

Informational Hearing

Safety for California's Most Vulnerable: State Hospitals & State Developmental Center Updates

Tuesday, June 25, 2013
State Capitol, Room 127 at 2:30 p.m.

ISSUE PAPER

In February of 2013 the Speaker of the Assembly re-authorized the Select Committee on State Hospital and Developmental Center Safety in order to expand on the Assembly's previous work to ensure the safety and security of both patients and employees of the state hospital and developmental center systems. Today's informational hearing is to inform, update and review worker and resident safety initiatives and strategies at both State Hospitals and Developmental Centers.

BACKGROUND ON DEVELOPMENTAL SERVICES: The California Department of Developmental Services (DDS) is the agency through which the State of California provides services and supports to individuals with developmental disabilities. The Department of Developmental Services is currently responsible under the Lanterman Developmental Disabilities Services Act for ensuring that 257,793 persons with developmental disabilities receive the services and support they require to lead more independent and productive lives and to make choices and decisions about their lives. California provides services and supports to individuals with developmental disabilities in two ways: the vast majority of people live in their families' homes or other community settings and receive state-funded services that are coordinated by one of 21 non-profit corporations known as regional centers. A small number of individuals live in four state-operated developmental centers (DCs) and one state-operated community facility which are located in Cathedral City, Fairview Developmental Center in Costa Mesa, Lanterman Developmental Center in Pomona, Porterville Developmental Center in Porterville and Sonoma Developmental Center in Eldridge. The number of consumers with developmental disabilities in the community served by regional centers is expected to increase from 256,224 in the current year to 265,097 in Fiscal Year (FY) 2013-14. According to the Legislative Analyst's Office, several key factors appear to be contributing to ongoing growth in the RC caseload. Medical professionals are identifying persons with a developmental disability at an early age and referring more persons to DDS programs. Improved medical care and technology has increased life expectancies for individuals with developmental disabilities. In addition, the increase in caseload reflects growth in California's population.

The number of individuals living in state-operated DCs will drop from about 1,504 last year to 1,209 by the end of FY 2013-14.

Safety and protection for workers and residents in DCs have captured the attention of the media. Recent, serious licensing deficiencies at the Sonoma DC, along with a myriad of concerns plaguing the Lanterman Developmental Center Closure, and other DCSs, have raised questions about whether the fundamental obligation of safety is being fully met, and about how the protection of clients and their caregivers in DCs can and must be improved. On July 3, 2012, licensing staff from the California Department of Public Health conducted an annual survey of Sonoma Developmental Center to assess whether the facility was in compliance with state licensing regulations, as well as to conduct, by proxy, a federal licensing review by the Centers on Medicaid and Medicare Services. During the July visit, licensing officials found numerous violations, outlined in the 250 page "Sonoma Developmental Center Survey Report, December 12, 2012," performed by the Department of Public Health. Those findings ultimately led to the decertification, and loss of federal funding for four units at the center.

Among other findings, the report discovered the following:

- "Individuals have been abused, neglected and otherwise mistreated and the facility has not taken steps to protect individuals and prevent reoccurrence. Individuals were subjected to the use of drugs or restraints without justification. Individual freedoms have been denied or restricted without justification.
- "The sexual assault of two residents by a staff member. Although another staff member who witnessed the alleged perpetrator expose himself to a consumer reported this incident, the facility was faulted for failure to ensure thorough and timely investigation of the incident, as well as implementation of corrective action plans for analysis of facility injury data for patterns and trends to prevent others from harm.
- "Inadequate supervision of clients resulting in falls, attacks upon other consumers, clients who ran from the facility, and heightened anxiety among some clients.
- "Severe and consistent understaffing patterns which resulted in employees being forced to work consecutive shifts, units being frequently short-staffed and staff members being moved into units to care for consumers they did not know. The report documents at least one incident in which a consumer's agitation was linked to frequent changes in care providers."

DDS's responses to these findings have included the removal of two top executives at the facility, contracting with an internal monitor for ongoing evaluation of the plans of correction, requiring unannounced checks by facility managers, and implementing a number of new policies designed to provide closer supervision and better training for staff. As the Lanterman DC closure advances, acute critical attention is being placed upon the experiences that residents, workers, families, and communities encounter. As the state implements policies that significantly narrow the basis for admissions into DCs and for making other restrictive placements for individuals with especially

complex needs, worker and resident safety strategies must be primary in any response, and given public and media scrutiny, any compromises in transparency will reflect poorly upon government in general.

BUDGET:

The budget projects an average community caseload of 265,097 individuals in the budget year, a decrease of 1,003 consumers from the 2013 Governor's Budget. The estimate proposes 2013-14 funding for services and support to persons with developmental disabilities in the community at \$4.4 billion total funds (\$2.5 billion GF), an increase of \$31.7 million (\$23.8 million GF) over the 2013 Governor's Budget.

The budget provides services and support for 1,333 residents (average in-center population) in DCs, an increase of 29 residents from the 2013 Governor's Budget. This increases funding to \$542.9 million (\$297.6 million GF); an increase of \$3.9 million (\$18.4 million GF). Authorized positions remain at 4,768. By the end of the budget year there is expected to be 1,209 individuals residing in the state operated facilities.

Background on the Department of State Hospitals: In December of 2011, the former California Department of Mental Health announced the blueprint to establish the new Department of State Hospitals and reforms to the Department of Mental Health structure designed to improve the mental hospital system in California. This blueprint included the elimination of the Department of Mental Health and the establishment of a new Department of State Hospital (DSH).

The state hospital system includes five state hospitals: Atascadero, Metropolitan (LA), Napa, Patton, and Coalinga. In addition, DSH includes two inpatient psychiatric programs, one at the California Medical Facility in Vacaville and one at Salinas Valley State Prison, which provide treatment services to California Department of Corrections and Rehabilitation inmates. There are roughly 4,450 patients at any given time within the state hospital system and about 850 more participating in inpatient programs. Mental health treatment services are delivered by professionally trained clinical teams who provide full-time inpatient care to the most serious mentally ill and those incapable of living in the community. The DSH strives to provide state-of-the-art mental health treatment services while balancing public safety.

DSH tasked a team of experts who worked closely with administrative, clinical, and operations staff to develop an action plan to enhance care, increase safety measures, and improve the fiscal management of state mental hospitals. According to the administration, as the new Department moves forward, new policies and investments are underway to increase safety, treatment and responsibility. These investments include the installation of enhanced alarm systems at Napa State Hospital to be followed by new systems at Metropolitan State Hospital, Patton State Hospital Coalinga State Hospital and Department of State Hospitals - Atascadero.

Additional safety and treatment measures include the development of specialized treatment units to provide enhanced safety and treatment in specialized, secure units within Atascadero and Coalinga State Hospitals. The goal is to reduce patient acuity and aggression and provide a model of care that can be replicated in other facilities. The future opening of the Stockton Psychiatric

Program at the California Health Care Facility will bring an additional 722 employees to the DSH and 475 treatment beds for mental health patients.

The administration's plan for safety improvements also calls for streamlining administrative policies, procedures and reporting by staff to increase focus on the provision of care while maintaining full compliance with federal standards. Inflexible, system-wide rules regulating how care is provided in hospitals will be replaced with treatment decisions made by individual units based upon patient needs. Staff and leadership at each hospital are also recommending creative solutions to provide quality services in an efficient and effective manner.

Moving forward, the DSH will be finalizing its mission and vision and will be developing comprehensive short and long-term strategic plans to fulfill safety goals. The DSH is developing and implementing cohesive working relationships with all stakeholders committed to providing quality mental health treatment to all patients under DSH jurisdiction.

BUDGET:

The DSH's proposed budget for Fiscal Year (FY) 2013-14 totals \$1.58 billion, an increase of \$139.6 million (9.7%) over the FY 2012-13 Budget Act. The proposed position authority totals 10,787.4 positions, an increase of 834.1 positions (8.4%) from the prior year.

The DSH operates five state hospitals and three psychiatric programs statewide. The provision of in-patient mental health treatment services occurs in an environment reflective of the importance of safety for both staff and patients. DSH estimates providing mental health treatment services to 6,560 patients in FY 2013-14.