***STAKEHOLDER UPDATE***

Summer 2019, Issue No. 4

**Director’s Message**

With summer in full swing, DSH is hard at work implementing new funding and resources included in the 2019-20 budget. Governor Newsom and the state legislature made a significant investment in DSH’s programs, services, and infrastructure. This investment will position DSH to advance the care, treatment, evaluation and services it provides to Californians living with serious mental illness who are committed to DSH’s hospitals and programs.

The new funding and resources provided will support 24-hour care nursing services at the state hospitals, address the increased forensic services workload associated with court-directed patient treatment, improve the department’s disaster preparedness and expand the use of telepsychiatry at the state hospitals. There is also support for other key initiatives including the standardization of patient wages at federal minimum wage for patient-workers participating in DSH’s vocational rehabilitation program, the development of a psychiatric residency program that will support the recruitment of key staff and planning for pharmacy modernization at the state hospitals.

DSH continues its work to address the ongoing increase in incompetent to stand trial (IST) patients referred to it for restoration of competency services. DSH continues to partner with counties to implement diversion programs, expand Jail-Based Competency Treatment programs and expand DSH-Metropolitan’s Secure Treatment Area. Additionally, the diversion program represents meaningful systems change. Diversion programs will provide individuals who have serious mental illness, an opportunity to receive meaningful community mental health treatment and other supportive services rather than enter the criminal justice system.

Lastly, to make DSH a safer more supportive environment for our patients and team members, DSH continues to implement Trauma-Informed Care (TIC). By understanding and recognizing the impacts that trauma has on the lives of both our patients and employees DSH can provide a more supportive treatment culture for our patients and ensure a safer working environment for our team. Throughout DSH there is much enthusiasm towards our implementation of TIC and what it offers for both our patient and team members.

I am very excited about these new resources, expansions, and implementations at DSH and the improvements they promise for both our patients and team.

*--Acting Director Stephanie Clendenin*

**DSH Diversion Program Reaches Key Milestone**

This summer, DSH reached an important milestone in its efforts to develop or expand diversion programs for individuals with serious mental illness who face felony charges and could be determined to be Incompetent to Stand Trial (IST).

The department recently finalized a contract with Los Angeles County to provide $25,864,100 for support of its local diversion programs. Los Angeles is the first county to execute an agreement with DSH under the terms of the three-year, $100 million statewide diversion program. Fourteen other counties, representing the counties that refer the highest number of ISTs to DSH, were also part of the first round of funding applications. These counties are developing diversion implementation plans or are in the process of executing contracts to launch their local diversion programs.

In June, through a second-round funding opportunity, DSH awarded more than $8 million in diversion funds to seven more counties: Del Norte, Marin, Placer, San Francisco, San Luis Obispo, Santa Cruz and Yolo. The counties were selected following a competitive application process. Next steps for these counties are to develop implementation plans and to execute contracts.

**Jail-Based Programs Keep Growing**

Two more counties have joined the DSH Jail-Based Competency Treatment (JBCT) program. Recently, Mendocino and San Luis Obispo counties became the latest to finalize contracts with DSH and activate programs to provide competency restoration services in jail settings for Incompetent to Stand Trial (IST) patients. San Luis Obispo has a three-to-five bed program while Mendocino follows a “small county” model in which no specific number of beds is dedicated, but services are available to serve up to 15 IST patients annually.

Earlier this year, Butte, Mariposa and Solano counties launched JBCT programs. By the end of the summer, San Bernardino County is expected to expand its program by adding 20 beds to its existing 126-bed program.

DSH currently operates 11 county JBCT programs with 271 beds for IST patients. In addition, the DSH Admission, Evaluation and Stabilization center, a jail-based program in Kern County, provides 60 beds for IST patients.The DSH 2019-20 budget allocates $5.26 million to establish more county JBCT programs this fiscal year.

**Trauma-Informed Care**

Just two years after introducing Trauma-Informed Care (TIC) to employees at state hospitals, DSH is seeing this innovative approach deliver some initial promising results.

TIC is an approach to mental health treatment that recognizes the role that trauma plays in the lives of patients and staff. TIC seeks to enhance safety by building healthier milieus that promote trust, wellness, and resilience. A primary aim is to reduce the likelihood of re-traumatization, which can lead to poor health outcomes and complicate treatment. TIC is a best practice shown to reduce violence and benefit patients and staff alike by fostering safer environments and improved organizational health.

Across DSH, TIC includes a wide range of activities, some of them include:

A DSH-Atascadero, a Sensory Modulation pilot program, designed to help patients better regulate their emotions, has taught patients how to use stress balls, rocking chairs, weighted blankets and other items in stressful situations.

At DSH-Patton, courtyards feature patient-produced murals intended to provide a sense of calm.

At DSH-Coalinga, a “nurturing event” for employees is planned for August and a TIC-themed Health & Wellness Fair will be held in the fall.

At DSH-Napa, more than 100 employees have volunteered to be TIC “champions” and provide peer support.

At DSH-Metropolitan, a TIC pilot program concluded with very promising results. The pilot was conducted on a patient treatment unit with historically high patient acuity, aggression and seclusion and restrain episodes. After two months, the number of aggressive acts by patients dropped from an average of 30 per month to just six per month. The use of restraints plummeted from an average of 24 per month to just one per month. The program included training for all employees in the unit, daily community meetings, in-depth discussions about all incidents of aggression, the support of TIC “champions” and a TIC presentation to patients. Employees and patients say that they have noticed improved morale and a better environment, overall.

Since 2017, nearly 5,000 DSH employees have participated in TIC trainings. The many TIC activities underway are an important step towards creating a safer and more compassionate environment for patients and employees.

**Expansion at DSH-Metropolitan Nears Completion**

Work crews at DSH-Metropolitan are finishing the final phase of an important expansion of secure bed capacity at the hospital. The Increased Secure Bed Capacity Project will help address the ongoing system-wide forensic waitlist, with focus on the continuing Incompetent to Stand Trial patient waitlist.

The project adds security fencing and infrastructure for existing patient buildings, which have primarily been used to house civilly committed Lanterman-Petris-Short patients. With the secure fencing, these buildings are able to house forensic patients. In addition, a new fire alarm system, which will meet updated requirements, is being installed and a new Visitor’s Center will soon open its doors.

When finished, the project will result in an additional 236 forensic beds at the hospital. Patients are expected to begin moving into the newly secured areas before the end of the summer.

**2019-20 DSH Budget Highlights**

The 2019-20 DSH Budget of $1.98 billion reflects an increase of $46.76 million and 606.6 positions from the previous budget. The [DSH Budget Highlights](https://www.dsh.ca.gov/About_Us/docs/2019-20FinalBudgetHighlights.pdf) provides an overview of the changes to the department’s budget. Here are some of the budget’s most important features:

* Direct Care Nursing – $45.9 million and 379.5 positions, phased in across a three-year period, to support the workload of providing 24-hour care nursing services in the state hospitals. This proposal also includes position authority only for 254 temporary help positions and 50 administrative positions to implement a direct care nursing staffing standard based upon the findings of the Clinical Staffing Study of 24-hour Care Nursing Services. This proposal 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. Additionally, the proposal includes staffing methodologies for the administration of medication to patients and the afterhours nursing supervisory structure.
* Court Evaluations and Reports – $18.2 million and 94.6 positions phased in across three years to implement a staffing standard to support the forensic services workload associated with court directed patient treatment. Based upon the Clinical Staffing Study – Forensic Services, the proposed standard established 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 Assessments and Treatment.
* DSH-Metropolitan Increased Secured Bed Capacity – $15.5 million and 99.2 positions for the expansion project at DSH-Metropolitan to provide additional capacity to address the ongoing system-wide forensic waitlist with a particular focus on the continuing Incompetent to Stand Trial (IST) waitlist. The final phase of the project will involve activations of the last two remaining IST units. The net impact of the project will be the activation of 236 additional beds.
* Deferred Maintenance – $15 million to address critical deferred maintenance and repair projects at the state hospitals.

* CONREP Expand Continuum of Care: Step-Down Transition Program – $5.7 million in 2019-20 and $11.6 million in 2020-21 and ongoing to expand the continuum of care for state hospital/CONREP patients. DSH will contract for a 78-bed vendor-operated community step-down program to serve individuals who have been committed as Mentally Disordered Offenders and Not Guilty by Reason of Insanity, and who are preparing for conditional release from a state hospital within 18 to 24 months. This funding includes expanding DSH’s existing contract with Sylmar Health and Rehabilitation Center by four beds to total 24 beds.
* CONREP Program Housing Cost Increase – $1 million in FY 2019-20 and ongoing to accommodate increased housing costs for clients participating in DSH’s Conditional Release Program (CONREP).
* New Jail-Based Competency Treatment (JBCT) Programs – $5.26 million to expand the DSH JBCT program with new county JBCT programs that provide restoration of competency services to a wider geographic range of patients.
* Vocational Services and Patient Minimum Wage – $3.19 million in FY 2019-20 and ongoing plus 1.0 permanent full-time position to implement a new and uniform wage structure for patient-workers participating in DSH’s Vocational Rehabilitation Program. The proposal will standardize the patient wage structure across patient commitment types and across hospitals.
* Telepsychiatry – $2.2 million and 21 positions phased in over two years to expand the use of telepsychiatry and ensure appropriate delivery of care. The proposal includes resources to add clinical oversight and supervision, telepsychiatry coordinators, as well as sufficient information technology equipment and resources.
* Pharmacy Modernization – $2.2 million to plan for the implementation of hospital pharmacy modernization. Support for DSH’s Pharmacy Modernization Plan will allow the department to continue developing a modern solution to prepare DSH for an electronic health records system.
* Workforce Development – $1.8 million in FY 2019-20, $2.2 million in FY 2020-21, $2.4 million in FY 2021-22 and 2022-23, $2.6 million in FY 2023-24 and ongoing, and 8.0 positions to support the development and implementation of a Psychiatry Residency Program and expand resources for recruitment and training of registered nurses and psychiatric technicians.
* Privacy Protection Program – $1.26 million and nine positions to establish a system-wide Privacy Protection Program and provide oversight over system-wide and hospital-specific privacy compliance.
* Disaster Preparedness, Response and Recovery – $996,000 and 6.0 positions (1.0 Statewide Senior Emergency Coordinator and 5.0 Emergency Services Coordinators) in FY 2019-20 and $826,000 in FY 2020-21 and ongoing for disaster preparedness activities. This proposal includes funding for a new Statewide Business Continuity Plan, satellite phone hardware, emergency equipment and communications systems. This proposal was part of the Newsom Administration’s larger Disaster Preparedness, Response and Recovery budget package.
* Relocation to the Clifford L. Allenby Building – $23.9 million for the California Health and Human Services Agency (CHHS), Department of Developmental Services (DDS) and Department of State Hospitals to relocate staff and operations to the new Department of General Services’ Clifford L. Allenby Building, 1215 O Street, Sacramento. Of the funding, DSH will receive $4.89 million in FY 2019-20; $1.76 million, FY 2020-21; $2.76 million, 2021-22 and 2022-23; and an ongoing amount of $2.76 million. In addition, DSH will receive 2.0 two-year limited term temporary help positions in FY 2019-20. These funds and positions address the services and equipment necessary for occupancy of the new building that are not funded through the capital outlay project. This augmentation is required for Phase 1, which includes initial funding for purchases and their corresponding on-going costs to relocate staff and operations.