

Program Funding						
4400010 - Headquarters Administration	0	461	291	291	291	291
4410010 - Atascadero	0	107	107	107	107	107
4410020 - Coalinga	0	107	107	107	107	107

4410030 - Metropolitan	0	107	107	107	107	107
4410040 - Napa	0	107	107	107	107	107
4410050 - Patton	0	107	107	107	107	107
Total All Programs	\$0	\$996	\$826	\$826	\$826	\$826

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

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	0.0	0.0	0.0	\$0	\$6,790	\$6,790
<i>One-time</i>	0.0	0.0	0.0	\$0	\$0	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$0	\$0
<i>Reimbursement Authority</i>	0.0	0.0	0.0	\$0	\$6,790	\$6,790
May Revision	0.0	0.0	0.0	\$0	-\$1,033	-\$1,033
<i>One-time</i>	0.0	0.0	0.0	\$0	\$0	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$0	\$0
<i>Reimbursement Authority</i>	0.0	0.0	0.0	\$0	-\$1,033	-\$1,033
Total	0.0	0.0	0.0	\$0	\$5,757	\$5,757
<i>One-time</i>	0.0	0.0	0.0	\$0	\$0	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$0	\$0
<i>Reimbursement Authority</i>	0.0	0.0	0.0	\$0	\$5,757	\$5,757

BACKGROUND:

In the 2020-21 Governor's Budget, Department of State Hospitals (DSH) requested a budget year and ongoing \$6.79 million increase in reimbursement authority based on projected LPS reimbursements from counties.

Due to the increasing LPS population, DSH's reimbursement authority has not been sufficient for the services provided to counties. The estimated LPS collections methodology used is a combination of actual bed collections received in fiscal year (FY) 2018-19 and a projection of anticipated collections for the remaining months. DSH utilized a weighted average of current year collections and applied it to the remaining months of the fiscal year. The trend from FY 2017-18 displayed a continued general increase in actual bed use, which justified the request for increased reimbursement authority for 2018-19.

These collections also included patients admitted under Penal Code Section 1370.01 (Misdemeanor Incompetent to Stand Trial – MIST). MIST patients were identified within the current LPS Memorandum of Understanding (MOU) as patients who could receive inpatient psychiatric care and treatment services; the MIST population for FY 2019-20 as of February 2020 is 96. County reimbursements for patients admitted pursuant to Penal Code Section 1370.01 (MISTs) are realized through the same mechanism as reimbursements for patients admitted under the LPS Act - monthly reductions of each county's respective Health and Welfare Realignment fund appropriation; these monthly reductions reflect each county's total patient bed use but are not separated by commitment type.

In addition, DSH contracted with the Public Consulting Group (PCG) to review and update DSH's bed rates. The contract began on June 1, 2018 and ended on December 30, 2019. The contractor was responsible for updating DSH's bed rates and providing DSH with the methodology so DSH may independently update the bed rates annually. PCG reviewed numerous reports containing DSH service use costs and frequencies from prior months. The Department anticipates having an estimate of new bed rates in March 2020 and anticipates implementation of the bed rates on July 1, 2020.

DESCRIPTION OF CHANGE:

DSH is projecting LPS collections of \$165,849,514¹ in FY 2019-20, a difference of \$1,033,041 from the current reimbursement authority requested as of the 2020-21 Governor’s Budget and \$5,756,760 more than was approved as of the 2019 Budget Act. DSH is requesting a decrease in reimbursement authority of \$1,033,041 from what was originally requested via the 2020-21 Governor’s Budget in FY 2020-21 ongoing. The original projection was based off two months of actual bed use, whereas our updated projection is based off eight months of actuals, ultimately resulting in a lower projection.

FY	LPS Reimbursement Authority	LPS Collections	Difference
2019-20	\$160,092,754	\$165,849,514	+\$5,756,760
2018-19	\$156,746,470	\$161,567,304 ²	+\$4,820,834
2017-18	\$136,627,657	\$155,826,584	+19,198,927
2016-17	\$137,539,100	\$147,447,785	+\$9,908,685
2015-16	\$135,072,112	\$141,964,866	+\$6,892,754
2014-15	\$123,419,000	\$124,580,524	+\$1,161,524
2013-14	\$123,635,294	\$123,635,294	\$0
2012-13	\$115,991,452	\$118,858,565	+\$2,867,113
PPYs			+\$8,477,440

DISCRETIONARY? Y/N: No

¹ FY 2019-20 is a projected figure based on available data from collections through February 2020.

² Updated FY 2018-19 collection amount based on actual reimbursement received.

STATE HOSPITALS
PATIENT-DRIVEN OPERATING EXPENSES
Informational Only

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	0.0	0.0	0.0	\$0	\$3,534	\$3,534
<i>One-time</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>
<i>Ongoing</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>	<i>\$0</i>	<i>\$3,534</i>	<i>\$3,534</i>
May Revision	0.0	0.0	0.0	\$0	-\$3,534	-\$3,534
<i>One-time</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>
<i>Ongoing</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>	<i>\$0</i>	<i>-\$3,534</i>	<i>-\$3,534</i>
Total	0.0	0.0	0.0	\$0	\$0	\$0
<i>One-time</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>
<i>Ongoing</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>

BACKGROUND:

Between fiscal year (FY) 2012-13 and FY 2018-19, the Department of State Hospitals' (DSH) patient population increased significantly due to newly activated beds within the five state hospitals. For the bed activations, DSH received funding for positions and associated staff operating expenses and equipment (OE&E) but did not receive funding for patient related OE&E. DSH managed to absorb the increase costs due to savings in other areas, however, this model was not sustainable in the long-term to adequately support OE&E costs driven by patient care. As such, DSH can no longer absorb these operational costs.

The 2019 Budget Act included a standardized patient OE&E cost estimate methodology based on updated census estimates for 2019-20 and estimated costs per patient, based on past year actual expenditures for several budget categories. As a result, the 2019 Budget Act included funding for a projected 2019-20 census of 6,317 and a cost per patient of \$19,534 for a total patient-driven OE&E cost of \$123.4 million in FY 2019-20.

In the 2020-21 Governor's Budget, DSH requested an additional \$3.534 million in ongoing authority beginning in FY 2020-21. This estimate was based on projected cost increases in two budget categories, Outside Hospitalization and Pharmaceuticals, and a projected census increase.

DESCRIPTION OF CHANGE:

As of the 2020-21 May Revision, due to the economic challenges and resulting General Fund deficits California is facing due to the COVID-19 global pandemic, DSH withdraws this request. Due to COVID-19 impacts on DSH's operations, it is difficult to project future patient driven costs. DSH will continue to monitor and manage these expenditures closely in the budget year.

DISCRETIONARY? Y/N: No

BCP Fiscal Detail Sheet

BCP Title: Patient-Driven Operating Expenses MR

BR Name: 4440-104-ECP-2020-MR

Budget Request Summary

	FY20					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Operating Expenses and Equipment						
5326 - Utilities	0	-67	-67	-67	-67	-67
5340 - Consulting and Professional Services - External	0	-3,185	-3,185	-3,185	-3,185	-3,185
539X - Other	0	-282	-282	-282	-282	-282
Total Operating Expenses and Equipment	\$0	-\$3,534	-\$3,534	-\$3,534	-\$3,534	-\$3,534
Total Budget Request	\$0	-\$3,534	-\$3,534	-\$3,534	-\$3,534	-\$3,534

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	-3,534	-3,534	-3,534	-3,534	-3,534
Total State Operations Expenditures	\$0	-\$3,534	-\$3,534	-\$3,534	-\$3,534	-\$3,534
Total All Funds	\$0	-\$3,534	-\$3,534	-\$3,534	-\$3,534	-\$3,534

Program Summary

Program Funding						
4410010 - Atascadero	0	-603	-603	-603	-603	-603
4410020 - Coalinga	0	-882	-882	-882	-882	-882
4410030 - Metropolitan	0	-299	-299	-299	-299	-299
4410040 - Napa	0	-477	-477	-477	-477	-477
4410050 - Patton	0	-1,273	-1,273	-1,273	-1,273	-1,273
Total All Programs	\$0	-\$3,534	-\$3,534	-\$3,534	-\$3,534	-\$3,534

STATE HOSPITALS
ENHANCED TREATMENT PROGRAM (ETP) STAFFING
Program Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	-32.3	-1.5	0.0	-\$5,330	\$385	\$0
<i>One-time</i>	-32.3	-1.5	0.0	-\$5,330	\$385	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$0	\$0
May Revision	-21.1	-8.4	0.0	-\$3,085	-\$1,379	\$0
<i>One-time</i>	-21.1	-8.4	0.0	-\$3,085	-\$1,379	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$0	\$0
Total	-53.4	-9.9	0.0	-\$8,415	-\$994	\$0
<i>One-time</i>	-53.4	-9.9	0.0	-\$8,415	-\$994	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$0	\$0

BACKGROUND:

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

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

Per AB 1340, treatment is the ETP's focus, and every patient will receive treatment from a multi-disciplinary team comprised of a psychiatrist, two psychologists, a registered nurse, a clinical social worker, two rehabilitation therapists, and a psychiatric technician. A treatment team will be assigned to each unit. Due to the acuity of the patient population, the ETP will be staffed at a higher level than the Department's standard state hospital units. A nursing ratio of 1:1.5 was established for AM and PM shifts as necessary to allow for focused treatment, constant assessment of violence risk, and response in cases of an incident. A staff-to-patient ratio of 1:3 was established for the NOC shift. The direct care staff are a combination of registered nurses and psychiatric technicians. Enhanced security will also be provided by hospital police officers (HPO). There will be two to three HPOs on each unit across all shifts and will be available to provide additional support and assistance in cases of emergency.

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

The Budget Act of 2018 included a total savings of 35.8 positions and \$4.8 million for fiscal year (FY) 2017-18, 56.9 positions and \$4.6 million in FY 2018-19 for the first two 13-bed unit activations, ETP Units 29 and 33 at DSH-Atascadero. The savings is due to delays in securing all required regulatory reviews and approvals of the ETP working plans. The Budget Act of 2018 also included 60.3 positions and \$8.3 million in FY 2019-20 and ongoing for the staff, operating expenses and equipment needed for the activation of the third and fourth ETP units.

The Budget Act of 2019 included a one-time reduction of \$2.34 million and 10.4 positions in 2019-20 due to delays in construction. The reasons for the delays were various, including existing site conditions, code issues, and resulting changes required by the State Fire Marshal. In addition, DSH redirected \$139,000 of the savings reported due to critical needs identified for DSH-Patton's ETP unit activations, including U-06 courtyard improvements/fence security upgrade, shower room conversion to a housekeeping closet, and conversion of south wing rooms to staff offices and clinical treatment space.

In the 2020-21 Governor's Budget, DSH requested one-time reductions of 32.3 positions and \$4.749 million in FY 2019-20 and 1.5 positions and \$0.255 million in FY 2020-21 due to construction delays. Additionally, DSH requested a reduction in Information Technology funding related to the project of \$0.581 million in FY 2019-20 and an increase in Information Technology funding for the project of \$0.640 million in FY 2020-21.

DESCRIPTION OF CHANGE:

ETP Activation Timeline

Units/Hospital	Construction Scheduled Initiation	Construction Scheduled Completion	Delay from 2020-21 Governor's Budget
DSH-Atascadero Unit 29	September 24, 2018 (Actual)	May 2020	4-month delay
DSH-Atascadero Unit 33	May 2020	November 2020	6-month delay
DSH-Atascadero Unit 34	May 2020	November 2020	3-month delay
DSH-Patton Unit U-06	October 2020	March 2021	4-month delay

DSH-Atascadero ETP construction at Unit 29 was delayed due to existing site conditions, code issues and resulting changes required by the State Fire Marshal. Unforeseen conditions such as unknown regular and low voltage electrical conduits, materials damage and unexpected ductwork also contributed to delays. The contractor had challenges with the availability of labor, material deliveries, and subcontractor scheduling, all of which exacerbated the already existing construction delays. The construction schedule has been updated to reflect construction work on Units 33 and 34 simultaneously, to shorten the length of the project, reduce costs, and remove barriers related to working in patient occupied areas.

DSH-Patton ETP construction at Unit U-06 was delayed due to an extended regulatory review process and an unsuccessful initial bid process as reported in the 2019-20 May Revision. The DSH Patton ETP was successfully bid in August 2019. Fully executing the contract took longer than anticipated. The contract was fully executed in February 2020 with a contract completion date of February 17, 2021. The fire sprinkler installation portion of the project began February 19, 2020 and at that time, ETP completion was planned for February 17, 2021. The project is behind schedule due to testing for asbestos, moving anticipated completion to March 2021.

Uncertainties related to the COVID-19 pandemic may further impact ETP construction at both locations.

Due to the delays identified above, DSH anticipates a further one-time savings of \$3.1 million and a reduction of an additional 21.1 positions in FY 2019-20. In FY 2020-21, DSH anticipates a one-time savings of \$1.4 million and a reduction of 8.4 positions. Please see the charts below for a breakdown of ETP funding and position authority as of the 2020-21 May Revise.

ETP Cost Breakdown					
Dollars in Thousands					
Timeframe	2017-18	2018-19	2019-20	2020-21	2021-22
<i>2017 Budget Act</i>	\$7,990	\$15,228	\$15,249	\$15,249	\$15,249
2018-19 Governor's Budget	(\$4,953)	\$2,835	\$8,350	\$8,350	\$8,350
2018-19 May Revision	(\$4,883)	(\$4,571)	\$8,300	\$8,782	\$8,782
<i>Total as of 2018 Budget Act</i>	\$3,107	\$10,657	\$23,549	\$24,031	\$24,031
2019-20 Governor's Budget	\$0	\$0	(\$1,765)	\$0	\$0
2019-20 May Revision	\$0	(\$2,616)	(\$716)	\$0	\$0
<i>Total as of 2019 Budget Act</i>	\$3,107	\$8,041	\$21,068	\$24,031	\$24,031
2020-21 Governor's Budget	\$0	\$0	(\$5,330)	\$385	\$0
2020-21 May Revision	\$0	\$0	(\$3,085)	(\$1,385)	\$0
Total:	\$3,107	\$8,041	\$12,653	\$23,031	\$24,031

ETP Position Authority Breakdown					
DSH-Atascadero Units 29 & 33	2017-18	2018-19	2019-20	2020-21	2021-22
FY 2017-18 Governor's Budget	44.7	115.1	115.1	115.1	115.1
FY 2018-19 Governor's Budget	-35.8	0.0	0.0	0.0	0.0
FY 2018-19 May Revision	0.0	-57.9	0.0	0.0	0.0
FY 2019-20 Governor's Budget	0.0	0.0	0.0	0.0	0.0
FY 2019-20 May Revision	0.0	-7.1	-3.4	0.0	0.0
FY 2020-21 Governor's Budget	0.0	0.0	-26.7	0.0	0.0
FY 2020-21 May Revision	0.0	0.0	-21.1	-6.0	0.0
Total Authority Ongoing	8.9	50.1	63.9	109.1	115.1
DSH-Atascadero Unit 34 & DSH-Patton Unit U-06	2017-18	2018-19	2019-20	2020-21	2021-22
FY 2017-18 Governor's Budget	0.0	0.0	0.0	0.0	0.0
FY 2018-19 Governor's Budget	0.0	23.2	65.7	65.7	65.7
FY 2018-19 May Revision	0.0	-22.2	-5.4	0.0	0.0
FY 2019-20 Governor's Budget	0.0	0.0	-12.7	0.0	0.0
FY 2019-20 May Revision	0.0	0.0	5.7	0.0	0.0
FY 2020-21 Governor's Budget	0.0	0.0	-5.6	-1.5	0.0
FY 2020-21 May Revision	0.0	0.0	0.0	-2.4	0.0
Total Authority Ongoing	0.0	1.0	47.7	61.8	65.7

While this aspect of the proposal still yields an increase in savings, beginning with the 2020-21 Governor's Budget estimate, DSH is taking a more systematic approach to adjusting staffing when activation timelines change. In prior updates, when savings were scored, DSH would delay every position associated with the proposal. However, the Department has already filled certain positions with the emphasis on those necessary in developing the infrastructure for the ETP. The positions DSH does not anticipate scoring savings on are related to management, supervisors, information technology, human resources, and protective services. DSH does not propose adjusting the management and supervisory positions because those positions are primarily responsible for establishing the ETP units, developing policies and procedures, and setting-up program objectives/goals. In addition, management and supervisors are responsible for staffing the units, security coordination, and assisting with preparing the units and licensing efforts once construction is complete. DSH's staffing and associated funding that is being scored relates to positions directly tied to unit-activations such as the treatment team and other unit-based staffing.

DISCRETIONARY? Y/N: No

BCP Fiscal Detail Sheet

BCP Title: ETP

BR Name: 4440-081-ECP-2020-MR

Budget Request Summary

	FY20					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Personal Services						
Positions - Permanent	-21.1	-8.4	0.0	0.0	0.0	0.0
Total Positions	-21.1	-8.4	0.0	0.0	0.0	0.0
Salaries and Wages						
Earnings - Permanent	-1,839	-834	0	0	0	0
Total Salaries and Wages	\$-1,839	\$-834	\$0	\$0	\$0	\$0
Total Staff Benefits	-908	-418	0	0	0	0
Total Personal Services	\$-2,747	\$-1,252	\$0	\$0	\$0	\$0
Operating Expenses and Equipment						
5301 - General Expense	-169	-67	0	0	0	0
5304 - Communications	-21	-8	0	0	0	0
5320 - Travel: In-State	-21	-2	0	0	0	0
5324 - Facilities Operation	-106	-42	0	0	0	0
5346 - Information Technology	-21	-8	0	0	0	0
Total Operating Expenses and Equipment	\$-338	\$-127	\$0	\$0	\$0	\$0
Total Budget Request	\$-3,085	\$-1,379	\$0	\$0	\$0	\$0
Fund Summary						
Fund Source - State Operations						
0001 - General Fund	-3,085	-1,379	0	0	0	0
Total State Operations Expenditures	\$-3,085	\$-1,379	\$0	\$0	\$0	\$0
Total All Funds	\$-3,085	\$-1,379	\$0	\$0	\$0	\$0
Program Summary						
Program Funding						
4410010 - Atascadero	-3,085	-984	0	0	0	0
4410050 - Patton	0	-395	0	0	0	0
Total All Programs	\$-3,085	\$-1,379	\$0	\$0	\$0	\$0

Personal Services Details

Positions	Salary Information								
	Min	Mid	Max	CY	BY	BY+1	BY+2	BY+3	BY+4
1138 - Office Techn (Gen)				-0.3	-0.5	0.0	0.0	0.0	0.0
4588 - Assoc Accounting Analyst				-0.2	-0.1	0.0	0.0	0.0	0.0
5393 - Assoc Govtl Program Analyst				-0.6	-0.8	0.0	0.0	0.0	0.0
7619 - Staff Psychiatrist (Safety)				-0.3	0.1	0.0	0.0	0.0	0.0
8094 - Registered Nurse (Safety)				-8.0	-6.5	0.0	0.0	0.0	0.0
8252 - Sr Psych Techn (Safety)				-1.9	0.0	0.0	0.0	0.0	0.0
8253 - Psych Techn (Safety)				-7.1	1.6	0.0	0.0	0.0	0.0
8324 - Rehab Therapist (Recr-Safety)				-1.0	-1.0	0.0	0.0	0.0	0.0
9699 - Hlth Svcs Spec (Safety)				-0.4	-0.6	0.0	0.0	0.0	0.0
9872 - Clinical Soc Worker (Hlth/CF)-Safety				-0.3	0.4	0.0	0.0	0.0	0.0
9873 - Psychologist (Hlth Facility-Clinical-Safety)				-1.0	-1.0	0.0	0.0	0.0	0.0
Total Positions				-21.1	-8.4	0.0	0.0	0.0	0.0
Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4			
1138 - Office Techn (Gen)	-12	-20	0	0	0	0			
4588 - Assoc Accounting Analyst	-14	-7	0	0	0	0			
5393 - Assoc Govtl Program Analyst	-40	-54	0	0	0	0			
7619 - Staff Psychiatrist (Safety)	-81	27	0	0	0	0			
8094 - Registered Nurse (Safety)	-826	-671	0	0	0	0			
8252 - Sr Psych Techn (Safety)	-145	0	0	0	0	0			
8253 - Psych Techn (Safety)	-468	106	0	0	0	0			
8324 - Rehab Therapist (Recr-Safety)	-80	-80	0	0	0	0			
9699 - Hlth Svcs Spec (Safety)	-41	-62	0	0	0	0			
9872 - Clinical Soc Worker (Hlth/CF)-Safety	-25	34	0	0	0	0			
9873 - Psychologist (Hlth Facility-Clinical-Safety)	-107	-107	0	0	0	0			
Total Salaries and Wages	\$-1,839	\$-834	\$0	\$0	\$0	\$0			
Staff Benefits									
5150200 - Disability Leave - Industrial	-25	-11	0	0	0	0			
5150210 - Disability Leave - Nonindustrial	-9	-4	0	0	0	0			

5150350 - Health Insurance	-127	-57	0	0	0	0
5150450 - Medicare Taxation	-27	-12	0	0	0	0
5150500 - OASDI	-4	-5	0	0	0	0
5150600 - Retirement - General	-401	-186	0	0	0	0
5150700 - Unemployment Insurance	-2	-1	0	0	0	0
5150800 - Workers' Compensation	-83	-38	0	0	0	0
5150900 - Staff Benefits - Other	-230	-104	0	0	0	0
Total Staff Benefits	\$-908	\$-418	\$0	\$0	\$0	\$0
Total Personal Services	\$-2,747	\$-1,252	\$0	\$0	\$0	\$0

STATE HOSPITALS
ENHANCED TREATMENT PROGRAM (ETP) STAFFING
Program Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	-32.3	-1.5	0.0	-\$5,330	\$385	\$0
<i>One-time</i>	-32.3	-1.5	0.0	-\$5,330	\$385	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$0	\$0
May Revision	-21.1	-8.4	0.0	-\$3,085	-\$1,379	\$0
<i>One-time</i>	-21.1	-8.4	0.0	-\$3,085	-\$1,379	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$0	\$0
Total	-53.4	-9.9	0.0	-\$8,415	-\$994	\$0
<i>One-time</i>	-53.4	-9.9	0.0	-\$8,415	-\$994	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$0	\$0

BACKGROUND:

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

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

Per AB 1340, treatment is the ETP's focus, and every patient will receive treatment from a multi-disciplinary team comprised of a psychiatrist, two psychologists, a registered nurse, a clinical social worker, two rehabilitation therapists, and a psychiatric technician. A treatment team will be assigned to each unit. Due to the acuity of the patient population, the ETP will be staffed at a higher level than the Department's standard state hospital units. A nursing ratio of 1:1.5 was established for AM and PM shifts as necessary to allow for focused treatment, constant assessment of violence risk, and response in cases of an incident. A staff-to-patient ratio of 1:3 was established for the NOC shift. The direct care staff are a combination of registered nurses and psychiatric technicians. Enhanced security will also be provided by hospital police officers (HPO). There will be two to three HPOs on each unit across all shifts and will be available to provide additional support and assistance in cases of emergency.

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

The Budget Act of 2018 included a total savings of 35.8 positions and \$4.8 million for fiscal year (FY) 2017-18, 56.9 positions and \$4.6 million in FY 2018-19 for the first two 13-bed unit activations, ETP Units 29 and 33 at DSH-Atascadero. The savings is due to delays in securing all required regulatory reviews and approvals of the ETP working plans. The Budget Act of 2018 also included 60.3 positions and \$8.3 million in FY 2019-20 and ongoing for the staff, operating expenses and equipment needed for the activation of the third and fourth ETP units.

The Budget Act of 2019 included a one-time reduction of \$2.34 million and 10.4 positions in 2019-20 due to delays in construction. The reasons for the delays were various, including existing site conditions, code issues, and resulting changes required by the State Fire Marshal. In addition, DSH redirected \$139,000 of the savings reported due to critical needs identified for DSH-Patton's ETP unit activations, including U-06 courtyard improvements/fence security upgrade, shower room conversion to a housekeeping closet, and conversion of south wing rooms to staff offices and clinical treatment space.

In the 2020-21 Governor's Budget, DSH requested one-time reductions of 32.3 positions and \$4.749 million in FY 2019-20 and 1.5 positions and \$0.255 million in FY 2020-21 due to construction delays. Additionally, DSH requested a reduction in Information Technology funding related to the project of \$0.581 million in FY 2019-20 and an increase in Information Technology funding for the project of \$0.640 million in FY 2020-21.

DESCRIPTION OF CHANGE:

ETP Activation Timeline

Units/Hospital	Construction Scheduled Initiation	Construction Scheduled Completion	Delay from 2020-21 Governor's Budget
DSH-Atascadero Unit 29	September 24, 2018 (Actual)	May 2020	4-month delay
DSH-Atascadero Unit 33	May 2020	November 2020	6-month delay
DSH-Atascadero Unit 34	May 2020	November 2020	3-month delay
DSH-Patton Unit U-06	October 2020	March 2021	4-month delay

DSH-Atascadero ETP construction at Unit 29 was delayed due to existing site conditions, code issues and resulting changes required by the State Fire Marshal. Unforeseen conditions such as unknown regular and low voltage electrical conduits, materials damage and unexpected ductwork also contributed to delays. The contractor had challenges with the availability of labor, material deliveries, and subcontractor scheduling, all of which exacerbated the already existing construction delays. The construction schedule has been updated to reflect construction work on Units 33 and 34 simultaneously, to shorten the length of the project, reduce costs, and remove barriers related to working in patient occupied areas.

DSH-Patton ETP construction at Unit U-06 was delayed due to an extended regulatory review process and an unsuccessful initial bid process as reported in the 2019-20 May Revision. The DSH Patton ETP was successfully bid in August 2019. Fully executing the contract took longer than anticipated. The contract was fully executed in February 2020 with a contract completion date of February 17, 2021. The fire sprinkler installation portion of the project began February 19, 2020 and at that time, ETP completion was planned for February 17, 2021. The project is behind schedule due to testing for asbestos, moving anticipated completion to March 2021.

Uncertainties related to the COVID-19 pandemic may further impact ETP construction at both locations.

Due to the delays identified above, DSH anticipates a further one-time savings of \$3.1 million and a reduction of an additional 21.1 positions in FY 2019-20. In FY 2020-21, DSH anticipates a one-time savings of \$1.4 million and a reduction of 8.4 positions. Please see the charts below for a breakdown of ETP funding and position authority as of the 2020-21 May Revise.

ETP Cost Breakdown					
Dollars in Thousands					
Timeframe	2017-18	2018-19	2019-20	2020-21	2021-22
<i>2017 Budget Act</i>	\$7,990	\$15,228	\$15,249	\$15,249	\$15,249
2018-19 Governor's Budget	(\$4,953)	\$2,835	\$8,350	\$8,350	\$8,350
2018-19 May Revision	(\$4,883)	(\$4,571)	\$8,300	\$8,782	\$8,782
<i>Total as of 2018 Budget Act</i>	\$3,107	\$10,657	\$23,549	\$24,031	\$24,031
2019-20 Governor's Budget	\$0	\$0	(\$1,765)	\$0	\$0
2019-20 May Revision	\$0	(\$2,616)	(\$716)	\$0	\$0
<i>Total as of 2019 Budget Act</i>	\$3,107	\$8,041	\$21,068	\$24,031	\$24,031
2020-21 Governor's Budget	\$0	\$0	(\$5,330)	\$385	\$0
2020-21 May Revision	\$0	\$0	(\$3,085)	(\$1,385)	\$0
Total:	\$3,107	\$8,041	\$12,653	\$23,031	\$24,031

ETP Position Authority Breakdown					
DSH-Atascadero Units 29 & 33	2017-18	2018-19	2019-20	2020-21	2021-22
FY 2017-18 Governor's Budget	44.7	115.1	115.1	115.1	115.1
FY 2018-19 Governor's Budget	-35.8	0.0	0.0	0.0	0.0
FY 2018-19 May Revision	0.0	-57.9	0.0	0.0	0.0
FY 2019-20 Governor's Budget	0.0	0.0	0.0	0.0	0.0
FY 2019-20 May Revision	0.0	-7.1	-3.4	0.0	0.0
FY 2020-21 Governor's Budget	0.0	0.0	-26.7	0.0	0.0
FY 2020-21 May Revision	0.0	0.0	-21.1	-6.0	0.0
Total Authority Ongoing	8.9	50.1	63.9	109.1	115.1
DSH-Atascadero Unit 34 & DSH-Patton Unit U-06	2017-18	2018-19	2019-20	2020-21	2021-22
FY 2017-18 Governor's Budget	0.0	0.0	0.0	0.0	0.0
FY 2018-19 Governor's Budget	0.0	23.2	65.7	65.7	65.7
FY 2018-19 May Revision	0.0	-22.2	-5.4	0.0	0.0
FY 2019-20 Governor's Budget	0.0	0.0	-12.7	0.0	0.0
FY 2019-20 May Revision	0.0	0.0	5.7	0.0	0.0
FY 2020-21 Governor's Budget	0.0	0.0	-5.6	-1.5	0.0
FY 2020-21 May Revision	0.0	0.0	0.0	-2.4	0.0
Total Authority Ongoing	0.0	1.0	47.7	61.8	65.7

While this aspect of the proposal still yields an increase in savings, beginning with the 2020-21 Governor's Budget estimate, DSH is taking a more systematic approach to adjusting staffing when activation timelines change. In prior updates, when savings were scored, DSH would delay every position associated with the proposal. However, the Department has already filled certain positions with the emphasis on those necessary in developing the infrastructure for the ETP. The positions DSH does not anticipate scoring savings on are related to management, supervisors, information technology, human resources, and protective services. DSH does not propose adjusting the management and supervisory positions because those positions are primarily responsible for establishing the ETP units, developing policies and procedures, and setting-up program objectives/goals. In addition, management and supervisors are responsible for staffing the units, security coordination, and assisting with preparing the units and licensing efforts once construction is complete. DSH's staffing and associated funding that is being scored relates to positions directly tied to unit-activations such as the treatment team and other unit-based staffing.

DISCRETIONARY? Y/N: No

BCP Fiscal Detail Sheet

BCP Title: ETP

BR Name: 4440-081-ECP-2020-MR

Budget Request Summary

	FY20					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Personal Services						
Positions - Permanent	-21.1	-8.4	0.0	0.0	0.0	0.0
Total Positions	-21.1	-8.4	0.0	0.0	0.0	0.0
Salaries and Wages						
Earnings - Permanent	-1,839	-834	0	0	0	0
Total Salaries and Wages	\$-1,839	\$-834	\$0	\$0	\$0	\$0
Total Staff Benefits	-908	-418	0	0	0	0
Total Personal Services	\$-2,747	\$-1,252	\$0	\$0	\$0	\$0
Operating Expenses and Equipment						
5301 - General Expense	-169	-67	0	0	0	0
5304 - Communications	-21	-8	0	0	0	0
5320 - Travel: In-State	-21	-2	0	0	0	0
5324 - Facilities Operation	-106	-42	0	0	0	0
5346 - Information Technology	-21	-8	0	0	0	0
Total Operating Expenses and Equipment	\$-338	\$-127	\$0	\$0	\$0	\$0
Total Budget Request	\$-3,085	\$-1,379	\$0	\$0	\$0	\$0

Fund Summary

Fund Source - State Operations						
0001 - General Fund	-3,085	-1,379	0	0	0	0
Total State Operations Expenditures	\$-3,085	\$-1,379	\$0	\$0	\$0	\$0
Total All Funds	\$-3,085	\$-1,379	\$0	\$0	\$0	\$0

Program Summary

Program Funding						
4410010 - Atascadero	-3,085	-984	0	0	0	0
4410050 - Patton	0	-395	0	0	0	0
Total All Programs	\$-3,085	\$-1,379	\$0	\$0	\$0	\$0

Personal Services Details

Positions	Salary Information								
	Min	Mid	Max	CY	BY	BY+1	BY+2	BY+3	BY+4
1138 - Office Techn (Gen)				-0.3	-0.5	0.0	0.0	0.0	0.0
4588 - Assoc Accounting Analyst				-0.2	-0.1	0.0	0.0	0.0	0.0
5393 - Assoc Govtl Program Analyst				-0.6	-0.8	0.0	0.0	0.0	0.0
7619 - Staff Psychiatrist (Safety)				-0.3	0.1	0.0	0.0	0.0	0.0
8094 - Registered Nurse (Safety)				-8.0	-6.5	0.0	0.0	0.0	0.0
8252 - Sr Psych Techn (Safety)				-1.9	0.0	0.0	0.0	0.0	0.0
8253 - Psych Techn (Safety)				-7.1	1.6	0.0	0.0	0.0	0.0
8324 - Rehab Therapist (Recr-Safety)				-1.0	-1.0	0.0	0.0	0.0	0.0
9699 - Hlth Svcs Spec (Safety)				-0.4	-0.6	0.0	0.0	0.0	0.0
9872 - Clinical Soc Worker (Hlth/CF)-Safety				-0.3	0.4	0.0	0.0	0.0	0.0
9873 - Psychologist (Hlth Facility-Clinical-Safety)				-1.0	-1.0	0.0	0.0	0.0	0.0
Total Positions				-21.1	-8.4	0.0	0.0	0.0	0.0
Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4			
1138 - Office Techn (Gen)	-12	-20	0	0	0	0			
4588 - Assoc Accounting Analyst	-14	-7	0	0	0	0			
5393 - Assoc Govtl Program Analyst	-40	-54	0	0	0	0			
7619 - Staff Psychiatrist (Safety)	-81	27	0	0	0	0			
8094 - Registered Nurse (Safety)	-826	-671	0	0	0	0			
8252 - Sr Psych Techn (Safety)	-145	0	0	0	0	0			
8253 - Psych Techn (Safety)	-468	106	0	0	0	0			
8324 - Rehab Therapist (Recr-Safety)	-80	-80	0	0	0	0			
9699 - Hlth Svcs Spec (Safety)	-41	-62	0	0	0	0			
9872 - Clinical Soc Worker (Hlth/CF)-Safety	-25	34	0	0	0	0			
9873 - Psychologist (Hlth Facility-Clinical-Safety)	-107	-107	0	0	0	0			
Total Salaries and Wages	-\$1,839	-\$834	\$0	\$0	\$0	\$0			\$0
Staff Benefits									
5150200 - Disability Leave - Industrial	-25	-11	0	0	0	0			0
5150210 - Disability Leave - Nonindustrial	-9	-4	0	0	0	0			0

5150350 - Health Insurance	-127	-57	0	0	0	0
5150450 - Medicare Taxation	-27	-12	0	0	0	0
5150500 - OASDI	-4	-5	0	0	0	0
5150600 - Retirement - General	-401	-186	0	0	0	0
5150700 - Unemployment Insurance	-2	-1	0	0	0	0
5150800 - Workers' Compensation	-83	-38	0	0	0	0
5150900 - Staff Benefits - Other	-230	-104	0	0	0	0
Total Staff Benefits	\$-908	\$-418	\$0	\$0	\$0	\$0
Total Personal Services	\$-2,747	\$-1,252	\$0	\$0	\$0	\$0

STATE HOSPITALS
COURT EVALUATIONS AND REPORTS
Program Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	0.0	0.0	0.0	-\$3,251	\$0	\$0
<i>One-time</i>	0.0	0.0	0.0	-\$3,251	\$0	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$0	\$0
May Revision	-2.7	-17.7	-7.7	\$2,356	-\$3,270	-\$1,950
<i>One-time</i>	-2.7	-17.7	-7.7	\$2,356	-\$3,270	-\$1,950
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$0	\$0
Total	-2.7	-17.7	-7.7	-\$895	-\$3,270	-\$1,950
<i>One-time</i>	-2.7	-17.7	-7.7	-\$895	-\$3,270	-\$1,950
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$0	\$0

BACKGROUND:

The 2019-20 Budget Act included 94.6 permanent full-time positions and \$18 million, phased in over three years to implement a staffing standard to support the forensic services workload associated with court-directed patient treatment. The standard establishes population-driven methods for calculating staffing needs for the following forensic functions: Evaluations, Court Reports and Testimony; Forensic Case Management and Data Tracking; and Neuropsychological Services (Neuropsychological Assessments and Cognitive Remediation Pilot Program).

During the 2020-21 Governor's Budget, delays in recruiting and hiring due to a variety of factors, including noticing unions and more traditional hiring delays, in addition to limited candidate pools, resulted in personnel cost savings of \$734,000 for Evaluations, Court Reports, and Testimony; \$1,341,000 for Forensic Case Management and Tracking; and \$1,176,000 for Neuropsychological Services. The total cost savings was \$3,251,000.

DESCRIPTION OF CHANGE:

During the spring of 2020, resources have been shifted to manage the COVID-19 pandemic and the positions will be shifted based on need and phased in across a four-year period starting in the May Revision.

Evaluations, Court Reports and Testimony

The Forensic Evaluator positions are responsible for keeping the courts apprised of the status of the Department of State Hospitals (DSH) patients, whether through statutorily mandated reports, or as requested through court appearances or additional written communication. This function involves conducting forensically targeted evaluations and developing detailed court reports for all forensic patients committed to DSH. Court reporting on all forensic patients is required by statute and required during prescribed time increments within a patient's stay at DSH, with specific requirements based on the statute under which a patient is committed. These reports involve the evaluation of a patient's mental competency, symptoms, diagnosis, progression in treatment, and violence risk towards self or others. These evaluations are completed by Forensic Evaluators, forensically trained psychologists or psychiatrists, who are able to respond to the courts from an un-biased clinical perspective as it relates to the statutory criteria directing forensic commitments.

Due to the COVID-19 pandemic that has escalated during the spring of 2020, all efforts at DSH are currently being focused on managing COVID-19 related priorities and minimizing exposure of COVID-19 at DSH facilities. These shifting priorities impact DSH's ability to continue with implementation efforts as originally planned. To account for the shift in priorities in the context of the COVID-19 pandemic, DSH has adjusted the implementation schedule for forensic evaluator positions. DSH will pause current year efforts and resume in January of fiscal year (FY) 2020-21 to allow for hospital operations to return to a more normal state. This delay will also be applied to positions being brought on in the third year of implementation (FY 2021-22) in order to maintain the original spacing of positions to ensure successful recruitment and hiring efforts. In the 2020-21 Governor's Budget, a total of 53.1 positions were allocated for this function, phased in over three years. In the 2020-21 May Revision, DSH adjusted the 53.1 positions to be phased in over four years. As of May 1, 2020, 27.0 positions have been filled.

It is important to note that implementation plans are developed as an estimate regarding the number of positions which could be recruited and filled each year. The implementation phase-in factors in recruitment efforts and challenges but is ultimately to be used as a guide with clear hiring targets each year. Implementation plans are not intended to be limiting or prohibiting for prompt recruitment success.

Forensic Evaluator workload methodology calculations and accompanying population data will be incorporated within the Governor's Budget Caseload Estimate annually. Metrics associated with the methodologies and the development performance measures will be incorporated.

Forensic Case Management and Data Tracking

The Case Management and Data Tracking team within Forensic Services Departments are responsible for the processing, reviewing, communication and scheduling associated with all forensic commitments as it relates to court documentation, paperwork filings, and coordination with all entities involved with the forensic commitment process. This workload involves the regular coordination with the Forensic Evaluators and tracking of all statutorily required court reports; and completion of all paperwork and court responses, including the completion and filing of forms, questionnaires, letters, declarations, and any other form of documentation the courts may request. Forensic staff within this area function as case managers to ensure that all documentation related to a patient's stay is tracked, maintained and submitted by statutory required deadlines. Additionally, this function coordinates multiple data tracking and data analytic efforts relating to admissions and discharge data, census, bed capacity and court hearings.

Consistent with the forensic evaluators DSH has adjusted the implementation schedule for these positions to account for the shift in priorities in the context of the COVID-19 pandemic. DSH will pause current year efforts and resume in January of FY 2020-21 to allow for hospital operations to return to a more normal state. In the 2020-21 Governor's Budget, a total of 16.3 positions were allocated for this function, phased in over two years. In the May Revision, the positions will be phased over three years. As of May 1, 2020, 13.0 positions have been filled.

In addition to the hiring and recruitment, the Forensic Case Management and Data Tracking Managers (Forensic Managers) have established a collaborative workgroup across all hospitals, meeting regularly to address process and workflow improvements and best practices relating to forensic case management. This includes establishing peer-to-peer mentoring, helping hospitals with less mature Forensic Case Management and Data Tracking functions to implement best practices of other hospitals. This workgroup is also addressing revisions to forensic documentation and data tracking challenges specific to involuntary medications and court testimony.

The Forensic Case Management and Data Tracking workload is driven based on the number of patients admitted and the average census (by commitment type) maintained within each hospital annually. The workload methodology calculations and accompanying population data will be incorporated within the Governor's Budget Caseload Estimate annually. Metrics associated with the methodologies and the development performance measures will be incorporated.

Neuropsychological Service

Neuropsychological assessments and services focus on identifying a patients' level of mental health functioning relating to the abilities of learning, attention, memory, and problem solving; and how these functions impact patient behavior and treatment success. These services, provided by psychologists with special neuropsychology credentials and training, are critical to identifying diagnostic differentiation to inform the treatment team of appropriate avenues for cognitive remediation, rehabilitation and behavior management or psychotherapy.

Similar to the other two components DSH has adjusted the implementation schedule for these positions to account for the shift in priorities in the context of the COVID-19 pandemic. DSH will pause current year efforts and resume in January of FY 2020-21 to allow for hospital operations to return to a more normal state. A total of 25.2 positions were allocated for this service, phased in over two years. This includes 11.2 positions for conducting neuropsychological assessments and 14.0 positions towards a cognitive remediation pilot program at DSH-Metropolitan and DSH-Napa. An additional year of phase in was added in the May Revision to spread the costs among fiscal years. As of May 1, 2020, 6.0 positions have been filled.

The neuropsychological assessments portion of the proposal conservatively assumed that 25 percent of patients would require second level cognitive assessments. Current research identifies that approximately 50 percent of all new admissions will require secondary neuropsychological testing. DSH is working to track and document all secondary neuropsychological assessment referrals. Future updates will include a continuing assessment of available data to determine the necessary staffing levels based on the actual percentage of patients requiring a second level assessment and referral to enhanced neuropsychological services.

The Cognitive Remediation Pilot Programs are progressing at both DSH-Metropolitan and DSH-Napa. These programs focus on treatment for patients who have been identified during second level screening as having severe neurocognitive deficits. At both DSH-Metro and Napa, patients have been selected for the remediation programs and baseline assessments are occurring. Treatment space, with computers has been set up and both have started the first cohort group on March 2020. Future updates will include reporting on the outcomes of the two programs' implementation, which if successful, will be proposed for expansion to the remaining facilities.

Summary of Changes

Cost Savings by Year

		CY	BY	BY+1
		2019-20	2020-21	2021-22
Original	Positions	43.0	77.5	94.6
	Cost	\$8,074	\$3,991	\$18,162
GB Adjustment	Positions	0.0	0.0	0.0
	Cost Savings	-\$3,251	\$0	\$0
MR Adjustment	Positions	-2.7	-17.7	-7.7
	Cost Savings	\$2,356	-\$3,270	-\$1,950
COVID Adjusted	Positions	40.3	59.8	86.9
	Cost Savings	\$7,179	\$10,721	\$16,212
Total Savings		-\$895	-\$3,270	-\$1,950

In Current Year (CY), the 43.0 positions allotted have been reduced to 40.3 for a cost savings of \$895,000 which was repurposed for COVID-19 efforts. Similarly, in Budget Year (BY) and BY+1 the adjustments will result in savings of \$3,270,000 and \$1,950,000, respectively.

DISCRETIONARY? Y/N: No

BCP Fiscal Detail Sheet

BCP Title: Court Evaluations and Reports Savings

BR Name: 4440-085-ECP-2020-MR

Budget Request Summary

	FY20					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Personal Services						
Positions - Permanent	-2.7	-17.7	-7.7	0.0	0.0	0.0
Total Positions	-2.7	-17.7	-7.7	0.0	0.0	0.0
Salaries and Wages						
Earnings - Permanent	1,555	-1,978	-1,247	-5	-5	-5
Total Salaries and Wages	\$1,555	-\$1,978	-\$1,247	-\$5	-\$5	-\$5
Total Staff Benefits	843	-1,015	-600	-58	-58	-58
Total Personal Services	\$2,398	-\$2,993	-\$1,847	-\$63	-\$63	-\$63
Operating Expenses and Equipment						
5301 - General Expense	-19	-141	-60	2	2	2
5304 - Communications	-3	-17	-7	0	0	0
5320 - Travel: In-State	-3	-17	-7	0	0	0
5324 - Facilities Operation	-14	-87	-39	0	0	0
5346 - Information Technology	-3	-15	10	13	13	13
Total Operating Expenses and Equipment	-\$42	-\$277	-\$103	\$15	\$15	\$15
Total Budget Request	\$2,356	-\$3,270	-\$1,950	-\$48	-\$48	-\$48

Fund Summary

Fund Source - State Operations						
0001 - General Fund	2,356	-3,270	-1,950	-48	-48	-48
Total State Operations Expenditures	\$2,356	-\$3,270	-\$1,950	-\$48	-\$48	-\$48
Total All Funds	\$2,356	-\$3,270	-\$1,950	-\$48	-\$48	-\$48

Program Summary

Program Funding						
4400010 - Headquarters Administration	-205	-229	-5	1	1	1
4410010 - Atascadero	-245	-440	-97	1	1	1
4410020 - Coalinga	-13	-601	-346	-22	-22	-22
4410030 - Metropolitan	669	-689	-318	3	3	3
4410040 - Napa	1,121	-302	-258	1	1	1
4410050 - Patton	1,029	-1,009	-926	-32	-32	-32
Total All Programs	\$2,356	-\$3,270	-\$1,950	-\$48	-\$48	-\$48

Personal Services Details

			Salary Information						
Positions	Min	Mid	Max	<u>CY</u>	<u>BY</u>	<u>BY+1</u>	<u>BY+2</u>	<u>BY+3</u>	<u>BY+4</u>
VR00 - Various				-2.7	-17.7	-7.7	0.0	0.0	0.0
Total Positions				-2.7	-17.7	-7.7	0.0	0.0	0.0
Salaries and Wages	<u>CY</u>	<u>BY</u>	<u>BY+1</u>	<u>BY+2</u>	<u>BY+3</u>	<u>BY+4</u>			
VR00 - Various	1,555	-1,978	-1,247	-5	-5	-5			
Total Salaries and Wages	\$1,555	-\$1,978	-\$1,247	\$-5	\$-5	\$-5			
Staff Benefits									
5150200 - Disability Leave - Industrial	21	-26	-18	0	0	0			
5150210 - Disability Leave - Nonindustrial	8	-9	-6	0	0	0			
5150350 - Health Insurance	110	-134	-84	-1	-1	-1			
5150450 - Medicare Taxation	24	-27	-16	0	0	0			
5150500 - OASDI	35	-26	-4	-24	-24	-24			
5150600 - Retirement - General	372	-456	-264	-31	-31	-31			
5150700 - Unemployment Insurance	2	-2	-1	0	0	0			
5150800 - Workers' Compensation	73	-88	-52	1	1	1			
5150900 - Staff Benefits - Other	198	-247	-155	-3	-3	-3			
Total Staff Benefits	\$843	-\$1,015	-\$600	\$-58	\$-58	\$-58			
Total Personal Services	\$2,398	-\$2,993	-\$1,847	\$-63	\$-63	\$-63			

STATE HOSPITALS
DIRECT CARE NURSING
Program Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	0.0	0.0	0.0	-\$3,594	\$0	\$0
<i>One-time</i>	0.0	0.0	0.0	-\$3,594	\$0	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$0	\$0
May Revision	-83.5	-162.1	-135.5	-\$7,456	-\$20,969	-\$15,089
<i>One-time</i>	-83.5	-162.1	-135.5	-\$7,456	-\$20,969	-\$15,089
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$0	\$0
Total	-83.5	-162.1	-135.5	-\$11,050	-\$20,969	-\$15,089
<i>One-time</i>	-83.5	-162.1	-135.5	-\$11,050	-\$20,969	-\$15,089
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$0	\$0

BACKGROUND:

The 2019 Budget Act included a total of 379.5 positions and \$46 million, phased in across a three-year period, to support the workload of providing 24-hour care nursing services within the Department of State Hospitals (DSH).

As of the 2020-21 Governor's Budget hospitals had filled 17.0 of the Medication Pass Psychiatric Technician positions and continued to work to further implement these positions. The afterhours Supervising Registered Nurses had not yet been implemented as hospitals prioritized first hiring the Medication Pass Psychiatric Technician positions. As of Governor's Budget DSH projected a savings of \$1,824,000 for Medication Pass Psychiatric Technicians and \$1,770,000 for Afterhours Supervising Registered Nurses for a total savings of \$3,594,000 in the current year.

DESCRIPTION OF CHANGE:

As of the 2020-21 May Revision, DSH's priorities had shifted to its preparedness and response efforts to the COVID-19 pandemic. Due to these priorities and the economic challenges and resulting General Fund deficits California faces, DSH proposes to phase the implementation of these resources across a total of five years.

Medication Pass Psychiatric Technicians

The function of medication pass is to prepare, administer, document and ultimately manage the medication administration process within each hospital unit. Each hospital staffs their medication rooms with a licensed psychiatric technician or licensed vocational nurse on both AM and PM shifts. These positions, which include relief, will add one 12-hour post for medication rooms on 128 units. This psychiatric technician must be fully dedicated to this function to maintain compliance with medication pass procedures, controlled substance handling requirements, and to complete meticulous documentation requirements regarding medication inventory, patient medication compliance, and pharmacy medication records reconciliation.

The department established a nursing proposal implementation workgroup to direct the implementation of this proposal consistently across all five hospitals and to develop standardized data metrics to evaluate the impacts of these resources.

As of March 31, 2020, DSH filled 51.5 out of the 185.0 medication room positions. Due to the COVID-19 pandemic that has escalated during the spring of 2020, all efforts at DSH are currently being focused on managing COVID-19 related priorities and minimizing exposure of COVID-19 at the facilities. These shifting priorities impact DSH's ability to continue with implementation efforts as originally planned. To account for the shift in priorities in the context of the COVID-19 pandemic, DSH has adjusted the implementation schedule for medication pass psychiatric technician positions. DSH has paused current year efforts and will resume in FY 2020-21 with an extended implementation plan that will phase-in the remaining vacant positions across a total of four years including FY 2019-20. DSH will maintain a quarterly phase-in schedule.

Due to the impact of COVID-19, the current cohort attending the DSH-Atascadero/Cuesta College Psychiatric Technician Training Program is not expected to graduate until late July. Additionally, the expected increase of Psychiatric Technician cohorts being implemented under the Workforce Development initiative scheduled to begin in May 2020 has been delayed due to COVID-19 until at least September 2020.

Afterhours Supervising Registered Nurses

Unit supervisors and supervising registered nurses (SRNs) are the first-line supervisors on the units. Current hospital staffing practices for unit supervisory positions allocate one-unit supervisor or supervising registered nurse to each unit. These supervisors work five days per week during the day shift; however, they are responsible for the continuous management and supervision of their unit on a 24-hour basis. The BCP added 44.5 SRN positions (including relief) to address supervision coverage during the PM and NOC shifts. The PM/NOC shift SRNs range from three to four 12-hour posts per hospital, for a total of seventeen 12-hour posts per night.

The nursing proposal implementation workgroup prioritized implementing the Medication Pass Psychiatric Technician positions as they are the most critical need for the hospital units. The workgroup then developed a standardized Afterhours SRN duty statement. As of March 1, 2020, three SRN positions have been filled. Consistent with the medication pass psychiatric technicians DSH has adjusted the implementation schedule for the afterhours SRNs to account for the shift in priorities in the context of the COVID-19 pandemic. DSH will pause current year efforts and resume in FY 2020-21 with a January 1, 2021 phase-in date for the remaining SRN positions. The delayed January start date allows DSH to first resume efforts for the medication pass psychiatric technicians, and then shift focus on the afterhours SRNs. Additionally, the nursing proposal workgroup will be identifying data metrics that can be used to determine the effectiveness of expanding supervision coverage as well as utilization of 12-hour shifts for this purpose.

Future updates will report on the progress of activating the 12-hour Afterhours SRN shifts. The 17 posts identified for afterhours supervision was a conservative estimate of the need. This provides for a relatively high supervisor to staff ratio of 1:40. Depending on the workload experience of these added supervisors, the total number of positions may need to be adjusted.

Temporary Help and Contracted Help Hours

Temporary help position authority is used to meet intermittent nursing staffing needs. The Direct Care Nursing BCP added 254.0 temporary help position authority to better align budgeted levels with the levels used during FY 2017-18.

Future updates to report on the temporary help position authority will include reporting on FY 2018-19 temporary help initial allocations, as well as adjusted temporary help authority based on actual usage.

Alignment of Position Authority

The Direct Care Nursing BCP reallocated position authority between the hospitals so that DSH-Metropolitan and DSH-Napa have authorized positions to meet the need identified by the BCP. The redistribution will allow all hospitals to staff between 88 percent and 93 percent of need. This effort redistributes position authority only and does not reallocate funding.

As of March 1, 2020, DSH-Atascadero had shifted 112.0 positions out of 132.0, DSH-Coalinga had shifted 55.0 positions out of 76.1, and DSH-Patton had shifted all 27.4 positions to DSH-Metropolitan and DSH-Napa. This equates to a total gain of 112 positions for DSH-Metropolitan and 82.4 positions for DSH-Napa. According to the BCP, DSH-Metropolitan requires 142.5 positions and DSH-Napa 93.0 positions in order to be at 88 percent and 93 percent, respectively of their need. With the current shift of positions DSH-Metropolitan is at 84 percent and DSH-Napa is at 87 percent of their need as identified by the staffing study. Due to current filled positions and recruitment efforts in process, some of the vacant positions originally identified in the BCP to shift were no longer vacant, and therefore unavailable to be shifted to a different facility. To date, 52.0 of the shifted positions have been filled and recruitment and hiring efforts continue at DSH-Napa and DSH-Metropolitan to fill these positions.

Future updates will report on the total number of shifted positions as well as the status of the backfill. DSH anticipates overtime levels to decrease at DSH-Metropolitan and DSH-Napa once they can fill and utilize the shifted positions.

DSH continuously recruits and hires for all nursing positions and will increase efforts as needed to fill new positions and backfill vacated positions. The table below displays the total number hired by hospital and classification from July 2019 to January 2020.

Total Hired	DSH-A	DSH-C	DSH-M	DSH-N	DSH-P	Total
Psych Techs & LVNs	115.0	118.0	96.0	79.0	116.0	524.0
Psych Tech Assistants	5.0	13.0	25.0	17.0	4.0	64.0
Registered Nurses	41.0	52.0	74.0	52.0	68.0	287.0
Total	161.0	183.0	195.0	148.0	188.0	875.0

Redirected Off-Unit Positions

DSH identified 50.0 nursing classification positions to be redirected from administrative functions back to providing nursing services on the units. As part of this redirection of off-unit nursing staff, DSH established 50.0 administrative positions, primarily Staff Services Analysts, in order to redirect 50.0 nursing positions back to the units.

As of March 1, 2020, all 50.0 positions have been shifted back to the units and 33.0 positions filled. The hospitals are currently recruiting for the remaining administrative positions to backfill the duties for the positions redirected to the units.

Future updates to report on the redirected off-unit positions will include evaluating additional opportunities to redirect nursing positions back to the units.

Workforce Development for Psychiatric Residency Programs and Psychiatric Technicians

DSH-Atascadero has received approval from the Board of Vocational Nursing and Psychiatric Technicians (BVNT) and is expected to start their newly expanded Psychiatric Technician Residency program in September 2020. This represents a delay of four months due to COVID-19 impact.

Additionally, DSH has begun implementation activities for the psychiatrist residency program. DSH has executed contracts with St. Joseph's Medical Care (SJMC) and Touro University. Once SJMC recruits a Psychiatric Residency Program Director, program development and accreditation will occur and the first cohort of seven residents are anticipated to begin the program in July 2021.

Summary of Changes:

The table below summarizes the changes between the 2019 Budget Act, the 2020-21 Governor's Budget and 2020-21 May Revision:

Cost Savings by Year

		CY	BY	BY+1	BY+2	BY+3
		2019-20	2020-21	2021-22	2022-23	2023-24
2019 Budget Act	Positions	117.3	274.5	379.5	379.5	379.5
	Cost	\$14,970	\$34,320	\$45,963	\$45,858	\$45,858
2020-21GB Adjustment	Positions	0.0	0.0	0.0	0.0	0.0
	Cost Savings	\$(3,594)	\$ -	\$ -	\$ -	\$ -
2020-21MR Adjustment	Positions	-83.5	-162.1	-135.5	-39.7	0.0
	Cost Savings	\$(7,456)	\$(20,969)	\$(15,089)	\$(4,326)	\$41
COVID Adjusted	Positions	33.8	112.4	244.0	339.8	379.5
	Cost	\$3,920	\$13,351	\$30,874	\$41,532	\$45,899
Total Savings		\$(11,050)	\$(20,969)	\$(15,089)	\$(4,326)	\$41

DISCRETIONARY? Y/N: No

BCP Fiscal Detail Sheet

BCP Title: Mission-Based Review: Direct Care Nursing

BR Name: 4440-086-ECP-2020-MR

Budget Request Summary

	FY20					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Personal Services						
Positions - Permanent	-83.5	-162.1	-135.5	-39.7	0.0	0.0
Total Positions	-83.5	-162.1	-135.5	-39.7	0.0	0.0
Salaries and Wages						
Earnings - Permanent	-3,817	-7,640	-8,669	-2,545	0	0
Total Salaries and Wages	\$-3,817	\$-7,640	\$-8,669	\$-2,545	\$0	\$0
Total Staff Benefits	-2,313	-6,546	-4,389	-1,286	0	0
Total Personal Services	\$-6,130	\$-14,186	\$-13,058	\$-3,831	\$0	\$0
Operating Expenses and Equipment						
5301 - General Expense	-659	-1,293	-1,085	-316	41	41
5304 - Communications	-83	-163	-137	-41	0	0
5320 - Travel: In-State	-83	-163	-137	-41	0	0
5324 - Facilities Operation	-418	-812	-677	-198	0	0
5346 - Information Technology	-83	-79	5	101	0	0
Total Operating Expenses and Equipment	\$-1,326	\$-2,510	\$-2,031	\$-495	\$41	\$41
Total Budget Request	\$-7,456	\$-16,696	\$-15,089	\$-4,326	\$41	\$41

Fund Summary

Fund Source - State Operations						
0001 - General Fund	-7,456	-16,696	-15,089	-4,326	41	41
Total State Operations Expenditures	\$-7,456	\$-16,696	\$-15,089	\$-4,326	\$41	\$41
Total All Funds	\$-7,456	\$-16,696	\$-15,089	\$-4,326	\$41	\$41

Program Summary

Program Funding						
4400020 - Hospital Administration	-83	-79	5	101	0	0
4410010 - Atascadero	-1,876	-5,373	-4,688	-1,455	8	8
4410020 - Coalinga	-581	-1,415	-1,113	-110	8	8
4410030 - Metropolitan	-1,273	-1,284	-1,991	-656	9	9
4410040 - Napa	-738	-1,893	-2,688	-790	8	8
4410050 - Patton	-2,905	-6,652	-4,614	-1,416	8	8
Total All Programs	\$-7,456	\$-16,696	\$-15,089	\$-4,326	\$41	\$41

Personal Services Details

Positions	Salary Information			CY	BY	BY+1	BY+2	BY+3	BY+4
	Min	Mid	Max						
8161 - Supvng Registered Nurse				0.0	-35.5	0.0	0.0	0.0	0.0
8253 - Psych Techn (Safety)				0.0	-126.	-135.5	-39.7	0.0	0.0
VR00 - Various				-83.5	0.0	0.0	0.0	0.0	0.0
Total Positions				-83.5	-162.	-135.5	-39.7	0.0	0.0
Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4			
8161 - Supvng Registered Nurse	0	-3,823	0	0	0	0			
8253 - Psych Techn (Safety)	0	-8,090	-8,669	-2,545	0	0			
VR00 - Various	-3,817	0	0	0	0	0			
Total Salaries and Wages	\$-3,817	\$-11,913	\$-8,669	\$-2,545	\$0	\$0			
Staff Benefits									
5150200 - Disability Leave - Industrial	-52	-164	-116	-33	0	0			
5150210 - Disability Leave - Nonindustrial	-19	-58	-42	-12	0	0			
5150350 - Health Insurance	-266	-821	-599	-175	0	0			
5150450 - Medicare Taxation	-56	-174	-125	-36	0	0			
5150500 - OASDI	-138	-238	-2	-2	0	0			
5150600 - Retirement - General	-1,129	-3,063	-2,022	-593	0	0			
5150700 - Unemployment Insurance	-4	-12	-9	-2	0	0			
5150800 - Workers' Compensation	-169	-536	-390	-114	0	0			
5150900 - Staff Benefits - Other	-480	-1,480	-1,084	-319	0	0			
Total Staff Benefits	\$-2,313	\$-6,546	\$-4,389	\$-1,286	\$0	\$0			
Total Personal Services	\$-6,130	\$-18,459	\$-13,058	\$-3,831	\$0	\$0			

BCP Fiscal Detail Sheet

BCP Title: Mission-Based Review: Direct Care Nursing Delay

BR Name: 4440-113-ECP-2020-MR

Budget Request Summary

		FY20				
	CY	BY	BY+1	BY+2	BY+3	BY+4
Operating Expenses and Equipment						
539X - Other	0	-4,273	0	0	0	0
Total Operating Expenses and Equipment	\$0	-\$4,273	\$0	\$0	\$0	\$0
Total Budget Request	\$0	-\$4,273	\$0	\$0	\$0	\$0

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	-4,273	0	0	0	0
Total State Operations Expenditures	\$0	-\$4,273	\$0	\$0	\$0	\$0
Total All Funds	\$0	-\$4,273	\$0	\$0	\$0	\$0

Program Summary

Program Funding						
4410010 - Atascadero	0	-1,000	0	0	0	0
4410020 - Coalinga	0	-1,000	0	0	0	0
4410030 - Metropolitan	0	-1,000	0	0	0	0
4410040 - Napa	0	-1,000	0	0	0	0
4410050 - Patton	0	-273	0	0	0	0
Total All Programs	\$0	-\$4,273	\$0	\$0	\$0	\$0

**STATE HOSPITALS
DSH-PATTON OVER-BEDDING
PROPOSED TRAILER BILL LEGISLATION**

New Item

BACKGROUND:

Under existing law, Welfare & Institutions Code (WIC) 4107 states that the Department of State Hospitals (DSH) Patton may house up to 1,530 patients until September 2020. This language was most recently amended by AB 1470, the Mental Health Trailer Bill (Section 83, Chapter 24, Statutes of 2012) which increased the allowable number of patients housed at DSH-Patton by 194 patients. This amendment to AB 1470 is the most recent of several previous changes to legislation extending the date to allow 1,530 patients to be housed at DSH-Patton.

DESCRIPTION OF CHANGE:

DSH is proposing trailer bill legislation to extend the upcoming sunset date from September 2020 to September 2030 to continue the operation of 1,530 beds at DSH-Patton. Without this amendment, DSH will lose the authority to operate the current 194 patient-occupied beds at DSH-Patton.

Summary of Arguments in Support

- The original legislation was intended to appropriately expand the capacity of the DSH system to admit forensic patients.
- DSH has a significant waitlist for patient admissions, particularly for Incompetent to Stand Trial (IST) patients.
- The waitlist for felony IST commitments cannot be properly addressed without maximizing DSH's bed capacity in conjunction with the ongoing establishment of county diversion programs and the expansion of jail-based treatment programs.

Proposed Trailer Bill Legislation

Section 4107 of the Welfare and Institutions Code is amended to read:

4107. (a) The security of patients committed pursuant to Section 1026 of, and Chapter 6 (commencing with Section 1367) of Title 10 of Part 2 of, the Penal Code, and former Sections 6316 and 6321, at Patton State Hospital shall be the responsibility of the Secretary of the Department of Corrections and Rehabilitation.

(b) The Department of Corrections and Rehabilitation and the State Department of Mental Health shall jointly develop a plan to transfer all patients committed to Patton State Hospital pursuant to the provisions in subdivision (a) from Patton State Hospital no later than January 1, 1986, and shall transmit this plan to the Senate Committee on Judiciary and to the Assembly Committee on Criminal Justice, and to the Senate Health and Welfare Committee and Assembly Health Committee by June 30, 1983. The plan shall address whether the transferred patients shall be moved to other state hospitals or to correctional facilities, or both, for commitment and treatment. (c) Notwithstanding any other provision of law, the State Department of State Hospitals shall house no more than 1,336 patients at Patton State Hospital. However, until September ~~2020~~ 2030, up to 1,530 patients may be housed at the hospital. (d) This section shall remain in effect only until all patients committed, pursuant to the provisions enumerated in subdivision (a), have been removed from Patton State Hospital and shall have no force or effect on or after that date.

CONDITIONAL RELEASE PROGRAM (CONREP)
EXITING CONTINUUM OF CARE: STEP-DOWN TRANSITIONAL PROGRAM
Program Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	0.0	0.0	0.0	\$0	\$0	\$0
<i>One-time</i>	0.0	0.0	0.0	\$0	\$0	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$0	\$0
May Revision	0.0	0.0	0.0	-\$3,354	\$0	\$0
<i>One-time</i>	0.0	0.0	0.0	-\$3,354	\$0	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$0	\$0
Total	0.0	0.0	0.0	-\$3,354	\$0	\$0
<i>One-time</i>	0.0	0.0	0.0	-\$3,354	\$0	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$0	\$0

BACKGROUND:

The Budget Act of 2019-20 included \$5.1 million in FY 2019-20 and \$11.0 million in FY 2020-21 and ongoing to establish a 78-bed step-down program for state hospital patients ready for CONREP in 18-24 months. DSH identified an Institute for Mental Disease (IMD) facility in Southern California in the community that will allow for patients to step down into a lower restrictive environment and focus on the skills necessary for a more independent living environment when transitioning to CONREP. These beds are essential to preparing Offenders with a Mental Health Disorder (OMD) and Not Guilty by Reason of Insanity (NGI) patients who have been institutionalized for a number of years. This type of setting allows patients to step down into a lower restrictive environment and focus on the skills necessary for a more independent living environment when transitioning to CONREP.

The IMD program would be operated by a private provider who owns the facility, has experience in working with the CONREP population and has a strong interest in increasing its capacity to serve more clients who have behavioral health challenges. The existing space is licensed as a skilled nursing facility (SNF) and the provider has already started the process to establish a special treatment program designation, certified through the Department of Healthcare Services, Mental Health and Substance Use Division. The physical space requires modifications to assure safety and security of the patients. This includes increasing the height of the perimeter fencing on patient courtyards, performing safety modifications such as break away curtain hooks in shower stalls and mitigating ligature risks in patient rooms and common areas. In addition to these modifications, the space will need to be updated with new paint and patient rooms will be furnished with equipment appropriate for the population to be served. Due to the SNF licensing, it is assumed that the provider will be able to offset some costs through Medi-Cal, however the provider is currently formulating an updated rate which should be completed by mid-April 2020.

The timeline for activation of the 78-bed step-down program was originally estimated to take approximately 7-9 months with initial patient admissions projected to start late February to April 2020. Activities will include:

- Special Treatment Program (STP) certification;
- Retrofitting/Safety Modifications, requires approval by the Office of Statewide Health Planning and Development;
- Development of policies and procedures;

- Recruitment, hiring and training staff; and
- Phased in admissions of patients

DESCRIPTION OF CHANGE:

The existing space is currently licensed as a SNF and the provider has received approval for a STP designation, certified through the Department of Healthcare Services, Mental Health and Substance Use Division. DSH anticipated that this new program would be activated sometime between late February through April 2020. The timing of activation was predicated on physical space modifications required to assure safety and security of the patients. However, final regulatory approvals are still pending for the building retrofits to proceed.

As of April 2020, DSH assumes program activation will begin with recruitment and training activities in July 2020, and patient admissions will begin in August 2020. As a result of this delay, DSH estimates a one-time cost savings of \$3.4 million in the current year. At this time, DSH does not anticipate an impact to the budget year. An update on program activation activities will be provided in the 2021-22 Governor's Budget.

78-Bed Transitional Program Savings in FY 2019-20	
2019 Budget Act	\$5,103,600
Less One-Time OE&E and Implementation Costs	\$250,000
Less Construction Cost	\$1,500,000
<i>total savings</i>	\$3,353,600

DISCRETIONARY? Y/N: No

BCP Fiscal Detail Sheet

BCP Title: CONREP- Continuum of Care Exisiting

BR Name: 4440-078-ECP-2020-MR

Budget Request Summary

	CY	BY	BY+1	FY20	BY+2	BY+3	BY+4
Operating Expenses and Equipment							
5340 - Consulting and Professional Services - External	-3,354	0	0		0	0	0
Total Operating Expenses and Equipment	\$-3,354	\$0	\$0		\$0	\$0	\$0
Total Budget Request	\$-3,354	\$0	\$0		\$0	\$0	\$0

Fund Summary

Fund Source - State Operations							
0001 - General Fund	-3,354	0	0		0	0	0
Total State Operations Expenditures	\$-3,354	\$0	\$0		\$0	\$0	\$0
Total All Funds	\$-3,354	\$0	\$0		\$0	\$0	\$0

Program Summary

Program Funding							
4420010 - Conditional Release Program	-3,354	0	0		0	0	0
Total All Programs	\$-3,354	\$0	\$0		\$0	\$0	\$0

**FORENSIC CONDITIONAL RELEASE PROGRAM (CONREP)
GENERAL/NON-SEXUALLY VIOLENT PREDATOR (NON-SVP) PROGRAM
COMMUNITY PROGRAM DIRECTOR
Informational Only**

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	0.0	0.0	0.0	\$0	\$2,200	\$2,420
<i>One-time</i>	0.0	0.0	0.0	\$0	\$0	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$2,200	\$2,240
May Revision	0.0	0.0	0.0	\$0	\$0	\$0
<i>One-time</i>	0.0	0.0	0.0	\$0	\$0	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$0	\$0
Total	0.0	0.0	0.0	\$0	\$2,200	\$2,420
<i>One-time</i>	0.0	0.0	0.0	\$0	\$0	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$2,200	\$2,420

BACKGROUND:

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

The CONREP population includes: Not Guilty by Reason of Insanity Penal Code (PC) 1026, Offender with a Mental Health Disorder (both PC 2964 parolees who have served a prison sentence and PC 2972 parolees who are civilly committed for at least one year after their parole period ends), Felony Incompetent to Stand Trial (PC 1370) patients who have been court-approved for outpatient placement in lieu of state hospital placement), and Offender with a Mental Health Disorder (WIC 6316). CONREP services are also offered to Sexually Violent Predators (WIC 6604). Individuals suitable for CONREP may be recommended by the state hospital Medical Director to the courts for outpatient treatment. Currently, DSH contracts with seven county-operated and three private organizations to provide outpatient treatment services to clients in all 58 counties in the state with non-SVP commitments.

As specified in PC 1600-1615 and 2960-2972, the CONREP Community Program Director, with the Court's approval (or in the case of Offender with a Mental Health Disorder, the Board of Parole Hearings' approval), assesses and makes the recommendation for individuals' placement in CONREP. CONREP delivers an array of mental health services to individuals during their period of outpatient treatment. In conjunction with the court-approved treatment plan, contractors coordinate and provide a wide array of services needed to support community reintegration, including forensic mental health treatment through individual and group therapy settings, life skills training, residential placement, collateral contacts (e.g., other individuals/agencies), home visits, substance abuse screenings, psychiatric services, case management, court reports, and psychological assessments. DSH has developed standards for these services which set minimum treatment and supervision levels for individuals court ordered to CONREP. Regular evaluations and assessments on treatment progress are completed by contractors during the period of state hospitalization and while receiving treatment in CONREP.

Penal Code 1370 (a)(2)(A) requires the court to order the Community Program Director (CPD) or the CPD's designee to evaluate IST defendants and provide a written recommendation to the court within 15 days of the order as to whether the IST defendant should be required to undergo outpatient treatment, or be committed to DSH or to any other treatment facility. The CPD position is a role that is established as part of CONREP. Court orders to provide a placement recommendation require time to review jail medical and mental health records, travel to local jails to interview patients and development/submission of reports to the court. The increase in numbers of IST defendants referred to the CPD for placement recommendation has increased significantly over the years but DSH has not requested an augmentation to resource levels supporting the CPD's responsibility. This has resulted in CONREP providers shifting clinical resources from other core treatment and hospital in reach services to grow and maintain CONREP outpatient census levels. The 2020-21 Governor's Budget included a request of \$2.2 million in contract funding to support the increase in placement evaluations.

DESCRIPTION OF CHANGE:

As of the 2020-21 May Revision, DSH does not anticipate a delay in providing these services and plans to reevaluate the growth rate and associated resources through the caseload process.

DISCRETIONARY? Y/N: No

BCP Fiscal Detail Sheet

BCP Title: CONREP Non-SVP

BR Name: 4440-028-ECP-2020-GB

Budget Request Summary

	CY	BY	BY+1	BY+2	BY+3	BY+4
Operating Expenses and Equipment						
5340 - Consulting and Professional Services - External	0	2,200	2,420	2,420	2,420	2,420
Total Operating Expenses and Equipment	\$0	\$2,200	\$2,420	\$2,420	\$2,420	\$2,420
Total Budget Request	\$0	\$2,200	\$2,420	\$2,420	\$2,420	\$2,420

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	2,200	2,420	2,420	2,420	2,420
Total State Operations Expenditures	\$0	\$2,200	\$2,420	\$2,420	\$2,420	\$2,420
Total All Funds	\$0	\$2,200	\$2,420	\$2,420	\$2,420	\$2,420

Program Summary

Program Funding						
4420010 - Conditional Release Program	0	2,200	2,420	2,420	2,420	2,420
Total All Programs	\$0	\$2,200	\$2,420	\$2,420	\$2,420	\$2,420

CONTRACTED PATIENT SERVICES
JAIL-BASED COMPETENCY TREATMENT PROGRAMS AND ADMISSION, EVALUATION, AND
STABILIZATION CENTER (JBCT/AES)
EXISTING PROGRAMS AND ACTIVATION UPDATES
Program Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	0.0	0.0	0.0	-\$237	-\$1,944	-\$1,944
<i>One-Time</i>	0.0	0.0	0.0	-\$237	\$0	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	-\$1,944	-\$1,944
May Revision	0.0	0.0	0.0	-\$3,067	\$321	\$321
<i>One-Time</i>	0.0	0.0	0.0	-\$3,067	\$0	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$321	\$321
Total	0.0	0.0	0.0	-\$3,304	-\$1,623	-\$1,623
<i>One-Time</i>	0.0	0.0	0.0	-\$3,304	\$0	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	-\$1,623	-\$1,623

BACKGROUND:

Department of State Hospitals (DSH) admits Incompetent to Stand Trial (IST) patients under Penal Code (PC) 1370, which are trial defendants determined by the court to be unable to participate in their trial because they are not able to understand the nature of the criminal proceedings or assist counsel in the conduct of their defense. DSH contracts with California counties to provide restoration of competency services while the IST patient is housed in county jail facilities. Jail-Based Competency Treatment (JBCT) programs are designed to treat IST patients with lower acuity and to quickly restore them to trial competency, generally within 90 days. If a JBCT program is unable to restore an IST patient to trial competency quickly, the patient is referred to a state hospital for longer-term IST treatment.

The 2020-21 Governor's Budget included a one-time reduction of \$237,000 in FY 2019-20 and a reduction of \$1.9 million in FY 2020-21 and ongoing due to delayed JBCT program activations.

Governor's Budget Change from 2019 Budget Act						
	Bed Capacity in FY 2019-20	Bed Capacity in FY 2020-21	Per Diem Rate	2019-20	2020-21	2021-22
Sacramento JBCT (Males) ¹	32	32	\$435-\$452	\$161,000	\$140,000	\$140,000
San Bernardino JBCT	146	146	\$390.34	(\$242,000)	\$0	\$0
Stanislaus JBCT	18	18	\$420.00	(\$464,000)	\$0	\$0
Shasta JBCT	6	6	\$420	(\$464,000)	\$0	\$0
Kings JBCT	5	5	\$420	(\$128,000)	\$0	\$0
Santa Barbara JBCT	10	10	\$420	(\$769,000)	\$0	\$0
Alameda JBCT	48	48	\$420	(\$1,830,000)	(\$7,379,000)	(\$7,379,000)
AES Center	90	90	\$480	\$3,499,000	\$5,283,000	\$5,283,000
Total:	355	355		(\$237,000)	(\$1,956,000)	(\$1,956,000)

¹The Sacramento Male JBCT program's per diem rate is increasing from \$400 to \$435 in FY 2019-20 and to \$452 in FY 2020-21.

As of the 2020-21 May Revision, DSH will achieve an additional savings of \$3.1 million in the current year and \$1.6 million ongoing due to the delayed activation of the Kern AES Center's expansion. The

information below reflects an update on current programs and planned activations in the current year (CY) and the budget year (BY) as well as the ongoing impact of the proposed changes.

DESCRIPTION OF CHANGE:

Existing JBCT Program Cost Increase

Sonoma JBCT Program – 10-12 Beds BY and Ongoing Request \$321,000)

Currently, the Sonoma JBCT program is funded for a total capacity of 10 beds but there has been a consistent level of IST referrals to support a 12-bed program. To accommodate this change, DSH proposes to increase the program's funding to support two additional beds at the current daily bed rate of \$440 for a new total capacity of 12 beds beginning in July 2020. DSH requests \$321,000 in the budget year and ongoing to support these additional two beds.

Kern AES Center (CY One-Time Reduction -\$3.1 Million)

One-time current year savings from delayed JBCT program activations and requested \$5.3 million in the budget year and ongoing to increase the Kern AES Center's capacity by an additional 30 beds, increasing total capacity to 90 beds to serve male IST patients from various catchment counties. DSH estimated that startup activities for this 30-bed expansion would begin in November 2019 with patient admissions beginning in January 2020.

As of the 2020-21 May Revision, DSH now estimates that startup activities for this 30-bed expansion will begin in June 2020, with patient admissions anticipated in Fall 2020. The delay in activation is due to unforeseen delays in the county's process for procuring service contracts needed to renovate the treatment space, and a number of retirements that has impacted custody staffing levels. Startup activities anticipated to begin in June 2020 include renovation activities; procurement of patient furnishings and clinical supplies; and recruitment efforts for new clinical and nursing staff. Additionally, a new Deputy Sheriff Academy is due for graduation in August 2020 which will allow for recruitment of new custody staff to support program activation by Fall 2020. Due to these changes, DSH expects an additional one-time savings in the current year of approximately \$3.1 million.

JBCT Program Updates – Informational Only

The following is a list of the JBCT programs that have recently activated or are in process of activating. No change is requested at this time.

Stanislaus: 6-Bed Expansion (Informational Only)

In the 2020-21 Governor's Budget, DSH estimated the Stanislaus JBCT program would increase its capacity by an additional six beds in January 2020, increasing the program's total capacity to 18 beds to serve IST patients from that county. This expansion occurred as planned in January 2020.

San Joaquin: 10-Bed Program (Informational Only)

In the 2020-21 Governor's Budget, DSH estimated that a new 10-bed JBCT program would be activated in San Joaquin County with patient admissions beginning in October 2019. Patient admissions were slightly delayed and began in January 2020.

Monterey: 10-Bed Program (Informational Only)

In the 2020-21 Governor's Budget, DSH estimated that a new 10-bed JBCT program would be activated in Monterey County at a daily bed rate of \$420, which will serve male IST patients from multiple neighboring counties. Startup activities began in June 2019 to renovate the treatment space. Due to delays in completing these necessary renovations and recruiting their clinical staff, DSH estimated that patient admissions would begin in January 2020. As of October 2019, this contract has been executed with the county. DSH now anticipates that patient admissions will begin in April

2020 due to significant delays in recruitment and completing the necessary renovations. All positions were filled in March 2020 and the renovations are estimated to be completed in April 2020.

Santa Barbara: 10-Bed Program (Informational Only)

In the 2020-21 Governor's Budget, DSH estimated that a new 10-bed JBCT program would be activated in Santa Barbara County at a daily bed rate of \$420 which will serve IST patients from that county. DSH estimated that startup activities for program activation would begin in April 2020. As of April 2020, this contract is still pending approval by the county's Board of Supervisors and final execution due to extended contract negotiations. DSH continues to estimate that program implementation activities will begin in April 2020 with patient admissions beginning in July 2020.

Shasta: 6-Bed Program (Informational Only)

In the 2020-21 Governor's Budget, DSH estimated that a new 6-bed JBCT program would be activated in Shasta County at a daily bed rate of \$420 in January 2020, which will serve IST patients from multiple counties across Northern California. As of April 2020, this contract has been approved by the county's Board of Supervisors and is pending final execution. Startup activities began in July 2019 to begin renovating the treatment space. Due to significant delays in finalizing the contract and completing their startup activities, DSH now anticipates that program activation will be deferred to July 2020.

Kings: 5-Bed Program (Informational Only)

In the 2020-21 Governor's Budget, DSH estimated that a new 5-bed JBCT program would be activated in Kings County at a daily bed rate of \$420 in December 2019, which will serve IST patients from that county. As of December 2019, this contract has been executed with the county and startup activities have begun. Due to delays in selecting a clinical provider and completing recruitment activities, DSH now anticipates that program activation will be deferred to the budget year.

May Revision Change from 2020-21 Governor's Budget						
	Bed Capacity in FY 2019-20	Bed Capacity in FY 2020-21	Per Diem Rate	2019-20	2020-21	2021-22
Sonoma JBCT	10	12	\$440	\$0	\$321,000	\$321,000
Santa Barbara JBCT	0	10	\$420	\$0	\$0	\$0
Shasta JBCT	0	6	\$420	\$0	\$0	\$0
Kings JBCT	0	5	\$420	\$0	\$0	\$0
Kern AES	90	90	\$420	(\$3,067,000)	\$0	\$0
	100	123		(\$3,067,000)	\$321,000	\$321,000

DISCRETIONARY? Y/N: No

**CONTRACTED PATIENT SERVICES
JAIL-BASED COMPETENCY TREATMENT (JBCT) PROGRAMS
NEW PROGRAM UPDATES**
New Item

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	0.0	0.0	0.0	\$231	\$8,853	\$11,159
<i>One-Time</i>	0.0	0.0	0.0	\$231	\$4,593	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$4,260	\$11,159
May Revision	0.0	0.0	0.0	-\$155	-\$2,723	-\$1,815
<i>One-Time</i>	0.0	0.0	0.0	-\$113	-\$143	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$42	-\$2,580	-\$1,815
Total	0.0	0.0	0.0	\$76	\$6,130	\$9,344
<i>One-Time</i>	0.0	0.0	0.0	\$118	\$4,450	\$0
<i>Ongoing</i>	0.0	0.0	0.0	-\$42	\$1,680	\$9,344

BACKGROUND:

The Department of State Hospitals (DSH) continues to build out its continuum of care to support Incompetent to Stand Trial (IST) patients by working with a number of counties to develop new JBCT programs in their local jail facilities, as well as securing contracts to activate these programs in the budget year. The target range of beds for each county is based on an analysis of the county's current monthly trend of Felony IST referrals. Negotiations and contract development are at various stages for each location and the proposals below reflect the programs furthest along in the process. DSH requests authority to establish funding as a placeholder to allow contract and program development to continue moving forward. DSH assumes an estimated daily bed rate of \$420, which is consistent with the rates established for recent JBCT program activations.

The 2020-21 Governor's Budget included a one-time funding request totaling \$231,000 to support two new program activations in FY 2019-20. DSH also requested \$8.9 million in the FY 2020-21 and \$11.2 million ongoing to support an anticipated 63-bed capacity increase for the growing IST patient population.

Governor's Budget Change from 2019 Budget Act						
	Bed Capacity in FY 2019-20	Bed Capacity in FY 2020-21	Per Diem Rate	2019-20	2020-21	2021-22
Northern California A JBCT	15	30	\$420	\$189,000	\$2,873,000	\$4,599,000
Northern California B JBCT	0	6	\$420	\$-	\$920,000	\$920,000
Central California C JBCT	0	12	\$420	\$-	\$1,840,000	\$1,840,000
Northern California D JBCT	0	5	\$420	\$-	\$573,000	\$767,000
Southern California E JBCT	0	10	\$420	\$-	\$1,147,000	\$1,533,000
Northern California F Small County JBCT ¹	N/A	N/A	N/A	\$42,000	\$500,000	\$500,000
Northern California G Small County JBCT ¹	N/A	N/A	N/A	\$-	\$500,000	\$500,000
Central California H Small County JBCT ¹	N/A	N/A	N/A	\$-	\$500,000	\$500,000
Total:	15	63		\$231,000	\$8,853,000	\$11,159,000

¹Specific to the small county models, due to the payment model with both fixed and variable costs, a per diem rate is not applicable for these programs. Additionally, each small county model will serve up to 15 IST patients annually.

DESCRIPTION OF CHANGE:

JBCT Program Operating Expenditures

JBCT-Related Travel Reimbursement (BY One-Time Request \$50,000)

DSH proposes to utilize \$50,000 of the available one-time budget year savings associated with deferred activations identified below (see page 6) to fund travel costs for JBCT contracted providers in key leadership positions to attend regional meetings, trainings, and formal program reviews required by DSH. In addition, this would allow JBCT program staff to attend meetings and trainings, as well as participate in program reviews of fellow programs. The program reviews provide opportunities for continued program improvement, supports consistent application of policies across all programs, and fosters the ability to establish a network of contacts to triage issues experienced among the programs. The JBCT program budget is reserved for county contracts and provision of services to patients; funds are not available to support programmatic staff travel and training that DSH would like to require of its providers. DSH is proposing to utilize available one-time cost savings to fund this need in the budget year and will use the time to evaluate the ongoing need for these expenditures.

New JBCT Programs with Dedicated JBCT Beds/Treatment Milieu

As of the 2020-21 May Revision, DSH has updated its assumptions commensurate with the timing of contract execution and program activation for the new programs with dedicated beds identified in the 2020-21 Governor's Budget. As a result, DSH is revising the request to reflect the phased-in plan and deferral of new program activations to FY 2021-22. The information below reflects an update on these planned program activations in the current year (CY) and the budget year (BY) as well as the ongoing impact of the proposed changes.

April 2020 Proposed Activation Update – Change from Governor's Budget

Northern California County B- 6 Bed Activation: Increase Request (CY One-Time \$76,000)

In the 2020-21 Governor's Budget, DSH proposed to establish a JBCT program in a Northern California county that will provide six beds for IST patients from that county and one additional neighboring county with an estimated daily bed rate of \$420. DSH assumed startup activities for program activation would occur in the budget year. As of the 2020-21 May Revision, DSH is in the final stages of executing a contract with the county and now anticipates that startup activities will occur in June 2020 with patient admissions beginning in July 2020. DSH requests to utilize approximately \$76,000 of available one-time CY savings associated with the delayed activation of the Kern AES Center's capacity expansion to support this current year activation.

July 2020 Proposed Activation Updates – Change from Governor's Budget

Northern California County A- 15 Bed Activation: Reduce Request (CY One-Time -\$189,000)

In the 2020-21 Governor's Budget, DSH proposed to establish a regional JBCT program in a Northern California county that will provide 15 beds in June 2020, initially, and estimated its capacity will increase by an additional 15 beds in April 2021, increasing the program's total capacity to 30 beds for IST patients from multiple counties across the state with an estimated daily bed rate of \$420. As of the 2020-21 May Revision, due to contract negotiation delays, DSH now anticipates the initial 15 beds will be activated in summer 2020, resulting in a one-time cost reduction of approximately \$189,000 in the current year.

Central California County C- 12 Bed Activation: Reduce Request (BY and Ongoing -\$307,000)

In the 2020-21 Governor's Budget, DSH proposed to establish a regional JBCT program in a Central California county that will provide 12 beds for IST patients from multiple counties across the state with a daily bed rate of \$420 in the budget year. As of the 2020-21 May Revision, DSH is actively working with this county and still assumes program activation will occur in the BY. However, the county is opting to activate a maximum of 10 beds at this time. This 2-bed reduction offsets the total cost by approximately \$307,000 in the BY and ongoing.

January 2021 Proposed Activation Update – Change from Governor's Budget

Northern California County D- 5 bed activation: Reduce Request (BY One-Time -\$193,000)

In the 2020-21 Governor's Budget, DSH proposed to establish a JBCT program in a Northern California county that will provide five beds for IST patients from that county with a daily bed rate of \$420 in October 2020. As of the 2020-21 May Revision, DSH now anticipates that startup activities for program activation will occur in January 2021 due to contract negotiation delays. This change will result in a one-time cost reduction of approximately \$193,000 in the BY.

Deferred Activation – Change from Governor's Budget

Southern California County E: Reduce Request (BY -\$1.1 Million; Ongoing -\$1.5 Million)

In the 2020-21 Governor's Budget, DSH proposed to establish a JBCT program in a Southern California county that will provide 10 beds for IST patients from that county with a daily bed rate of \$420 in October 2020. As of the 2020-21 May Revision, little progress has been made with the county to develop the contract. Due to delays in finalizing the contract, DSH now anticipates that startup activities for program activation will not occur until FY 2021-22, resulting in a reduction of \$1.1 million in the budget year and \$1.5 million ongoing. DSH will continue contract negotiations with the county and may request funds to support this program in the 2021-22 Governor's Budget.

April 2021 Proposed Activation – New JBCT Program Request

Northern California County F: Request to Establish 10-Bed Program (BY \$382,000; Ongoing \$1.5 Million)

DSH proposes to utilize \$382,000 of the available BY savings associated with the deferred activations identified below to establish a JBCT program in a Northern California county that will provide 10 beds for IST patients from that county. DSH anticipates a 60-day startup period to begin in April 2021 with patient admissions beginning in June 2021. The estimated annual cost to support all 10 beds ongoing is \$1.5 million.

New Small County JBCT Models

As of the 2020-21 May Revision, DSH has updated its assumptions commensurate with the timing of contract execution and program activation for the three new small county JBCT models identified in the 2020-21 Governor's Budget. As a result, DSH is deferring its small county funding request to FY 2021-22. The information below reflects an update on these planned program activations in the budget year (BY) and future years.

Deferred Activations – Changes from Governor's Budget

Northern California County G: Reduce Request (BY and Ongoing -\$500,000)

In the 2020-21 Governor's Budget, DSH proposed to establish a small county JBCT program in a Northern California county in June 2020 that will serve 20 to 25 IST patients annually at an estimated annual cost of \$500,000. As of the 2020-21 May Revision, little progress has been made with the

county to develop the contract. Due to delays in finalizing the contract, DSH now anticipates that startup activities for program activation will not occur until FY 2021-22, resulting in an ongoing reduction of \$500,000. DSH will continue contract negotiations with the county and may request funds to support this program in the 2021-22 Governor's Budget.

Northern California County H: Remove Request (BY and Ongoing -\$500,000)

In the 2020-21 Governor's Budget, DSH proposed to establish a small county JBCT program in a Northern California county in the BY that will serve 20 to 25 IST patients annually with an estimated annual cost of \$500,000. As of the 2020-21 May Revision, little progress has been made with the county to develop the contract. Due to delays in finalizing the contract, DSH now anticipates that startup activities for program activation will not occur until FY 2021-22, resulting in an ongoing reduction of \$500,000. DSH will continue contract negotiations with the county and may request funds to support this program in the 2021-22 Governor's Budget.

Central California County I: Remove Request (BY and Ongoing -\$500,000)

In the 2020-21 Governor's Budget, DSH proposed to establish a small county JBCT program in a Central California county in the BY that will serve 20 to 25 IST patients annually, with an estimated annual cost of \$500,000. As of the 2020-21 May Revision, little progress has been made with the county to develop the contract. Due to delays in finalizing the contract, DSH now anticipates that startup activities for program activation will not occur until FY 2021-22, resulting in an ongoing reduction of \$500,000. DSH will continue contract negotiations with the county and may request funds to support this program in the 2021-22 Governor's Budget.

Patients' Rights Advocacy Funding (BY and Ongoing Reduction -\$8,000)

In the 2020-21 Governor's Budget, DSH requested \$12,000 in FY 2020-21 and ongoing to fund contracted patients' rights advocacy services to support the proposed new JBCT programs in order to comply with Assembly Bill (AB) 103 (Statutes of 2017). AB 103 requires that all DSH patients have equal access to patients' rights advocacy resources, including IST patients who are admitted to JBCT programs. However, as of the 2020-21 May Revision, the proposed activation of one new program with dedicated beds and three new small county models has been deferred to FY 2021-22. After offsetting the resources approved to support these proposed JBCT programs, DSH reduces its request by approximately \$8,000 in the BY and ongoing.

May Revision Change from 2020-21 Governor's Budget						
	Bed Capacity in FY 2019-20	Bed Capacity in FY 2020-21	Per Diem Rate	2019-20	2020-21	2021-22
JBCT-Related Travel Reimbursement	N/A	N/A	N/A	\$0	\$50,000	\$0
Northern California A JBCT	0	30	\$420	(\$189,000)	\$0	\$0
Northern California B JBCT	6	6	\$420	\$76,000	\$0	\$0
Central California C JBCT	0	10	\$420	\$0	(\$307,000)	(\$307,000)
Northern California D JBCT	0	5	\$420	\$0	(\$193,000)	\$0
Southern California E JBCT	0	0	\$420	\$0	(\$1,147,000)	(\$1,533,000)
Northern California F JBCT	0	10	\$420	\$0	\$382,000	\$1,533,000
Northern California G Small County JBCT	N/A	N/A	N/A	(\$42,000)	(\$500,000)	(\$500,000)
Northern California H Small County JBCT	N/A	N/A	N/A	\$0	(\$500,000)	(\$500,000)
Central California I Small County JBCT	N/A	N/A	N/A	\$0	(\$500,000)	(\$500,000)
Patients' Rights Advocate Funding	N/A	N/A	N/A	\$0	(\$8,000)	(\$8,000)
	6	61		(\$155,000)	(\$2,723,000)	(\$1,815,000)

BCP Fiscal Detail Sheet

BCP Title: JBCT Exisiting Program Updates

BR Name: 4440-082-ECP-2020-MR

Budget Request Summary

		FY20				
	CY	BY	BY+1	BY+2	BY+3	BY+4

Operating Expenses and Equipment						
5340 - Consulting and Professional Services - External	0	321	321	321	321	321
Total Operating Expenses and Equipment	\$0	\$321	\$321	\$321	\$321	\$321
Total Budget Request	\$0	\$321	\$321	\$321	\$321	\$321

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	321	321	321	321	321
Total State Operations Expenditures	\$0	\$321	\$321	\$321	\$321	\$321
Total All Funds	\$0	\$321	\$321	\$321	\$321	\$321

Program Summary

Program Funding						
4430020 - Jail Based Competency Treatment	0	321	321	321	321	321
Total All Programs	\$0	\$321	\$321	\$321	\$321	\$321

BCP Fiscal Detail Sheet

BCP Title: Kern AES Center - JBCT Existing

BR Name: 4440-091-ECP-2020-MR

Budget Request Summary

	CY	BY	BY+1	FY20 BY+2	BY+3	BY+4
Operating Expenses and Equipment 5340 - Consulting and Professional Services - External	-3,067	0	0	0	0	0
Total Operating Expenses and Equipment	\$-3,067	\$0	\$0	\$0	\$0	\$0
Total Budget Request	\$-3,067	\$0	\$0	\$0	\$0	\$0

Fund Summary

Fund Source - State Operations 0001 - General Fund	-3,067	0	0	0	0	0
Total State Operations Expenditures	\$-3,067	\$0	\$0	\$0	\$0	\$0
Total All Funds	\$-3,067	\$0	\$0	\$0	\$0	\$0

Program Summary

Program Funding 4430010 - Admission, Evaluation, Stabilization Center	-3,067	0	0	0	0	0
Total All Programs	\$-3,067	\$0	\$0	\$0	\$0	\$0

BCP Fiscal Detail Sheet

BCP Title: JBCT New Program Updates

BR Name: 4440-084-ECP-2020-MR

Budget Request Summary

		FY20				
	CY	BY	BY+1	BY+2	BY+3	BY+4
Operating Expenses and Equipment						
5340 - Consulting and Professional Services - External	-155	-2,723	-1,815	-1,815	-1,815	-1,815
Total Operating Expenses and Equipment	-\$155	-\$2,723	-\$1,815	-\$1,815	-\$1,815	-\$1,815
Total Budget Request	-\$155	-\$2,723	-\$1,815	-\$1,815	-\$1,815	-\$1,815

Fund Summary

Fund Source - State Operations						
0001 - General Fund	-155	-2,723	-1,815	-1,815	-1,815	-1,815
Total State Operations Expenditures	-\$155	-\$2,723	-\$1,815	-\$1,815	-\$1,815	-\$1,815
Total All Funds	-\$155	-\$2,723	-\$1,815	-\$1,815	-\$1,815	-\$1,815

Program Summary

Program Funding						
4430020 - Jail Based Competency Treatment	-155	-2,723	-1,815	-1,815	-1,815	-1,815
Total All Programs	-\$155	-\$2,723	-\$1,815	-\$1,815	-\$1,815	-\$1,815

**CONTRACTED PATIENT SERVICES
INCOMPETENT TO STAND TRIAL (IST) “OFF-RAMP” SERVICES
Program Update**

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor’s Budget	0.0	0.0	0.0	\$0	\$2,000	\$2,000
<i>One-Time</i>	0.0	0.0	0.0	\$0	\$0	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$2,000	\$2,000
May Revision	0.0	0.0	0.0	\$0	-\$1,000	\$0
<i>One-Time</i>	0.0	0.0	0.0	\$0	-\$1,000	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$0	\$0
Total	0.0	0.0	0.0	\$0	\$1,000	\$2,000
<i>One-Time</i>	0.0	0.0	0.0	\$0	-\$1,000	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$2,000	\$2,000

BACKGROUND:

The Budget Act of 2019-20 included funding for an “Incompetent to Stand Trial (IST) Off-Ramp” team in Los Angeles (LA) County to assess felony ISTs committed by LA County in the jail for restoration of competency prior to placement in a Department of State Hospital (DSH) program. If an IST is assessed and found to be competent, the team psychiatrically stabilizes the defendant to ensure competency is maintained and submits a restoration of competency report to the court to allow the defendant to proceed with their case rather than having to be transferred to a DSH program. This effort has proven successful thus far and, as of March 9, 2020, 203 IST patients in LA County have been successfully “off-ramped” and removed from the Department’s waitlist.

In the 2020-21 Governor’s Budget, DSH requested \$2.0 million in the budget year and ongoing to implement four additional IST “Off-Ramp” programs in the following four regions: Bay Area, Northern California, Central California, and Southern California. Implementing IST “Off-Ramp” services in additional counties can prevent additional IST defendants from being transferred unnecessarily to a treatment program if they are restored to competency. These programs would deploy forensically trained psychologists in contracted positions to each region to monitor felony IST defendants for restoration of competency, while incarcerated in a jail pending placement to a DSH IST treatment program. The contracted psychologists will coordinate medication and treatment protocols with existing jail mental health staff; perform evaluations and court reports; and provide court testimony.

The \$2.0 million will support contracted psychologist services that would be centralized at existing JBCT program counties (the “hubs”) and deployed to neighboring counties (the “spokes”) to assess and provide services to ISTs within the jails located in their assigned region. This is known as a “hub and spoke” program model. The estimated annual cost will reimburse contracted psychologist services including salaries, benefits, basic operating expenses and increased travel costs associated with traveling to each county jail within their assigned region.

DESCRIPTION OF CHANGE:

In anticipation of legislative approval, DSH has begun the process of drafting a Scope of Work (SOW) and intends to release as Request for Proposal (RFP) in order to secure one or more providers to implement regional IST Off-Ramp services in the budget year. DSH is actively working with interested counties to explore the feasibility of based on these discussions anticipated an activation date of

January 2021. This delay in activation results in a one-time savings of \$1.0 million in FY 2020-21 from what was proposed in the Governor's Budget, with full program implementation in FY 2021-22.

BCP Fiscal Detail Sheet

BCP Title: IST Off Ramp Services

BR Name: 4440-090-ECP-2020-MR

Budget Request Summary

	CY	BY	BY+1	FY20 BY+2	BY+3	BY+4
Operating Expenses and Equipment						
5340 - Consulting and Professional Services - External	0	-1,000	0	0	0	0
Total Operating Expenses and Equipment	\$0	-\$1,000	\$0	\$0	\$0	\$0
Total Budget Request	\$0	-\$1,000	\$0	\$0	\$0	\$0

Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	-1,000	0	0	0	0
Total State Operations Expenditures	\$0	-\$1,000	\$0	\$0	\$0	\$0
Total All Funds	\$0	-\$1,000	\$0	\$0	\$0	\$0

Program Summary

Program Funding						
4430030 - Other Contracted Services	0	-1,000	0	0	0	0
Total All Programs	\$0	-\$1,000	\$0	\$0	\$0	\$0

**CONTRACTED PATIENT SERVICES
COMMUNITY FORENSIC PROGRAMS
COMMUNITY CARE COLLABORTIVE PILOT (CCCP) PROGRAM**
Program Update

	Positions			Dollars in Thousands		
	CY	BY	BY+1	CY	BY	BY+1
Governor's Budget	0.0	3.0	3.0	\$0	\$24,563	\$33,338
<i>One-time</i>	0.0	0.0	0.0	\$0	\$23,903	\$32,678
<i>Ongoing</i>	0.0	3.0	3.0	\$0	\$660	\$660
May Revision	0.0	-3.0	-3.0	\$0	-\$24,563	-\$33,338
<i>One-time</i>	0.0	0.0	0.0	\$0	-\$23,903	-\$32,678
<i>Ongoing</i>	0.0	-3.0	-3.0	\$0	-\$660	-\$660
Total	0.0	0.0	0.0	\$0	\$0	\$0
<i>One-time</i>	0.0	0.0	0.0	\$0	\$0	\$0
<i>Ongoing</i>	0.0	0.0	0.0	\$0	\$0	\$0

BACKGROUND:

In the 2020-21 Governor's Budget, DSH proposed the Community Care Collaborative Program (CCCP) as a 6-year pilot program in three counties that would provide incentives to treat and serve individuals deemed IST on felony charges in the community. This program is designed to support the development of various community-based treatment options for FISTs, incentivize counties to significantly reduce the overall rate of felony defendants designated as IST, and demonstrate effective strategies to treat and house a high-risk and high-need population. Each participating county will have a yearly reduction goal in FIST referrals to DSH and overall FIST designations. The counties will receive a standard payment per client for each person they serve in a community-based restoration program and annual incentive payments based on their success reducing DSH referrals and overall designations. The proposed budget for this program included 3.0 positions and \$24.6 million in budget year (BY) with an incrementally increased annual appropriation over a six-year period to support the program.

DESCRIPTION OF CHANGE:

As of the 2020-21 May Revision, due to the economic challenges and resulting General Fund deficits California is facing as a result of the global COVID-19 pandemic, DSH withdraws this proposal. DSH will continue to expand IST capacity by activating additional beds at DSH-Metropolitan and in jail-based treatment programs and will increase efforts to evaluate individuals pending placement to DSH programs for potential off-ramp as described in other May Revision updates.

DISCRETIONARY? Y/N: No

BCP Fiscal Detail Sheet

BCP Title: Community Care Collaborative Pilot Program

BR Name: 4440-088-ECP-2020-MR

Budget Request Summary

	FY20					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Personal Services						
Positions - Permanent	0.0	-3.0	-3.0	-3.0	-3.0	-3.0
Total Positions	0.0	-3.0	-3.0	-3.0	-3.0	-3.0
Salaries and Wages						
Earnings - Permanent	0	-318	-318	-318	-318	-318
Total Salaries and Wages	\$0	-\$318	-\$318	-\$318	-\$318	-\$318
Total Staff Benefits	0	-187	-187	-187	-187	-187
Total Personal Services	\$0	-\$505	-\$505	-\$505	-\$505	-\$505
Operating Expenses and Equipment						
5301 - General Expense	0	-24	-24	-24	-24	-24
5304 - Communications	0	-3	-3	-3	-3	-3
5320 - Travel: In-State	0	-108	-108	-108	-108	-108
5324 - Facilities Operation	0	-15	-15	-15	-15	-15
5340 - Consulting and Professional Services - External	0	-23,903	-32,678	-42,062	-60,573	-80,124
5346 - Information Technology	0	-3	-3	-3	-3	-3
5368 - Non-Capital Asset Purchases - Equipment	0	-2	-2	-2	-2	-2
Total Operating Expenses and Equipment	\$0	-\$24,058	-\$32,833	-\$42,217	-\$60,728	-\$80,279
Total Budget Request	\$0	-\$24,563	-\$33,338	-\$42,722	-\$61,233	-\$80,784
Fund Summary						
Fund Source - State Operations						
0001 - General Fund	0	-24,563	-33,338	-42,722	-61,233	-80,784
Total State Operations Expenditures	\$0	-\$24,563	-\$33,338	-\$42,722	-\$61,233	-\$80,784
Total All Funds	\$0	-\$24,563	-\$33,338	-\$42,722	-\$61,233	-\$80,784

Program Summary

Program Funding						
4400010 - Headquarters Administration	0	-15	-15	-15	-15	-15
4400020 - Hospital Administration	0	-3	-3	-3	-3	-3
4430030 - Other Contracted Services	0	-24,545	-33,320	-42,704	-61,215	-80,766

Total All Programs

\$0

\$-24,563

\$-33,338

\$-42,722

\$-61,233

\$-80,784

PROGRAM UPDATE
Informational Only

VOCATIONAL SERVICES AND PATIENT WAGES CASELOAD

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

The \$3.2 million in ongoing funding included \$470,000 for payroll taxes associated with payments to patient workers. DSH has since determined that the department is not required to pay these payroll taxes as DSH patient-workers are not performing work as employees, but instead are participants of the rehabilitative or therapeutic programs of the hospitals. As part of the 2020-21 May Revision, DSH requests to use the funding instead for:

1. The implementation of a single, department wide payroll software system capable of handling the substantial number of patient workers across all five state hospitals. The expected yearly cost for such a system is \$200,000. In the original Budget Change Proposal (BCP) the \$2,000 annual cost for a payroll software was an estimation based on a commercial-off-the-shelf application that after further research, did not meet the requirements for the DSH patient payroll system. When that was realized, other options were explored. It was ultimately determined that the existing system used by DSH-Atascadero trust office could be expanded to accommodate the tracking of patient wages. Therefore, DSH plans to acquire this software as an enterprise wide solution.
2. An increase in patient wage funding for DSH-Atascadero of \$270,000. The increase is due to the miscalculation of the monthly 27 hours worked in the original BCP, compared to the actual monthly hours worked by patients at DSH-Atascadero. Patients averaged approximate 60 hours per month for the first six months of fiscal year (FY) 2019-20. This amount does not reflect the full increase to DSH-Atascadero but will help cover the variance. In the first year of implementing the standardized patient wage, there were patients included that were deemed ineligible. This resulted in additional saving to be redirected to the DSH-Atascadero variance. The methodology will be updated in the FY 2021-22 November Estimate process.

DSH expects the realignment of funds listed above will properly allocate the department's funding for Vocational Services and Patient Wages. Furthermore, future adjustments due to changes to the patient worker population and/or the Federal minimum wage will be made with the application of the updated methodology.

NAPA EARTHQUAKE REPAIRS

Napa Earthquake Repairs (Projects 1 & 2)

DSH worked with the Department of General Services (DGS), the California Office of Emergency Services (OES), and the Federal Emergency Management Agency (FEMA) to determine the estimated project costs for the repairs associated with the damage at DSH-Napa resulting from

the South Napa earthquake in August 2014. DSH prioritized the repairs to DSH-Napa's buildings into the following three projects:

- Project 1: Repair the three buildings that have been identified as historically significant (Electric Shop Building 147, Manor House Building 181, and Central Nursing Building 183)
- Project 2: Repair the 23 buildings located outside the Secure Treatment Area (STA)
- Project 3: Cancelled

Due to ongoing challenges and delays in the availability and hiring of casual labor, DSH was not able to make significant efforts toward completing Project 3 repairs, which were comprised of minor cosmetic repairs, including plaster repairs and painting. Further complicating the issue, those repairs are within patient occupied areas and involve moving furniture within patient rooms, needing to allow for proper ventilation so that plaster and paint can dry, and needing swing space that DSH-Napa did not have available. As such, the Department cancelled the Project 3 deliverables to allow for further analysis through an enterprise-wide Infrastructure Master Plan, which will consider the prioritization and appropriateness of all repairs at DSH-Napa, not just those specific to the damage related to the 2014 South Napa Earthquake. The 2019-20 May Revision reported a savings of \$1,138,958 in FY 2018-19 and \$608,479 in FY 2019-20 because DSH will not be proceeding with completion of the Project 3 repairs.

Projects Update:

- Project 1: Repairs to three historical buildings; Electric Shop Building 147, Manor House Building 181, and Central Nursing Building 183. The project was bid in January 9, 2020. The low bid is \$4,439,000. The construction contract is scheduled to be awarded by the end of March. The DGS project estimate has been revised based on the low bid and includes DGS soft costs. The project is currently scheduled to complete construction December 31, 2020.
- Project 2: Repairs to the 23 buildings located outside the Secure Treatment Area (STA). Construction work was completed with final inspection on 12/16/2019.
- Project 3: Cancelled

FEMA/CAL-OES Update:

DSH has formally requested a time extension until December 31, 2020 which is the current construction completion date for Project 1. DSH is continuing to request reimbursement on actual construction costs when appropriate. DSH has requested \$4.3 million to date.

It is also requested that provisional language be added to provide extended encumbrance until June 30, 2023 and to limit use of funding until the completion of this evaluation. Add the Item 4440-491 and the following provision:

4440-491—Reappropriation, State Department of State Hospitals. The balance of the appropriation provided in the following citation is reappropriated for the purposes provided for in that appropriation and shall be available for encumbrance or expenditure until June 30, 2022:

0001—General Fund

(1) The balance of the loan included in Provision 9 of Item 4440-011-0001, Budget Act of 2017, due to delays in collecting federal reimbursements associated with repairs caused by the 2014 South Napa Earthquake.

NON-SEXUALLY VIOLENT PREDATOR (NON-SVP) PROGRAM CASELOAD UPDATE

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

The CONREP population includes: Not Guilty by Reason of Insanity (PC 1026), Mentally Disordered Offenders (both PC 2964 parolees who have served a prison sentence and PC 2972s who are civilly committed for at least one year after their parole period ends), felony Incompetent to Stand Trial (PC 1370s who have been court-approved for outpatient placement in lieu of state hospital placement), and Mentally Disordered Sex Offenders (WIC 6316). CONREP services are also offered to Sexually Violent Predators (WIC 6604). Individuals suitable for CONREP may be recommended by the state hospital Medical Director to the courts for outpatient treatment. Currently, DSH contracts with seven county-operated and three private organizations to provide outpatient treatment services to clients in all 58 counties in the state with non-SVP commitments.

As specified in PC 1600-1615 and 2960-2972, the CONREP Community Program Director, with the Court's approval (or in the case of Offender with a Mental Disorder (OMD), the Board of Parole Hearings' approval), assesses and makes the recommendation for individuals' placement in CONREP. CONREP delivers an array of mental health services to individuals during their period of outpatient treatment. In conjunction with the court-approved treatment plan, contractors coordinate and provide a wide array of services needed to support community reintegration, including forensic mental health treatment through individual and group therapy settings, life skills training, residential placement, collateral contacts (e.g., other individuals/agencies), home visits, substance abuse screenings, psychiatric services, case management, court reports, and psychological assessments. DSH has developed standards for these services which set minimum treatment and supervision levels for individuals court ordered to CONREP. Regular evaluations and assessments on treatment progress are completed by contractors during the period of state hospitalization and while receiving treatment in CONREP.

When a DSH patient is discharged to CONREP, the goal is to provide an independent living environment in the least restrictive setting. However, if a CONREP-eligible patient has not demonstrated the ability to live in the community without direct staff supervision, the patient is referred to a Statewide Transitional Residential Program (STRP). The STRPs are a cost-effective resource used by CONREP to provide patients with the opportunity to learn and demonstrate appropriate community living skills in a controlled setting with 24 hours per day, seven days per week (24/7) supervision while they transition from a state hospital to a community site. The STRP is limited to a 90 to 120-day stay as residential treatment. Once the patient has made the necessary adjustments and is ready to live in the community without structured 24/7 services

provided by the STRP, the patient is able to live in a Board & Care, Room & Board, or other independent living arrangements and without direct staff supervision.

As of the 2020-21 May Revision, DSH has a contracted caseload of approximately 668 CONREP clients with an average daily census of 624 for FY 2019-20. The Budget Act of 2019-20 included \$1.0 million to supplement housing costs as part of CONREP’s Life Support Services budget. DSH is actively searching for additional housing options for CONREP-ready patients in the form of board and care, room and board or other housing situations and is also searching for a contracted provider who can assist DSH with developing housing options on a statewide basis for CONREP providers to increase census levels. An update on progress will be provided in the 2021-22 Governor’s Budget.

	Current Year		Budget Year	
	Caseload	Census	Caseload	Census
Projected Caseload as of 2019-20 May Revision	665	621	665	624
Projected Caseload as of 2020-21 Governor's Budget	668	624	668	
Projected Caseload as of 2020-21 May Revision	668	624	668	

SEXUALLY VIOLENT PREDATOR (SVP) PROGRAM CASELOAD UPDATE

Effective January 1, 1996, Sexually Violent Predators (SVP) were added to the Forensic Conditional Release Program (CONREP) population (WIC 6604). Prior to the conditional release of the first SVP in 2003, existing CONREP providers did not have treatment services to accept SVPs as patients, requiring the Department of State Hospitals (DSH) to enter into an annual contract with a single private provider serving all 58 counties. Current statute requires that SVPs be conditionally released to their county of domicile and sufficient funding be available to provide treatment and supervision services when an SVP is conditionally released into the community by court order.

Similar to the general/non-SVP program, the CONREP-SVP program offers clients with direct access to an array of mental health services with a forensic focus. Additionally, required services for SVPs in CONREP include regularly scheduled sex offender risk assessments, polygraph testing, and the review of Global Position System (GPS) data and surveillance.

In recent years, DSH has experienced significant challenges that have impacted the cost of operating the CONREP-SVP program. The most notable issues include locating appropriate housing and public resistance of the placement of SVPs within their communities. Once the Court has ordered an SVP be released from a DSH hospital into the community via CONREP, it takes an average of 12 months to secure court-approved housing, resulting in increased preplacement services and costs. There are two types of accommodations CONREP SVP’s are residing in, house and motel.

In response to public resistance to SVP placement and ensuring both patient and public safety, the need for heightened 24/7 security and monitoring has also resulted in significant cost increases. As the courts approve additional petitions for release, the lack of housing options has resulted in more SVPs being ordered released into their communities as transients, further increasing costs.

The number of SVPs in CONREP is limited and movement in and out of the program cannot be reliably projected utilizing historical census data. Caseload changes for the CONREP-SVP program are based on the most up-to-date information for each client including, but not limited to, court information regarding the status of those petitioning for conditional release from DSH-Coalinga, current CONREP clients' petitions for unconditional release, status of clinical evaluations, clients' progress in the program, housing status and historical experience with placement in the county of commitment. After accounting for these factors, current year and budget year caseload are adjusted in accordance with the month projected for admission to or discharge from CONREP. Similarly, funding associated with projected caseload changes are prorated to reflect the partial-year value of phasing new clients in and out of the program.

In the 2020-21 Governor's Budget, DSH did not request a caseload adjustment in the current year and budget year. DSH continues to assume a total annual caseload of 21 SVPs and is not requesting a change as of the 2020-21 May Revision.

	Current Year	Budget Year
Projected Caseload as of 2019-20 May Revision	21	21
Projected Caseload as of 2020-21 Governor's Budget	21	21
Projected Caseload as of 2020-21 May Revision	21	21
Net Change	0	0

IST DIVERSION PROGRAM

The 2018-19 Budget Act included \$100 million to be used over fiscal years (FY) 2018-19 through 2022-23 to contract with counties to develop new, or expand existing diversion programs for individuals with serious mental illness who are diagnosed with schizophrenia, schizoaffective disorder, or bipolar disorder with potential to be found Incompetent to State Trial (IST) on felony charges.

A total of \$91 million was allocated for the counties with the highest referrals of felony ISTs to the Department of State Hospitals (DSH): Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, Santa Barbara, Santa Clara, Solano, Sonoma, and Stanislaus. Of this available funding, \$8.5 million has been awarded to the "Round 2" counties which consist of: Del Norte, Marin, Placer, San Francisco, San Luis Obispo, Santa Cruz, and Yolo. The following table shows the contract status, funding and target number of diversions to be served for each county as of February 2020.

COUNTY PROGRAM STATUS				
Activated Programs				
County	Funding	Population	Program Start Date	Total Diverted (To-Date)
Kern ¹	\$7,891,400	56	1/13/2020	0
Los Angeles	\$25,864,100	200	3/1/2019	44
San Luis Obispo ¹	\$1,278,000	9	8/20/2020	0
Subtotal	\$35,033,500	265		44
Executed Contracts				

County	Funding	Population	Program Start Date	Total Diverted (To-Date)
Del Norte	\$426,000	9	TBD	0
Marin ²	\$531,476	12	TBD	0
Santa Barbara ²	\$2,644,500	18	TBD	0
Santa Cruz	\$1,362,536	45	TBD	0
Subtotal	\$4,964,512	84		0
Contracts Pending County Approval				
County	Funding	Population	Program Start Date	Total Diverted (To-Date)
San Bernardino	\$7,464,800	53	TBD	N/A
San Diego ³	\$3,220,000	35	TBD	N/A
San Francisco	\$2,300,400	30	TBD	N/A
Sonoma	\$3,839,100	27	TBD	N/A
Subtotal	\$16,824,300	145		N/A

Contracts in Negotiation				
County	Funding	Population	Program Start Date	Total Diverted (To-Date)
Alameda ³	\$3,114,100	22	TBD	N/A
Contra Costa	\$3,114,100	22	TBD	N/A
Fresno	\$5,843,700	42	TBD	N/A
Placer	\$1,065,000	21	TBD	N/A
Riverside	\$6,910,100	48	TBD	N/A
Sacramento	\$4,478,900	50	TBD	N/A
San Joaquin	\$2,986,000	21	TBD	N/A
Santa Clara	\$2,840,000	20	TBD	N/A
Solano	\$3,242,300	23	TBD	N/A
Yolo	\$1,100,000	8	TBD	N/A
Subtotal	\$34,694,200	277		N/A
Contracts Not Started				
County	Funding	Population	Program Start Date	Total Diverted (To-Date)
Stanislaus	N/A	N/A	N/A	N/A
Grand Total	\$91,516,512	506		44

¹Report of total diverted pending first data report from county to DSH

²Program activation delayed by COVID-19

³Contract execution delayed by COVID-19

As of the current budget year, DSH is funding counties throughout the state through three rounds of funding. The first round of funding (Round 1) was for the fifteen counties with the highest rate

of IST referrals to DSH in FY 2016-17. Funding was specifically earmarked for these top fifteen counties; therefore, they did not have to submit a competitive application to participate in the program. In December 2018 DSH released a Request for Application (RFA) to all other counties in the state to apply for \$8.5 million from the original appropriation that was earmarked for a competitive funding process (Round 2). In June 2019, DSH notified seven additional counties from the Round 2 process that they were awarded funding. In November 2019, DSH released a second competitive RFA (Round 3) to counties not included in Round 1 or awarded funds in Round 2. Round 3 will allocate remaining county funds to new county programs. Applications were due in January 2020 and DSH received five new county submissions. Awardees will be selected in Spring 2020 and contracts will begin July 1, 2020.

In March 2020, the State of California was placed under a shelter-in-place order by Governor Newsom in response to the COVID-19 crisis. DSH is working closely with our county partners to track the impacts of this event on their felony mental health diversion programs. Some counties have already reported specific delays to DSH (please see notes in the above table). The two greatest impacts to the programs currently being reported are the closure of courts across the state (limiting or completely stopping the flow of client referrals) and the lack of treatment capacity from the delayed execution of provider contracts and/or new strains in the county continuum of care. The DSH team is staying in close communication with our partners to ensure that all delays are captured and tracked.

Of the \$100 million, \$500,000 was dedicated for staffing, operating expenses and research contract funding. With a fully staffed IST Diversion team, DSH has been able to work closely with the Council of State Governments Justice Center (CSG) and the Council on Criminal Justice and Behavioral Health (CCJBH). Both DSH and CCJBH have contracts with CSG to develop technical assistance trainings, learning materials and program templates for county use, and to connect DSH and CCJBH with experts in other states who have prior experience implementing diversion programs. The DSH team also recently joined the CSG California Stepping Up Initiative Partners group which brings together stakeholders in criminal justice and behavioral health to discuss potential solutions to the issue of the seriously mentally ill in the criminal justice system.

Additional opportunities that DSH has successfully pursued over the past year include a technical assistance grant for counties from the Substance Abuse and Mental Health Services Administration (SAMHSA) Gather, Assess, Integrate, Network, and Stimulate (GAINS) Center for Behavioral Health and Justice Transformation and a grant supporting the development of an impact evaluation of the diversion program through the Abdul Latif Jameel Poverty Action Lab (J-PAL) North America at the Massachusetts Institute of Technology. In July 2019 Drs. Deb Pinals and Lisa Calahan, both national experts in the intersection of mental illness and criminal justice, traveled to California through the SAMHSA grant and led a two-day training conference with DSH's county partners. DSH is continuing to participate in SAMHSA's Competence to Stand Trial/Competence Restoration Community of Practice (COP) in calendar year 2020. As members of the COP, DSH and our county partners will receive ongoing technical assistance from national experts and will be linked to other states developing similar programs.

In September 2019 DSH was informed that it had received the J-PAL State and Local Initiative award which will support the development of an impact evaluation of the diversion program in partnership with a national academic research team. DSH began meeting with researchers and representatives from J-PAL in October 2019. DSH is continuing to meet regularly with researchers to determine if a randomized control trial of this program is feasible. The grant period

extends into the budget year and another update will be made in the FY 2021-22 Governor's Budget.

The Budget Act of 2019 added the following Provisional Language: *Item 4440-011-0001— Department of State Hospitals 1. Incompetent to Stand Trial Diversion Program. Trial courts shall work with the Judicial Council to provide data pursuant to mental health diversion programs set forth in Penal Code section 1001.36 including the number of petitions that were granted. When possible, the courts shall also report the (1) number of petitions that were denied (2) number of petitions denied because the defendant did not meet the statutory requirements for eligibility, (3) number of individuals who successfully completed the diversion program, and (4) number of individuals that were terminated from the program. The Judicial Council will make this data available to the Legislature and the Department of State Hospitals on an annual basis commencing July 1, 2020. The Department of State Hospitals shall include this report in the data elements it receives from counties that have contracted with the department for mental health diversion programs funded pursuant to Chapter 6.5 (commencing with Section 4361) of the Welfare and Institutions Code.*

In response to the Provisional Language request, DSH is working with the Judicial Council to ensure the requested data related to Penal Code section 1001.36 being collected from the Superior Courts of California can be transmitted to DSH and incorporated into the data sets collected from counties participating in pre-trial diversion as outlined in WIC 4361. In February 2020 DSH met with the Judicial Council to discuss the current status of their data collection efforts. Courts are required to submit quarterly data reports beginning in the third quarter of fiscal year 2019-20. The first quarter of mandatory data reporting will be for January 2020 through March 2020 and will be due within 30 days of the end of the quarter. DSH and the Judicial Council will meet again in Summer 2020 to determine how the collected data will be transmitted to DSH and to coordinate completion of a report for inclusion in the 2021-22 Governor's Budget.

OFFICE OF PROTECTIVE SERVICES (OPS) POLICE ACADEMY

The 2019 Budget Act created a new sub-program for the Hospital Police Officer (HPO) Academy, under the program of 4410-State Hospitals, which allows for better transparency and overall management of Academy resources. This transferred all budget and position authority from DSH-Atascadero to its own program – the State Hospital Police Academy. Having the HPO Academy separate from other facilities allows DSH to track this budget independently and report on funding, costs, and outcomes specifically. Additionally, the 2019 Budget Act approved the conversion of 3.0 positions from limited term to permanent full-time to support DSH's Academy and graduate up to 150 HPO cadets annually. This expanded the Academy resources to 7.0 positions.

The 2019 Budget Act added Provisional language stating: *“The State Department of State Hospitals shall provide a status update on the recruitment and retention of hospital police officers, to be included in the department's 2020-21 Governor's Budget estimate and subsequent May Revision estimate. The update shall include the number of authorized and vacant positions for each hospital, the actual attrition rate for the 2019-20 fiscal year, the projected attrition rate for the 2020-21 fiscal year, and the rate of success pertaining to the number of hospital police officer cadet graduates of the OPS Police Academy.”*

HOSPITAL POLICE OFFICER POSITIONS

As of March 1, 2020, the following is the status of HPO Authorized positions:

HPO Authorized Positions ¹

Hospitals	Filled	Vacant	FTE ²	Vacancy Rate
Atascadero	120.0	6.5	126.5	5.14%
Coalinga	208.0	7.5	215.5	3.48%
Metropolitan	112.0	27.0	139.0	19.42%
Napa	101.0	5.0	106.0	4.72%
Patton	63.0	0.0	63.0	0.00%
Total	604.0	46.0	650.0	6.55%

¹ Only includes classification 1937 - Hospital Police Officer

² Authorized Positions as of DSH Budget Management Branch (BMB) Hospital Position Report FY 2019-20 March, Rev B

Please note, DSH-Metropolitan shows a higher vacancy rate due to the approval of the Increased Secure Bed Capacity (ISBC) significant increase in HPO positions that were phased-in the beginning of fiscal year (FY) 2019-20. DSH continues to actively recruit for these positions.

HOSPITAL POLICE OFFICER ATTRITION RATE

As of March 1, 2020, the following is the projected attrition rate based on FY 2017-2018 and FY 2018-19 actual attrition rates and trends:

HPO Attrition Rate

Facilities	FY 2019-20 FTE ¹	FY 19-20 Attrition Rate ¹	Avg Estimated Pos.	FY 20-21 Attrition Rate ²	Avg Estimated Pos.
Atascadero	126.5	0.81%	1.0	1.18%	1.5
Coalinga	215.5	0.81%	1.7	1.00%	2.2
Metropolitan	139.0	1.57%	2.2	2.00%	2.8
Napa	106.0	0.71%	0.8	0.72%	0.8
Patton	63.0	0.92%	0.6	1.52%	1.0
Total	650.0	0.96%	6.3	1.28%	8.3

¹ Authorized Positions as of DSH Budget Management Branch (BMB) Hospital Position Report FY 2019-20 March, Rev B.xlsx

² Projected attrition rate based on FY 19-20 data

CADET GRATUDUATE RATE

Below are the actual graduation rates as of FY 2018-19 to current cadet Academy cohort:

Cadet Graduate Rates			
Academy	Number of Cadets Attended	Number of Cadets	Graduate Rate
Academy 27	50	44	88.00%
February 12, 2018 – May 18, 2018			
Academy 28	49	42	85.71%
August 13, 2018 - November 16, 2018			
Academy 29	38	32	84.21%
October 1, 2019 – January 10, 2019			
Academy 30	33	31	93.94%
February 11, 2019 – May 31, 2019			
Academy 31	43	34	79.07%
August 12, 2019 – November 22, 2019			
Academy 32	19	17	89.47%
December 2, 2019 – March 20, 2020			
Academy 33	20	TBD	TBD
February 10, 2020 – May 22, 2020			
TOTAL:	252	200	79.36%

Academy 32 and 33 had lower than anticipated cadet attendance. The attendance of cadets was impacted due to continued delays in medical/PAT screenings at DSH-Metropolitan and issues identified with the background investigations contract. Identifying these issues, DSH is identifying resolutions that will assist with increasing the cadet academy rates for Academy 34 and future academies.

COVID-19 IMPACTS

Academy 32 graduation was March 20th. Graduations are typically in person and with family, friends, Chiefs, Chief of Law Enforcement, and various other DSH attendees. With the COVID-19 pandemic that graduation was streamed to allow for attending the graduation virtually.

The cadets for Academy 33 that began in February have been sent back to their facilities on March 19, 2020. The cadets are being given assignments to complete at the facility so that DSH can continue to provide them with training. Considering some of the training requires in person hands on and tactical demonstrations any training in that sense has been placed on hold. It is the hope of OPS and the academy that once the crisis is over the cadets can return to the academy for refresher training and any training, they were unable to obtain with the transition back to the facilities.

In addition, COVID-19 is impacting the background and pre-employment components for completing hires for the August academy. Applicants are unable to obtain required original

documents to provide for their background due to closures. Conducting interviews or travel to interview or review files is severely impacted and currently unable to be completed. Employment references are unable to be completed due to closures. OPS is continuing to look at various ways to continue the pre-employment process.



POPULATION PROFILE Penal Code 2684 (*Coleman*) Patients

Description of Legal Class:

The Department of State Hospitals (DSH) admits *Coleman* patients under Penal Code (PC) 2684: Mentally Disordered Prisoners. The *Coleman* patients are California Department of Corrections and Rehabilitation (CDCR) patients, who are found to be mentally ill while in prison and are transferred from CDCR for inpatient mental health care with the expectation that they will return to CDCR (pursuant to PC 2685) when they have reached maximum benefit from treatment. If they are still mentally ill at the end of their prison term, they may receive further state hospital treatment as an Offender with a Mental Health Disorder if they meet the criteria under PC 2962, or PC 2974 parolees with a mental health disorder who do not meet the provisions under PC 2962, or as a Lanterman-Petris-Short civil commitment.

The following are the various *Coleman* commitments, and their corresponding citation in statute:

PC 2684	Prisoner from CDCR, under approval by the Board of Parole Hearings, that is referred to a state hospital for mental health treatment.
PC 2684A	Prisoner from CDCR, under approval by the Board of Parole Hearings, that referred to a state hospital for mental health treatment at an Acute level of care.

Legal Requirements/Legal Statute for Discharge:

The goal of DSH is to provide each *Coleman* patient with the appropriate treatment to 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, current treatment goals and objectives, and appropriate continued care can be arranged. A new policy was implemented, through Policy Directive 3609, to allow DSH to discharge patients directly into the community when they are institutionally released from CDCR.

Treatment:

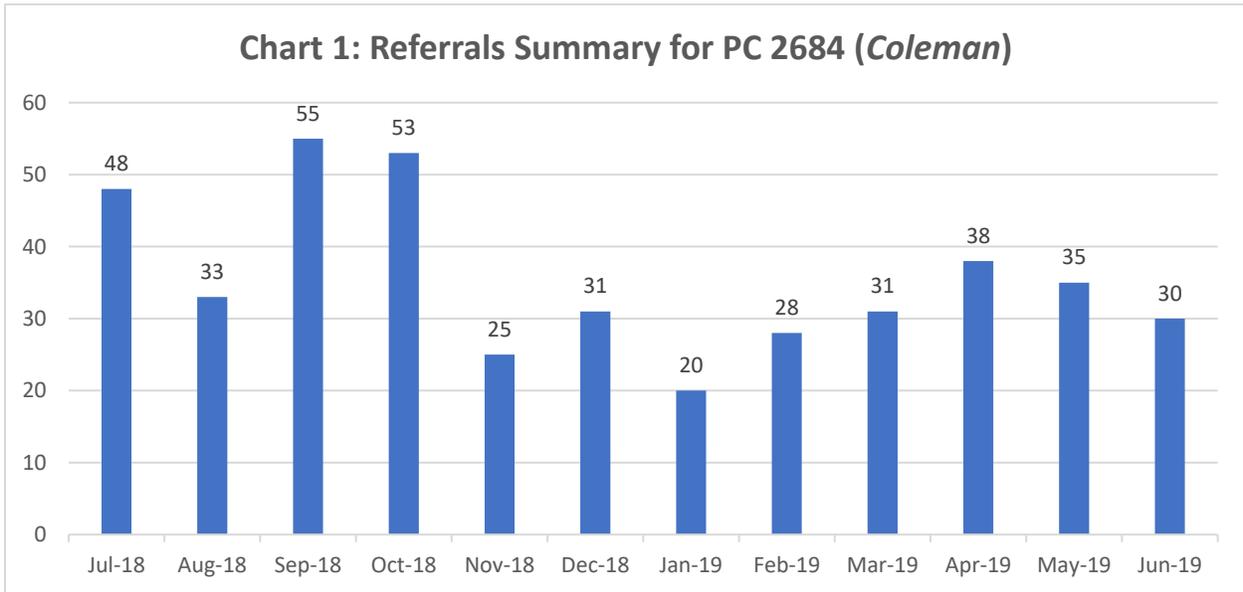
The focus of treatment for the *Coleman* population is on psychiatric stabilization. A number of *Coleman* patients are sent to DSH because of complicated presentations, such as complex medical diagnoses, cognitive issues, or developmental disabilities along with mental illness. In addition to psychiatric and medical services, psychosocial treatments are provided with a focus on helping the patient manage their mental illness symptoms and reintegrate back into a prison environment when discharged from the state hospital.

The *Coleman* population is tracked to the specific level of care detail that the individual patients are receiving at any given time; *Coleman* patients can be referred to either acute or intermediate care, and their full length of stay may include several referrals in both levels of care.

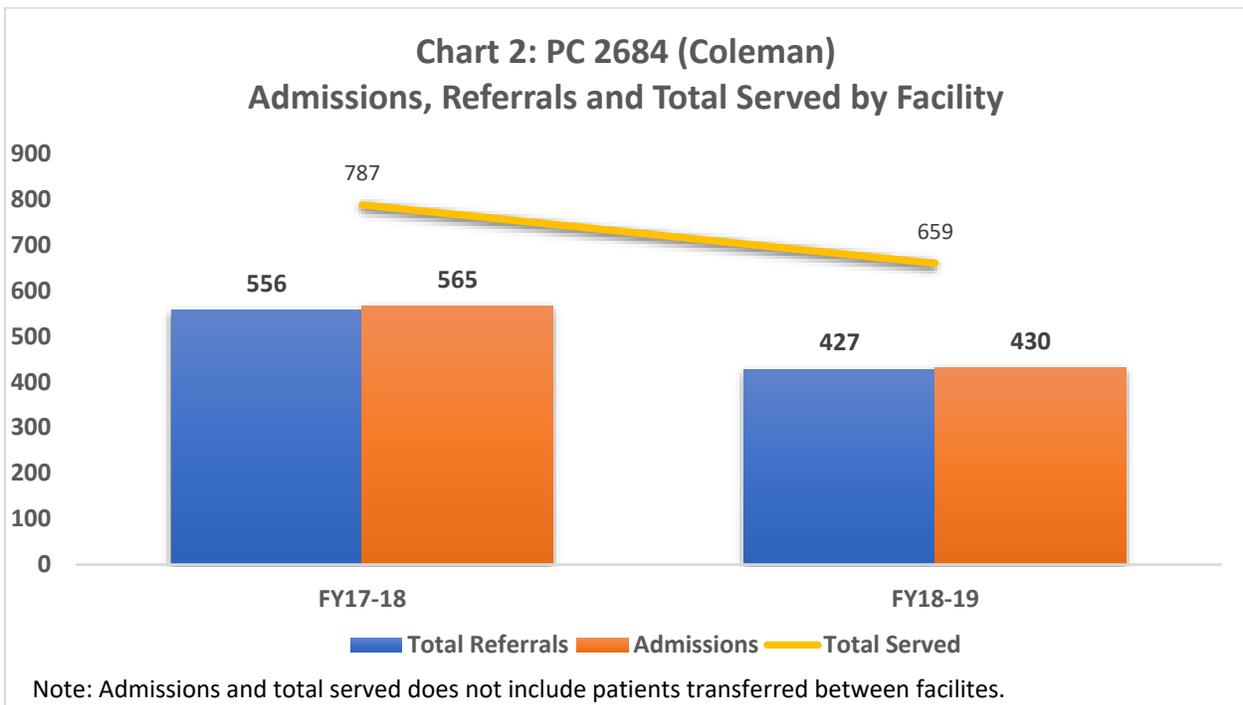


Population Data:

In FY 2018-19, 427 *Coleman* patients were committed to the state hospitals, a 25 percent decrease from FY 2017-18.

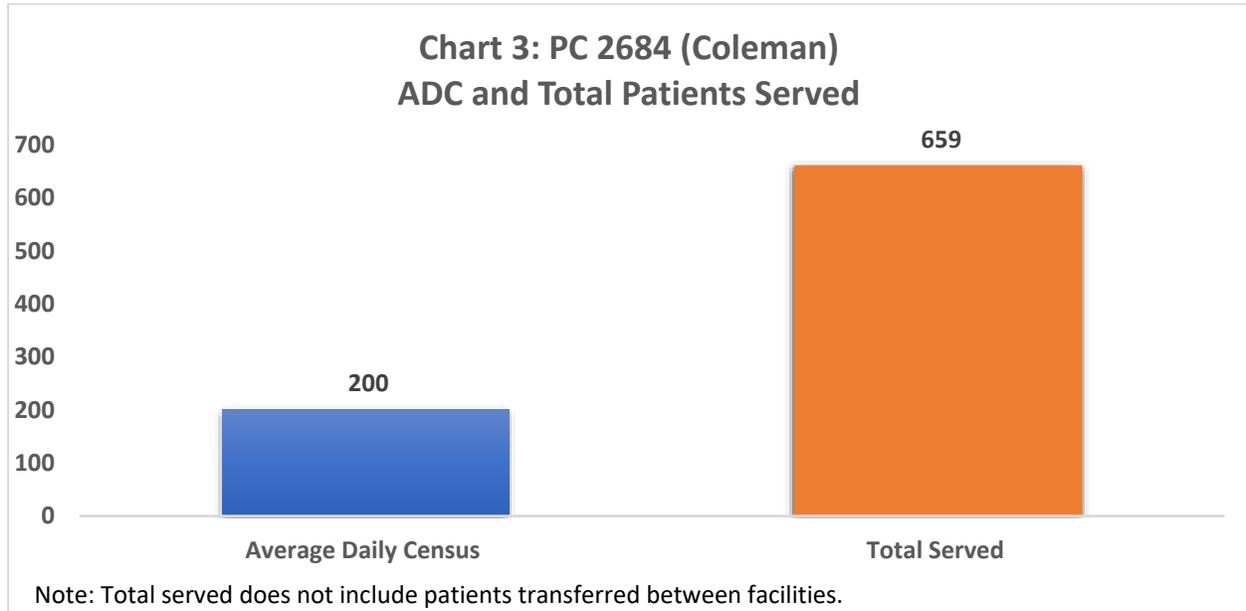


Over the course of FY 2018-19, 430 *Coleman* patients were admitted into a state hospital. Chart 2 displays the admission, referrals, and total patients served systemwide for the *Coleman* population in FY 2018-19.

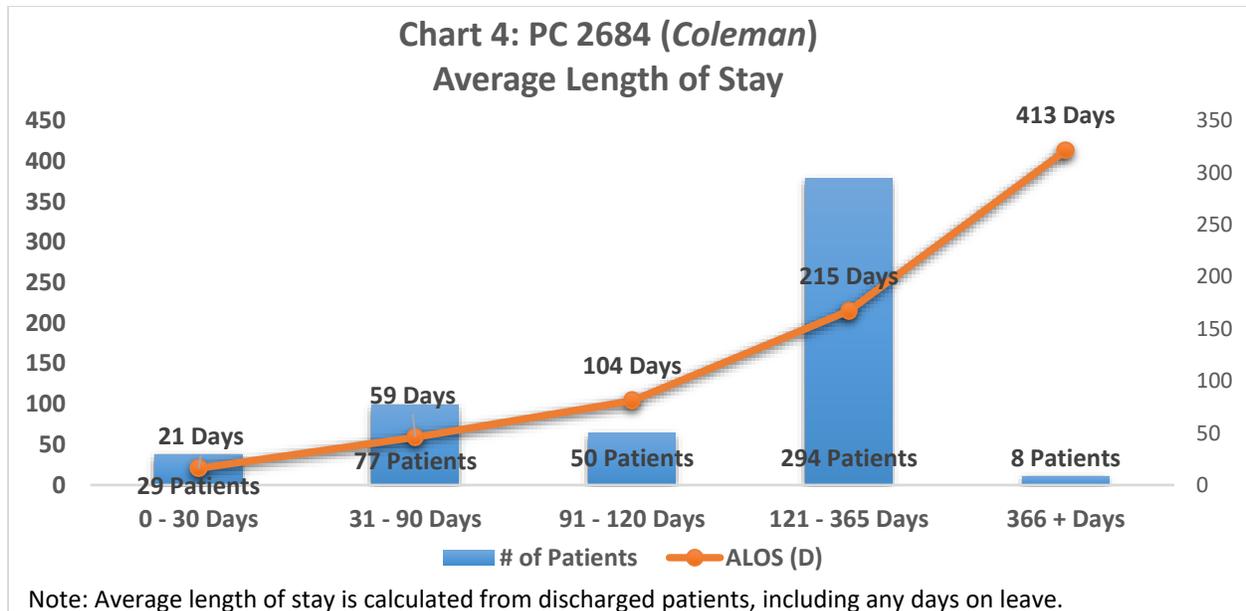




On average, 200 *Coleman* patients are treated daily in the state hospitals, representing 3 percent of the overall patient population in FY 2018-19. Chart 3 displays the average daily census (ADC) and total number of patients served for the *Coleman* population in FY 2018-19. As of June 30, 2019, the system-wide *Coleman* census was 185 patients.



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 2018-19, 458 *Coleman* patients were discharged with an average length of stay of 168 days, a little less than half a year. Chart 4 displays the distribution of lengths of stay for all discharged *Coleman* patients.





POPULATION PROFILE Incompetent to Stand Trial Patients

Description of Legal Class:

The Department of State Hospitals (DSH) admits Incompetent to Stand Trial (IST) patients under Penal Code (PC) 1370: Inquiry into the Competence of the Defendant Before Trial or After Conviction. IST patients are referred to DSH after a court has determined that they are unable to understand the nature of the criminal proceedings or assist counsel in the conduct of a defense. These defendants are then committed by the court to DSH for treatment specifically designed to enable the defendant to proceed with trial, conducted as clinically appropriate at either a state hospital or a jail-based competency treatment program. Patients receive competency-based treatment and return to court once they have regained competency and can effectively assist in their trial proceedings. IST patients committed to DSH mostly include felony criminal charges, and occasionally include misdemeanor charges.

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

PC 1370	Incompetent to Stand Trial
PC 1370.01	Misdemeanor charges, Incompetent to Stand Trial
PC 1370.1	IST commitment for a defendant whose incompetence is due to developmental disability
PC 1372(e)	Continued hospitalization for an IST defendant who is no longer incompetent to stand trial, but who requires continued, involuntary treatment in a state hospital to maintain competency while awaiting trial and during the course of trial
PC 1370(b)(1)	Unlikely to regain competency; may apply to PC 1370, PC 1370.01, or PC 1370.1. The treating facility may recommend to the court that an individual is unlikely to regain competency regardless of length of treatment or resources available at the state hospital level of care, and if the court agrees with that recommendation, the committing county must pick up the individual within 10 days of notification by DSH.
PC 1370(c)(1)	IST that remains at DSH within 90 days of their maximum term commitment; may apply to PC 1370, PC 1370.01, or PC 1370.1. These patients are required to be picked up by their committing county 90 days prior to the expiration of their IST commitment.
PC 1610	Temporary admission while waiting for court revocation of PC 1370 (IST)

Legal Requirements/Legal Statute 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 years¹ for felony offenses, or up to the maximum term of imprisonment

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



for the alleged crime, whichever is shorter (PC 1370, subdivision (c)(1)). An IST commitment may end when either: (1) the maximum time for confinement runs out; (2) the defendant obtains certification that he or she has regained competency pursuant to PC section 1372; or (3) DSH determines there is no substantial likelihood a patient will regain competency in the foreseeable future. If a patient/defendant has not regained competency to stand trial by the end of their IST commitment term or is determined there is no substantial likelihood they will regain competency in the foreseeable future, the patient/defendant must be returned to the committing county or if meets specified criteria, can be hospitalized further under a civil commitment.

As defined in PC 1370(b)(1), a patient may be deemed by the treatment team as unlikely to regain competency, and upon notification of the county of commitment, the patient must be picked up within 10 days. Often, the county will pursue other means to ensure the patient is receiving treatment and care, usually by ways of securing a conservatorship and referring the individual back to the state hospital. In the event a patient is nearing their maximum term of commitment, the state hospital, pursuant to PC 1370(c)(1) must notify the county, who must pick up the patient at least 90 days prior to the expiration of the commitment term. On occasion, a county does not retrieve their committed patients in a timely manner or pursues conservatorship without discharging the individual in question, and the patient remains on census. In FY 2017-18, when applying the average length of stay for an IST patient, this practice resulted in a loss of 54.3 patients served between PC 1370(b)(1) and PC 1370(c)(1) individuals.

Misdemeanor IST commitments are only committed to DSH if there are no less restrictive placements for competency treatment and the county enters into a contract with DSH for cost of competency treatment.

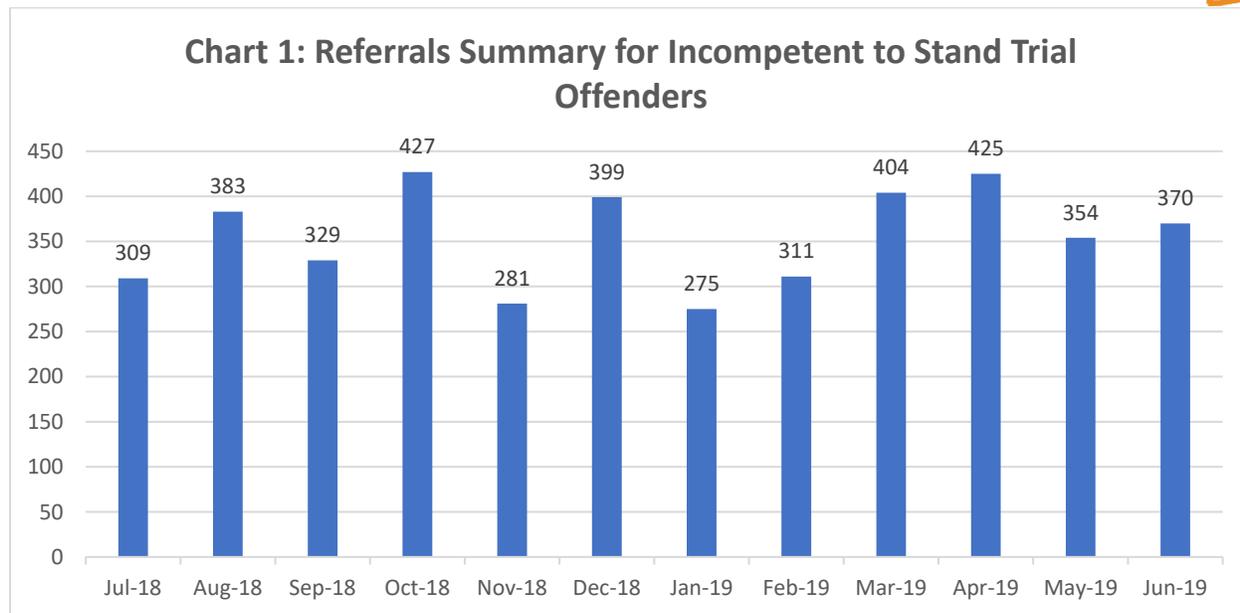
Treatment:

The focus of treatment for the IST population is on restoration of trial competency in the most expeditious manner. To this end, IST patients are treated in one treatment program so the training of criminal procedures can be constantly present in the treatment milieu. Once specific mental health issues and medication needs are addressed, patients are immersed in groups that train them in the various aspects of court.

Throughout treatment, patients are regularly evaluated and, if there is concurrence that a patient is competent, a forensic report is sent to the court, identifying that the patient is competent and ready to be discharged to the county of commitment where they can stand trial.

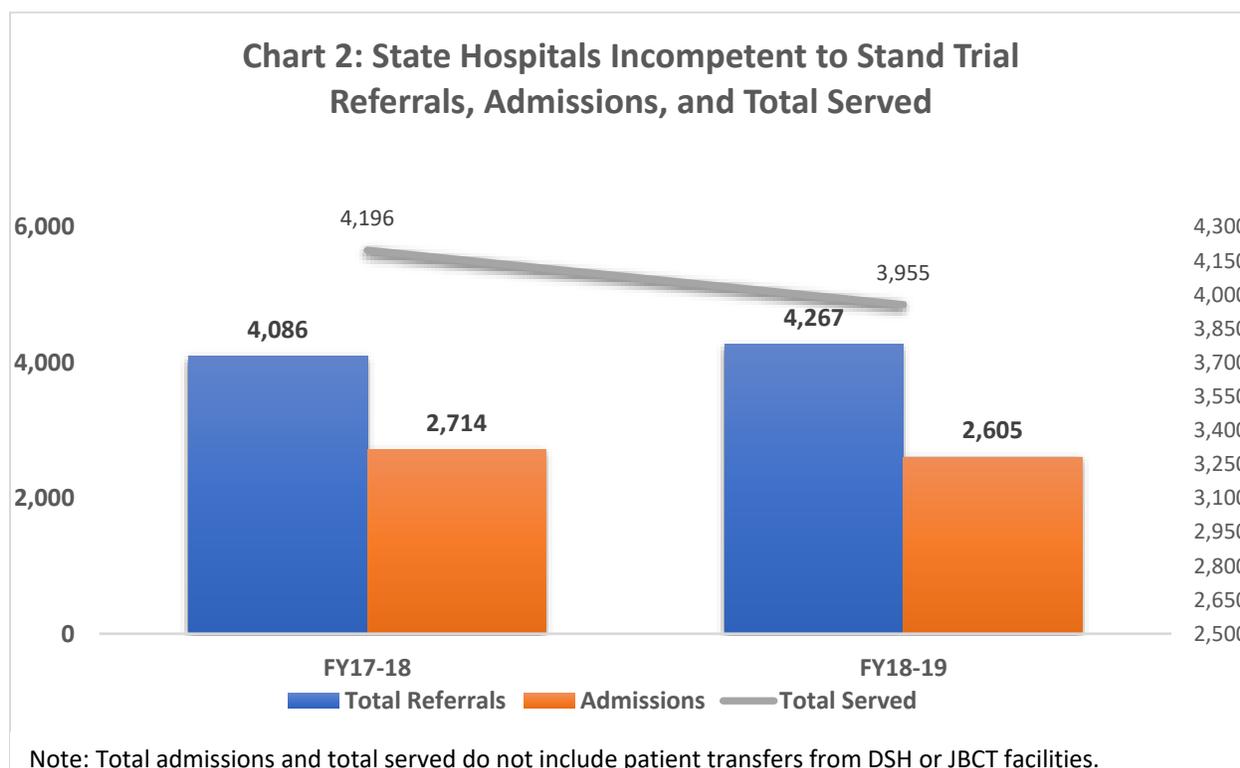
Population Data:

In FY 2018-19, 4,267 IST patients were committed to DSH, a 4 percent decrease from FY 2017-18.



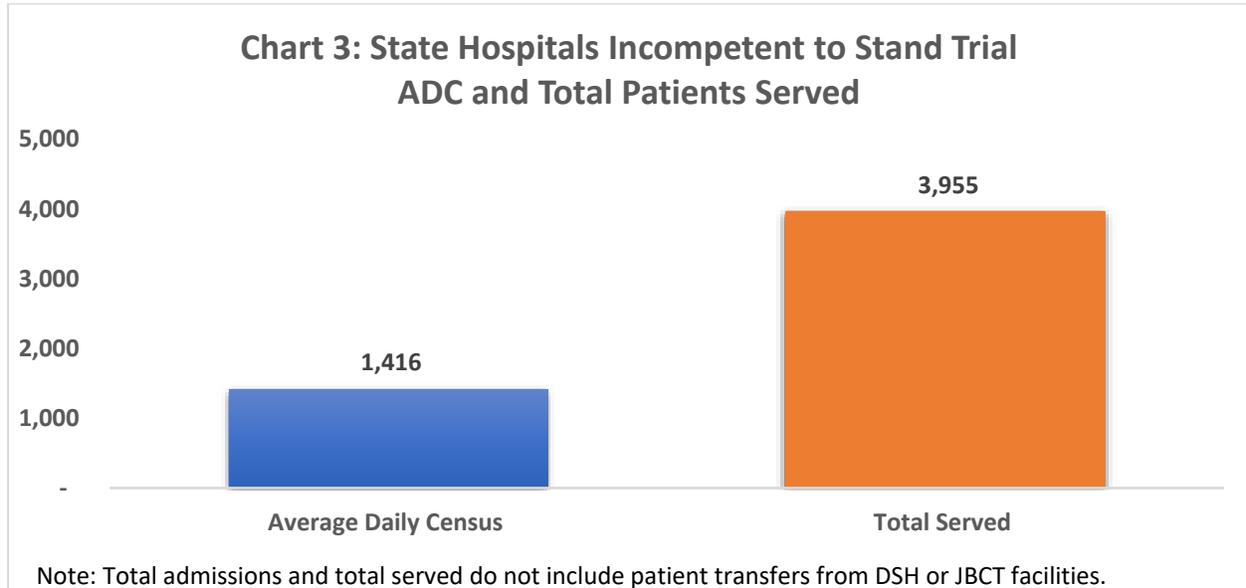
State Hospital Data

Over the course of FY 2018-19, 2,605 IST patients were admitted into a state hospital. Chart 2 displays referrals, admissions, and total patients served systemwide for the IST population in FY 2018-19.

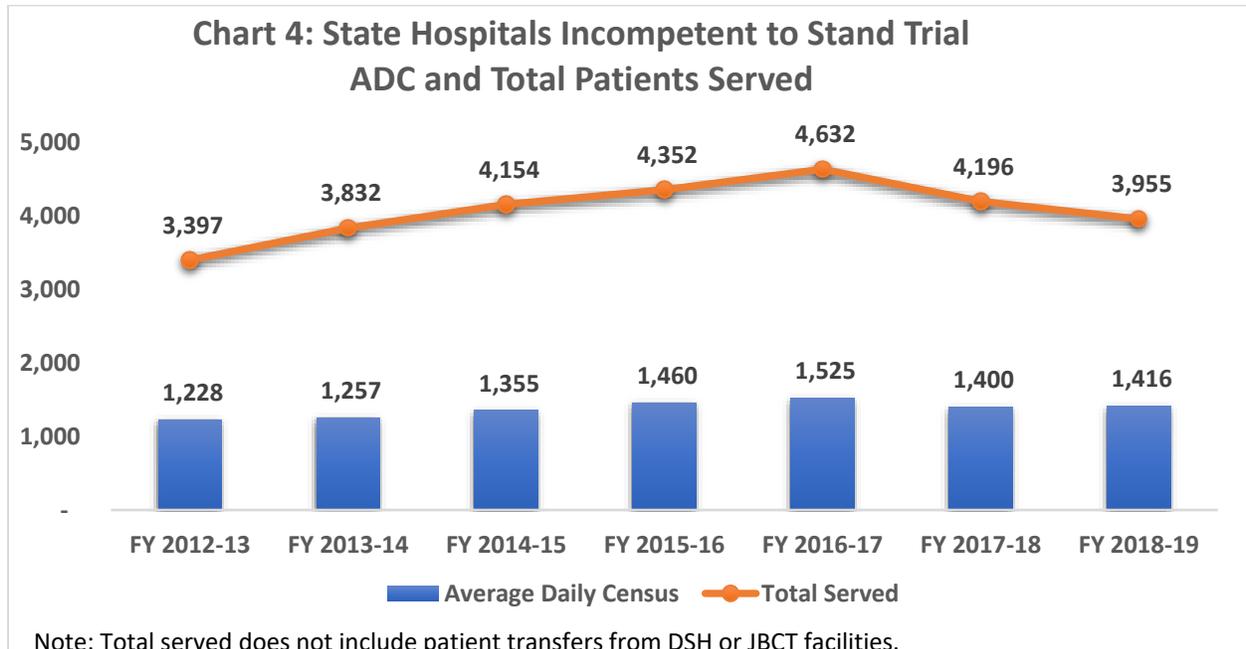




On average, 1,416 IST patients are treated daily in the state hospitals, representing 15 percent of the overall patient population in FY 2018-19. Chart 3 displays the average daily census (ADC) and total number of patients served in state hospital facilities for the IST population in FY 2018-19. As of June 30, 2019, the state hospital system-wide IST census is 1,490 patients.

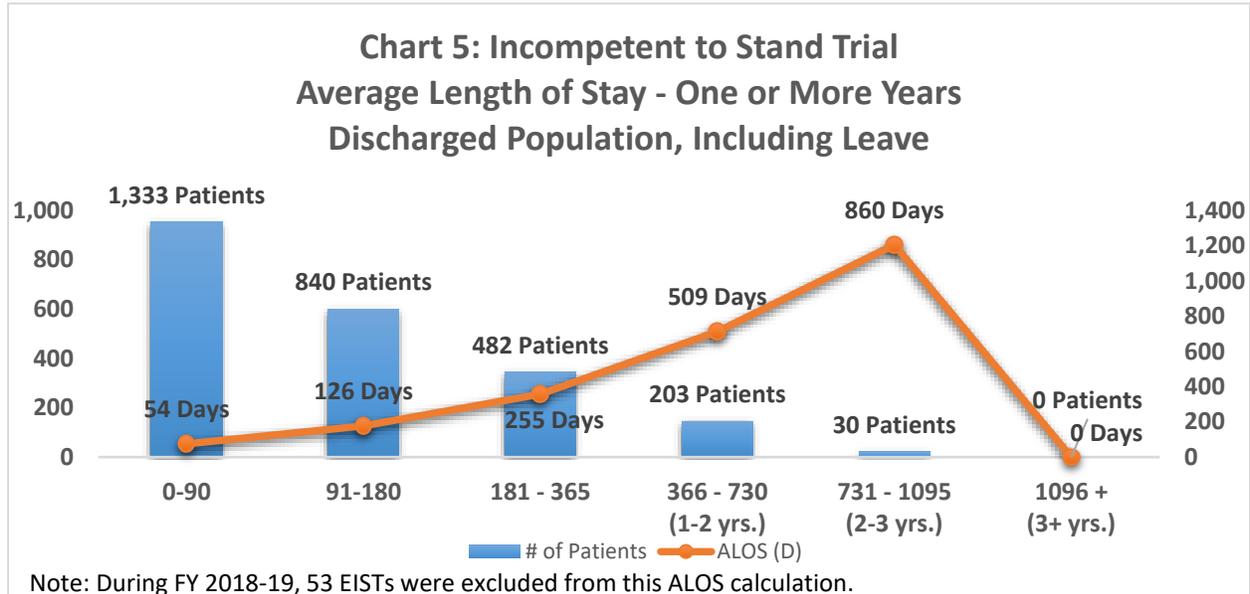


The IST population at the state hospitals in both ADC and total number of patients served has declined since FY 2016-17. Due to the increasing availability of jail-based programs, the Department’s IST census continues to balance between state hospitals and jail-based facilities, though overall the impact of ISTs continues to rise.





In FY 2018-19, 2,888 IST patients were discharged from state hospitals with an average length of stay of 149 days, 0.4 years. Chart 5 displays the distribution of lengths of stay for all discharged IST patients.



Jail-Based Competency Treatment Program Data

Over the course of FY 2018-19, 1,476 IST patients were admitted into a JBCT facility or the Admission, Evaluation, and Stabilization (AES) Center. Chart 6 displays the admission and total patients served distribution by AES/JBCT facility for the IST population in FY 2018-19.

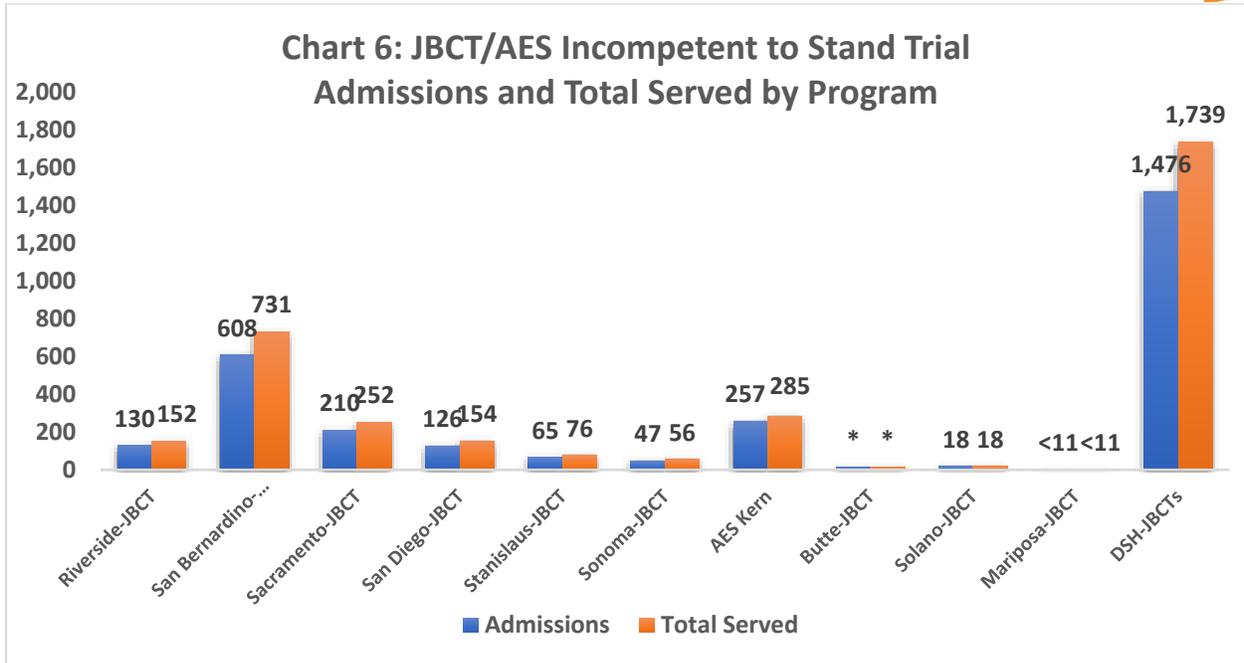
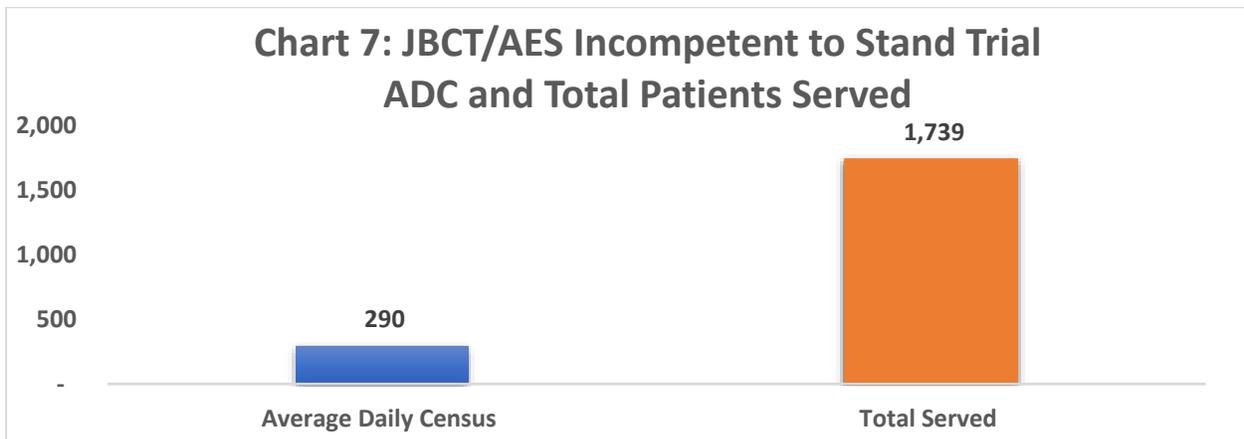
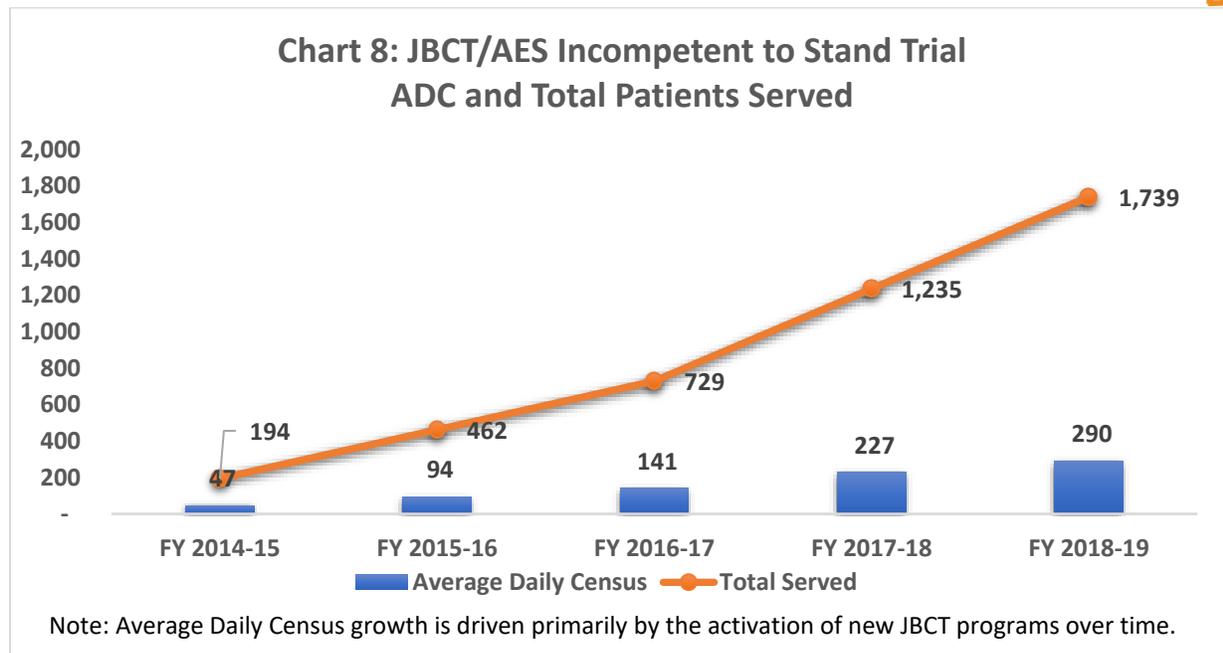


Chart 6. Data has been de-identified in accordance with the California Health and Human Services Agency Data De-Identification Guidelines.

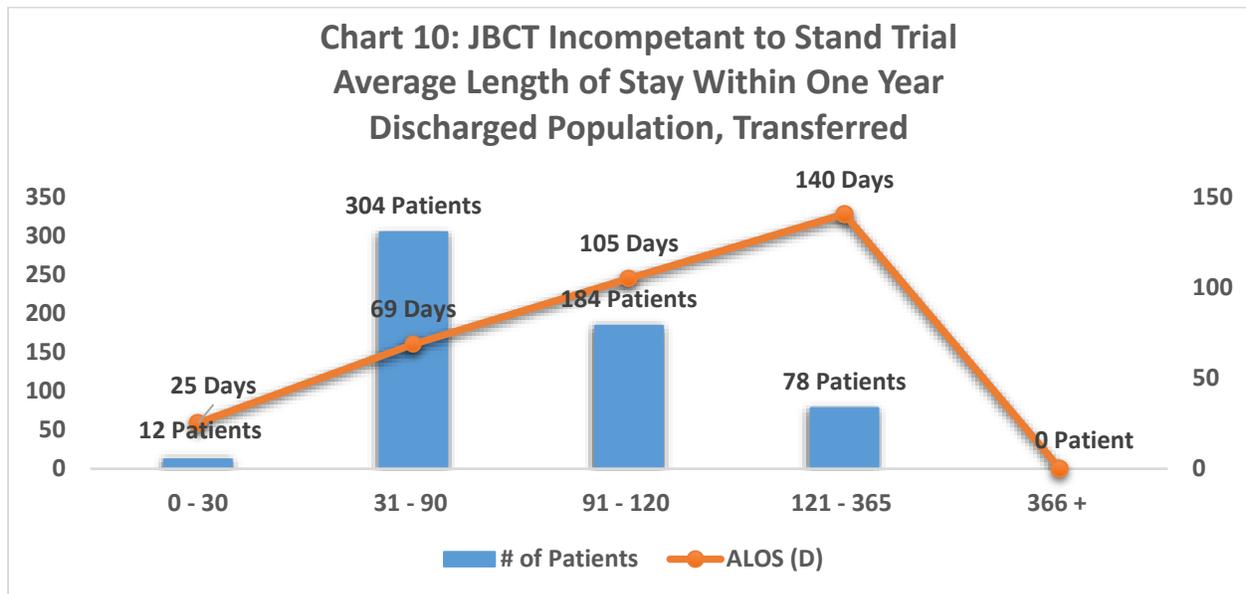
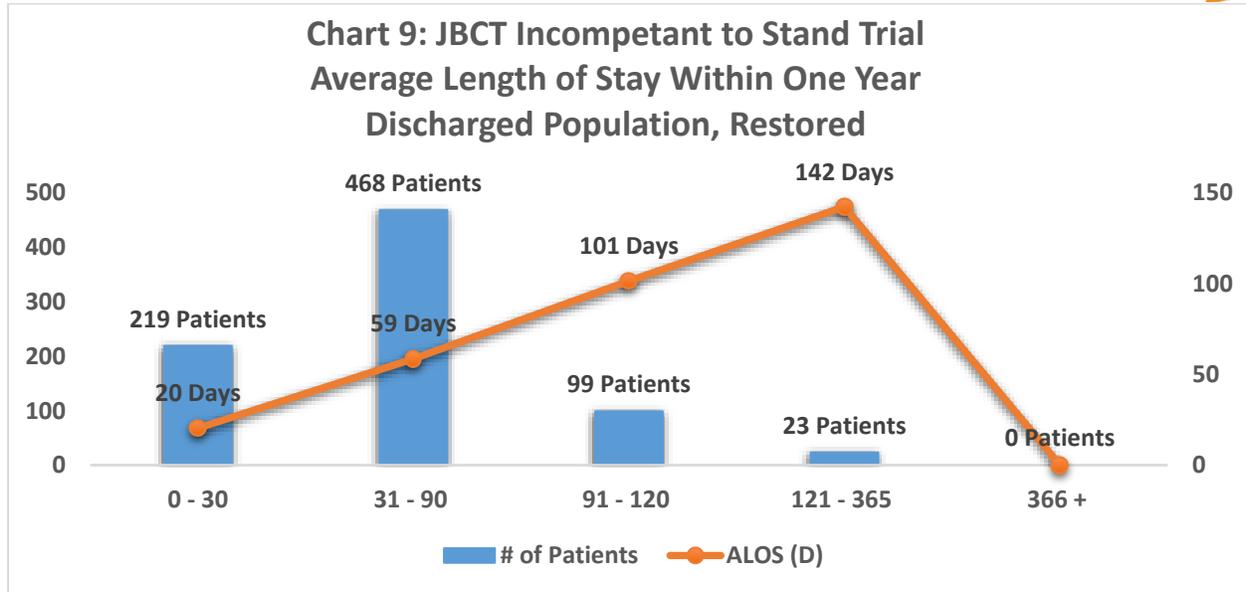
On average, 290 IST patients are treated daily in the AES/JBCTs, a 28 percent increase from FY 2017-18. Chart 7 displays the ADC and total number of patients served in the AES/JBCTs for the IST population in FY 2018-19. As of June 30, 2019, the AES/JBCT system-wide IST census is 323 patients.



Year over year, the IST population at the jail-based programs in both ADC and total number of patients served has steadily increased, with a significant surge between FY 2016-17 and FY 2018-19. Due to the increasing availability of jail-based programs, the Department’s IST census has balanced between state hospitals and jail-based facilities, though overall the impact of ISTs continues to rise.



The JBCT and AES programs were designed to treat patients who had a stronger likelihood of quick restoration of competency, generally under 90 days from admission. If, during the course of treatment, the patient demonstrates a need for a higher level of care, or restoration is of slower progress than anticipated, the individual can be transferred to a state hospital for continuation of restoration care. In FY 2018-19, 809 IST patients were restored and discharged with an average length of stay of 56 days. During that same period, 578 IST patients were discharged from the AES/JBCT program and transferred to a state hospital, with an average length of stay of 89 days. Chart 9 displays the distribution of lengths of stay for all discharged IST patients that were restored. Chart 10 displays the distribution of lengths of stay for all discharged IST patients that transferred to state hospital facilities.



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 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 150+ 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 2018-19, CBR successfully off-ramped 135 patients. Chart 11 displays the number of patients found competent monthly in CBR’s off-ramp assessment.

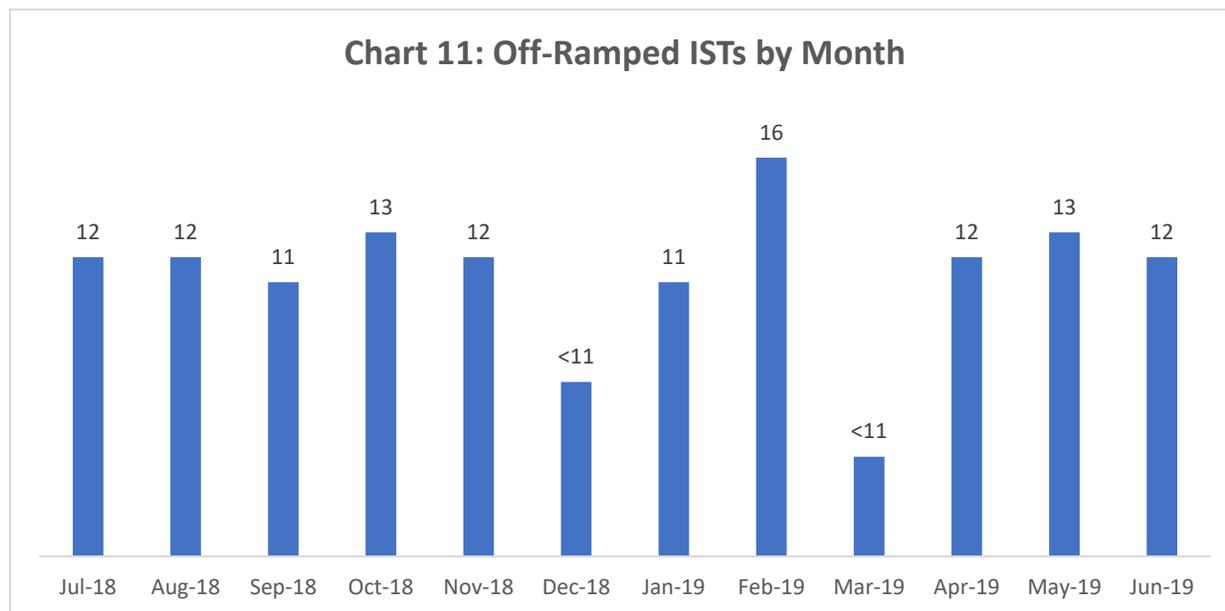
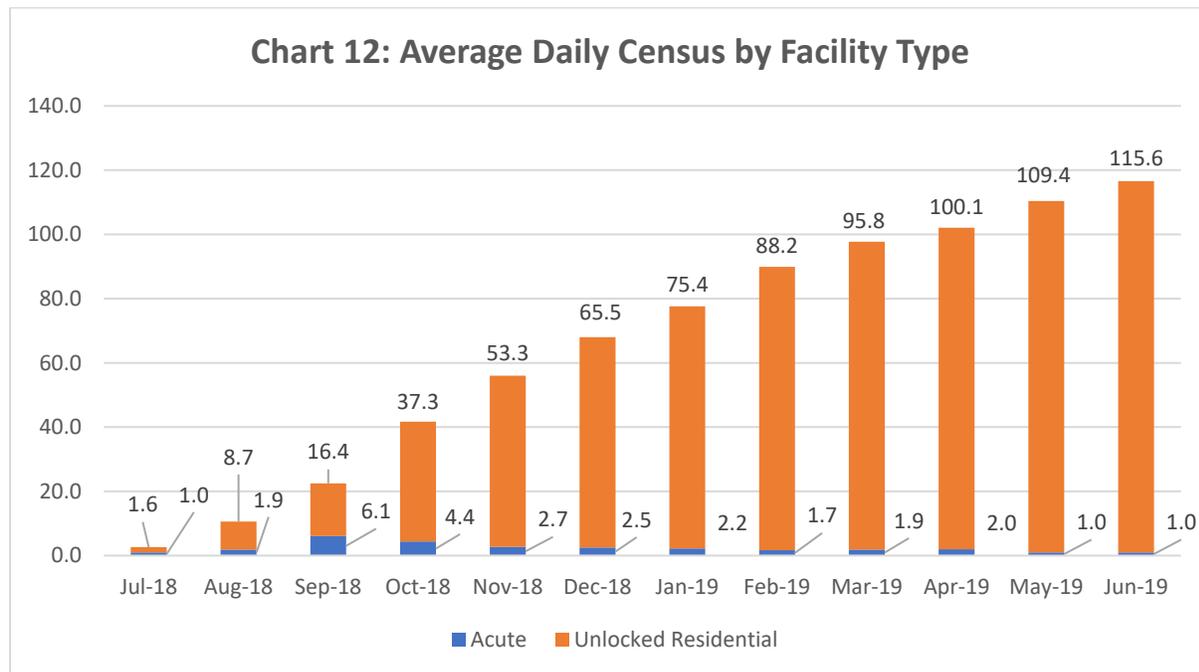


Chart 11. Data has been de-identified in accordance with the California Health and Human Services Agency Data De-Identification Guidelines.

Upon assessment of Los Angeles County IST referrals, a patient may still present in need of competency restoration services, and staff may consider a patient appropriate for the CBR program and petition the court for this conditional release and placement. If conditional release is approved by the court, the matched provider arranges pickup of the patient and admits into their community facility to begin treatment. In FY 2018-19, 165 patients were conditionally released to CBR, and were subsequently admitted into community beds at either an acute level of care, or in an unsecured residential facility. Chart 12 displays the Average Daily Census by month in the various levels of care.



Through the end of FY 2018-19, three patients have been successfully restored with an Average Length of Treatment of 194 days.

In the absence of this program, the Los Angeles County patients who have been served by CBR either through competency assessment and off-ramp petition (n = 135), or conditional release and admission to a community facility (n = 165), would have continued as referrals to DSH and awaited an available bed in existing capacity.



POPULATION PROFILE Lanterman-Petris-Short Patients

Description of Legal Class:

The Lanterman-Petris Short (LPS) population includes multiple civil commitment types of patients who have been admitted under the LPS Act. These patients require physically secure 24-hour care and are committed through civil court proceedings if legal criteria concerning a danger to themselves or others, or grave disability, are met. Certain current parolees or former parolees may also be conserved under LPS commitments. It is also possible for other forensic commitments to convert to LPS commitments, such as if an Incompetent to Stand Trial (IST) patient is found substantially unlikely to regain competence in the foreseeable future but requires ongoing mental health inpatient treatment and the respective county pursues legal conservatorship.

Over the past five years, 86 percent of all LPS patients treated 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 13 percent were conserved under WIC 5008(h)(1)(B) (Murphy Conservatorship). The remaining LPS population within DSH was comprised of the other 13 legal statutes under the LPS Act.

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

WIC 5358	Conservatorship (CONS), in which the appointed conservator places the conservatee in an appropriate facility, such as a state hospital, and can require treatment to remedy or prevent the recurrence of the conservatee's mental illness.
WIC 5353	Temporary conservatorship (T.Cons), in which an appointed temporary conservator may make arrangements, sometimes at a state hospital, to provide the individual with food, shelter, and care pending a conservatorship determination.
WIC 5270.15¹	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 5303¹	Pending court decision on 180-day post certification (PCD), the conservatee remains at the treatment facility until released by court or in the event the petition is withdrawn.
WIC 5304(a)¹	Post certification treatment authorized for 180 days in the event the individual attempted, inflicted, or made a serious threat of physical harm upon another after having been taken into custody, or within seven days of being taken into custody, or as part of the reason for being taken into custody.
WIC 5304(b)	Additional 180-day post certification (ADD) in the event that the individual has attempted, inflicted, or a made a serious threat of physical harm upon another during post certification treatment.
WIC 4825, 6000(a)¹	Admission to a state hospital of a developmentally disabled individual by their conservator; if competent, the individual may apply for and receive services at a regional center instead.



WIC 5250	14-day certification (CERT) following detainment pursuant to WIC 5150 (72-hour detention), WIC 5200 (court ordered for evaluation, Article 2), or WIC 5225 (court ordered for evaluation, Article 3). The individual must be offered treatment on a voluntary basis but has been unwilling or unable to accept the recommended treatment, and no family, friend, or other individual has submitted in writing their willingness to provide for the person's basic personal needs.
WIC 5150	72-hour detention (DET) for assessment, evaluation, and crisis intervention with probable cause that a person is a danger to themselves or others, as a result of a mental health disorder.
WIC 6500, 6509¹	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	A temporary hold for an individual with a developmental disability while awaiting a hearing pursuant to WIC 6503.
WIC 5260¹	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 6552¹	Voluntary application as Juvenile court ward to be treated for a mental disorder at a state hospital (VJCW)
WIC 6000	Voluntary application to a state hospital for treatment and care made by a competent adult; they may leave at any time after notifying, or their conservator notifying in the case of conservatorships, hospital staff and following hospital discharge procedures (VOL)
PC 2974: Parolee from CDCR	Initiation of a LPS commitment to a state hospital for CDCR parolees. Such inmates must meet LPS criteria of being found to be dangerous to themselves or others, or gravely disabled. Because these patients are parolees, the cost is borne by CDCR and reimbursed to DSH on the same basis as the treatment cost of prison inmates under PC 2684.
WIC 5008(h)(1)(B): Murphy Conservatee	An IST defendant who is deemed gravely disabled and ordered to be held in a state hospital under a Murphy Conservatorship.

¹During Fiscal Year (FY) 2018-19, this population was not served in the state hospitals.

Legal Requirements/Legal Statute 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.



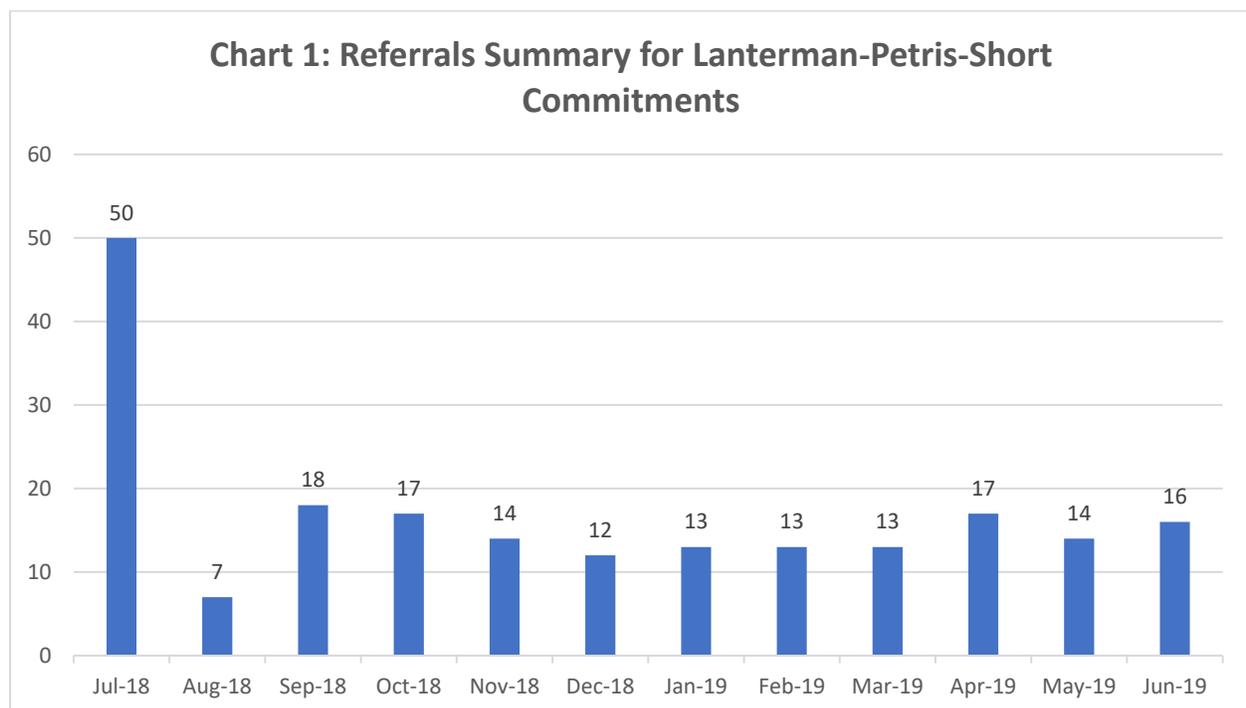
Treatment:

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:

In Fiscal Year (FY) 2018-19, 204 LPS patients were committed to the state hospitals, a 6 percent decrease from FY 2017-18.





Over the course of FY 2018-19, 64 LPS patients were admitted into a state hospital. Chart 2 displays the referrals, admissions, and total patients served for the LPS population in FY 2018-19.

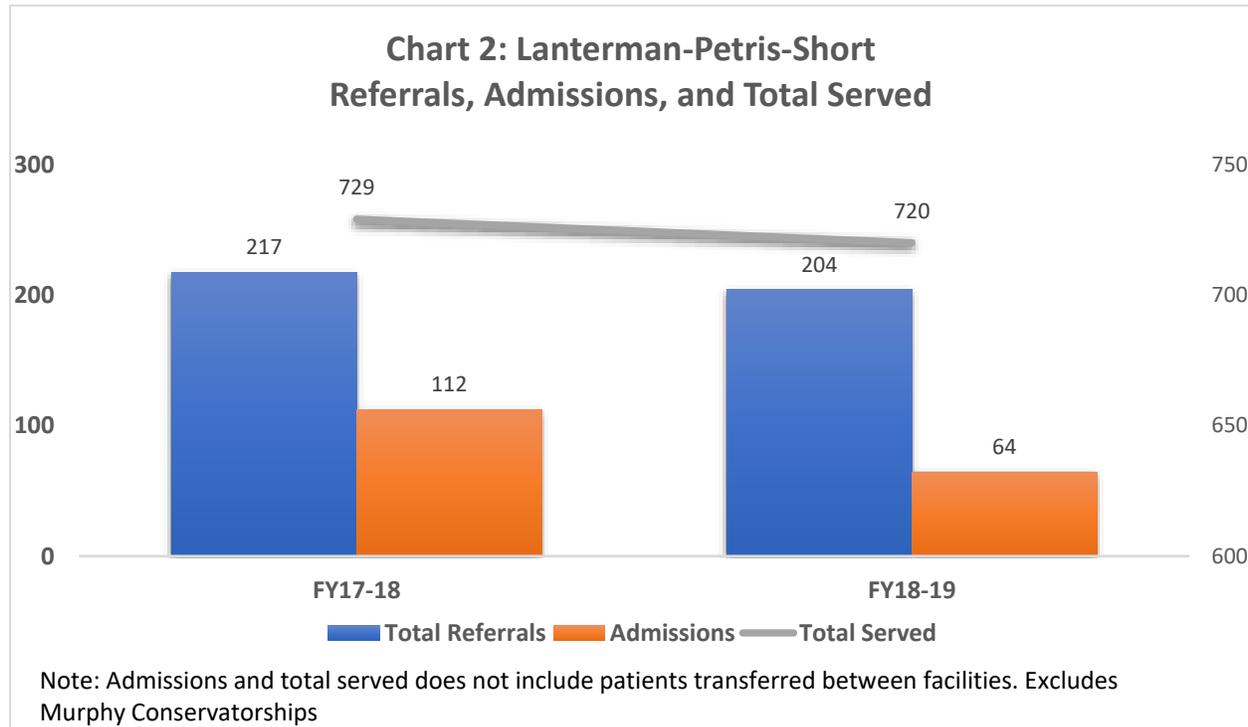
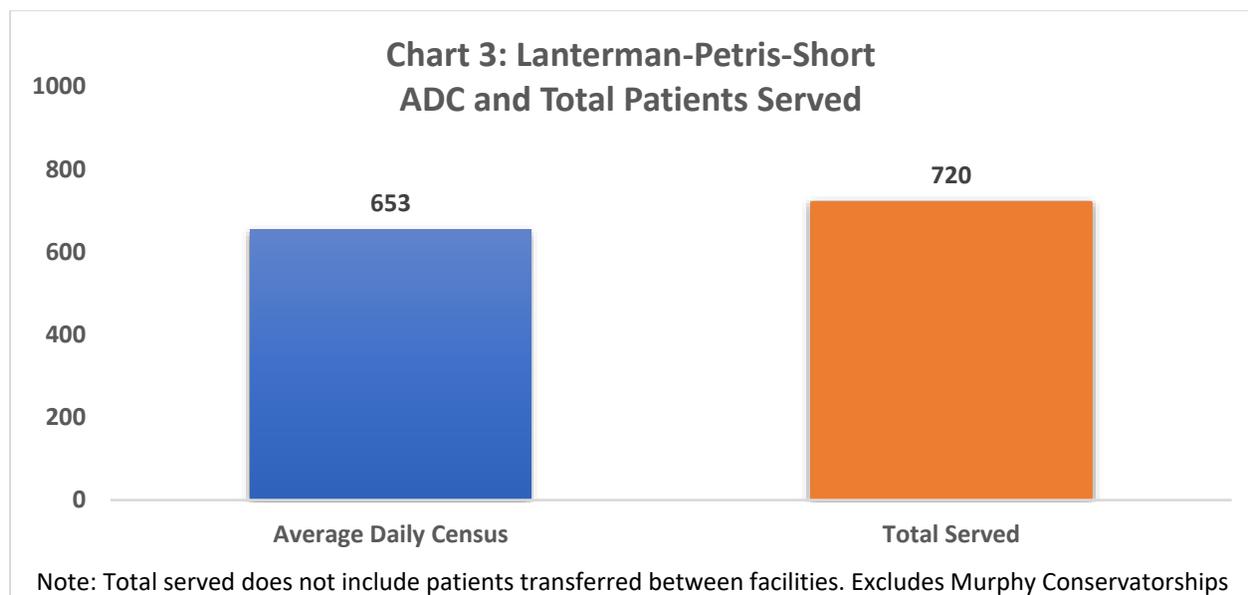
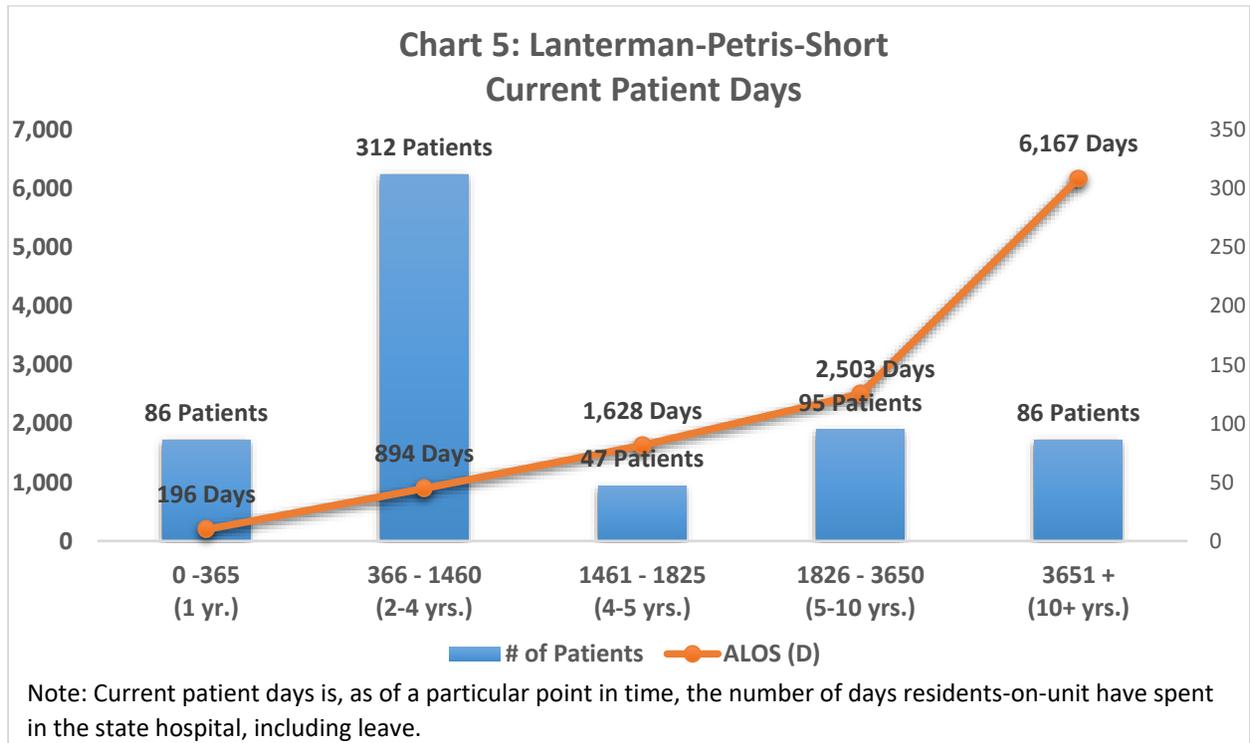
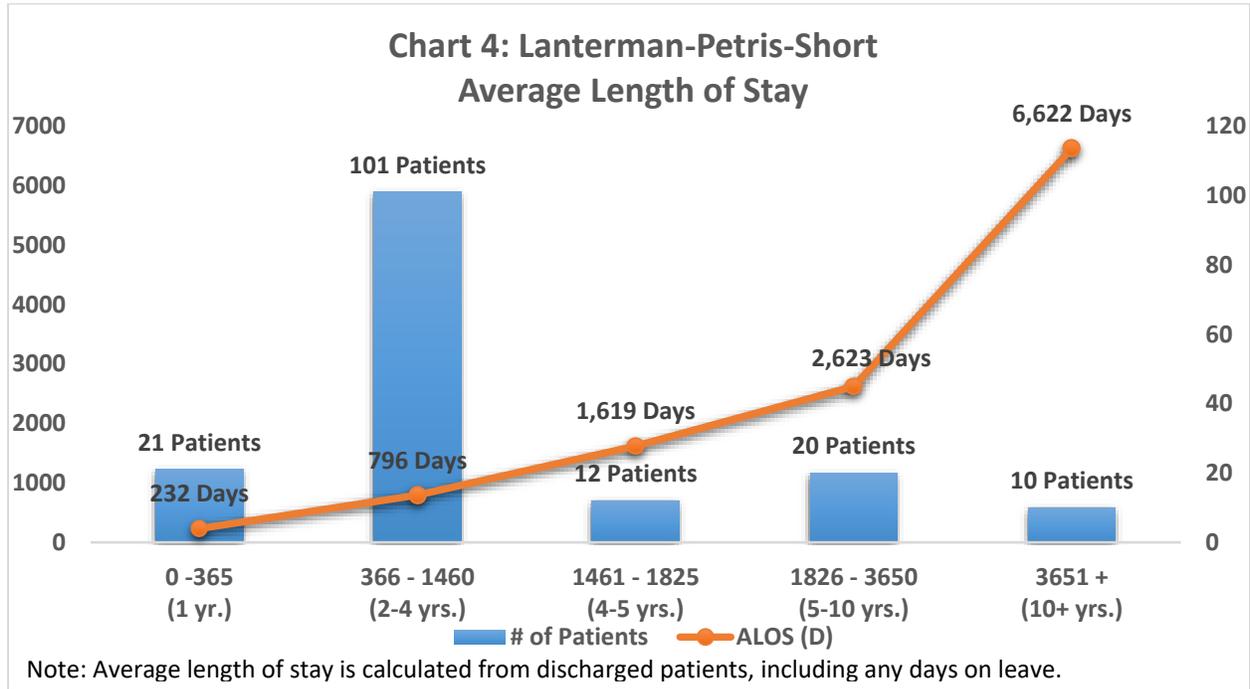


Chart 3 displays the average daily census (ADC) and total number of patients served for the LPS population in FY 2018-19. On average, 653 LPS patients are treated daily in the state hospitals, representing 10 percent of the overall patient population. As of June 30, 2019, the system-wide LPS census was 626.





In FY 2018-19, 164 LPS patients were discharged with an average length of stay of 3.7 years. Chart 4 displays the distribution of lengths of stay for all discharged LPS patients, and Chart 5 displays the distribution of patient days for those LPS patients who remain residents on unit as of June 30, 2019.

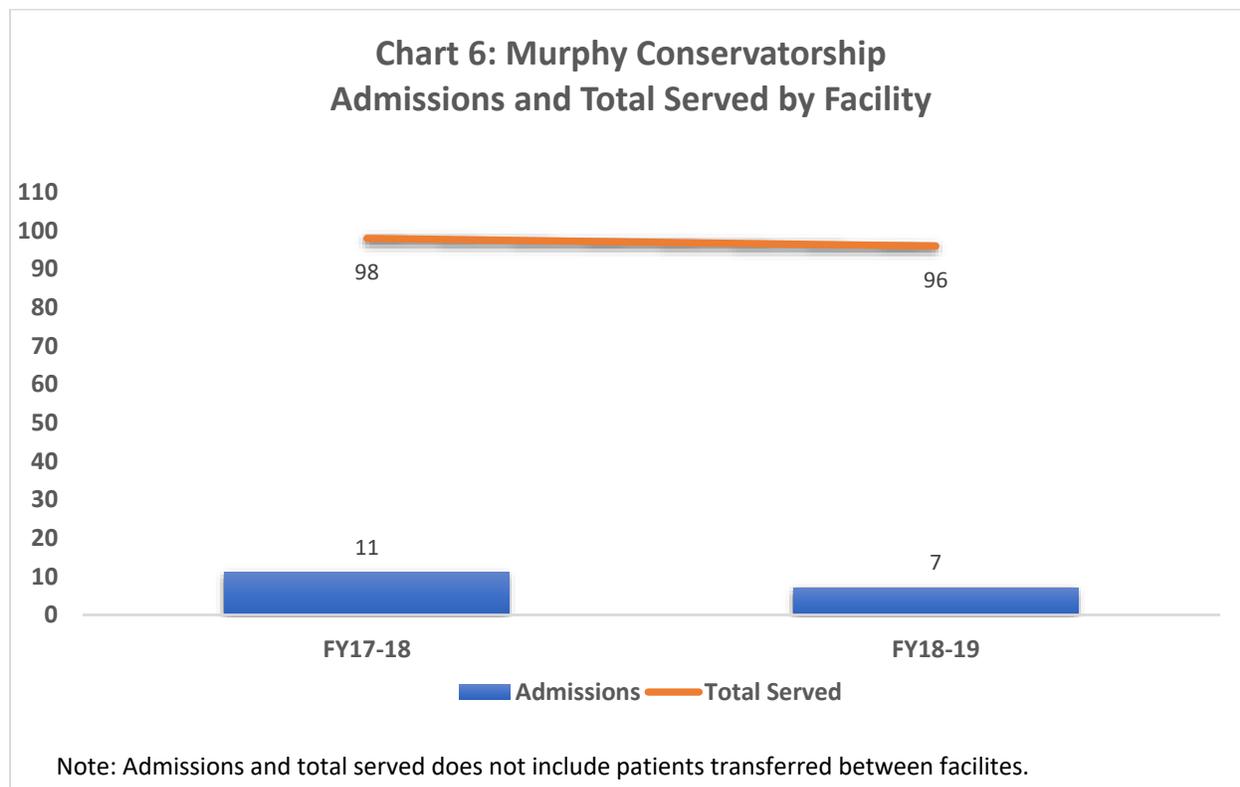




Murphy Conservatorships

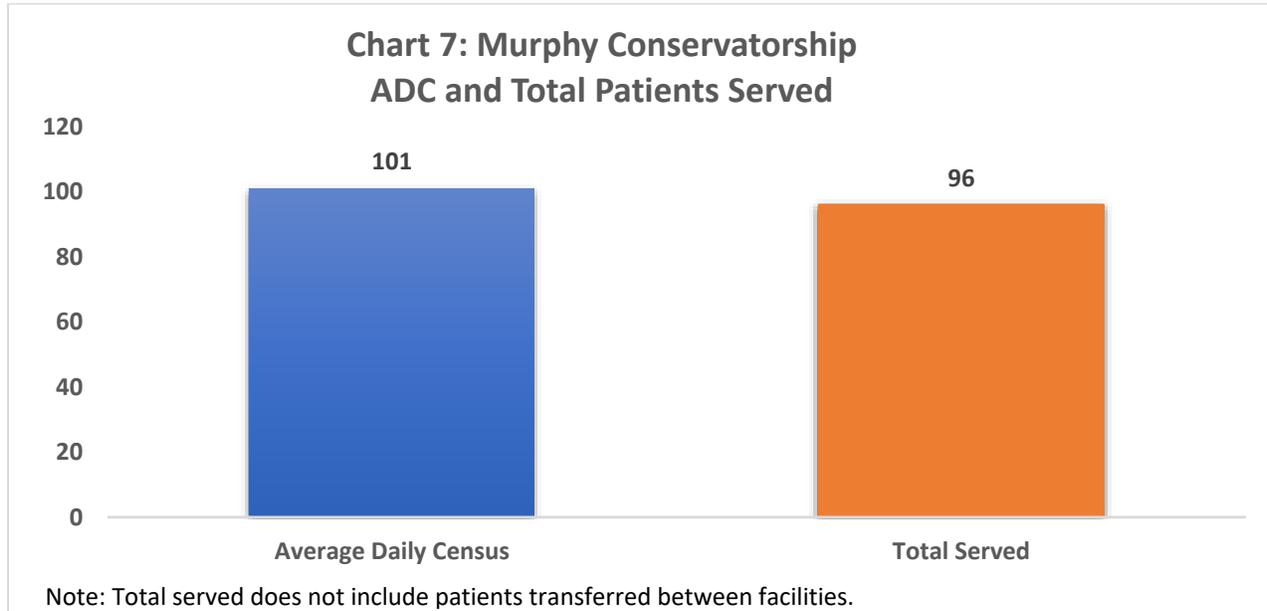
Murphy conservatorships (MURCON) are patients that have been previously found to be IST, and at the end of the IST commitment period the patient has been retained for further treatment because (1) the patient is subject to a pending indictment or information charging the individual with a felony involving death, great bodily harm, or threat to the physical well-being of another; (2) as a result of a mental disorder, the patient continues to be unable to understand or meaningfully participate in the pending criminal proceedings; (3) the patient has been found incompetent pursuant to PC section 1370; and (4) the patient is currently dangerous as the result of a mental disorder, defect or disorder. The conservatorship lasts for one year, just like any other LPS conservatorship, and can be extended indefinitely if a new conservatorship is obtained each year. MURCON patients also have the right to a yearly court review and/or jury trial to petition the court to remove the conservatorship.

Over the course of FY 2018-19, 7 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 2018-19.

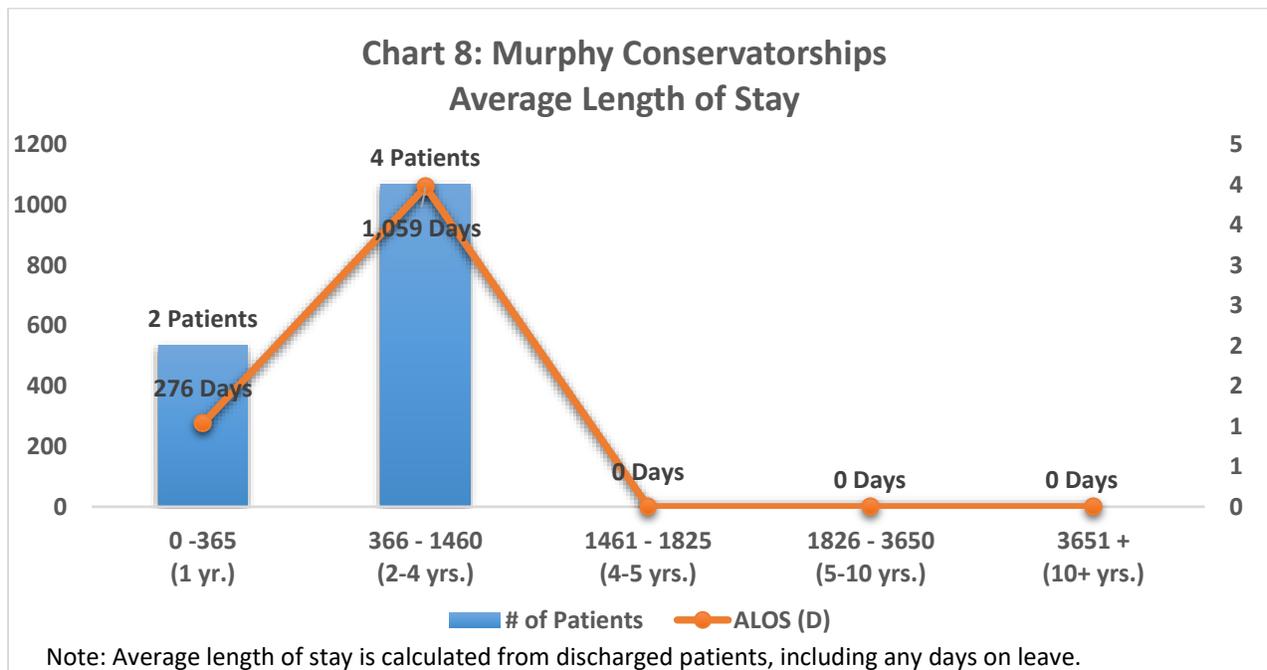




On average, 101 Murphy Conservatorship patients are treated daily in the state hospitals, representing 2 percent of the overall patient population in FY 2018-19. Chart 7 displays the average daily census (ADC) and total number of patients served for the MURCON population in FY 2018-19. As of June 30, 2019, the system-wide MURCON census was 110.

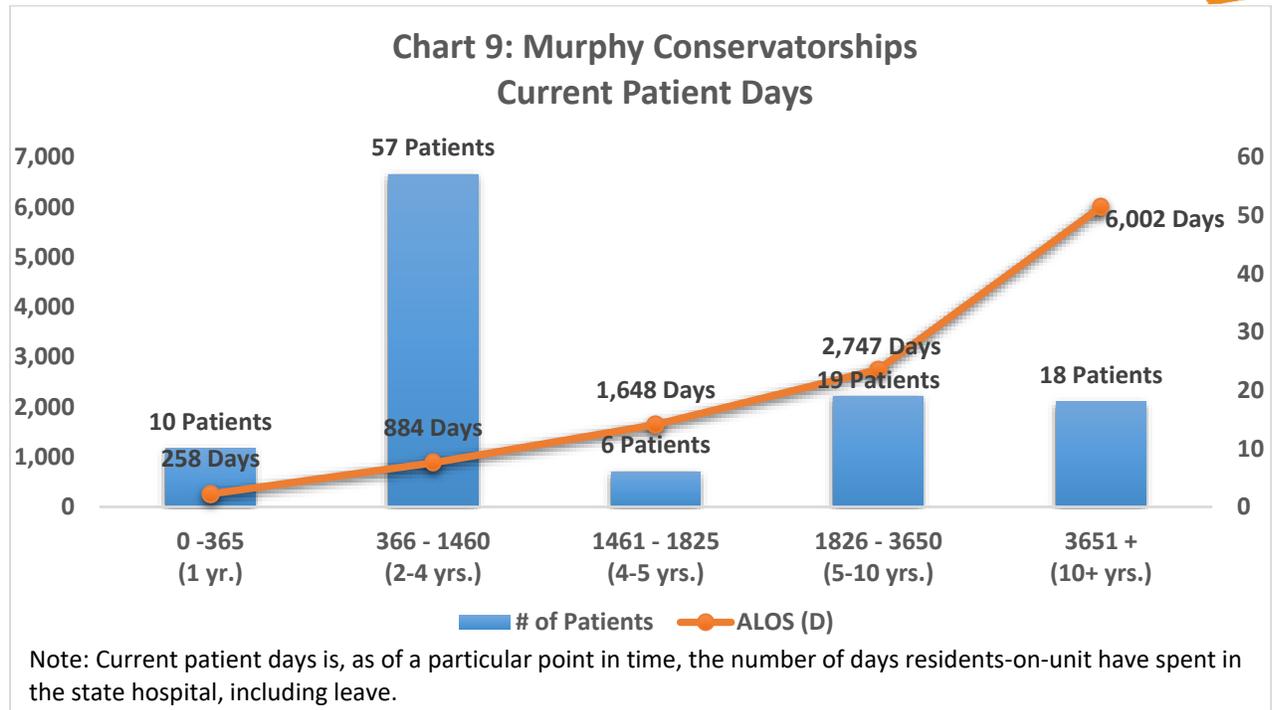


In FY 2018-19, 6 MURCON patients were discharged with an average length of stay of 2.2 years. Chart 8 displays the distribution of lengths of stay for all discharged MURCON patients, and Chart 9 displays the distribution of patient days for those MURCON patients who remain residents on unit as of June 30, 2019.





**Chart 9: Murphy Conservatorships
Current Patient Days**





POPULATION PROFILE

Offenders with a Mental Health Disorder¹

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 Parole Hearings (BPH) can commit that individual to a state hospital as a condition of parole. The individual then receives treatment at DSH unless they can be certified for outpatient treatment or the individual challenges the commitment.

Parolees who committed one of a specified list of crimes and who were treated for a severe mental disorder connected to their original crime can be committed to a state hospital as a condition of parole for a period not to exceed the length of their parole term; these patients are committed under PC 2962. If the person still requires treatment at the end of their parole term, they can be committed under PC 2972 if it is determined that the patient has a severe mental disorder, that the patient's severe mental disorder is not in remission or cannot be kept in remission without treatment, and that by reason of their severe mental disorder, the patient represents a substantial danger of physical harm to others. A person committed under PC 2972 is committed for one year. The following are the various OMD commitments, and their corresponding citation in code:

PC 2962	Parolee referred from the California Department of Corrections and Rehabilitation.
PC 2964(a): OMD admission from outpatient	Outpatient OMD placed in secure mental health facility (usually a state hospital) following determination by community program director that the individual can no longer be safely or effectively treated as an outpatient. DSH is then required to conduct a hearing within 15 days. This usually results in return to inpatient OMD status.
PC 2972	If an OMD still requires treatment at the end of the parole term, the patient can be civilly committed under PC 2972. This commitment must be filed by the district attorney (DA) and must show that the individual has a severe mental disorder that is not in remission and that, due to this mental disorder, the individual is a substantial danger to others. Civil OMD commitments last for one year, upon which they must be renewed by the DA. After an individual is committed, they are treated by DSH until they are either able to be placed in outpatient treatment, conserved, or successful in petitioning for their release.
PC 1610	RO 2972: Temporary admission while waiting for court revocation of PC 2972.



WIC 6316: MDSO	<p>ROMDSO: Temporary admission while waiting for court revocation of MDSO.</p> <p>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.</p>
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Legal Requirements/Legal Statute for Discharge:

After one year, a parolee is entitled to an annual review hearing conducted by 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.

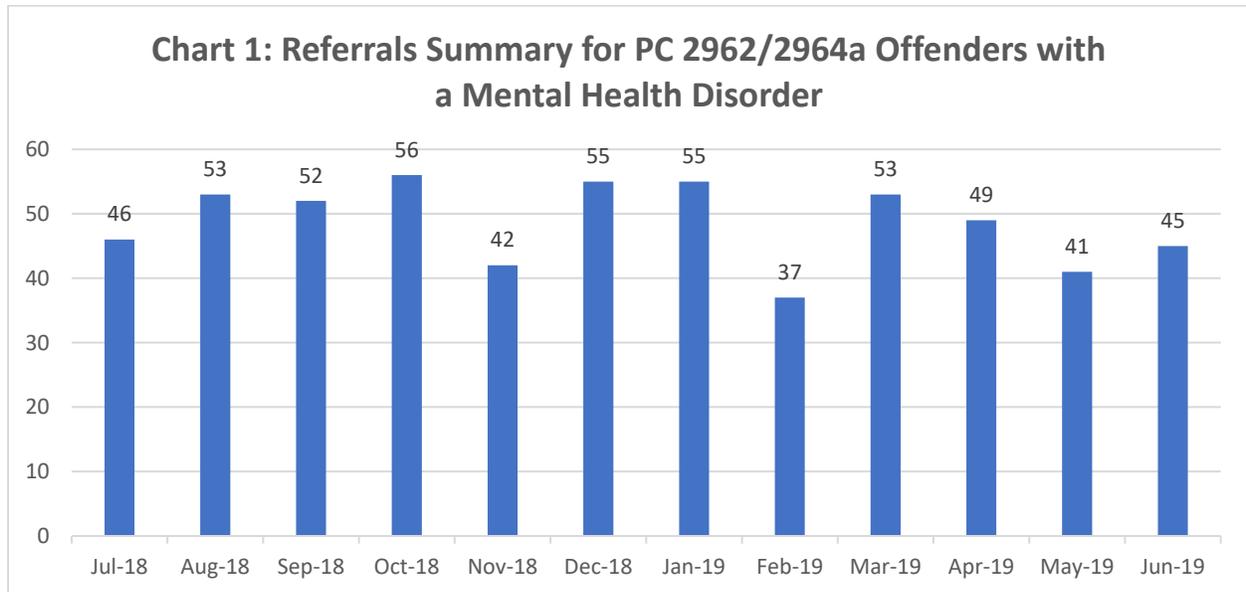
The focus of treatment for the OMD population involves helping patients increase their ability to safely and effectively manage symptoms associated with their mental illness and prepare them for eventual transfer to the Conditional Release Program (CONREP). Another area of focus is substance abuse treatment since a history of substance abuse is prevalent in most OMD patients. The 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) 2018-19, 584 PC 2962/2964a OMD patients were committed to the state hospitals, a 2 percent decrease from FY 2017-18.



Over the course of FY 2018-19, 553 PC 2962/2964a OMD patients were admitted into a state hospital. Chart 2 displays the referrals, admissions and total patient served for the PC 2962/2964a OMD population in FY 2018-19.

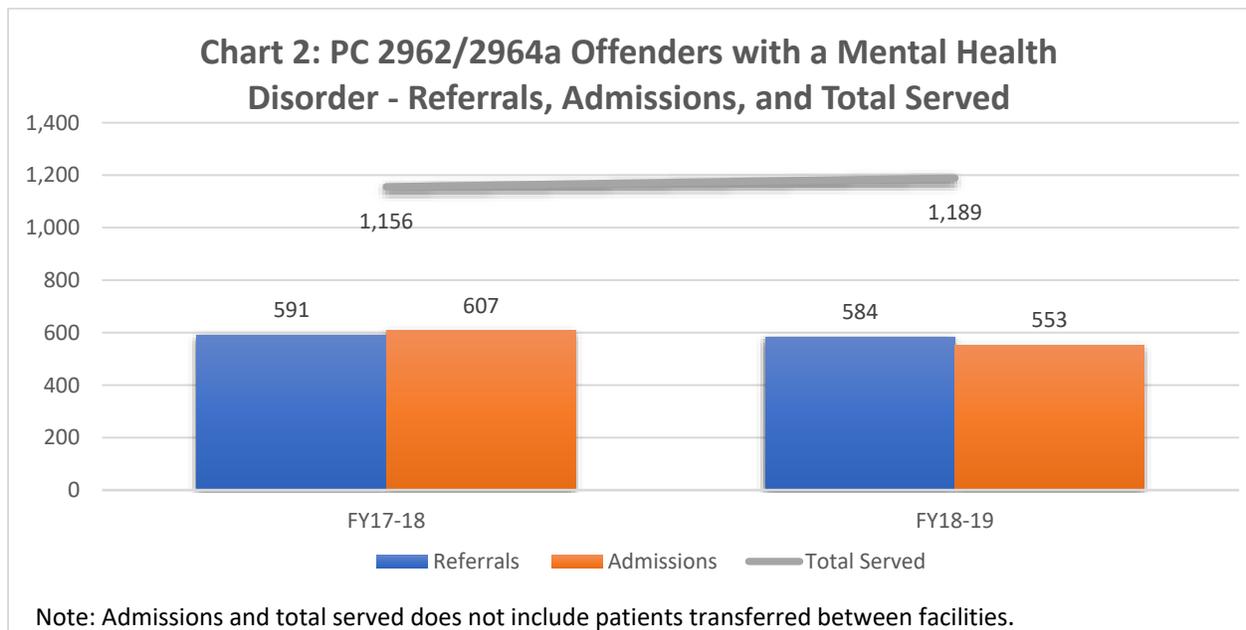




Chart 3 displays the average daily census (ADC) and total number of patients served for the PC 2962/2964a OMD population in FY 2018-19. On average, 606 PC 2962/2964a OMD patients are treated daily in the state hospitals, representing 6 percent of the overall patient population. As of June 30, 2019, the system-wide PC 2962/2964a OMD census was 559 patients.

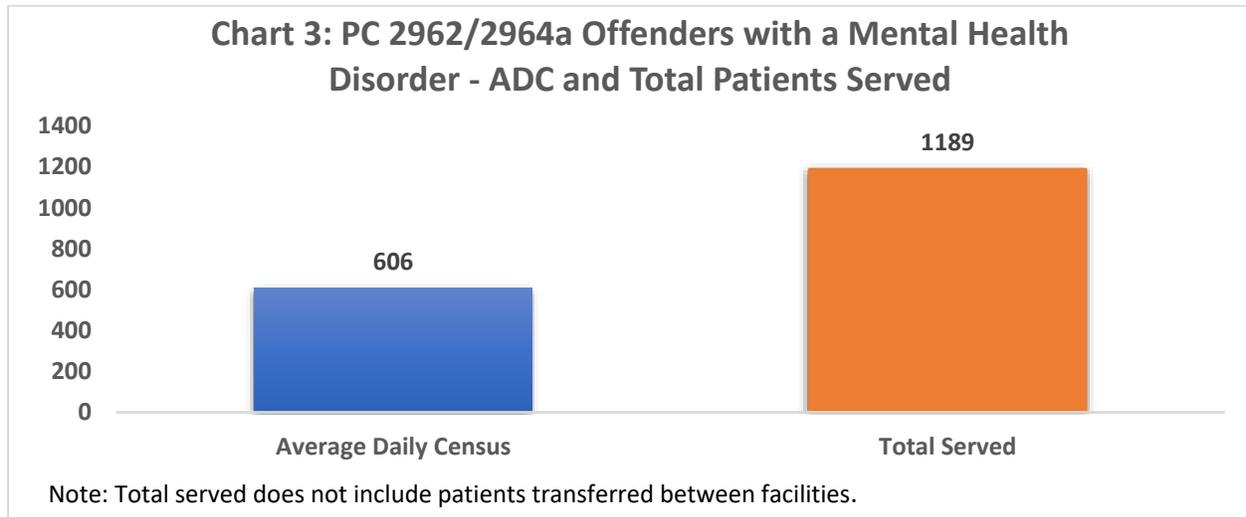


Chart 4 displays the distribution of lengths of stay for all discharged PC 2962/2964a OMD patients. In FY 2018-19, 593 PC 2962/2964a OMD patients were discharged with an average length of stay of 313 days, a little less than one year.

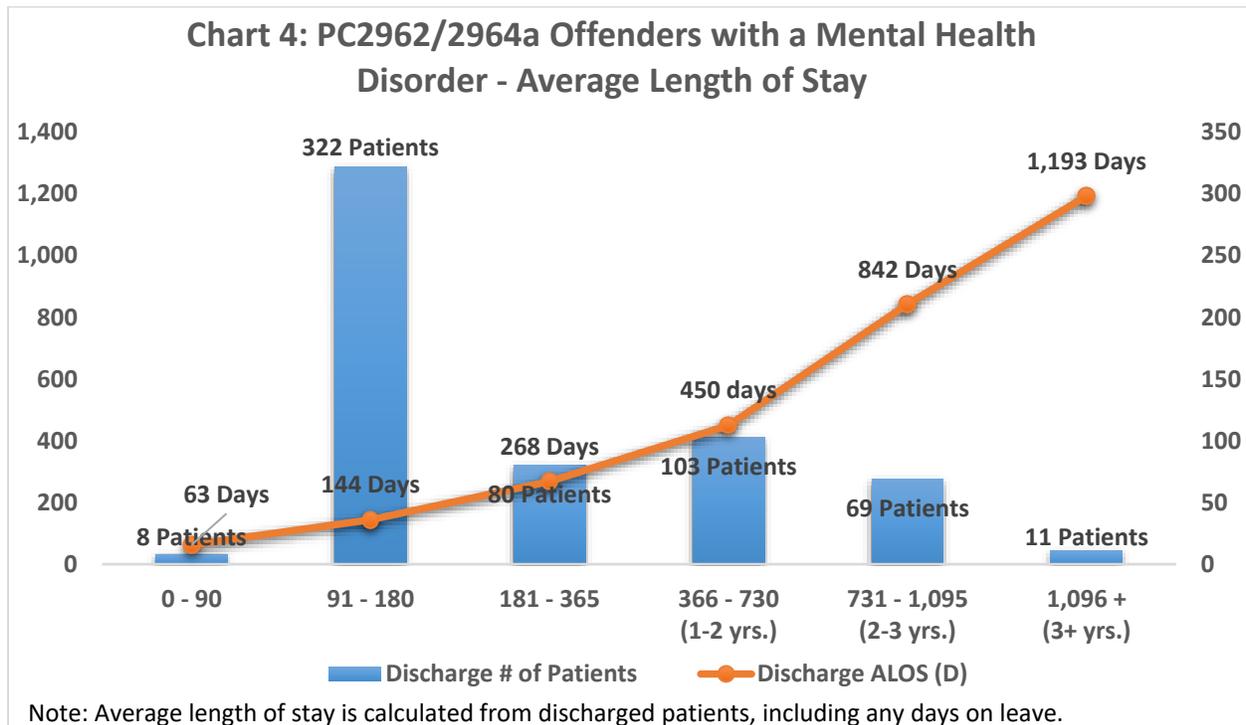
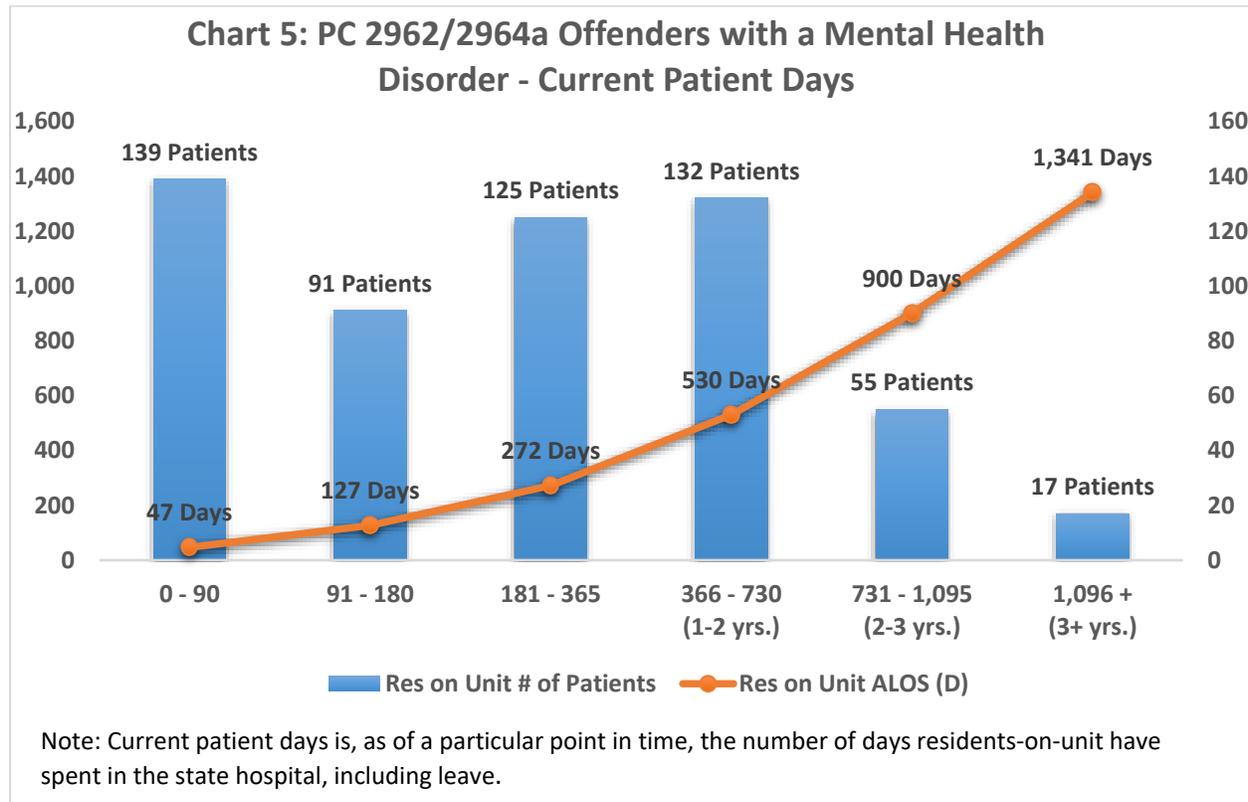




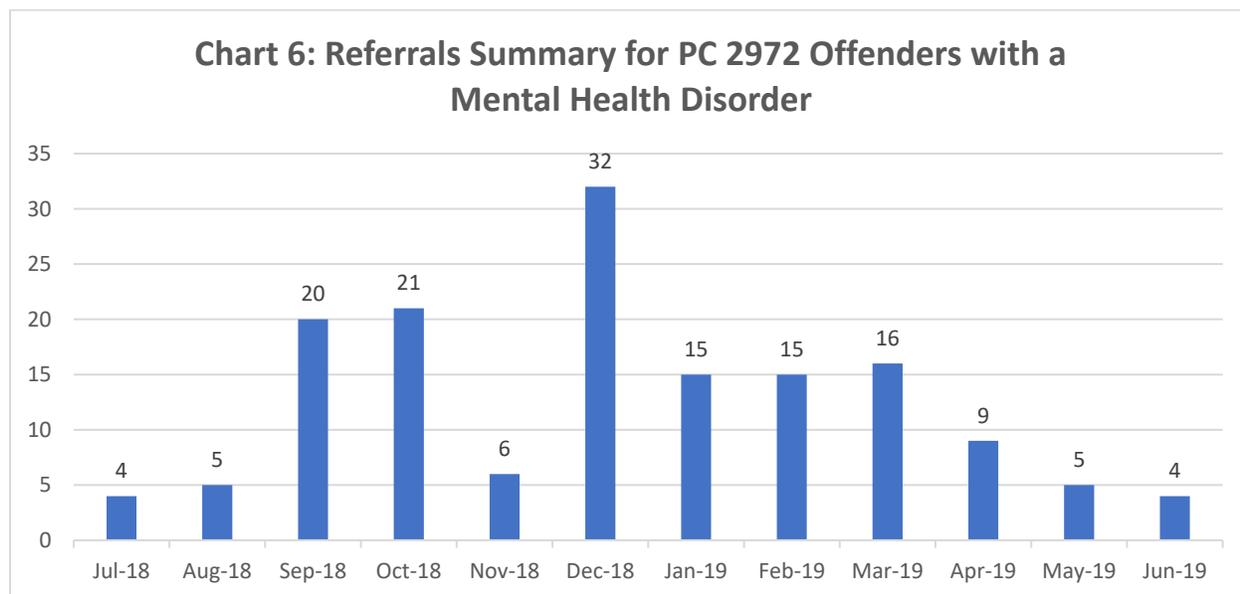
Chart 5 displays the distribution of patient days for all PC 2962/2964a OMD residents on unit as of June 30, 2019. On average, the 559 PC 2962/2964a OMD patients who continue to reside at DSH as of June 30, 2019 have been there for 348 days, a little less than a year; these days will continue to accrue until the individual PC2962/2964a OMD patients have been discharged.





PC 2972 Offenders with a Mental Health Disorder (OMD)

In Fiscal Year (FY) 2018-19, 152 PC 2972 OMD patients were committed to the state hospital, a 30 percent increase from FY 2017-18.



Over the course of FY 2018-19, 115 PC 2972 OMD patients were admitted (including transfer admissions) to a state hospital. Chart 7 displays the referrals, admissions and total patient served for the PC 2972 OMD population in FY 2018-19.

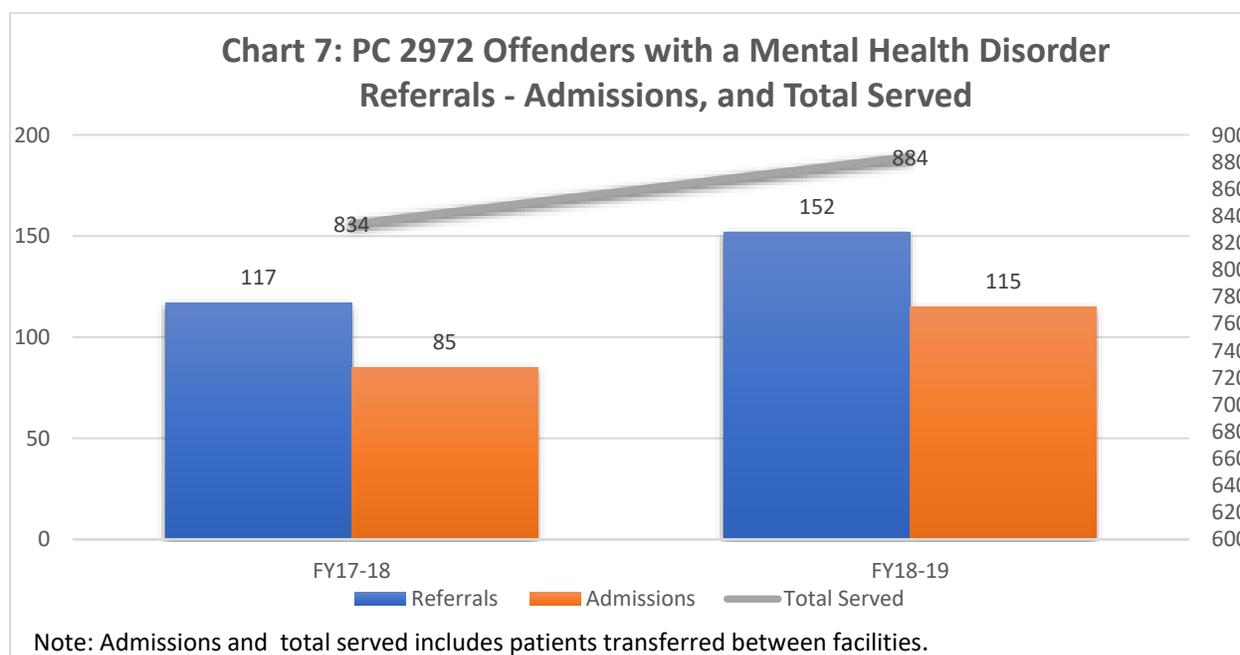
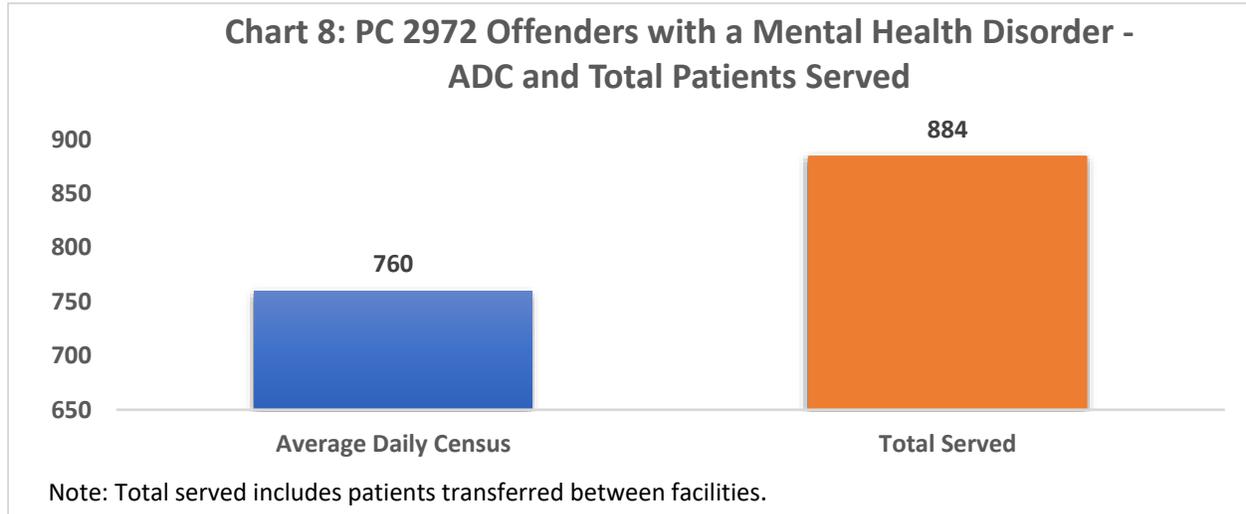




Chart 8 displays the average daily census (ADC) and total number of patients served for the PC 2972 OMD population in FY 2018-19. On average, 760 PC 2972 OMD patients are treated daily in the state hospitals, representing 12 percent of the overall patient population. As of June 30, 2019, the system-wide PC 2972 OMD census was 762 patients.



In FY 2018-19, 82 PC 2972 OMD patients were discharged with an average length of stay of five years. Chart 9 displays the distribution of lengths of stay for all discharged PC 2972 OMD patients.

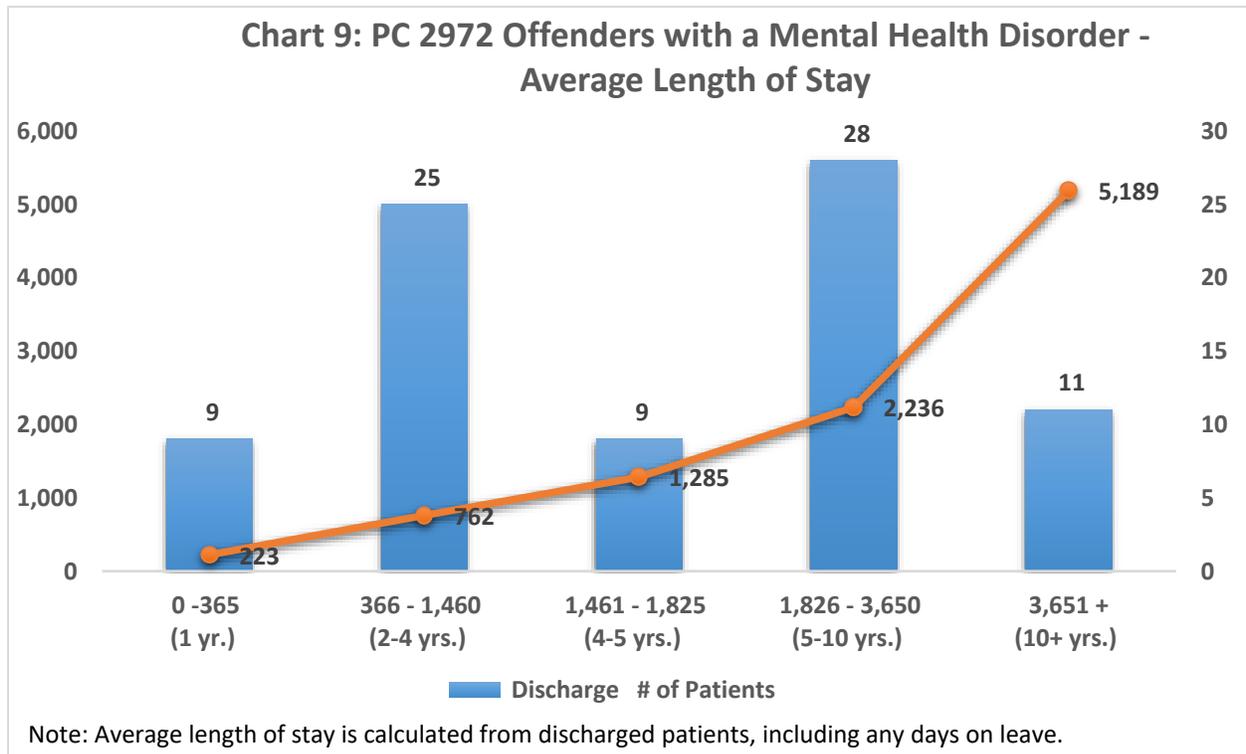
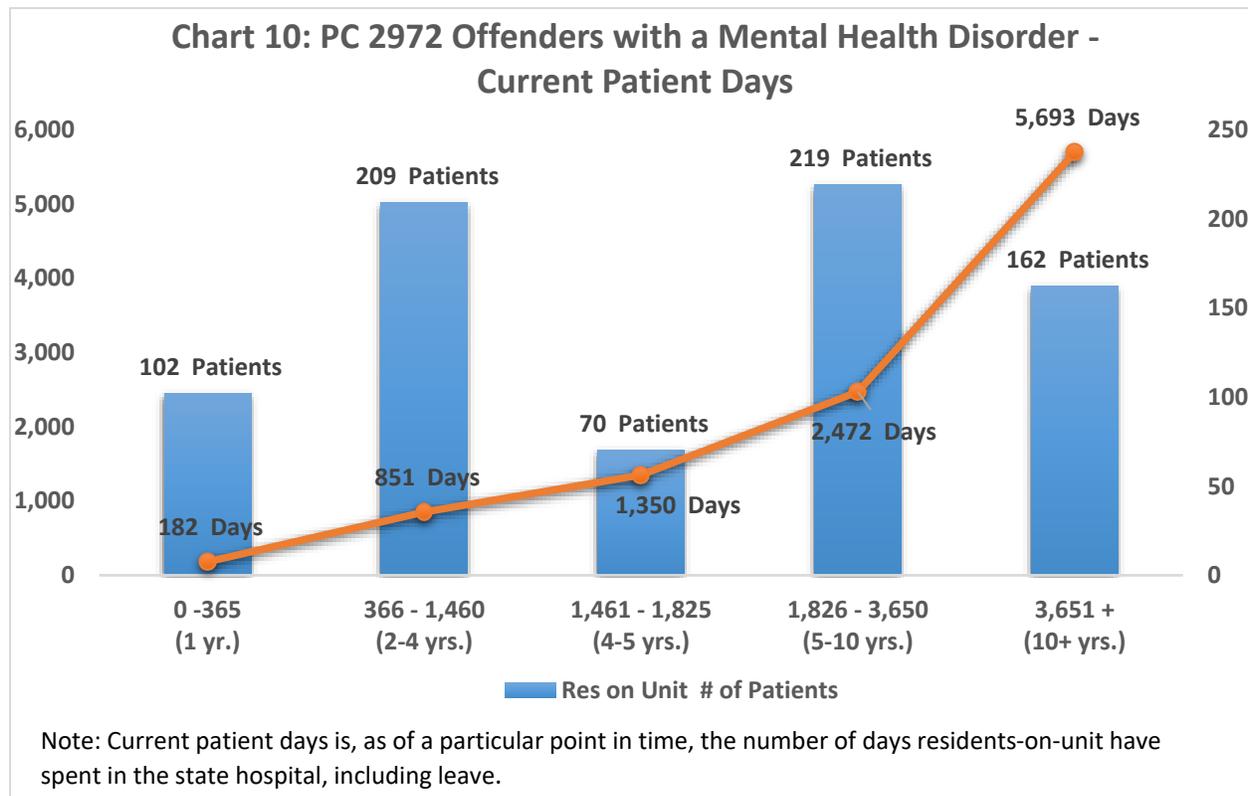




Chart 10 displays the distribution of patient days for all PC 2972 OMD residents on unit as of June 30, 2019. On average, the 762 PC 2972 OMD patients who continue to reside at DSH as of June 30, 2019 have been there for 2,302 days or six years; these days will continue to accrue until the individual PC 2972 OMD patients have been discharged.

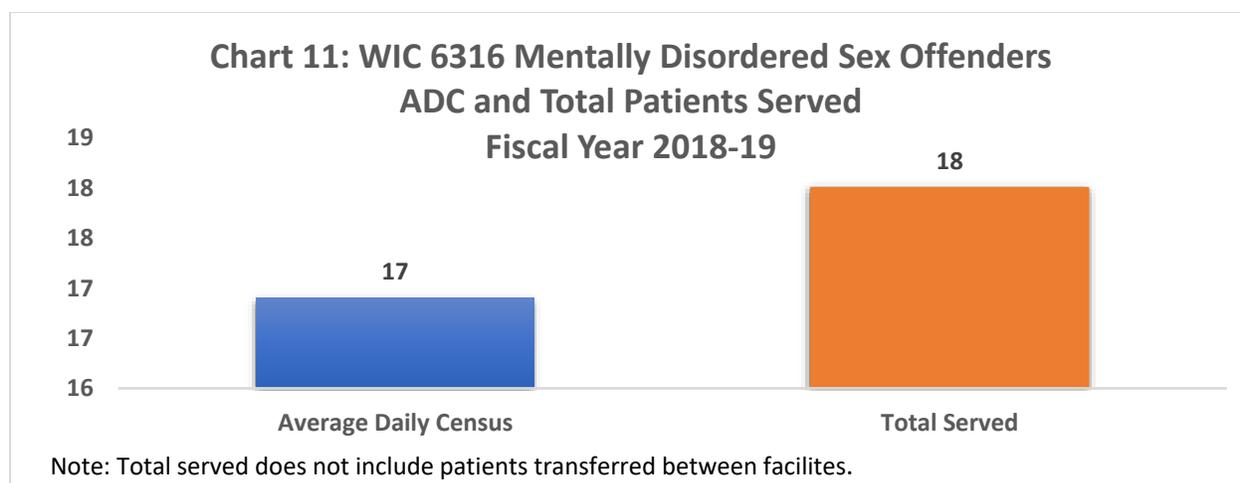




WIC 6316 Mentally Disordered Sex Offender (MDSO) Patients

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 11 displays the average daily census (ADC) and total number of patients served for the WIC 6316 MDSO population in FY 2018-19. On average, 17 WIC 6316 MDSO patients are treated daily in the state hospitals, representing 0.3 percent of the overall patient population. As of June 30, 2019, the system-wide WIC 6316 MDSO census was 16 patients.



In FY 2018-19, WIC 6316 MDSO patients that discharged had an average length of stay of six years. For the 16 WIC 6316 MDSO patients who continue to reside at DSH, they have been there for 3,155 days, or nine years; these days will continue to accrue until the individual WIC 6316 MDSO patients have been discharged.



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 Statute 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 that the NGI patient has achieved long-term stabilization and low risk of dangerousness to ensure the court that the patient no longer poses a danger due to their mental illness. Thus, the patient needs to demonstrate long-term symptom stability, long-term adherence to psychiatric treatments, and an understanding of the factors



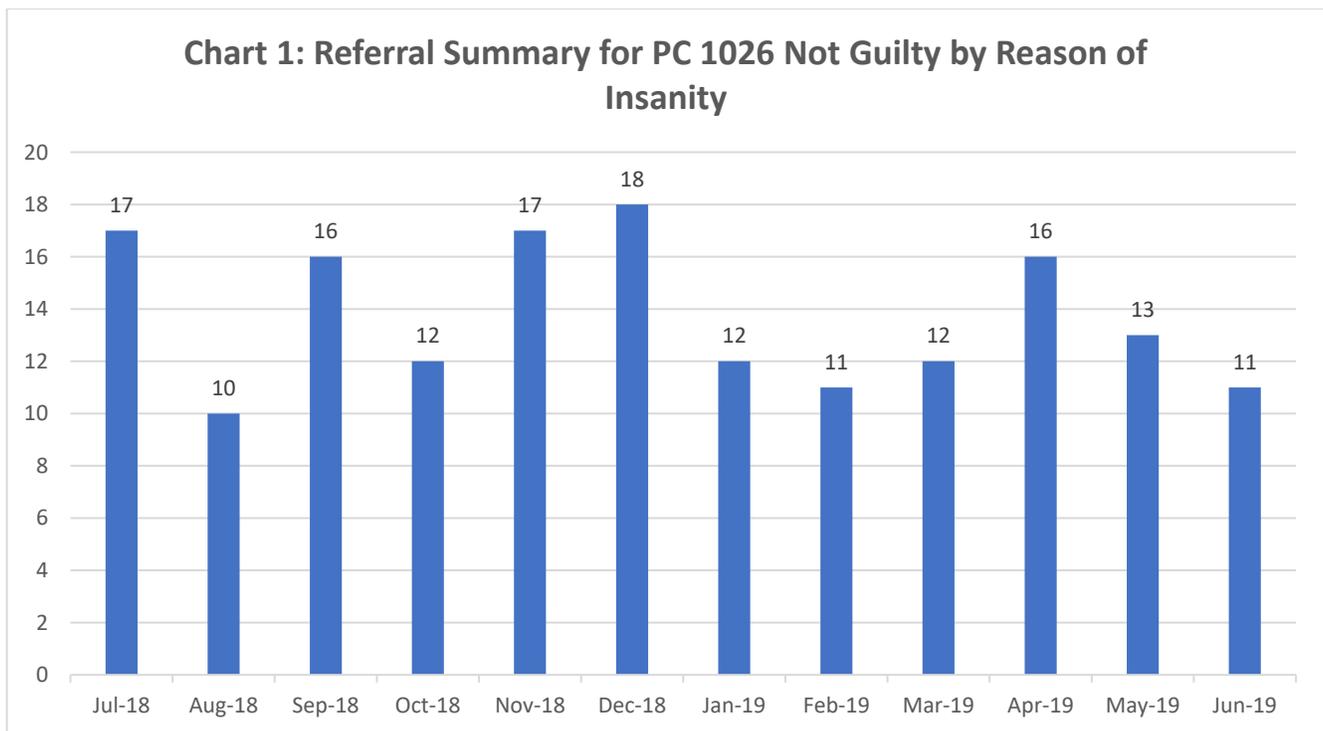
that exacerbate their mental illness. Each NGI patient’s progress in treatment is evaluated and submitted to the court via an annual report completed by the DSH treatment team and medical director of the state hospital. In the event that the maximum term approaches and the treatment team does not feel discharge would be appropriate, the hospital can pursue an extension of the NGI sentence in order to extend the stay of the individual, pursuant to Penal Code (PC) 1026.5. In Fiscal Year (FY) 2018-19, 440 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 and similar 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 2018-19, 165 NGI patients were committed to the state hospitals, a 25 percent decrease from FY 2017-18. Chart 1 depicts the monthly referrals of NGI patients to DSH.





Over the course of FY 2018-19, 156 NGI patients were admitted into a state hospital. Chart 2 displays the referrals, admissions and total patients served for the NGI population in FY 2018-19.

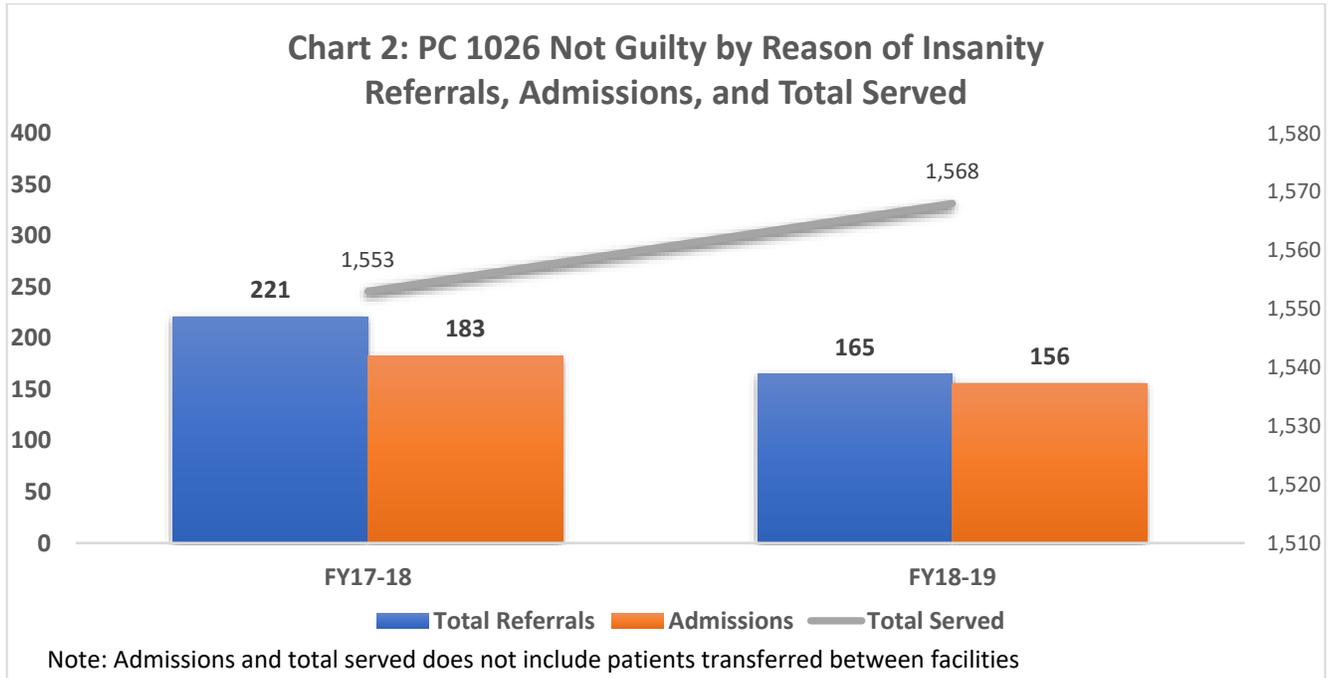
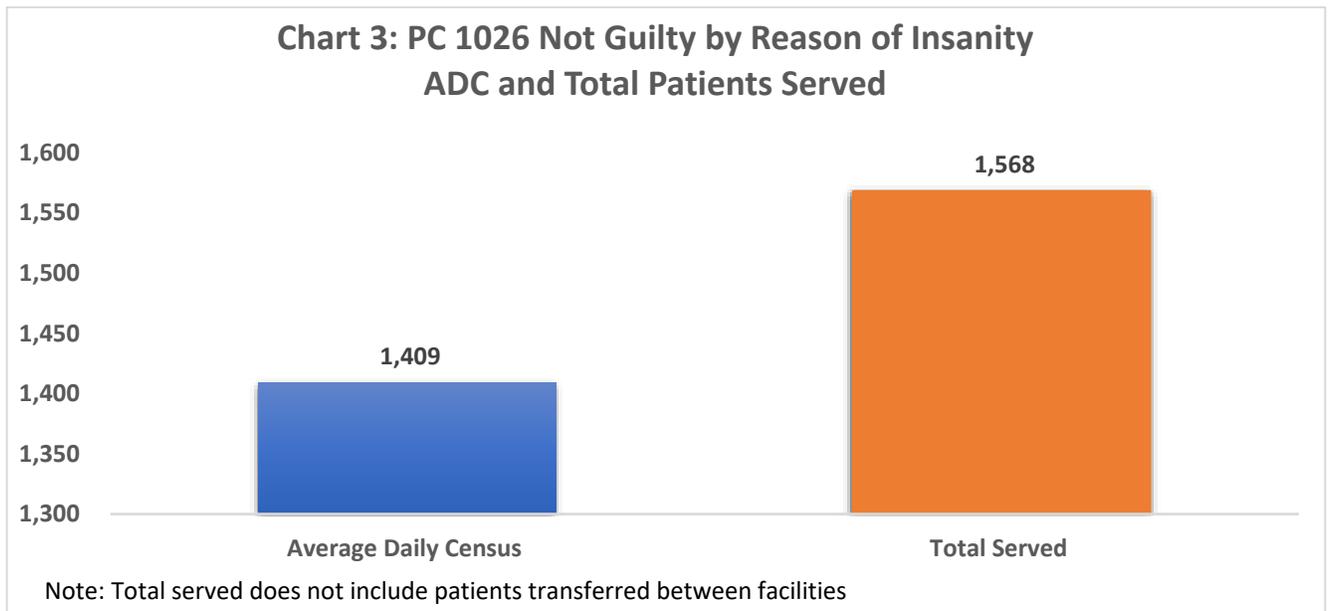
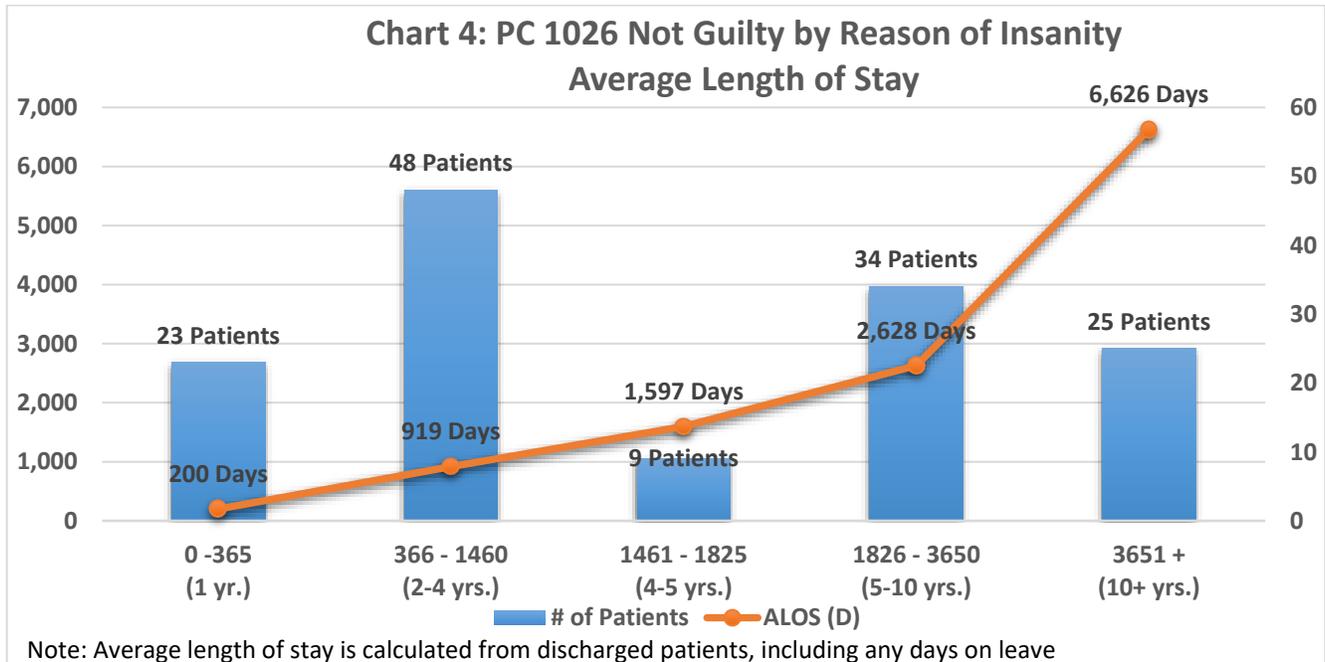


Chart 3 displays the average daily census (ADC) and total number of patients served for the NGI population in FY 2018-19. On average, 1,409 NGI patients are treated daily in the state hospitals, representing 22 percent of the overall patient population. As of June 30, 2019, the system-wide NGI census was 1,416 patients.

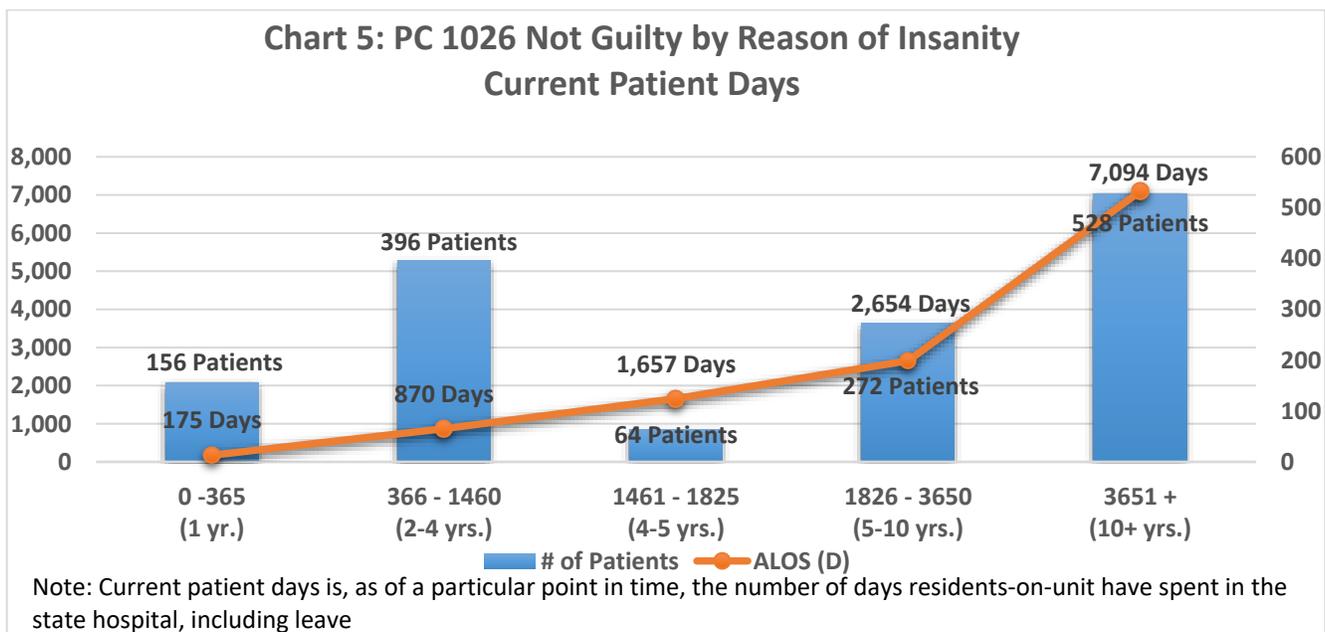




In FY 2018-19, 139 NGI patients were discharged with an average length of stay of 6 years. Chart 4 displays the distribution of lengths of stay for all discharged NGI patients.



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 1,416 NGI patients who continue to reside at DSH as of June 30, 2019 have been there for 3,492.4 days, or 9.6 years; these days will continue to accrue until the individual NGI patients have been discharged. Chart 5 displays the distribution of patient days for all NGI residents on unit as of June 30, 2019.





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 Code (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 has a diagnosed mental disorder that makes the person a danger to the health and safety of others in that it is likely that they will engage in sexually violent criminal behavior.

SVP patients are evaluated by DSH and the California Department of Corrections and Rehabilitation (CDCR) as to whether an individual meets the criteria of an SVP after completion of their prison term. Before leaving CDCR, SVPs are committed to DSH pending further hearings for probable cause (WIC 6602). A commitment trial is held and, if adjudged to be an SVP, the individual is committed to a state hospital for an indeterminate period of time (WIC 6604).

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

WIC 6602	An individual who has been identified as likely to engage in sexually violent predatory criminal behavior upon release and will remain in custody until the completion of the probable cause hearing at which point a determination of WIC 6604 will be made.
WIC 6604	An individual who has been deemed a Sexually Violent Predator by a court or jury pursuant to proceedings as defined by WIC 6602, and committed to the Department of State Hospitals for treatment and confinement of an indeterminate term.
WIC 6601.3¹	Authorizes the Board of Prison Terms to impose a temporary 45-day hold on CDCR inmates where there is probable cause that the inmate may be a SVP
PC 1610	Temporary admission while waiting for court revocation of Sexually Violent Predator commitment

¹During Fiscal Year (FY) 2018-19, this population was not served in the state hospitals.

Legal Requirements/Legal Statute for Discharge:

Once a court determines a patient meets the criteria for an SVP commitment, these patients undergo an annual review process where the patient’s SVP status is evaluated. At that point, DSH may decide that the patient is ready to be released into the community on a conditional release basis. A patient may have a hearing to determine whether they should be released from the hospital under conditional release to the community or unconditional release to the community without supervision.

If the court agrees that the patient no longer meets the SVP criteria and will not pose a public safety threat if conditionally released into a supervised program, it will order the patient be conditionally released. If the patient is conditionally released, DSH’s Forensic Conditional Release Program (CONREP) takes over the monitoring and supervision of the patient. Alternatively, the court may decide



that the patient is ready for unconditional release; if a patient is placed on unconditional release a CDCR parole agent takes over the monitoring and supervision of that individual.

Treatment:

Because their crimes typically involve severe sexual violence and many have mental disorders that are not amenable to standard medication treatments, treatment for SVP patients typically requires substantial time resources. Because of the risk to the community if an SVP patient was not treated effectively, psychosocial treatments and 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 long-term 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 understand their sexual violence risk factors and 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) 2018-19, 47 SVP patients were committed, of which 46 SVP patients were admitted into a state hospital. Chart 1 displays the referrals, admissions, and total patients served for the SVP population in FY 2018-19.

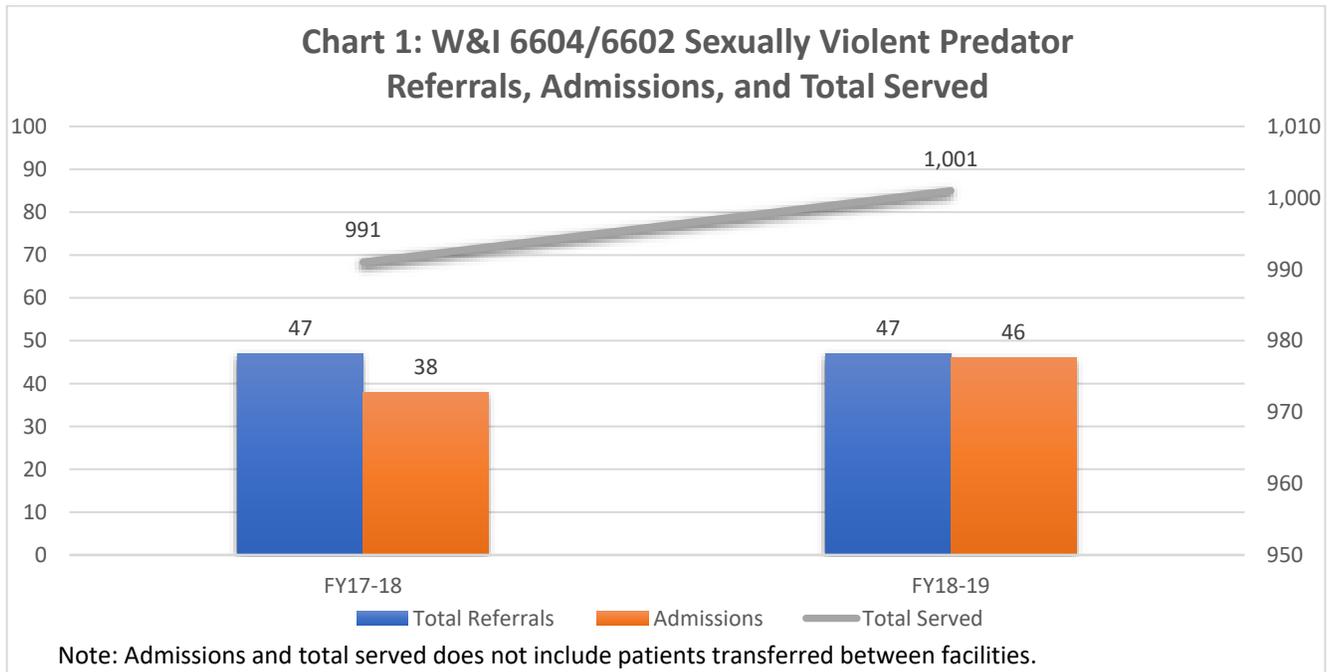


Chart 2 displays the average daily census (ADC) and total number of patients served for the SVP population in FY 2018-19. On average, 959 SVP patients are treated daily in the state hospitals, representing 15 percent of the overall patient population. As of June 30, 2019, the system-wide SVP census was 958 patients.

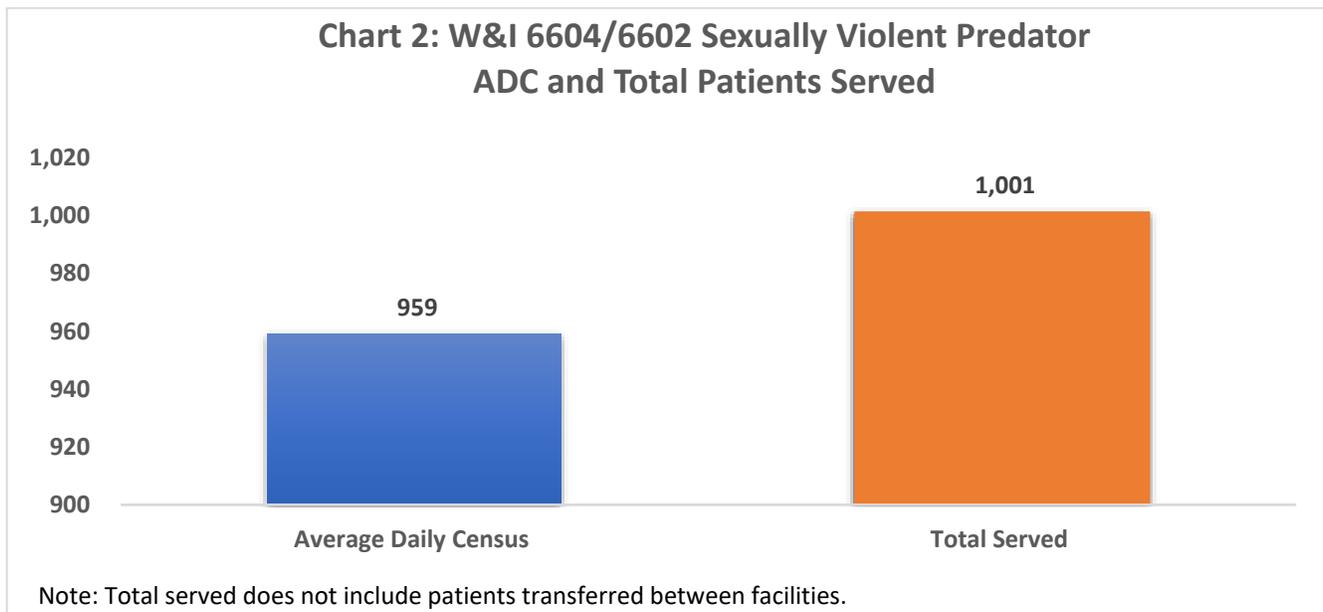
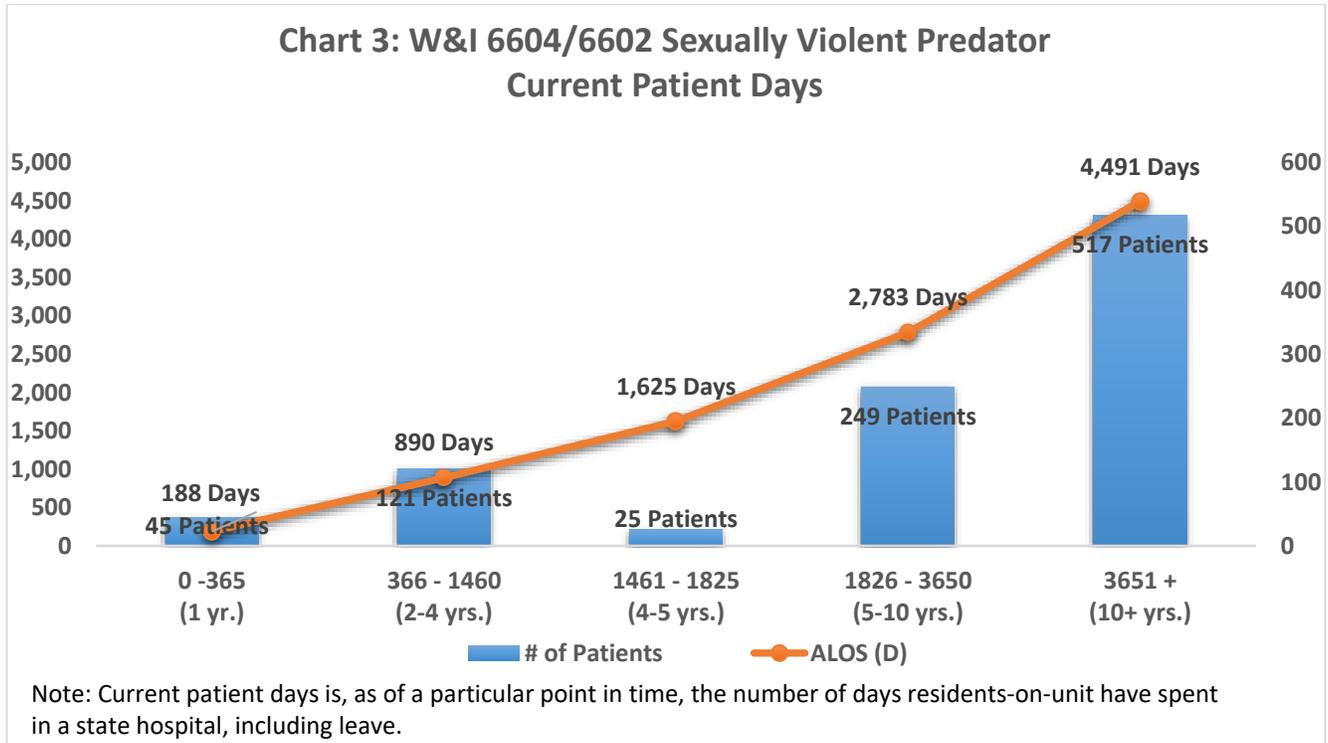
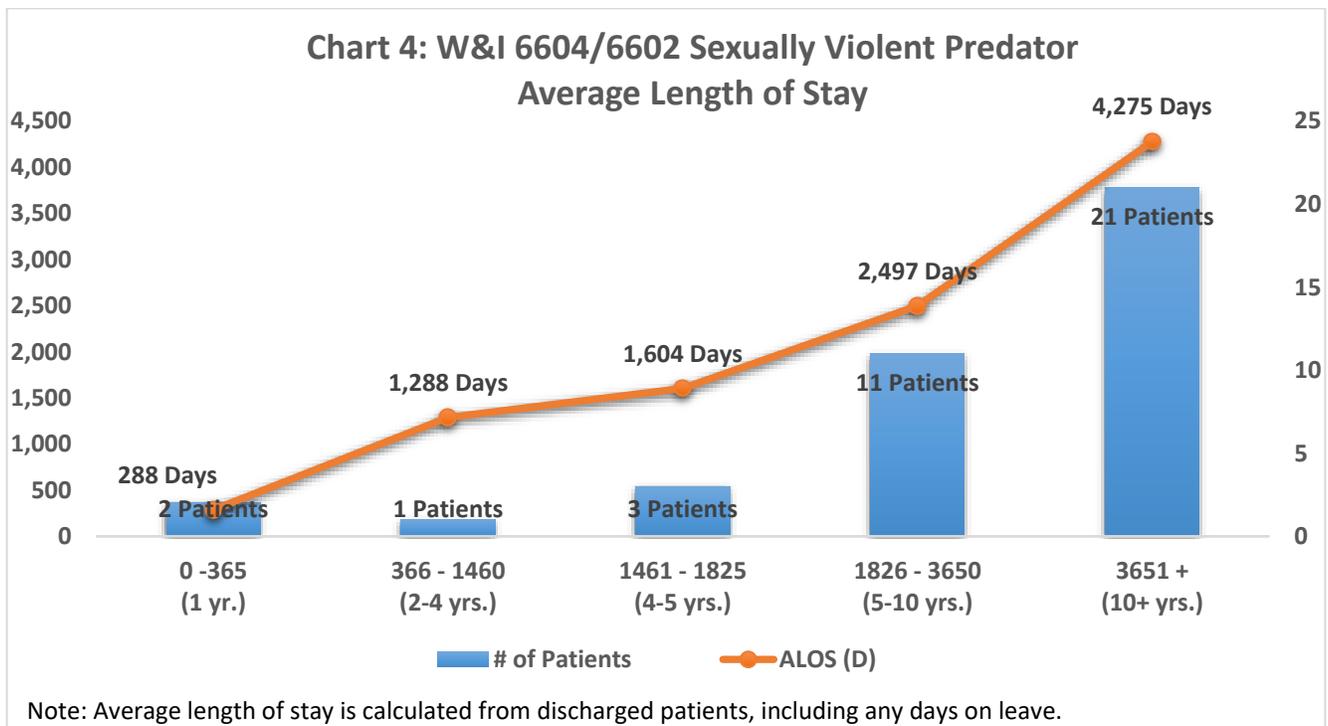




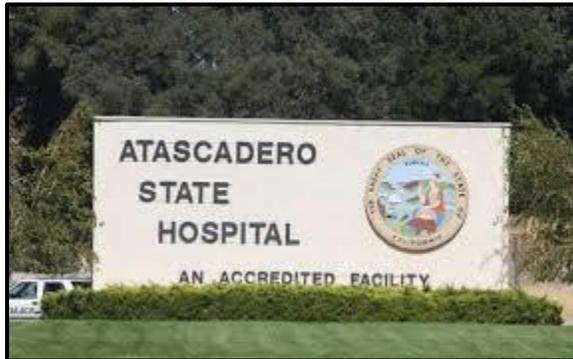
Chart 3 displays the patient days for all SVP patients that remained on census as of June 30, 2019.



In FY 2018-19, 38 SVP patients were discharged with an average length of stay of 9 years. Chart 4 displays the distribution of lengths of stay for all discharged SVP patients.



Department of State Hospitals – Atascadero



HISTORY

The Department of State Hospitals-Atascadero is a secure forensic hospital located on the Central Coast of California, in San Luis Obispo County. It opened in 1954 and is a psychiatric hospital constructed within a secure perimeter. DSH-Atascadero treats only male patients, the majority of which are remanded for treatment by county superior courts or by the California Department of Corrections and Rehabilitation (CDCR). The hospital does not accept voluntary admissions.

PATIENT POPULATION

The hospital is licensed to operate up to approximately 1,275 beds. In Fiscal Year (FY) 2018-19, DSH-Atascadero served 2,465 patients. The commitment categories of patients treated at DSH-Atascadero are as follows:

Patient Commitments	Penal Code
Incompetent to Stand Trial	1370
Lanterman-Petris Short	-
Offender with a Mental Health Disorder	2962 / 2972
Coleman/CDCR	2684
Not Guilty by Reason of Insanity	1026

HOSPITAL STAFF

Approximately 2,111 employees work at DSH-Atascadero providing round-the-clock care, including psychologists, psychiatrists, social workers, rehabilitation therapists, psychiatric technicians, registered nurses, and other clinical staff. In addition, there are various non-level of care staff at the facility, including hospital police, kitchen staff, custodial staff, warehouse workers, groundskeepers, information technology staff, plant operations staff, spiritual leaders, and other administrative staff.

TREATMENT AND PROGRAMS

The residential treatment programs, in conjunction with Recovery and Mall Services (defined below), provide a variety of patient, group, and unit-wide skills training, rehabilitative and enrichment activities. These activities are prescribed by the treatment team according to the patient's identified interests and assessed needs. Included in these activities is a vocational rehabilitation program which provides the patients with the opportunity to learn an increasing number of vocational and work skills under the direction of trained vocational counselors and a variety of school-based classes where patients can improve academic achievement, receive a GED, or pursue advanced independent studies.

Program management is responsible to ensure a safe and therapeutic environment through the appropriate management of resources and the provision of recovery-based treatment and rehabilitation services specific to the patients' needs.

When indicated, patient psychotherapy, vocational training, and educational training are also provided.

Treatment Plan

Treatment planning is directed toward the goal of helping patients to recover from psychiatric disability, which includes the reduction of symptoms, acquisition of skills for coping with the effects of mental illness, successful fulfillment of constructive adult roles, and the development of supports, which in combination, will permit maximum independence and quality of life. The planning process offers the patient, family members, relatives, significant others, and authorized representatives the full opportunity to participate meaningfully in the recovery and discharge process.

Each patient will have a comprehensive, individualized treatment plan based on the integrated assessments of mental health professionals. Therapeutic and rehabilitation services are designed to address each patient's needs and to assist the patient in meeting his specific treatment goals, consistent with generally accepted professional standards of care. Such plans are developed and reviewed on a regular basis in collaboration with the patient.

Treatment Team

The treatment team consists of an interdisciplinary core of members, including at least the patient, treating psychiatrist, psychologist, rehabilitation therapist, social worker, registered nurse, and psychiatric technician, and may include the patient's family, guardian, advocates, and attorneys as appropriate. Based on the patient's needs, other members may also include, but are not limited to: registered dietitian, pharmacist, teacher, physical therapist, speech-language pathologist, occupational therapist, vocational services staff, and psychiatric nurse practitioner.

Families and officials (i.e. Conservators) who will be responsible for outpatient services 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 centralized approach to delivering services where the patients and the staff from throughout the hospital come together to participate in services. RMS represents more of a centralized system of programming rather than a reference to a specific building or certain location. RMS interventions are provided, as much as possible, in the context of real-life functioning and in the rhythm of life of the patient. Thus, an RMS 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.

RMS are designed to ensure that each patient receives individualized services to promote increased wellness and ability to thrive in the community upon discharge. All decisions regarding what is offered through each mall are driven by the needs of the patients served. Services are provided in an environment that is culturally sensitive and strengths based.

Services facilitated through the mall include courses and activities designed to help with symptom management, personal development and life skills. The mall capitalizes on human and staff resources from the entire hospital to provide a larger diversity of interaction and experiences for all patients in the mall.

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. CMS also clinically supervises nursing staff who provide occupational health services to employees.

ACCREDITATION AND LICENSURE

This facility is accredited by The Joint Commission (TJC). TJC conducts unannounced surveys of this hospital at least every three years. The purpose of the survey is to evaluate the hospital's compliance with nationally established TJC standards. The survey results are used to determine whether accreditation should be awarded and under what conditions that happens. TJC standards deal with organization quality, safety of care issues and the safety of the environment in which care is provided.

DSH-Atascadero is licensed by the California Department of Public Health. DSH-Atascadero has eight units licensed as acute psychiatric. An acute psychiatric facility means having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care for persons with mental health disorders or other patients referred to in Division 5 (commencing with Section 5000) or Division

6 (commencing with Section 6000) of the Welfare and Institutions Code, including the following basic services: medical, nursing, rehabilitative, pharmacy, and dietary services. DSH-Atascadero also has 26 units licensed as Intermediate Care Facility (ICF). An ICF means a health facility that provides inpatient care to ambulatory or non-ambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous skilled nursing care.

TRAINING AND INTERNSHIPS

DSH-Atascadero offers various training and internship opportunities across many clinical disciplines. Please see the table on the following page for a brief description of DSH-Atascadero's training programs.

DSH-Atascadero Training Programs

DISCIPLINE	PROGRAM TYPE
Nursing	<ul style="list-style-type: none"> Registered Nursing Programs Clinical Rotation Nursing Students Preceptorship
Pharmacy ¹	<ul style="list-style-type: none"> Systemwide, DSH's pharmacy discipline is currently contracted with 11 pharmacy schools.
Physician and Surgeon ²	<ul style="list-style-type: none"> Accepts Contracted Students
Psychiatric Technicians ³	<ul style="list-style-type: none"> Psychiatric Technician Trainee Pre-Licensed Psychiatric Technician 20/20 Psychiatric Technician Training Program
Psychology	<ul style="list-style-type: none"> American Psychological Association Approved Pre-Doctoral Internship
Registered Dietitians	<ul style="list-style-type: none"> Accredited Dietetic Internship Contracted Cal-Poly San Luis Obispo Dietetic Internship
Rehabilitation Therapy	<ul style="list-style-type: none"> Recreation Therapy (Student Assistants) Music Therapy (Student Assistants)
Social Work	<ul style="list-style-type: none"> Unpaid Master of Social Work Internships

¹ **Pharmacy:** Systemwide, DSH's pharmacy discipline is currently contracted with 11 pharmacy schools. The preceptor at each of the hospitals will communicate with the schools to determine when to send students for their clinical rotations. The contracted schools are: University of Southern California (USC), University of California-San Francisco (UCSF), Touro University California College of Pharmacy, California North State University, California Health Sciences University, Loma Linda University (LLU), St Louis

College of Pharmacy, University of Montana, University of the Pacific (UOP), Western University of Health Science, Chapman University.

² **Physician and Surgeon:** Accepts Family Nurse Practitioner students who need clinical hours. They can execute contracts with the school to formalize these rotations.

³ **Psychiatric Technicians:** 1. Psychiatric Technician Trainees are currently enrolled in a Psychiatric Technician School and work part time inside DSH hospitals (up to 20 hours/week). 2. Pre-Licensed Psychiatric Technicians are graduates from Psychiatric Technician School but have not yet passed the state licensing exam. They are limited to 9 months in that role (test must be passed within the 9 months) and work full time with some limitations on their job responsibilities. 3. 20/20 Psychiatric Technician training programs are open to current employees that have been accepted into a Psychiatric Technician School. The modified work hours shall be a maximum of twelve (12) months in length and the amount of the 20/20 time utilized by each selected employee will depend on the type of education/training programs available.

Department of State Hospitals – Coalinga



HISTORY

The Department of State Hospitals-Coalinga is California's newest state mental health hospital located at the edge of the Coastal Mountain Range on the western side of Fresno County. Coalinga is halfway between Los Angeles and San Francisco and 60 miles southwest of Fresno.

DSH-Coalinga opened in 2005 and began treating forensically committed patients, most of which are sexually violent predators. 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) 2018-19, DSH-Coalinga served 1,464 patients. The commitment categories of patients treated at DSH-Coalinga are as follows:

Patient Commitments	Penal Code
Lanterman-Petris Short	-
Offender with a Mental Health Disorder	2962 / 2972
Coleman/CDCR	2684
Not Guilty by Reason of Insanity	1026
Sexually Violent Predators	6602/6604

HOSPITAL STAFF

Approximately 2,426 employees work at DSH-Coalinga providing round-the-clock care, including psychologists, psychiatrists, social workers, rehabilitation therapists, psychiatric technicians, registered nurses, and other clinical staff. In addition, there are various non-level of care job classifications at the facility, including hospital police, kitchen staff, custodial staff, warehouse workers, groundskeepers, information technology staff, plant operations staff, spiritual leaders, and other administrative staff.

TREATMENT AND PROGRAMS

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

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

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

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

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

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

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

LICENSURE

DSH-Coalinga is licensed by the California Department of Public Health. DSH-Coalinga has two units designated as acute psychiatric. An acute psychiatric facility means having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care for persons with mental health disorders or other patients referred to in Division 5 (commencing with Section 5000) or Division 6 (commencing with Section 6000) of the Welfare and Institutions Code, including the following basic services: medical, nursing, rehabilitative, pharmacy, and dietary services. In addition, DSH-Coalinga has 23 units licensed as an Intermediate Care Facility (ICF). An ICF means a health facility that provides inpatient care to ambulatory or non-ambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous skilled nursing care. DSH-Coalinga also has seven Residential Recovery Units (RRU), which provides inpatient care to patients who are required to reside at DSH but have a lesser need for supervision.

TRAINING AND INTERSHIPS

DSH-Coalinga offers various training and internship opportunities across many clinical disciplines. Please see the table on the following page for a brief description of DSH-Coalinga's training programs.

DSH-Coalinga Training Programs

DISCIPLINE	PROGRAM TYPE
Nursing	<ul style="list-style-type: none"> Registered Nursing Programs Clinical Rotation Nursing Students Preceptorship
Pharmacy ¹	<ul style="list-style-type: none"> Systemwide, DSH's pharmacy discipline is currently contracted with 11 pharmacy schools.
Psychiatric Technicians ²	<ul style="list-style-type: none"> Psychiatric Technician Trainee Pre-Licensed Psychiatric Technicians 20/20 Psychiatric Technician Training Program
Psychology	<ul style="list-style-type: none"> American Psychological Association Approved Pre-Doctoral Internship
Rehabilitation Therapy	<ul style="list-style-type: none"> Recreation Therapy (Student Assistants) Recreation Therapy Internship Program Music Therapy (coming soon)
Social Work	<ul style="list-style-type: none"> 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.

Department of State Hospitals – Metropolitan



HISTORY

The Department of State Hospitals-Metropolitan opened in 1916, this state hospital was once a self-sufficient facility with its own farm, dairy and animals. Today, DSH-Metropolitan is located in Norwalk in Los Angeles County. The hospital has an open campus within a security perimeter. Due to the close proximity of schools and residential housing, DSH-Metropolitan has made an agreement with the community to not accept patients with criminal history that includes murder, sex crimes, or 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) 2018-19, DSH-Metropolitan served 1,482 patients. The commitment categories of patients treated at DSH-Metropolitan are as follows:

Patient Commitments	Penal Code
Incompetent to Stand Trial	1370
Lanterman-Petris Short	-
Offender with a Mental Health Disorder	2972
Not Guilty by Reason of Insanity	1026

HOSPITAL STAFF

Approximately 2,111 employees work at DSH-Metropolitan providing around-the-clock care, including psychologists, psychiatrists, social workers, rehabilitation therapists, psychiatric technicians, 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, 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 comprehensive, cognitive-behavioral treatment for complex, difficult-to-treat mental disorders founded in the late 1970s by psychologist Marsha Linehan.

Research indicates DBT to be effective in reducing:

- Suicidal and self-injurious behaviors
- Chronic feeling of emptiness and depression
- Intense anger or difficulty controlling anger
- Impulsive behaviors that are potentially self-damaging (e.g., substance abuse)
- Psychiatric hospitalizations

DSH- Metropolitan has a specialized unit dedicated to DBT as a treatment modality for individuals who have emotional responses that are poorly modulated and does not fall within the conventionally accepted range. It is also for patients who demonstrate maladaptive behavior such as suicidal actions, aggression towards others, self-harm and substance use.

Each individual 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

ACCREDITATION AND LICENSURE

This facility is accredited by The Joint Commission (TJC). TJC conducts unannounced surveys of this hospital at least every three years. The purpose of the survey is to evaluate the hospital's compliance with nationally established TJC standards. The survey results are used to determine whether accreditation should be awarded and under what conditions that happens. TJC standards deal with organization quality, safety of care 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 on the following page for a brief description on those training programs.

DSH-Metropolitan Training Programs

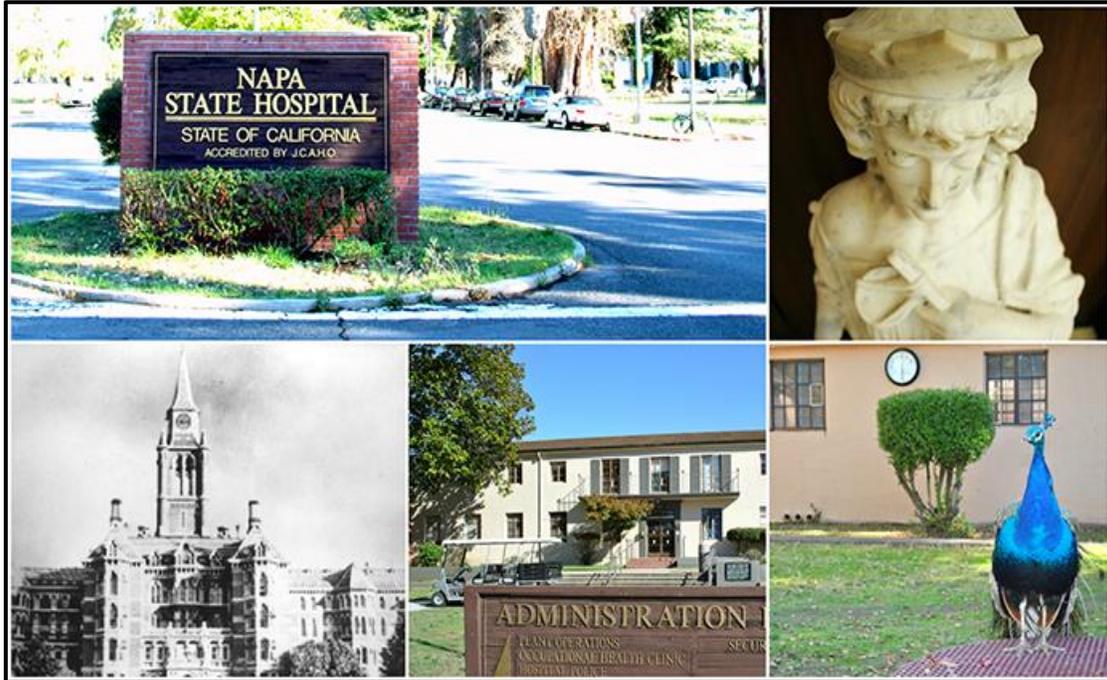
DISCIPLINE	PROGRAM TYPE
Nursing ¹	<ul style="list-style-type: none"> Registered Nursing Programs Clinical Rotation Nursing Students Preceptorship
Pharmacy ²	<ul style="list-style-type: none"> Systemwide, DSH's pharmacy discipline is currently contracted with 11 pharmacy schools.
Physician and Surgeon	<ul style="list-style-type: none"> Student Volunteer Opportunities
Psychiatric Technicians ³	<ul style="list-style-type: none"> 20/20 Psychiatric Technician Training Programs
Psychiatry	<ul style="list-style-type: none"> Pacific Northwest University – Psychiatry Clerkship Western University of Health Sciences – Psychiatry Clerkship
Psychology	<ul style="list-style-type: none"> Association of Psychology Postdoctoral and Internship Center – Affiliated Internship Program
Registered Dietitians	<ul style="list-style-type: none"> Accredited Dietetic Internship
Rehabilitation Therapy	<ul style="list-style-type: none"> Recreation Therapy (Volunteer Positions) Music Therapy (Volunteer Positions) Loyola Marymount University - Art Therapy (Practicum Students)
Social Work	<ul style="list-style-type: none"> Unpaid Masters of Social Work Internships

¹ **Nursing:** Preceptorship for BSN and 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 Hospital building. The Hospital originated in response to overcrowding at Stockton Asylum, the first State Hospital. Department of State Hospitals-Napa opened on Monday November 15, 1875 and is the oldest State Hospital still in operation. DSH-Napa was once self-sufficient, with its own dairy and poultry ranches, vegetable gardens, orchards and other farming operations. Treatment programs for developmentally disabled residents were available from October 1968 to August 1987 and from October 1995 to March 2001. The hospital does not accept voluntary admissions.

PATIENT POPULATION

The hospital is licensed to operate up to approximately 1,418 beds. In Fiscal Year (FY) 2018-19, DSH-Napa served 2,017 patients. The commitment categories of patients treated at DSH-Napa are as follows:

Patient Commitments	Penal Code
Incompetent to Stand Trial	1370
Lanterman-Petris Short	-
Offender with a Mental Health Disorder	2962 / 2972
Not Guilty by Reason of Insanity	1026

HOSPITAL STAFF

Approximately 2,495 employees work at DSH-Napa, providing round-the-clock care, including psychologists, psychiatrists, social workers, rehabilitation therapists, psychiatric technicians, registered nurses, and other clinical staff. In addition, there are various non-level of care job classifications at the facility, including hospital police, kitchen staff, custodial staff, warehouse workers, groundskeepers, information technology staff, plant operations staff, spiritual leaders, and other administrative staff.

TREATMENT PROGRAMS

Patients are screened prior to being scheduled for admission to ensure that DSH-Napa is the appropriate treatment setting. One treatment program is outside the Security Treatment Area (STA) for primarily civil commitments and four programs are inside for forensic commitments. On arrival at the residential unit, staff orients the patient to the unit and members of the treatment team meet with patients and continue the assessment process and develop treatment plans. Once developed, the plan is reviewed regularly by the treatment team and updated as the patient progresses and treatment objectives change. Family, significant others, conservators, California Forensic Conditional Release Program (CONREP), and the courts may play a role as the patient moves through the continuum of care from admission to discharge.

Units have a focus on a particular population and treatment. In addition to the living units there are other service sites. Mall services provides a variety of off unit services for patients. Mall services are a centralized approach to delivering services where the patients and the 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, the mall 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 provide opportunities for patients to develop job skills and habits, as well as earn funds. Educational services enable 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 whole patient in wellness and improved quality of life. Medical ancillary services provide clinics to provide a number of medical services including but not limited to physical, occupational and speech therapies as well as dental, podiatry, neurology, cardiac and obstetrics and gynecology clinics.

The goal of treatment services is to assist patients to recognize and manage psychiatric symptoms. Patients also work on developing socially responsible behaviors, independent living skills and coping skills to address their mental illness and forensic issues.

Specialty units include:

- Admission units, focused on completion of initial assessments and initiation of behavioral stabilization.
- Incompetent to Stand Trial (Penal Code (PC) 1370) treatment, focuses on trial competency treatment, attainment of competency and return them to court for adjudication of pending charges. Patients participate in a wide range of mental health groups and therapeutic activities to assist in addressing symptoms and behaviors that may interfere with their ability to understand the court proceedings and to cooperate with their attorney in preparing a defense.

- Other commitments proceed from admission units through the continuum of care from stabilization to discharge. During a patient's stay some patients may receive specialized treatment.
 - Dialectic Behavior Therapy (DBT) involves individualized treatment and unit milieu management that focuses on supporting patient's use of DBT skills to minimize harm to self and others.
 - Treatment for polydipsia (intoxication resulting from excessive consumption of fluids).
 - Sex offender treatment
 - Intensive Substance Abuse Recovery
 - Geropsychiatric
- Discharge units focus on skills development for community living and on relapse prevention. Each patient prepares a personalized relapse prevention plan. The treatment teams work closely with CONREP towards returning patients to the community under CONREP supervision.

ACCREDITATION AND LICENSURE

This facility is accredited by The Joint Commission (TJC). TJC conducts unannounced surveys of this hospital at least every three years. The purpose of the survey is to evaluate the hospital's compliance with nationally established TJC standards. The survey results are used to determine whether accreditation should be awarded and under what conditions that happens. TJC standards deal with organization quality, safety of care issues and the safety of the environment in which care is provided.

DSH-Napa is licensed by the California Department of Public Health. DSH-Napa has two units designated as acute psychiatric. An acute psychiatric facility means having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care for persons with mental health disorders or other patients referred to in Division 5 (commencing with Section 5000) or Division 6 (commencing with Section 6000) of the Welfare and Institutions Code, including the following basic services: medical, nursing, rehabilitative, pharmacy, and dietary services. DSH-Napa has one unit designated as a (Skilled Nursing Facility (SNF). A SNF means a health facility that provides skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. Additionally, DSH-Napa has 33 units designated as an Intermediate Care Facility (ICF). An ICF means a health facility that provides inpatient care to ambulatory or non-ambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous skilled nursing care.

TRAINING AND PARTNERSHIPS

DSH-Napa offers various training and internship opportunities across many clinical disciplines. Please see the table on the following page for a brief description of DSH-Napa's training programs.

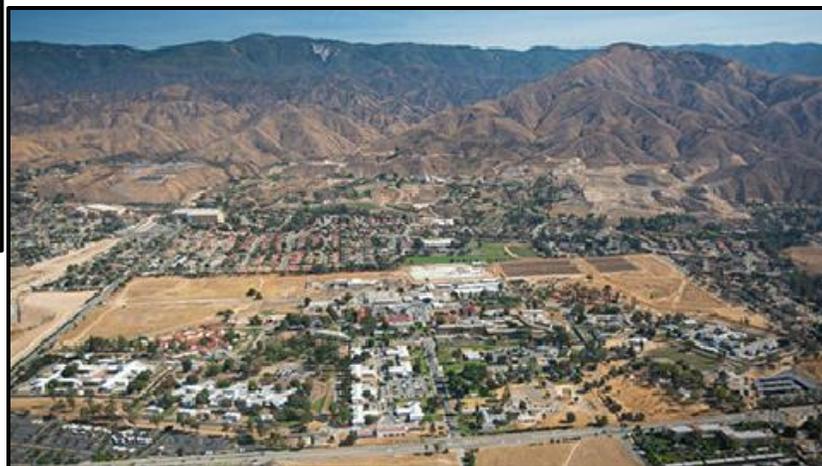
DSH-Napa Training Programs

DISCIPLINE	PROGRAM TYPE
Nursing	• Registered Nursing Programs Clinical Rotation
Pharmacy ¹	• Systemwide, DSH's pharmacy discipline is currently contracted with 11 pharmacy schools.
Psychiatric Technicians ²	• Psychiatric Technician Apprentice • Pre-Licensed Psychiatric Technicians
Psychiatry	• UC Davis, Psychiatry and Law • CA North State University • Touro University • Clinical Clerkships for Medical School Graduates
Psychology	• American Psychological Association Approved Pre-Doctoral Internship
Registered Dietitians	• Accredited Dietetic Internship
Rehabilitation Therapy	• Recreation Therapy (Volunteer Positions) • Occupational Therapy (Volunteer Positions) • Music Therapy (Volunteer Positions) • Dance Movement Therapy Internship
Social Work	• Masters of Social Work Internships (Graduate Student Assistants)

¹ **Pharmacy:** Systemwide, DSH's pharmacy discipline is currently contracted with 11 pharmacy schools. The preceptor at each of the hospitals will communicate with the schools to determine when to send students for their clinical rotations. The contracted schools are: University of Southern California (USC), University of California-San Francisco (UCSF), Touro University California College of Pharmacy, California North State University, California Health Sciences University, Loma Linda University (LLU), St Louis College of Pharmacy, University of Montana, University of the Pacific (UOP), Western University of Health Science, Chapman University.

² **Psychiatric Technicians:** 1. Psychiatric Technician Apprentice - This class is limited term and designed for entrance and performance in an apprentice program leading to status as a licensed Psychiatric Technician. Persons in this class receive training under the provisions of apprenticeship standards and written apprentice agreements under Chapter 4, Division 3, California Labor Code. 2. Pre-Licensed Psychiatric Technicians are graduates from Psychiatric Technician School but have not yet passed the state licensing exam. They are limited to 9 months in that role (test must be passed within the 9 months) and work full time with some limitations on their job responsibilities.

Department of State Hospitals – Patton



HISTORY

The Department of State Hospitals-Patton is a secure forensic psychiatric hospital located in Patton, CA, in San Bernardino County. DSH-Patton was established in 1890 and opened in 1893. DSH-Patton provides treatment to forensically and civilly committed patients within a secure treatment area. The hospital does not accept voluntary admissions.

PATIENT POPULATION

The hospital is licensed to operate up to approximately 1,287 beds. In Fiscal Year (FY) 2018-19, DSH-Patton served 2,585 patients. The commitment categories of patients treated at DSH-Patton are as follows:

Patient Commitments	Penal Code
Incompetent to Stand Trial	1370
Lanterman-Petris Short	-
Offender with a Mental Health Disorder	2962 / 2972
Coleman/CDCR	2684
Not Guilty by Reason of Insanity	1026

HOSPITAL STAFF

Approximately 2,455 employees work at DSH-Patton providing around-the-clock care, including psychiatrists, psychologists, social workers, rehabilitation therapists, psychiatric technicians, registered nurses, registered dietitians and other clinical staff. In addition, there are various non-level of care staff at the facility, including hospital police, kitchen staff, custodial staff, warehouse workers, groundskeepers, information technology staff, plant operations staff, spiritual leaders, and other administrative staff.

TREATMENT AND PROGRAMS

The Trial Competency Program is for patients admitted to the hospital under Penal Code (PC) 1370 as Incompetent to Stand Trial. These patients receive a specialized program of treatment

which is designed to specifically help the patient gain the knowledge and skills necessary to return to court. The goal is for the patient to understand court proceedings and effectively participate in their defense.

The focus of treatment for our Mentally Disordered Offender (MDO) and Not Guilty by Reason of Insanity (NGI) population emphasizes the potential for each patient to learn new skills and adaptive coping mechanisms to enhance the quality of the patient's life at the hospital and prepare them for eventual transfer to Community Outpatient Treatment (COT). Other goals are to motivate patients for treatment, develop greater self-autonomy and independence, and the mastery of Activities of Daily Living (ADL) skills and self-discipline.

All treatment programs at DSH-Patton utilize the recovery philosophy offering a broad spectrum of treatment, while fully endorsing the hospital's mission to provide comprehensive clinical services within the context of a biopsychosocial rehabilitation model within an environment of safety and security for all patients, staff and the community in an atmosphere of dignity and respect.

ACCREDITATION AND LICENSURE

This facility is accredited by The Joint Commission (TJC). TJC conducts unannounced surveys at least every three years. The purpose of the survey is to evaluate the hospital's compliance with nationally established TJC standards. The survey results are used to determine whether accreditation should be awarded and under what conditions that happens. TJC standards deal with organization quality, safety of care issues and the safety of the environment in which care is provided.

DSH-Patton has 12 units designated as acute. An acute psychiatric facility means having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care for persons with mental health disorders or other patients referred to in Division 5 (commencing with Section 5000) or Division 6 (commencing with Section 6000) of the Welfare and Institutions Code , including the following basic services: medical, nursing, rehabilitative, pharmacy, and dietary services. DSH-Patton also has 21 units designated as an Intermediate Care Facility (ICF). An ICF means a health facility that provides inpatient care to ambulatory or non-ambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous skilled nursing care.

DSH-PATTON MUSEUM

The DSH-Patton Museum examines the history of psychiatry and treatment of mental illness in California state-run facilities. The museum offers a glimpse of the evolution of the treatment of mental illness during the last 125 years.

Patton accepted its first patients on August 1, 1893. The museum, only the second of its kind west of the Mississippi River, features more than 140 items. Among the artifacts found in the museum are original medical and surgical equipment, firefighting equipment from the early part of the last century and nursing uniforms from the 1950s.

The museum itself is located on the grounds of the hospital in a 1920s cottage home that once was inhabited by hospital staff and their families.

TRAINING AND PARTNERSHIPS

DSH-Patton offers various training and internship opportunities across many clinical disciplines. Please see the table on the following page for a brief description of DSH-Patton's training program.

DSH-Patton Training Programs

DISCIPLINE	PROGRAM TYPE
Nursing	<ul style="list-style-type: none"> Registered Nursing Programs Clinical Rotation
Pharmacy ¹	<ul style="list-style-type: none"> Systemwide, DSH's pharmacy discipline is currently contracted with 11 pharmacy schools.
Psychiatry	<ul style="list-style-type: none"> Loma Linda UC Riverside Kaiser Permanente
Psychology	<ul style="list-style-type: none"> Practicum American Psychological Association Approved Pre-Doctoral Internship Post-Doctoral Fellowship
Registered Dietitians	<ul style="list-style-type: none"> Accredited Dietetic Internship
Rehabilitation Therapy	<ul style="list-style-type: none"> Recreation Therapy (Student Assistants)
Social Work	<ul style="list-style-type: none"> Masters of Social Work and Bachelors 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.

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

BACKGROUND:

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

The CONREP population includes:

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

CONREP services are also offered to Sexually Violent Predators (WIC 6604) as discussed in greater detail in the CONREP-SVP Program Update.

As of September 23, 2019, there are 635 clients in CONREP Non-SVP.

TREATMENT:

Individuals suitable for CONREP may be recommended by the state hospital Medical Director to the courts for outpatient treatment. Currently, DSH contracts with seven county-operated and three private organizations to provide outpatient treatment services to clients in all 58 counties in the state with non-SVP commitments.

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

When a DSH patient is discharged to CONREP, the goal is to provide an independent living environment in the least restrictive setting. However, if a CONREP-eligible patient has not demonstrated the ability to live in the community without direct staff supervision, the patient is referred to a Statewide Transitional Residential Program (STRP).

The STRPs are a cost-effective resource used by CONREP to provide patients with the opportunity to learn and demonstrate appropriate community living skills in a controlled setting with 24 hours per day, seven days per week (24/7) supervision while they transition from a state hospital to a community site. Alternatively, patients placed in an independent living situation and are having difficulties adjusting can be placed in a STRP, in lieu of re-hospitalization, to help re-stabilize them when their psychiatric symptoms increase or if they are non-compliant with their treatment plan. The STRP is limited to a 90 to 120-day stay as residential treatment. Once the patient has made the necessary adjustments and is ready to live in the community without structured 24/7 services provided by the STRP, the patient is able to live in a Board & Care, Room & Board, or other independent living arrangements and without direct staff supervision.

**PROGRAM PROFILE
EVALUATION AND FORENSIC SERVICES
SOCP AND OMD PRE-COMMITMENT PROGRAM**

BACKGROUND:

The Department of State Hospitals (DSH) is required to provide forensic evaluation services to determine if an inmate within the California Department of Corrections and Rehabilitation (CDCR), prior to parole, requires continued treatment in a state hospital as a Offender with a Mental Health Disorder (OMD) as a condition of parole or as a Sexually Violent Predator (SVP). DSH administers these services through the OMD Program and the Sex Offender Commitment Program (SOCP). DSH currently employs 3.0 Chief Psychologists, 24.5 Consulting Psychologists, and 19.0 SVP Evaluators in addition to contracted psychologists to perform psychological evaluations, develop forensic evaluation reports, provide expert witness court testimony and consultation related to these evaluation services, as well as maintain up-to-date training associated with these programs. These services must be performed at a variety of locations throughout California, but not limited to, state prisons, state hospitals, jails, and courts. The forensic evaluations are time-sensitive and must be completed and referred to the District Attorney's Office no less than 20 days prior to the inmate's release from prison for those individuals determined to meet the criteria as an SVP to comply with a statutory requirement.

This program profile reflects the forensic evaluator staffing levels required to support the volume of interviews, evaluations, forensic report development, and expert witness and court testimony services driven by the number of CDCR referrals for potential SVP and OMD commitments to the state hospitals. Additional workload may include, but is not limited to: completing SVP update evaluations required in preparation for court; developing and maintaining a robust quality assurance program, including data analytics to target training and/or support needs to evaluators and CDCR stakeholders; participating in a mentorship program that pairs highly experienced evaluators with less experienced evaluators; developing and implementing standardized assessment protocols; and maintaining licensure requirements. Failure to perform these forensic services accurately and timely could result in the inappropriate release of an OMD or SVP into the community, compromising public safety.

Sex Offender Commitment Program (SOCP)

The SOCP was established in 1996 pursuant to the Sexually Violent Predator Act, Welfare and Institutions Code (WIC) 6600, et seq. In accordance with WIC 6601(b), the Board of Parole Hearings (BPH) performs the clinical aspects of screening CDCR inmates to determine whether the individual is likely to be an SVP and warrants two forensic psychological evaluations by DSH.

CDCR and BPH are responsible for performing a two-part screening process of CDCR inmates¹. This consists of: (1) identifying whether the individual committed qualifying offenses for commitment as an SVP; and, if so, (2) BPH conducts a clinical review of the individual's qualifying offense(s) and social, criminal, and institutional history to determine whether the individual is likely to be an SVP. If CDCR and BPH determine an individual is likely to be an SVP, CDCR refers the individual to DSH for a full evaluation of whether the person meets the criteria. For the period between August 2018 and July 2019, approximately 535 cases were referred to DSH for full evaluations. DSH is required to complete two forensic psychological evaluations to determine if the individual meets the statutory criteria for civil commitment as an SVP. When there is a difference of opinion (DOP) by the two forensic evaluators initially assigned by DSH to perform full evaluations, DSH is statutorily required to assign two additional independent evaluators who are not state government employees to assess the

¹ Welfare and Institutions Code 6601 (b)

individuals. For the period between August 2018 and July 2019, approximately 50 DOPs were completed by DSH.

Forensic evaluations require travel to the inmate's location for an in-person interview, perform case records reviews including criminal and medical history, develop a written evaluation report and provide expert witness testimony once the case goes to trial. Updated forensic evaluations may be required as part of the preparation for court.

Offender with a Mental Health Disorder (OMD) Program

The OMD commitment was created to provide a mechanism to detain and treat severely mentally ill prisoners who have reached the end of their determinate prison terms and are dangerous to others as a result of a severe mental disorder. The law became effective July 1, 1986 and is codified in Penal Code (PC) 2960 – 2981.

The OMD commitment is a two-phase process:

The first phase is a certification by CDCR's Chief Psychiatrist that an inmate meets the OMD criteria. The certification process consists of CDCR conducting the initial file review and performing one clinical evaluation prior to referring to DSH. DSH then receives the OMD referral from the applicable CDCR institution and sends a clinician to the appropriate CDCR facility to conduct the second forensic psychological evaluation and determine if the inmate meets the OMD statutory criteria prior to release from prison. For the period between August 2018 and July 2019, DSH received approximately 2,772 referrals from CDCR to perform an OMD evaluation for potential commitment to a state hospital. Of these, 409 DSH evaluations were positive and 2,363 DSH evaluations were negative. Of the referral total, 546 were admitted to a state hospital based on DSH evaluations and DOP evaluations conducted by BPH. When there is a DOP between the CDCR and DSH forensic evaluators based on criteria outlined in PC 2962, BPH is responsible for conducting two additional, independent evaluations. BPH conducts approximately 300 DOPs annually.

The second phase consists of a statutory mandate requiring BPH to commit inmates who are found to meet OMD criteria to a state hospital for treatment as a special condition of parole. After a parolee is discharged from CDCR to DSH, the individual is civilly committed as an OMD for involuntary treatment.

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CALIFORNIA DEPARTMENT OF STATE HOSPITALS

REPORT ON STATE HOSPITAL FINANCIAL ACTIVITY



California Department of
State Hospitals

FISCAL YEAR 2019-20

May 14, 2020



DIRECTOR
Stephanie Clendenin

Department of State Hospitals

Report on State Hospital Financial Activity: FY 2019-20

EXECUTIVE SUMMARY

Pursuant to the Fiscal Year (FY) 2019-20 Budget, the Department of State Hospitals (DSH) submits this report to the California State Legislature on the financial activity of the state hospitals. This report is prepared in accordance with Item 4440-011-0001, Provision 9 of the 2019 Budget Act which requires DSH to provide a year-end summary and an operating budget for each state hospital with the FY 2020-21 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 2018-19 year-end budget and expenditures by line-item detail for each institution;
- The budgeted allocations for each institution for current and budget year;
- The projected expenditures for current and budget years

THE DEPARTMENT OF STATE HOSPITALS OVERVIEW

DSH manages the nation's largest inpatient forensic mental health hospital system. Its mission is to provide evaluation and treatment in a safe and responsible manner, seeking innovation and excellence in state hospital operations, across a continuum of care and settings. DSH is responsible for the daily care and provision of mental health treatment of its patients. DSH oversees five state hospitals (Atascadero, Coalinga, Metropolitan, Napa, and Patton) and employs nearly 12,000 staff. Additionally, DSH provides services in jail-based competency treatment (JBCT) programs and conditional release (CONREP) programs throughout the 58 counties. In FY 2018-19, DSH served 11,752 patients within state hospitals and jail-based facilities, with average daily censuses of 6,122 and 290 respectively. The CONREP program maintains an average daily census of approximately 661.

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, 2020.

State Hospital	Authorized Positions ¹	Vacant as of 4/1/20 ²	Percent Vacant
Atascadero	2,225.3	374.9	16.8%
Coalinga	2,352.0	232.5	9.9%
Metropolitan	2,233.8	602.5	27.0%
Napa	2,524.4	290.7	11.5%
Patton	2,509.3	260.1	10.4%
Totals	11,844.8	1,760.7	14.9%

¹Includes authorized Temporary Help per the Schedule 7A.

²Due to delays in Metropolitan's Increased Secure Bed Capacity units, 222.4 authorized positions as of the Schedule 7A will not be utilized in fiscal year 2020-21. Please see Estimate Item C3 for further detail. Due to delays in the opening of Enhanced Treatment units at Atascadero State Hospital, 52.9 authorized positions as of the Schedule 7A will not be utilized in fiscal year 2020-21. Please see Estimate Item C4 for further detail.

Department of State Hospitals

Report on State Hospital Financial Activity: FY 2019-20

AUTHORIZED VERSUS VACANT POSITIONS BY CLASSIFICATION

As of April 1, 2020, DSH's vacancy rate is 14.9 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. Authorized positions are permanently established civil service positions; this does not include registry contract positions or temporary positions.

Class Title	Class Code	Atascadero		Coalinga		Metropolitan		Napa		Patton	
		Authorized	Vacant	Authorized	Vacant	Authorized	Vacant	Authorized	Vacant	Authorized	Vacant
Staff Psychiatrist	7619	44.3	35.3	39.6	23.6	72.8	42.8	53.4	11.4	66.5	26.2
Psychologist	9873	51.7	12.7	37.5	13.5	46.8	12.8	47.4	0.0	59.3	12.7
Senior Psychiatric Technician	8252	103.2	25.2	88.0	4.0	82.3	29.3	83.0	15.0	83.0	0.0
Rehabilitation Therapist	Various	55.0	9.0	46.5	6.5	56.5	17.1	59.1	2.1	69.1	1.1
Registered Nurse	8094	245.8	42.8	232.0	11.8	304.2	108.2	447.2	28.3	362.1	22.1
Clinical Social Worker	9872	45.1	4.1	45.1	5.1	58.8	13.8	52.2	2.2	69.0	1.0
Psychiatric Technician	8253	645.6	88.6	698.7	41.7	502.6	177.6	462.3	73.5	702.8	50.8
Physician/Surgeon	7552	16.0	3.0	12.4	4.4	25.1	3.1	22.5	0.0	26.0	4.3

TEMPORARY HELP BLANKET POSITIONS

Temporary help blanket positions are temporary help positions utilized to offset vacancies and overtime. The following table provides a summary of authorized temporary help blanket positions for the state hospitals as of April 1, 2020. 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

DSH recently transitioned to FISCAL for budgeting functions and restructured its programmatic structure to individually break out each hospital's budget. FY 2018-19 was the first budget-year developed in FISCAL with the new program structure. The department, along with the Department of Finance, focused on the establishment of budgets for each hospital at the item/program level that appears in the 2018 Budget Act, but did not further break those amounts down into the various line items in which the expenditures were projected to occur. As a result, the final FY 2018-19 allocations to each hospital in Hyperion, while correct in total (at the item/program level), do not exactly match each hospital's internal operating budget by line item. Beginning in FY 2019-20,

Department of State Hospitals

Report on State Hospital Financial Activity: FY 2019-20

DSH will update its budget in Hyperion each year to match the budget line items with planned expenditures.

Exhibit I (attached) provides detail on the budget and expenditures for all five state hospitals and each facility individually, listed by FI\$Cal account code for FY 2018-19. For FY 2019-20 and FY 2020-21, 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.

Department of State Hospitals

Report on State Hospital Financial Activity: FY 2019-20

Exhibit I—All Hospitals

Category2	FI\$cal Category	2018-19 Budget	2018-19 Expenditure
= Salaries and Wages	5100000 Earnings - Permanent Civil Service Employees	\$847,275,000	\$735,724,000
	5100150 Earnings - Temporary Civil Service Employees	\$25,094,000	\$35,081,000
	5108000 Overtime Earnings (Other than to Temporary Help)	\$105,182,000	\$124,574,000
Salaries and Wages Total		\$977,551,000	\$895,379,000
= Staff Benefits	5150150 Dental Insurance	\$0	\$1,214,000
	5150200 Disability Leave - Industrial	\$8,845,000	\$225,000
	5150210 Disability Leave - Nonindustrial	\$3,077,000	\$295,000
	5150350 Health Insurance	\$0	\$21,539,000
	5150400 Life Insurance	\$0	\$61,000
	5150450 Medicare Taxation	\$0	\$12,855,000
	5150600 OASDI	\$8,289,000	\$7,787,000
	5150600 Retirement - General	\$163,606,000	\$186,326,000
	5150620 Retirement - Public Employees - Safety	\$0	\$0
	5150630 Retirement - Public Employees - Miscellaneous	\$0	\$0
	5150700 Unemployment Insurance	\$681,000	\$792,000
	5150750 Vision Care	\$0	\$229,000
	5150800 Workers' Compensation	\$32,077,000	\$45,028,000
	5150820 Other Post-Employment Benefits (OPEB) Employer Contributions	\$0	\$0
	5150900 Staff Benefits - Other	\$139,884,000	\$143,739,000
Staff Benefits Total	\$356,459,000	\$420,090,000	
= Operating Expenses and Equipment	5301400 Goods - Other	\$9,031,000	\$3,962,000
	5302900 Printing - Other	\$960,000	\$1,109,000
	5304800 Communications - Other	\$2,872,000	\$2,614,000
	5306700 Postage - Other	\$0	\$186,000
	5308900 Insurance - Other	\$881,000	\$975,000
	5320490 Travel - In State - Other	\$1,596,000	\$1,264,000
	5322400 Training - Tuition and Registration	\$698,000	\$854,000
	5324350 Rents and Leases	\$14,165,000	\$29,504,000
	5324550 Special Repairs and Deferred Maintenance	\$11,597,000	\$0
	5326900 Utilities - Other	\$13,307,000	\$17,986,000
	5340330 Consulting and Professional Services - Interdepartmental - Other	\$2,906,000	\$4,697,000
	5340580 Consulting and Professional Services - External - Other	\$1,060,000	\$66,792,000
	5342600 Departmental Services - Other	\$0	\$50,000
	5344000 Consolidated Data Centers	\$0	\$94,000
	5346900 Information Technology - Other	\$0	\$73,000
	5368115 Office Equipment	\$14,011,000	\$8,263,000
	5390900 Other Items of Expense - Miscellaneous	\$116,592,000	\$78,364,000
	5395000 Unallocated Operating Expense and Equipment	\$18,339,000	\$0
	5415000 Claims Against the State	\$0	\$9,000
5490000 Other Special Items of Expense	\$0	\$2,892,000	
Operating Expenses and Equipment Total	\$208,015,000	\$219,688,000	
Total		\$1,542,025,000	\$1,535,157,000

Department of State Hospitals

Report on State Hospital Financial Activity: FY 2019-20

Exhibit I—Atascadero State Hospital

Category2	FI\$Cal Category	2018-19 Budget	2018-19 Expenditure
= Salaries and Wages	5100000-Earnings - Permanent Civil Service Employees	\$144,554,000	\$132,969,000
	5100150-Earnings - Temporary Civil Service Employees	\$6,625,000	\$8,474,000
	5108000-Overtime Earnings (Other than to Temporary Help)	\$16,218,000	\$14,891,000
Salaries and Wages Total		\$167,397,000	\$156,334,000
= Staff Benefits	5150150-Dental Insurance	\$0	\$174,000
	5150200-Disability Leave - Industrial	\$1,584,000	\$33,000
	5150210-Disability Leave - Nonindustrial	\$718,000	\$77,000
	5150350-Health Insurance	\$0	\$3,530,000
	5150400-Life Insurance	\$0	\$12,000
	5150450-Medicare Taxation	\$0	\$2,260,000
	5150500-OASDI	\$1,738,000	\$1,357,000
	5150600-Retirement - General	\$34,043,000	\$34,229,000
	5150620-Retirement - Public Employees - Safety	\$0	\$0
	5150630-Retirement - Public Employees - Miscellaneous	\$0	\$0
	5150700-Unemployment Insurance	\$99,000	\$112,000
	5150750-Vision Care	\$0	\$39,000
	5150800-Workers' Compensation	\$8,813,000	\$11,061,000
5150820-Other Post-Employment Benefits (OPEB) Employer Contributions	\$0	\$0	
5150900-Staff Benefits - Other	\$27,084,000	\$25,653,000	
Staff Benefits Total		\$74,079,000	\$78,537,000
= Operating Expenses and Equipment	5301400-Goods - Other	\$1,451,000	\$543,000
	5302900-Printing - Other	\$101,000	\$115,000
	5304800-Communications - Other	\$311,000	\$425,000
	5306700-Postage - Other	\$0	\$30,000
	5308900-Insurance - Other	\$11,000	\$12,000
	5320490-Travel - In State - Other	\$459,000	\$433,000
	5327400-Training - Tuition and Registration	\$132,000	\$229,000
	53274350-Rents and Leases	\$2,742,000	\$10,098,000
	53274550-Special Repairs and Deferred Maintenance	\$7,897,000	\$0
	5326900-Utilities - Other	\$2,533,000	\$2,866,000
	5340330-Consulting and Professional Services - Interdepartmental - Other	\$576,000	\$766,000
	5340580-Consulting and Professional Services - External - Other	\$291,000	\$15,946,000
	5342600-Departmental Services - Other	\$0	\$23,000
	5344000-Consolidated Data Centers	\$0	\$27,000
	5346900-Information Technology - Other	\$0	\$18,000
	5368115-Office Equipment	\$2,007,000	\$1,366,000
	5390900-Other Items of Expense - Miscellaneous	\$23,431,000	\$10,574,000
	5395000-Unallocated Operating Expense and Equipment	\$18,339,000	\$0
5415000-Claims Against the State	\$0	\$1,000	
5490000-Other Special Items of Expense	\$0	\$10,000	
Operating Expenses and Equipment Total		\$59,781,000	\$43,482,000
Total		\$301,257,000	\$278,353,000

Department of State Hospitals

Report on State Hospital Financial Activity: FY 2019-20

Exhibit I—Coalinga State Hospital

Category2	FISCAL Category	2018-19 Budget	2018-19 Expenditure
= Salaries and Wages	5100000 Earnings - Permanent Civil Service Employees	\$151,995,000	\$147,785,000
	5100150 Earnings - Temporary Civil Service Employees	\$731,000	\$447,000
	5108000 Overtime Earnings (Other than to Temporary Help)	\$22,673,000	\$21,310,000
Salaries and Wages Total		\$175,399,000	\$169,542,000
= Staff Benefits	5150150 Dental Insurance	\$0	\$216,000
	5150200 Disability Leave - Industrial	\$1,260,000	\$25,000
	5150210 Disability Leave - Nonindustrial	\$823,000	\$52,000
	5150350 Health Insurance	\$0	\$3,825,000
	5150400 Life Insurance	\$0	\$13,000
	5150450 Medicare Taxation	\$0	\$2,425,000
	5150500 OASDI	\$1,837,000	\$1,662,000
	5150600 Retirement - General	\$36,040,000	\$37,754,000
	5150620 Retirement - Public Employees - Safety	\$0	\$0
	5150630 Retirement - Public Employees - Miscellaneous	\$0	\$0
	5150700 Unemployment Insurance	\$236,000	\$313,000
	5150750 Vision Care	\$0	\$43,000
	5150800 Workers' Compensation	\$4,945,000	\$5,030,000
	5150820 Other Post-Employment Benefits (OPEB) Employer Contributions	\$0	\$0
5150900 Staff Benefits - Other	\$29,339,000	\$28,286,000	
Staff Benefits Total		\$74,480,000	\$79,644,000
= Operating Expenses and Equipment	5301400 Goods - Other	\$1,620,000	\$556,000
	5302900 Printing - Other	\$126,000	\$159,000
	5304800 Communications - Other	\$943,000	\$661,000
	5306700 Postage - Other	\$0	\$26,000
	5308900 Insurance - Other	\$124,000	\$138,000
	5320490 Travel - In State - Other	\$574,000	\$358,000
	5322400 Training - Tuition and Registration	\$90,000	\$103,000
	5324350 Rents and Leases	\$2,299,000	\$1,947,000
	5324550 Special Repairs and Deferred Maintenance	\$1,050,000	\$0
	5326900 Utilities - Other	\$3,338,000	\$3,698,000
	5340330 Consulting and Professional Services - Interdepartmental - Other	\$642,000	\$806,000
	5340580 Consulting and Professional Services - External - Other	\$242,000	\$24,402,000
	5342600 Departmental Services - Other	\$0	\$4,000
	5344000 Consolidated Data Centers	\$0	\$5,000
	5346900 Information Technology - Other	\$0	\$23,000
	5368115 Office Equipment	\$2,201,000	\$780,000
	5390900 Other Items of Expense - Miscellaneous	\$32,024,000	\$15,356,000
Operating Expenses and Equipment Total		\$45,273,000	\$49,022,000
Total		\$295,152,000	\$298,208,000

Department of State Hospitals

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Exhibit I—Metropolitan State Hospital

Category2	FISCAL Category	2018-19 Budget	2018-19 Expenditures
= Salaries and Wages	5100000 Earnings - Permanent Civil Service Employees	\$164,051,000	\$114,146,000
	5100150 Earnings - Temporary Civil Service Employees	\$2,876,000	\$6,153,000
	5108000 Overtime Earnings (Other than to Temporary Help)	\$11,157,000	\$17,876,000
Salaries and Wages Total		\$178,084,000	\$138,175,000
= Staff Benefits	5150150 Dental Insurance	\$0	\$252,000
	5150200 Disability Leave - Industrial	\$717,000	\$12,000
	5150210 Disability Leave - Nonindustrial	\$250,000	\$53,000
	5150350 Health Insurance	\$0	\$4,088,000
	5150400 Life Insurance	\$0	\$10,000
	5150450 Medicare Taxation	\$0	\$1,952,000
	5150500 OASDI	\$1,196,000	\$1,472,000
	5150600 Retirement - General	\$21,700,000	\$29,003,000
	5150620 Retirement - Public Employees - Safety	\$0	\$0
	5150630 Retirement - Public Employees - Miscellaneous	\$0	\$0
	5150700 Unemployment Insurance	\$48,000	\$44,000
	5150750 Vision Care	\$0	\$42,000
	5150800 Workers' Compensation	\$5,486,000	\$6,807,000
	5150820 Other Post-Employment Benefits (OPEB) Employer Contributions	\$0	\$0
5150900 Staff Benefits - Other	\$16,814,000	\$20,280,000	
Staff Benefits Total		\$46,211,000	\$64,015,000
= Operating Expenses and Equipment	5301400 Goods - Other	\$2,048,000	\$887,000
	5302900 Printing - Other	\$77,000	\$127,000
	5304800 Communications - Other	\$481,000	\$187,000
	5306700 Postage - Other	\$0	\$33,000
	5308900 Insurance - Other	\$188,000	\$240,000
	5320490 Travel - In State - Other	\$260,000	\$136,000
	5322400 Training - Tuition and Registration	\$82,000	\$134,000
	5324350 Rents and Leases	\$4,757,000	\$1,647,000
	5324550 Special Repairs and Deferred Maintenance	\$697,000	\$0
	5326900 Utilities - Other	\$1,403,000	\$2,903,000
	5340330 Consulting and Professional Services - Interdepartmental - Other	\$310,000	\$547,000
	5340580 Consulting and Professional Services - External - Other	\$75,000	\$3,920,000
	5342600 Departmental Services - Other	\$0	\$23,000
	5344000 Consolidated Data Centers	\$0	\$10,000
	5346900 Information Technology - Other	\$0	\$0
	5368115 Office Equipment	\$542,000	\$1,487,000
	5390900 Other Items of Expense - Miscellaneous	\$12,224,000	\$11,130,000
	5415000 Claims Against the State	\$0	\$6,000
5490000 Other Special Items of Expense	\$0	\$308,000	
Operating Expenses and Equipment Total		\$23,144,000	\$23,725,000
Total		\$247,439,000	\$225,915,000

Department of State Hospitals

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Exhibit I—Napa State Hospital

Category2	FISCAL Category	2018-19 Budget	2018-19 Expenditure
= Salaries and Wages	5100000 Earnings - Permanent Civil Service Employees	\$188,578,000	\$166,358,000
	5100150 Earnings - Temporary Civil Service Employees	\$7,965,000	\$5,962,000
	5108000 Overtime Earnings (Other than to Temporary Help)	\$25,173,000	\$32,697,000
Salaries and Wages Total		\$221,716,000	\$205,017,000
= Staff Benefits	5150150 Dental Insurance	\$0	\$325,000
	5150200 Disability Leave - Industrial	\$2,408,000	\$110,000
	5150210 Disability Leave - Nonindustrial	\$449,000	\$26,000
	5150350 Health Insurance	\$0	\$5,652,000
	5150400 Life Insurance	\$0	\$13,000
	5150450 Medicare Taxation	\$0	\$2,991,000
	5150500 OASDI	\$1,693,000	\$1,772,000
	5150600 Retirement - General	\$32,894,000	\$42,300,000
	5150620 Retirement - Public Employees - Safety	\$0	\$0
	5150700 Unemployment Insurance	\$155,000	\$237,000
	5150750 Vision Care	\$0	\$56,000
	5150800 Workers' Compensation	\$5,239,000	\$11,398,000
	5150820 Other Post-Employment Benefits (OPEB) Employer Contributions	\$0	\$0
5150900 Staff Benefits - Other	\$33,850,000	\$35,552,000	
Staff Benefits Total		\$76,688,000	\$100,382,000
= Operating Expenses and Equipment	5301400 Goods - Other	\$3,129,000	\$1,248,000
	5302900 Printing - Other	\$430,000	\$430,000
	5304800 Communications - Other	\$820,000	\$784,000
	5306700 Postage - Other	\$0	\$42,000
	5308900 Insurance - Other	\$493,000	\$536,000
	5320490 Travel - In State - Other	\$147,000	\$152,000
	5322400 Training - Tuition and Registration	\$257,000	\$210,000
	5324350 Rents and Leases	\$2,470,000	\$12,807,000
	5324550 Special Repairs and Deferred Maintenance	\$831,000	\$0
	5326900 Utilities - Other	\$3,642,000	\$5,175,000
	5340330 Consulting and Professional Services - Interdepartmental - Other	\$859,000	\$1,711,000
	5340580 Consulting and Professional Services - External - Other	\$286,000	\$9,338,000
	5344000 Consolidated Data Centers	\$0	\$36,000
	5346900 Information Technology - Other	\$0	\$32,000
	5368115 Office Equipment	\$2,195,000	\$2,864,000
	5390900 Other Items of Expense - Miscellaneous	\$23,620,000	\$19,899,000
	5415000 Claims Against the State	\$0	\$1,000
5490000 Other Special Items of Expense	\$0	\$1,001,000	
Operating Expenses and Equipment Total		\$39,179,000	\$56,266,000
Total		\$337,583,000	\$361,665,000

Department of State Hospitals

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Exhibit I—Patton State Hospital

Category2	Fiscal Category	2018-19 Budget	2018-19 Expenditure
= Salaries and Wages	5100000 Earnings - Permanent Civil Service Employees	\$198,097,000	\$174,466,000
	5100150 Earnings - Temporary Civil Service Employees	\$6,897,000	\$14,045,000
	5108000 Overtime Earnings (Other than to Temporary Help)	\$29,961,000	\$37,800,000
Salaries and Wages Total		\$234,955,000	\$226,311,000
= Staff Benefits	5150150 Dental Insurance	\$0	\$247,000
	5150200 Disability Leave - Industrial	\$2,876,000	\$45,000
	5150210 Disability Leave - Nonindustrial	\$837,000	\$87,000
	5150350 Health Insurance	\$0	\$4,444,000
	5150400 Life Insurance	\$0	\$13,000
	5150450 Medicare Taxation	\$0	\$3,227,000
	5150500 OASDI	\$1,825,000	\$1,574,000
	5150600 Retirement - General	\$38,929,000	\$43,040,000
	5150620 Retirement - Public Employees - Safety	\$0	\$0
	5150630 Retirement - Public Employees - Miscellaneous	\$0	\$0
	5150700 Unemployment Insurance	\$143,000	\$86,000
	5150750 Vision Care	\$0	\$49,000
	5150800 Workers' Compensation	\$7,594,000	\$10,732,000
	5150820 Other Post-Employment Benefits (OPEB) Employer Contributions	\$0	\$0
5150900 Staff Benefits - Other	\$32,797,000	\$33,968,000	
Staff Benefits Total		\$85,001,000	\$97,512,000
= Operating Expenses and Equipment	5301400 Goods - Other	\$783,000	\$728,000
	5302900 Printing - Other	\$226,000	\$278,000
	5304800 Communications - Other	\$317,000	\$557,000
	5306700 Postage - Other	\$0	\$55,000
	5308900 Insurance - Other	\$65,000	\$49,000
	5320490 Travel - In State - Other	\$156,000	\$185,000
	5322400 Training - Tuition and Registration	\$137,000	\$178,000
	5324350 Rents and Leases	\$2,397,000	\$3,005,000
	5324550 Special Repairs and Deferred Maintenance	\$1,122,000	\$0
	5326900 Utilities - Other	\$2,391,000	\$3,344,000
	5340330 Consulting and Professional Services - Interdepartmental - Other	\$519,000	\$867,000
	5340580 Consulting and Professional Services - External - Other	\$166,000	\$13,186,000
	5344000 Consolidated Data Centers	\$0	\$16,000
	5346900 Information Technology - Other	\$0	\$0
	5368115 Office Equipment	\$7,066,000	\$1,766,000
	5390900 Other Items of Expense - Miscellaneous	\$25,293,000	\$21,405,000
	5415000 Claims Against the State	\$0	\$1,000
5490000 Other Special Items of Expense	\$0	\$1,573,000	
Operating Expenses and Equipment Total		\$40,638,000	\$47,193,000
Total		\$360,594,000	\$371,016,000

Department of State Hospitals

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Exhibit II—All Hospitals

Hospital	2019-20 Budget	2019-20 Projected Expenditure	2020-21 Budget	2020-21 Projected Expenditure
4410010-Atascadero	\$290,531,000	\$287,626,000	\$299,673,000	\$296,676,000
4410020-Coalinga	\$313,601,000	\$310,465,000	\$320,589,000	\$317,383,000
4410030-Metropolitan	\$290,300,000	\$287,397,000	\$324,793,000	\$321,545,000
4410040-Napa	\$361,828,000	\$358,210,000	\$369,704,000	\$366,007,000
4410050-Patton	\$383,703,000	\$379,866,000	\$391,972,000	\$388,052,000
Grand Total	\$1,639,963,000	\$1,623,563,000	\$1,706,731,000	\$1,689,664,000