



CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES



California
Department of State Hospitals

Fact Sheet
For Informational Purposes
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Transfer of Intermediate and Acute Levels of Care from Department of State Hospitals to California Department of Corrections and Rehabilitation

There are significant details in the Governor's 2017-18 State Budget that reflect his continued commitment to public safety, rehabilitative programs, and identify opportunities for program efficiencies.

The State Budget includes a proposal to transfer oversight for 1,977 employees and 1,150 psychiatric inpatient beds, including \$250 million in program resources, from Department of State Hospitals (DSH) to California Department of Corrections and Rehabilitation/California Correctional Health Care Services (CDCR/CCHCS).

The proposal is intended to reduce patient referral and transfer timeframes, thereby improving access to psychiatric inpatient programs. If this proposal is approved by the Legislature in the months ahead, on July 1, 2017, all DSH staff at DSH-Salinas Valley, DSH-Stockton, DSH-Vacaville, and a small number of staff at DSH-Sacramento that directly support operations at these psychiatric facilities, would become CDCR/CCHCS employees.

CDCR/CCHCS is well positioned to assume responsibility for these programs. CDCR/CCHCS has been successfully managing inpatient psychiatric care programs at California Institution for Women since 2012, and at San Quentin State Prison since 2014 with full accreditation from the Joint Commission, which is considered an industry standard for health care organizations.

BACKGROUND

The CDCR, CCHCS, and DSH agree to transfer inpatient psychiatric care at three prisons - California Health Care Facility (CHCF), California Medical Facility (CMF), and Salinas Valley State Prison (SVSP) - from DSH to CDCR/CCHCS. The transfer will include 1,977 positions and 1,150 psychiatric inpatient beds, including \$250 million in program resources. The transfer will occur July 1, 2017, upon approval of the Governor's 2017-18 budget. Implementation of this proposal will significantly improve patient-referral processing timeframes and enhance the continuity of care to patients.

The transfer will affect all staff at DSH psychiatric programs co-located at CHCF, CMF and SVSP, as well as a small number of administrative staff at DSH-Sacramento who support operations at these psychiatric facilities. As of July 1, 2017, these DSH employees will become CDCR/CCHCS employees.

Currently, state prison inmates receive mental health care while in prison from CDCR and DSH depending upon the type and level of services needed. CDCR/CCHCS is responsible for providing the majority of mental health services to the inmate population through the Mental Health Services Delivery System. DSH provides the majority of mental health inpatient care to non-condemned male inmates. CCHCS is responsible for providing medical care to the inmate population.

In 2012, CDCR/CCHCS constructed and activated its first Psychiatric Inpatient Program (PIP) at California Institution for Women (CIW). It was followed in 2014 by the 40-bed PIP at San Quentin State Prison (SQ) for condemned male inmates. Both have met and maintained accreditation from the Joint Commission.

Based on its experience running the PIP programs at CIW and SQ, CDCR/CCHCS are well positioned to assume responsibility for the inpatient programs at CHCF, CMF, and SVSP.

Effective July 1, 2017, management and responsibility of the inpatient programs will shift from DSH to CDCR/CCHCS. DSH will continue to serve the CDCR inmate population at its facilities at Coalinga State Hospital, Atascadero State Hospital, and Patton State Hospital.

PATIENT REFERRAL IMPROVEMENTS

Under the existing patient referral process, both CDCR and DSH are required to oversee and review each patient referral. Once the transfer occurs, CDCR/CCHCS will be directly responsible for management of the beds, including making local referrals, determination of appropriate level of care, and accountability for timeliness and quality of the referral. Patients will be placed in inpatient care more quickly. This can only be accomplished by creating a unified program structure under the control of one agency.

Once the transfer occurs, Acute Psychiatric Program and Intermediate Care Facility timeframes will be reduced by several days.

With CDCR/CCHCS managing the complete continuum of mental health care within the prisons, the department will provide a standardized model of care, while significantly reducing referral process times. The new structure will improve continuity of care for patients.

For DSH employee questions concerning the proposed transition, please email them to: DSH.Transition@dsh.ca.gov

To obtain employee resources or to locate program transition announcements, please visit: <http://lifeline/HealthCareOperations/MentalHealth/Pages/DSH.aspx>