

The Department of State Hospital's (DSH) proposed budget for Fiscal Year (FY) 2021-22 totals \$2.6 billion, an increase of \$458.7 million (an increase of 22 percent) from the 2020 Budget Act, with 40.4 proposed positions in the budget year (BY). The proposed budget includes investments in community and jail-based programs to continue DSH's efforts towards meeting the increased demand for services for individuals deemed Incompetent to Stand Trial, improving the departments operations and delivery of services, and state hospital facility repairs and improvements.

SUPPORT COMPARISON
FY 2020 Budget Act vs. FY 2021-22 Governor's Budget
(Dollars in Thousands)

FUNDING SOURCE	Budget Act 2020 ¹	FY 2021-22 Governor's Budget	Difference	% Change
General Fund (0001)	\$1,917,967	\$2,301,880	\$383,913	20%
Lease Revenue Bond (Ref 003)	\$40,618	\$40,631	\$13	0%
State Hospitals	\$40,618	\$40,631	\$13	0%
Support Funds (Ref 011)	\$1,874,927	\$2,206,790	\$331,863	18%
Administration	\$197,606	\$176,134	(\$21,472)	-11%
State Hospitals	\$1,513,419	\$1,557,868	\$44,449	3%
CONREP	\$51,118	\$65,693	\$14,575	29%
Contracted Patient Services	\$89,369	\$384,068	\$294,699	330%
Evaluation & Forensic Services	\$23,415	\$23,027	(\$388)	-2%
Support HIPAA (Ref 017)	\$1,322	\$1,377	\$55	4%
Administration	\$1,322	\$1,377	\$55	4%
Support COVID-19 (Ref 021)	\$0	\$51,982	\$51,982	100%
Administration	\$0	\$4,148	\$4,148	100%
State Hospitals	\$0	\$47,634	\$47,634	100%
Contracted Patient Services	\$0	\$200	\$200	100%
Non- Budget Act (Ref 502)	\$1,100	\$1,100	\$0	0%
Medicare- State Hospital	\$1,100	\$1,100	\$0	0%
Lottery Fund (0814)	\$42	\$27	(\$15)	-36%
State Hospitals	\$42	\$27	(\$15)	-36%
Reimbursements (Ref 511)	\$175,582	\$183,684	\$8,102	5%
Administration	\$3,412	\$252	(\$3,160)	-93%
State Hospitals	\$172,170	\$183,432	\$11,262	7%
TOTALS	\$2,093,591	\$2,485,591	\$392,000	19%

¹Total includes non-budget act items (Medicare, Lottery, Re-Appropriations)



CAPITAL OUTLAY COMPARISON
FY 2020 Budget Act vs. FY 2021-22 Governor's Budget
(Dollars in Thousands)

FUNDING SOURCE	Budget Act 2020¹	FY 2021-22 Governor's Budget	Difference	% Change
General Fund (0001)	\$9,657	\$54,320	\$44,663	462%
Capital Outlay	\$9,657	\$54,320	\$44,663	462%
Public Bldg Construction (0660)	\$0	\$22,024	\$22,024	0%
Capital Outlay	\$0	\$22,024	\$22,024	0%
TOTALS	\$9,657	\$76,344	\$66,687	691%

¹Total includes non-budget act items (Medicare, Lottery, Re-Appropriations)

SUPPORT BUDGET

The Governor's Budget reflects a net increase of \$392 million in General Fund (GF). The following provides specific detail of proposed budget adjustments for DSH in the 2020 Budget Act.

BUDGET CHANGE PROPOSALS

Budget Change Proposals (\$303.4 million and 23.5 positions in 2021-22)

- *Protected Health Information (PHI) Implementation (\$986,000 and 8.0 positions in 2021-22 and 2022-23)*
- Proposes to extend the 8.0 positions and \$986,000 funding from Budget Act 2018 on a two-year limited term basis beginning in 2021-22 to process invoices and payments from external medical providers containing Protected Health Information (PHI).
- *Increased Court Appearances and Public Records Act Requests (\$777,000 and 5.5 positions in 2021-22 and 2022-23)*

Proposes to extend the 5.5 positions and \$777,000 funding from Budget Act 2019 on a two-year limited term basis beginning in 2021-22 to address an increase in court hearings at which DSH attorneys are required to appear throughout the State related to individuals committed to DSH as Incompetent to Stand Trial. These positions will also address an increase in Public Records Act requests to which DSH must respond.

- *Patient Education (\$352,000 and 3.0 positions in 2021-22 and ongoing)*

Proposes 3.0 positions and \$352,000 funding to expand patient education services at DSH-Coalinga. Education and related services are a critical component of in-patient treatment and help patients successfully re-establish life in their community upon hospital discharge.



- *Medical and Pharmaceutical Billing System (\$794,000 and 1.0 position in 2021-22; \$774,000 and 1.0 position ongoing through 2024-25)*

Proposes 1.0 position and \$794,000 funding in 2021-22 and 1.0 position and \$774,000 funding ongoing through 2024-25 to enhance system functionality for the Cost Recovery System (CRS). The CRS will capture, bill, and recover eligible patient cost of care reimbursements until DSH has successfully implemented an Electronic Health Record (EHR). CRS is housed within the Department of Developmental Services (DDS) and is the electronic billing system for DDS and DSH that is utilized for tracking, documenting, billing, and recovering funds for patient cost of care. The enhancement of the CRS system will allow DSH to bridge the gap between the current CRS limitations and the implementation of a full EHR solution, which will include the standard cost recovery functionality, scheduled for implementation in 2025, while allowing for increased revenue collection during this interim period.

- *Skilled Nursing Facility Infection Preventionists (\$350,000 and 2.0 positions in 2021-22 and ongoing)*

Proposes 2.0 positions and \$350,000 funding to establish Infection Preventionists at DSH-Metropolitan and DSH-Napa in accordance with requirements set forth in AB 2644 (Wood, Chapter 287, Statute of 2020) and section 1255.9 of the Health and Safety Code.

- *Community Care Demonstration Project for Felony IST (\$233.2 million and 4.0 positions in 2021-22; \$136.4 million and 4.0 positions ongoing)*

Proposes 4.0 positions and \$233.2 million in 2021-22 and 4.0 positions and \$136.4 million in 2022-23 ongoing to contract with counties to provide a continuum of services to felony ISTs in the county as opposed to state hospitals. The counties would assume responsibility for the treatment and restoration of felony Incompetent to Stand Trial (IST) defendants beginning July 1, 2021. The goal of this proposal is to promote a community-based continuum of care for felony IST defendants in the state. It seeks to demonstrate the effectiveness of streamlining responsibility to drive improved outcomes (reduced incarceration, recidivism and homelessness) for individuals with serious mental illnesses. Additionally, this proposal assists the state in coming into compliance with the timelines for IST commitments required by the *Stiavetti* court ruling (currently under appeal).

- *Deferred Maintenance Allocation (\$15 million in 2021-22)*

Proposes a one-time allocation of \$15 million in 2021-22 to address critical deferred maintenance, special repairs/replacement, and regulatory compliance projects at DSH's five hospitals.

- *COVID-19 Direct Response Expenditures (\$52 million in 2021-22)*

Proposes a one-time allocation of \$52 million in 2021-22 to continue to respond to the COVID-19 pandemic through a statewide BCP for COVID-19 response. COVID-19 has been a rapidly evolving event and DSH has been and continues to actively plan and prepare for COVID-19 across the DSH system, following guidance from the California Department of Public Health (CDPH), the Centers for Disease Control and Prevention (CDC), and other state and local partners. On an ongoing basis, changes are made to the DSH system to be responsive to COVID-19 and overcome challenges that this pandemic presents. Funding provided will be used for personnel expenses, personal protective equipment (PPE), outside medical hospitalizations and testing for patients and staff.



ENROLLMENT, CASELOAD AND POPULATION

DSH continues to seek solutions to address the significant growth in its patient population. As of December 14, 2020, DSH has a total of 1,762 patients pending placement, of which 1,388 are Incompetent to Stand Trial (IST). The enrollment, caseload and population estimates propose new investments in both community-based and jail-based competency restoration treatment for ISTs, along with other adjustments related to serving patients in both the state hospitals and the Conditional Release Program (CONREP).

State Hospital Estimate (-\$25.1 million and -157.2 positions in 2020-21 and \$6.3 million and 10.4 positions in 2021-22)

- *Lanterman-Petris-Short (LPS) Population Services Adjustment (\$8.1 million in 2021-22 and ongoing in reimbursement authority)*

Due to an increasing LPS population being served in DSH hospital, DSH requests additional reimbursement authority of \$8,102,000 beginning in 2021-22 to match the expected amount to be collected from counties for services provided to the LPS population.

- *DSH-Metropolitan Increase Secured Bed Capacity (-\$18.6 million and -120.6 positions in 2020-21)*

The 2020-21 Budget provided funding for DSH to activate the remaining three units of a five-unit secured bed capacity expansion to provide additional bed capacity to treat individuals committed to DSH as Incompetent to Stand Trial. Due to COVID-19, DSH is experiencing delays in the activation of the three remaining units for this purpose. The CTE Fire Alarm Upgrade Project and all unit construction that was expected to be completed before these units were activated has been placed on hold. Additionally, DSH-Metropolitan prioritized using the three inactive units for its COVID-19 response. One unit is utilized for isolation of patients testing positive for COVID-19 and the other two units were used as Admission Observation Units (AOUs). With these delays, DSH anticipates a one-time savings of \$18.6 million and 120.6 positions in 2020-21.

- *Enhanced Treatment Program (ETP) (-\$4.7 million and -30.1 positions in 2020-21; -\$1.8 million and -11.6 positions in 2021-22)*

ETP is an enhanced level of care designed to treat patients who are at the highest risk of violence and who cannot be safely treated in a standard treatment environment. These units will provide improved treatment in a heightened secure setting to patients with a demonstrated and sustained risk of aggressive, violent behavior toward other patients and staff. As of the 2021-22 Governor's Budget, DSH anticipates additional activation delays in all four units. The continued delays are due to existing site conditions, code issues, unforeseen conditions such as unknown regular and low voltage electrical conduits, materials damage, unexpected ductwork and the uncertainties related to COVID-19. As a result, DSH will yield a one-time savings of \$4.7 million and 30.1 positions in 2020-21 and a one-time savings of \$1.8 million and 11.6 positions in 2021-22.

- *Vocational Services and Patient Minimum Wage Caseload (-\$100,000 in 2020-21)*

Due to COVID-19, DSH patient vocational referrals have been lower as a result of the restrictions on patient work and the many job sites and activities that cannot host patient workers at this time. DSH has adjusted the projection methodology to account for the reduction in payment of patient worker wages. DSH estimates a one-time estimated savings of \$100,000 in 2020-21.



○ *Mission Based Review - Court Evaluations and Reports (-\$314,000 in 2020-21)*

This staffing standard establishes population-driven methods for calculating staffing needs for the following forensic functions: Evaluations, Court Reports and Testimony; Forensic Case Management and Data Tracking; and Neuropsychological Services (Neuropsychological Assessments and Cognitive Remediation Pilot Program). The 2019 Budget Act included 94.6 permanent full-time positions and \$40,227,000, phased in over a three-year period, to implement a staffing standard to support the forensic services workload associated with court-directed patient treatment. The 2020 Budget Act, in response to the economic impact of the COVID-19 pandemic, revised the implementation of this staffing standard to phase-in across a four-year period. Minimal position vacancies will result in a one-time cost savings of \$314,000 in 2020-21. As of November 1, 2020, 35.3 positions have been filled.

○ *Mission Based Review - Direct Care Nursing (No position authority or dollar amount change)*

This staffing standard examined nurse-to-patient ratios for providing nursing care and the components available to achieve these ratios including internal registries, overtime, and position movements among facilities. It also included staffing methodologies for the administration of medication and the afterhours nursing supervisory structure. 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 at the hospitals. The 2020 Budget Act, in response to the economic impacts of the COVID-19 pandemic, revised the implementation of this staffing standard to be phased-in across a four-year period. No position or dollar amount change at this time, an update will be provided in the 2021-22 May Revision.

○ *Mission Based Review - Workforce Development (-\$425,000 in 2020-21)*

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

- *The Psychiatric Residency Program:* Delays in program activation and hiring will yield a one-time savings of \$239,000 in 2020-21.
- *Psychiatric Technician Program:* Delays in contract agreements and hiring due to COVID-19 will yield a one-time savings of \$186,000 in 2020-21.

○ *Mission-Based Review - Treatment Team and Primary Care (10.0 positions in 2021-22 and ongoing)*

This staffing standard uses data-informed methodologies for standardizing caseload for DSH's interdisciplinary treatment team and primary care, resulting in an increase in the number of treatment teams and primary care physicians in the state hospitals. This will improve patient outcomes, result in shorter lengths of stay, and reduce patient violence and staff injuries. In the 2020 Budget Act, due to COVID-19, the Legislature ultimately approved the methodologies contained in the BCP but were only able to provide funding and resources of \$5 million and 12.5 positions in 2020-21 and \$10 million and 30.0 positions in 2021-22 and ongoing for both the MBR-Treatment Team and Primary Care and MBR-Protective Services. With the augmentation of funding and resources, DSH prioritized the Clinical Executive Structure and the partial implementation of Primary Medical Care. In the 2021-22 Governor's Budget, DSH requests 10.0 permanent position authority only to permanently backfill behind the positions redirected from the hospitals to create the Clinical Operations Advisory Council (COAC) in the Clinical Operations Division in Sacramento.



○ *Mission-Based Review - Protective Services (12.0 positions in 2021-22 and ongoing)*

This staffing standard identifies protective service posts and establishes workload-driven staffing methodologies to allocate adequate resources for essential police functions and reduce overtime usage. In the 2020 Budget Act, due to COVID-19, the Legislature ultimately approved the methodologies contained in the BCP but were only able to provide funding and resources of \$5 million and 12.5 positions in 2020-21 and \$10 million and 30.0 positions in 2021-22 and ongoing for both the MBR-Treatment Team and Primary Care and MBR- Protective Services. DSH prioritized the funding and resources to be allocated for the MBR- Treatment Team and Primary Care. Subsequently, the Department of Finance approved DSH to utilize the overtime budget for off-grounds custody, DSH administratively established 12.0 Hospital Police Officer positions in 2020-21 and request 12.0 permanent position authority for 2021-22 and ongoing.

○ *COVID-19 Informational Only (No position authority or dollar change)*

COVID-19 has been a rapidly evolving event and DSH has been and continues to actively plan and prepare for COVID-19 across the DSH system, following guidance from CDPH, the CDC, and other state and local partners. On an ongoing basis changes are made to the DSH system to be responsive to COVID-19 and overcome challenges that this pandemic presents. Funding provided will be used for personnel expenses, personal protective equipment (PPE), outside medical hospitalizations and testing for patients and staff. Funding requests for 2020-21 are not included in the DSH specific budget, it is part of a statewide funding allocation. Funding requests for 2021-22 total \$52 million and is being requested through a statewide BCP for COVID-19 response.

○ *Telepsychiatry Resources (-\$911,000 and -6.5 positions in 2020-21)*

In the 2019 Budget Act, DSH added clinical oversight and supervision, telepsychiatry coordinators, as well as information technology (IT) equipment and resources to support the Telepsychiatry program. As of the 2021-22 Governor's Budget, DSH-Atascadero continues to focus on recruitment of on-site providers and has not filled the seven positions originally identified for telepsychiatry services. Due to a continued interest and need in telepsychiatry, these resources will alternatively be utilized by DSH-Coalinga and recruitment and hiring efforts will begin in January 2021. Due to the delay in hiring DSH will yield a one-time savings of \$911,000 and 6.5 positions in 2020-21.

Conditional Release Program (CONREP) Estimate (-\$6.6 million and 0.3 positions in 2020-21; \$14.1 million and 2.5 positions in 2021-22 and ongoing)

○ *CONREP Non-Sexually Violent Predator (SVP): Caseload Update (\$1.2 million in 2021-22 and ongoing)*

CONREP providers request the standard cost of living and operational cost increases. CONREP county providers are obligated to provide salary increases imposed by the respective union collective bargaining contracts. DSH is requesting funding to support the salary and operating expense increases for contracted providers to avoid a funding shortfall in order to meet the contractual obligations with operating a CONREP program. The impact of insufficient funding to support contractual staffing levels could result in a reduction in the number of CONREP providers willing to serve patients. DSH requests \$1.2 million in contract funding to support the increasing salary and operating expense costs of the CONREP providers.



- *CONREP Non-SVP: Mobile Forensic Assertive Community Treatment (FACT) Team (\$5.6 million and 2.0 positions in 2021-22; \$8.0 million and 2.0 positions in 2022-23 and 2023-24; and \$8.2 million and 2.0 positions in 2024-25 and ongoing)*

DSH is partnering with CONREP providers to plan an expansion of CONREP services by implementing a mobile treatment team that is based on the FACT model of care to expand the continuum of treatment options for clients served through CONREP. A FACT model of care can be used to place ISTs who may be suitable for outpatient treatment where a community-based restoration program is not available. Additionally, it will provide increased supports, as needed, for patients committed as Not Guilty by Reason of Insanity and Offenders with Mental Health Disorders transitioning from a state hospital to CONREP. Staffed with clinical and client support positions, FACT teams are mobile and provide 24/7 support to clients as needed to support the client's success and reduce the likelihood of rehospitalization through de-escalation and crisis intervention practices. This proposal will allow for increased CONREP housing and could serve up to 100 clients at any given time. DSH requests \$5.6 million in contract funding in 2021-22 and \$8.0 million in 2022-23 ongoing to support 2.0 positions and contract funding.

- *CONREP SVP: Caseload Update (No position authority or dollar change)*

As of the 2021-22 Governor's Budget, DSH assumes that a total caseload of 21 SVPs will be conditionally released into the community by June 30, 2022. There are 16 court-ordered clients who are currently participating in the CONREP-SVP program and less than 11 individuals with court-approved petitions for release into the program who are awaiting placement in the community. Additionally, 16 individuals have filed petitions for Conditional Release and are proceeding through the court process. Finally, there are less than 11 individuals who are anticipated to petition for the CONREP-SVP program and are expected to be placed within 2021-22. Based on this data, there is no change to the estimated caseload of 21 and no request for funding or position authority. DSH will provide a caseload update in the 2021-22 May Revision.

- *CONREP Continuum of Care Expansion (-\$6.6 million and 0.3 positions in 2020-21; \$7.3 million and .5 position in 2021-22 and ongoing)*

The 78-bed Southern CA Institute for Mental Disease (IMD) contract was executed in July 2020. It is anticipated that construction will be complete and program activation will occur by April 2021. However, this timeline is preliminary and dependent upon regulatory approvals. As a result of this delay, DSH estimates a one-time cost savings of \$9.8 million in 2020-21. To provide expanded treatment options available to patients, DSH executed a contract with another IMD facility in Northern California for 10 beds in 2020-21 with a 2020-21 cost of \$1.7 million. DSH proposes to extend this contract in 2021-22 and ongoing and expand to 20 beds. Additionally, DSH is negotiating with a Northern California Mental Health Rehabilitation Center (MHRC) to establish a 20-bed program in 2020-21 which will serve ISTs ordered to CONREP. DSH expects contract execution and program activation to occur by February 2021, at an estimated 2020-21 cost of \$1.5 million. For these 2020-21 costs, DSH plans to utilize savings from the 78-bed Southern CA facility, resulting in a one-time 2020-21 savings of \$6.6 million and request for 0.3 position authority. DSH requests additional funding of \$7.34 million and 0.5 position authority in 2021-22 and ongoing.



Contracted Patient Services Estimate (\$7.4 million in 2020-21; \$58.4 million and 4.0 positions in 2021-22; \$12.6 million and 4.0 positions in 2022-23 through 2025-26; \$11.3 million and 4.0 positions in 2026-27 and ongoing)

- *Jail-Based Competency Treatment (JBCT) Existing Program and Activation Updates (-\$3.2 million in 2020-21; \$62,000 in 2021-22 and ongoing)*

DSH continues to partner with various county Sheriffs to provide jail-based competency restoration services for individuals deemed incompetent to stand trial on felony charges. This estimate provides updates to activations of new programs authorized in previous budgets and proposes funding adjustments for several programs who have identified increased costs in providing restoration of competency services for DSH. Significant adjustments in this estimate include the delay in both the activation of the Calaveras County 10-bed JBCT program and the Kern Admission, Evaluation and Stabilization (AES) Center's 30-bed expansion. This has resulted in a one-time 2020-21 savings of \$3.2 million, which will be used to fund new JBCT programs activating in 2020-21. Additionally, DSH requests funding in contract dollars to support increased operational expenses required to employ a mobile psychologist who will travel to multiple JBCT locations to deliver services. DSH requests contract funding of \$62,000 in 2021-22 and ongoing.

- *JBCT New Programs (\$785,000 in 2020-21; \$6.3 million in 2021-22 and ongoing)*

DSH continues to build out its continuum of care to support IST patients by working with a number of counties to develop new JBCT programs in their local jails. The proposed budget includes 2020-21 funding of \$3,000 to support the Patients' Rights Advocate funding and \$782,000 in funding for two new JBCT program activations, which will be funded using the CY Kern AES savings. DSH requests \$6.3 million in 2021-22 and ongoing with an anticipated 31 bed capacity increase to support the growing IST patient population.

- *Felony Mental Health Diversion Program (Diversion) Reappropriation and Expansion (\$47.6 million and 3.0 positions in 2021-22; \$1.2 million and 3.0 positions through 2025-26; 3.0 positions in 2026-27 and ongoing)*

DSH requests one-time funding of \$29.0 million to expand the existing Diversion program and provide an opportunity for counties currently not participating to join. Additionally, DSH proposes to provide one-time funding of \$17.4 million to existing DSH-funded county diversion programs to expand the number of IST defendants served by these programs. Consistent with the Diversion program funding authorized in 2018-19, DSH proposes a one-time appropriation in 2021-22 that can be obligated over a three-year period. DSH requests to extend the availability of \$8.0 million that was appropriated in 2018-19 for the pilot project by 12 months. The additional 12 months requested will grant DSH and participating counties sufficient time to complete the full three-year pilot program. DSH will also contract with UC Davis to consolidate and analyze data received from counties and track recidivism data from participants who have completed the Diversion program. In total, DSH requests \$46.4 million in one-time funding for 2021-22; \$1.2 million in funding for 2021-22 through 2025-26, and position authority of 3.0 beginning in 2021-22 and ongoing.



- *Los Angeles Community-Based Restoration (CBR) Program (\$9.8 million in 2020-21; \$4.5 million and 1.0 position in 2021-22; \$5.0 million and 1.0 position in 2022-23 and ongoing)*

To support the development of a comprehensive continuum of care for felony ISTs, DSH requests to expand the LA community-based treatment program and establish new programs in additional counties. In conjunction with established Diversion and JBCT programs, this initiative will expand the capacity to treat ISTs in the community by reducing the number of patients pending placement to DSH facilities and support the overall goal of reducing admission times for treatment. DSH plans to establish up to 200 new beds and provide time-limited transitional resources to support the off-ramp of IST defendants to the community who may restore to competency while waiting in jail and anticipates activating all 200 beds on a rolling basis beginning January 1, 2021. DSH proposes to add up to 50 CBR beds in other areas of the state in two phases, with 20 beds activating July 1, 2021 and an additional 30 beds activating by October 1, 2021.

Evaluation and Forensic Services Estimate (No position authority or dollar change)

- *Sex Offender Commitment Program (SOCP) and Offender with a Mental Health Disorder (OMD) Pre-Commitment Program: Caseload Update (No position authority or dollar change)*

By authority of Governor Newsom, California Department of Corrections and Rehabilitation (CDCR) announced it would reduce its population by 10,000 in order to reduce the risk of transmission of COVID-19 within its facilities. As a result, CDCR is pursuing a series of expedited release efforts. DSH is working closely with CDCR and the Board of Parole Hearings to determine the number of OMD referrals to DSH as a result of the expedited releases, which is difficult to project at this point. DSH continues to monitor the OMD and SVP referral trends and will provide a caseload update in the 2021-22 May Revision.

DSH Technical Adjustment (No position authority or dollar change)

DSH is proposing a net-zero technical adjustment to realign resources in 2021-22 and ongoing. This adjustment is needed to properly align budget and position authority within existing resources to where expenditure will occur. This request does not adjust DSH’s funding levels.

CAPITAL OUTLAY BUDGET

The Budget includes \$76.3 million (\$54.3 million General Fund, \$22 Public Buildings Construction Fund) for the construction phase of three projects located at various hospitals throughout the state, including \$50.5 million for DSH-Coalinga for the restoration of the Hydronic Loop, \$22 million for the DSH-Metropolitan for the consolidation of police operations, and \$3.8 million for DSH-Patton and DSH-Atascadero for updates to the Enhanced Treatment Units.

State Hospital	Project Description	Project Phase	Amount
Atascadero/Patton	Enhanced Treatment Unit	Construction-Supplemental Appropriation	\$3,792,000
Coalinga	Hydronic Loop	Construction	\$50,528,000
Metropolitan	Consolidation of Police Operations	Construction	\$22,024,000

STATE HOSPITAL POPULATION

DSH is responsible for the daily care and treatment to over 7,000 patients with an estimated caseload, by the end of FY 2021-22, totaling 5,847 across the state hospitals, 514 in contracted programs, and 831 in CONREP non-SVP and CONREP SVP programs. Over the last decade, the population demographic has shifted from primarily civil court commitments to a forensic population committed through the criminal court system. Approximately 91% of the patient population is forensic. The remaining 9% are patients admitted in accordance with the LPS Act. DSH is primarily funded through the State GF and reimbursements collected from counties for the care of LPS patients. The table below displays patient caseload by commitment type and contract location.

2021-22 Governor's Budget	
Estimated Caseload	
Location	Estimated Census on June 30,2022
<i>Population by Commitment Type – Hospitals</i>	
IST—PC 1370	1,115
NGI—PC 1026	1,419
OMD	1,307
SVP	942
LPS/PC 2974	784
PC 2684 (<i>Coleman</i>)	280
WIC 1756 (DJJ)	0
Subtotal	5,847
<i>Contracted Programs</i>	
Kern AES Center	106
Regional JBCT	237
Single County JBCT	171
Community Based Restoration (CBR)	400
Subtotal	914
<i>CONREP Programs</i>	
CONREP Non-SVP ¹	810
CONREP SVP	21
Subtotal	831
GRAND TOTAL	7,592

¹The CONREP Non-SVP caseload number includes STRP beds.