

**STATE OF CALIFORNIA**  
**Budget Change Proposal - Cover Sheet**  
 DF-46 (REV 08/17)

Fiscal Year 2019-20	Business Unit 4440	Department Department of State Hospitals	Priority No.
Budget Request Name 4440-063-BCP-2019-GB		Program 4400-ADMINISTRATION 4410-STATE HOSPITALS	Subprogram 4400010-HEADQUARTERS ADMINISTRATION 4410010-ATASCADERO 4410020-COALINGA 4410040-NAPA

Budget Request Description  
 Workforce Development

**Budget Request Summary**

The Department of State Hospitals (DSH) requests 8.0 permanent full-time positions and \$1,755,000 in General Fund augmentation in fiscal year (FY) 2019-20, \$2,154,000 in FY 2020-21, \$2,404,000 in FY 2021-22 and 2022-23 and \$2,604,000 in FY 2023-24 on-going 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.

Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed
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Does this BCP contain information technology (IT) components? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO	Date
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For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.

Project No.                                      Project Approval Document:                                      Approval Date:

If proposal affects another department, does other department concur with proposal?  Yes       No  
*Attach comments of affected department, signed and dated by the department director or designee.*

Prepared By Nelly Nunez, SSM II Juan Arguello, Asst. Deputy Director – Clinical Operations	Date	Reviewed By George Maynard, Deputy Directory – Administrative Services (A)	Date
Department Director (A) Stephanie Clendenin	Date	Agency Secretary Kris Kent	Date

**Department of Finance Use Only**

Additional Review:  Capital Outlay     ITCU     FSCU     OSAE     CALSTARS     Dept. of Technology

PPBA	Original Signed By: Kris Cook	Date submitted to the Legislature <i>1/10/19</i>
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## Analysis of Problem

### A. Budget Request Summary

The Department of State Hospitals (DSH) requests 8.0 permanent full-time positions and \$1,755,000 in General Fund augmentation in fiscal year (FY) 2019-20, \$2,154,000 in FY 2020-21, \$2,404,000 in FY 2021-22 and 2022-23 and \$2,604,000 in FY 2023-24 on-going 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.

### B. Background/History

DSH manages the nation's largest inpatient forensic mental health hospital system. DSH oversees five state hospitals - Atascadero, Coalinga, Metropolitan-Los Angeles, Napa, and Patton and employs over 11,000 staff. 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. Additionally, DSH provides services in jail-based competency treatment (JBCT) programs and conditional release (CONREP) programs throughout the 58 counties. In FY 2017-18, DSH served 11,961 patients within state hospitals and jail-based facilities, with average daily censuses of 5,897 and 227 respectively. The CONREP program maintains an average daily census of approximately 654. Pursuant to the Budget Act of FY 2017-18, the psychiatric programs operating at state prisons in Vacaville, Salinas Valley, and Stockton, where DSH treated mentally-ill prisoners, have been transferred to the responsibility of the California Department of Corrections & Rehabilitation (CDCR) as of July 1, 2017. DSH continues to designate 336 beds at three of its state hospitals, Atascadero, Coalinga, and Patton for the treatment of mentally-ill prisoners as ordered by the Federal court in *Coleman v Brown*.

The provision of mental health care requires attracting and retaining a sufficient workforce of trained medical professionals, psychologists, social workers, rehabilitative therapists and nursing staff. This BCP focuses on psychiatrists and nursing level of care staff due to the high vacancy rates in these classifications. In California, a medical doctor specializing in the diagnosis, treatment, and prevention of mental health illness must complete a four-year residency program in psychiatry in addition to specialized fellowship training to become a licensed psychiatrist. While DSH employs a large number of psychiatrists, many positions remain vacant. DSH and other state employers of psychiatrists, such as CDCR are experiencing difficulties in filling these positions largely due to the nationwide shortage of psychiatrists. In addition, successful recruitment is also challenged by the high-risk work environment. While nursing level of care classifications vary at DSH, this request will focus primarily on recruitment for registered nurses (RNs) and psychiatric technicians (PTs). These two nursing classifications reflect most of the authorized nursing positions at DSH. Below are various factors that affect DSH's ability to recruit and retain psychiatrists and level of care nursing staff.

#### **Psychiatry Recruitment and Retention Challenges**

##### Staffing Requirements

DSH operates a 24 hour a day, 7 days per week hospital system that requires minimum staffing levels to meet legally prescribed licensing and certification requirements and safety standards. This requires shifts to be covered, even if positions are vacant. Nine out of ten DSH patients are forensic commitments – sent to DSH through the criminal court system because they have committed or have been accused of committing a crime linked to their mental illness. DSH cannot admit or discharge forensic patients without a court's consent order nor refuse to treat patients. As such, DSH must be staffed appropriately, at all levels and at all times.

An association of 15 state mental health hospital systems in the western region of the US, known as the Western Psychiatric State Hospital Association (WPSHA), found that the average ratio of psychiatrists to patients was 1:25 amongst its member hospitals. DSH's official budgeted psychiatry ratio is 1:35, well above the average of other state hospitals.

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### Vacancies

DSH has 259.3 authorized psychiatrist positions and a current statewide psychiatrist vacancy rate of 40.6 percent. As the primary care physician, unit activations are delayed without an adequate number of psychiatrists. DSH patients are extremely psychiatrically ill, requiring complex psychopharmacological interventions, which psychiatrists are uniquely qualified to prescribe. Absent an adequate number of psychiatrists, DSH may be unable to provide care to the growing forensic state hospital population, resulting in increased patient length of stay, further exacerbating the admission waitlists and litigation liabilities.

### High Risk Environment

DSH's work environment is high-risk due to the high acuity of patients, rate of assaults, and mentally and physically demanding requirements. There were 3,639 patient-on-patient aggressive incidents and 2,855 patient-on-staff aggressive incidents recorded in 2016. Unlike the prison custodial environment, state hospitals cannot lock patients in their rooms and have very few options for the physical control of assaultive patients. The California Department of Public Health licensing requirements mandate that DSH patients are free to move about their unit and to off-unit treatment locations. As such, the potential to be assaulted is a daily threat for clinicians.

To further exacerbate DSH's challenges with psychiatrist recruitment and retention, DSH has higher caseloads than other state hospital systems. DSH as a system, is operating at nearly maximum functional capacity, which is not consistent with industry best practices. According to existing research<sup>1</sup>, occupancy levels above 80 percent leads to stressful work environments and further studies have shown that operating above 85 percent occupancy will have detrimental impacts to hospital performance such as staff dissatisfaction, burn-out, medication errors, aggressive behavior by patients among others. For large hospitals (above 1,000 beds), optimum occupancy is considered 83 percent.

### National Shortage and Problem with Residency Slots

The National Institute of Mental Health attributes the national psychiatry shortage to several factors including an aging workforce and limited residency slots. Psychiatrists are aging out of the workforce – 70 percent of all active psychiatrists are age 50 or older and 39 percent of psychiatrists are 61 or older. This compares to only 55 percent of all physicians being age 50 or older. Thousands of psychiatrists could retire at any time.

Merritt Hawkins, a national medical recruitment firm, notes that psychiatrist searches are the third most requested specialty. In their 2015 Review of Physician and Advanced Practitioner Recruiting Incentives, Merritt Hawkins states, "the shortage of psychiatrists is an escalating crisis of more severity than shortages faced in virtually any other specialty. With many psychiatrists aging out of the profession, and with a preference among psychiatrists for outpatient practice settings, it is becoming increasingly difficult to recruit to inpatient settings." Graduates' preference for community outpatient services is in stark contrast to DSH's work environment, which is inpatient and serves a predominantly forensic population.

### Existing Psychiatry Residency Programs

Per the National Resident Matching Programs Results and Data Report from April 2018, there are a total of 4,523 accredited Year 1 (PGY-1) residency programs in the United States (US). In all fields of Psychiatry, there are a total of 256 accredited PGY-1 residency programs with 1,556 resident slots.<sup>2</sup> Of those, 22 programs<sup>3</sup> are in California with 152 slots in California, in the field of Psychiatry.<sup>4</sup>

Meanwhile, the current residency pipeline is insufficient to replace potential retirees from the field. The table below highlights the total number of psychiatry residents in 2013-14. Program length is typically four years with approximately 1,000 residents graduating each year. It is notable that there are only 66

<sup>1</sup>[https://www.researchgate.net/profile/Rodney\\_Jones/publication/252626295\\_Optimum\\_bed\\_occupancy\\_in\\_psychiatric\\_hospitals/links/5a9bcc4445851586a2ac9d6e/Optimum-bed-occupancy-in-psychiatric-hospitals.pdf](https://www.researchgate.net/profile/Rodney_Jones/publication/252626295_Optimum_bed_occupancy_in_psychiatric_hospitals/links/5a9bcc4445851586a2ac9d6e/Optimum-bed-occupancy-in-psychiatric-hospitals.pdf)

<sup>2</sup> (Refer to page 4) <http://www.nrmp.org/wp-content/uploads/2018/04/Main-Match-Result-and-Data-2018.pdf>

<sup>3</sup> (Refer to page 55-60) <http://www.nrmp.org/wp-content/uploads/2018/04/Main-Match-Result-and-Data-2018.pdf>

<sup>4</sup> (Refer to page 2) <http://www.nrmp.org/wp-content/uploads/2018/04/Main-Match-Result-by-State-and-Specialty-2018.pdf>

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forensic psychiatry resident slots in the US with only about 16 finishing a residency program each year. DSH could absorb every forensic psychiatry resident in the US and still face significant staffing shortages.

**Table 1: US Psychiatry Residents by Specialty (2013-14)<sup>5</sup>**

Program Specialty	Total number of Residents	Percentage of Residents
Psychiatry	4,979	82.5
Child and adolescent psychiatry	859	14.2
Addiction psychiatry	64	1.1
Forensic psychiatry	66	1.1
Geriatric psychiatry	64	1.1
<b>Total</b>	<b>6,032</b>	

### Nursing Level of Care Recruitment and Retention Challenges

Many of the factors impacting psychiatry recruitment and retention similarly apply to nursing care positions, specifically as it relates to the high-risk environment and the remote geographic locations. The following information further outlines specific detail of nursing recruitment and retention barriers.

#### Staffing Requirements

DSH hospitals are licensed and regulated under CCR Title 22: Social Security, Division 5: Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies. DSH hospitals contain beds licensed under Chapter 2 - Acute Psychiatric Hospital, Chapter 3 - Skilled Nursing Facilities and Chapter 4 - Intermediate Care Facilities. DSH must adhere to staffing minimums required by Title 22. Nursing staff shall be employed in the number and with the qualifications determined to provide the necessary services for those patients admitted for care. At a minimum, each nursing unit should have a registered nurse, licensed vocational nurse or psychiatric technician on duty at all times; however, licensed vocational nurses and psychiatric technicians may be utilized as needed to assist registered nurses in ratios appropriate to patient needs. In accordance with licensing requirements, DSH's budgeted staffing ratio for nurses are as follows in the majority of treatment units:

**Table 2: DSH Nursing to Patient Ratios by Shift and Level-of-Care Setting**

Level-of-Care Setting	AM	PM	NOC
Acute	1:6	1:6	1:12
Intermediate Care Facility (ICF)	1:8	1:8	1:16

While these are the budgeted nursing ratios in most of the DSH units, for safety (patient and staff) reasons, the actual nurse to patient ratio is much richer (see the 2019-20 Nursing Staffing Study BCP). DSH achieves these higher staffing ratios on the units largely through the use of overtime. Vacancies in the nursing classifications increases the amount of overtime necessary in order to cover all the posts in a unit for all shifts. In addition, the 2019-20 budget includes proposals for an additional 335 PTs and 44.5 Supervising Registered Nurses (SRN), the latter of which is expected to be largely filled through the promotion of current RNs.

#### Vacancies

DSH has 1,609.5 authorized positions for RN's and 3,120 authorized positions for PT's. Over the past year, the statewide vacancy rate for RNs has ranged from 13 to 18 percent, while the statewide vacancy rate for PTs has ranged from 10 percent to 21 percent. The rates at DSH-Atascadero and DSH-Coalinga are generally higher due to their geographic location.

To ensure that DSH facilities maintain a sufficient nurse to patient ratio, DSH's short term solution is to proactively use a combination of overtime, internal registries, temp help and external registries to fill these posts when vacant. Unfortunately, despite these efforts to meet mandated ratios, mandatory overtime is commonly required at DSH hospitals. In the first quarter of the current Fiscal Year (July-

<sup>5</sup> APA Resident Census, Characteristics and Distribution of Psychiatry Residents in the U.S. 2013-2014

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September 2018), RNs and PTs at the five hospitals had to work a total of 459,577.47 hours of overtime. The Little Hoover Commission issued a report<sup>6</sup> dated April 1, 2016 regarding the excessive amount of overtime utilized at DSH.

Staffing shortages and mandatory overtime negatively affect staff as current RNs and PTs are subject to burn out and will leave for less stressful opportunities, resulting in DSH having an even higher vacancy rate. An important part of reducing high vacancy rates includes the development of a recruitment plan that is able to keep pace with attrition and growth.

### National Supply and Demand Trends for Nursing

According to the U.S Department of Health and Human Services' Supply and Demand Projections of the Nursing Workforce: 2014-2030 report, it states, "If the current level of health care is maintained, seven states are projected to have shortage of RNs in 2030, with four of these states having a deficit of 10,000 or more full time equivalents (FTE) , including California (44,500 FTE's)".<sup>7</sup>

The U.S. Department of Health and Human Services' Long-Term Services and Support: Direct Care Worker Demand Projections 2015-2030 report also states that the demand for all direct care worker (DCW) occupations in Long Term Services and Supports (LTSS), which consists of RNs and PTs positions, will grow by 48 percent -- from approximately 2,318,900 million FTEs in 2015 to 3,430,900 million FTEs in 2030 (a difference of 1,112,000 million FTEs). The percent increase in demand for each of the four DCW occupations included here ranges between a 46 percent increase for Personal Care Aides (PCAs) (an increase of 471,100 FTEs) to a 55 percent increase for Psychiatric Aides (an increase of 6,500 FTEs) by 2030<sup>8</sup>.

### **Job Outlook:**

<sup>9</sup>Overall employment of PTs and aides is projected to grow six percent from 2016 to 2026, about as fast as average for all occupations. This equates to 8000 more PT's by 2026. Demand for this occupation will be affected by the growth of the older population. Cognitive mental disorders, such as Alzheimer's disease and dementia, are more likely to occur among older persons. As the nation's population ages and people live longer, demand for PTs and aides is expected to increase because these workers will be needed to care for patients affected by such disorders.

PTs and aides also will be needed in correctional facilities to care for the aging prisoner population and for those with mental health issues. This equates to 8,000 more PTs by 2026. The population of long term patients and prisoners within state operated facilities continues to age, increasing the need for nursing care services along with the provision of mental health treatment. Due to the continuing high vacancy rates, it is imperative that DSH establish a pipeline to help recruit PTs.

**Table 3: Employment Projections for Psychiatric Technicians and Aids by 2016-26**

**Employment projections data for psychiatric technicians and aides, 2016-26**

Occupational Title	SOC Code	Employment, 2016	Projected Employment, 2026	Change, 2016-26	
				Percent	Numeric
Psychiatric technicians and aides	—	139,700	147,600	6	8,000
Psychiatric technicians	29-2053	66,100	70,000	6	3,900
Psychiatric aides	31-1013	73,600	77,700	6	4,100

SOURCE: U.S. Bureau of Labor Statistics, Employment Projections program

### **C. State Level Considerations**

This proposal is consistent with DSH's Vision, Mission, Goals and Objectives as set forth in the 2018 - 2023 DSH Strategic Plan. Specifically, this proposal supports DSH's vision "Caring today for a Safe and Healthy Tomorrow" and its mission "to provide evaluation and treatment in a safe and responsible manner, by leading innovation and excellence across a continuum of care and settings." In addition,

<sup>6</sup> <https://lhc.ca.gov/sites/lhc.ca.gov/files/Reports/231/Report231.pdf>

<sup>7</sup> [https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/NCHWA\\_HRSA\\_Nursing\\_Report.pdf](https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/NCHWA_HRSA_Nursing_Report.pdf)

<sup>8</sup> (Refer to page 8) <https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/hrsa-ltts-direct-care-worker-report.pdf>

<sup>9</sup> <https://www.bls.gov/ooh/healthcare/psychiatric-technicians-and-aides.htm#tab-6>

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this proposal supports the four goals of a safe environment, organization and operational excellence, innovative treatment and forensic evaluation, and integrated behavioral health system.

### D. Justification

Existing law (WIC Section 4341.5) requires DSH to partner with UCs and private universities to plan for the development of programs to train psychiatrists and psychologists with forensic skills, including recommending appropriate incentive measures such as state scholarships, to the extent resources are available.

To meet the challenges outlined within this proposal, DSH must consider high-impact workforce development strategies. There remain pay inequities between DSH and other state departments and healthcare facilities that employ similar classifications. Further compounding the issue, many of the competing employers are within the same geographical area.

This proposal is congruent with the DSH Internal Control measures outlined within the State Leadership Accountability Act (SLAA). SLAA requires each state agency to maintain effective systems of internal control, to evaluate and monitor the effectiveness of these controls on an ongoing basis, and to biennially report on the adequacy of the agency's systems of internal control. Specifically, the control measures supported by this proposal are as follows:

- Explore opportunities to create enterprise programs to establish a pipeline from education industries to employment of quality candidates to fill vacancies.
- Develop a Workforce Development and Succession Plan to address vacancies, staff development and retention as well as succession planning.

DSH has explored and implemented other options available to recruit and retain psychiatrists including:

- Developed a recruitment unit that partners with residency and fellowship programs, attending job fairs, medical conferences, residency retreats/career fairs, and follows up with potential applicants
- Partnered with UC Davis & UC Irvine to develop strong academic ties and ongoing research and forensic training that develop national models of care
- Partnered with the Military (Hire a Hero, Work for Warriors and Military Medical News)
- Continuous posting of job opportunities on social media (e.g. Twitter, Indeed, LinkedIn)
- Mass mailings distributed twice a year via email, including to all the Training Directors of psychiatry residency programs nationwide
- Development of an internal DSH Customer Resource Management (CRM) tracking tool (SharePoint Portal) to track candidate application process, which allows DSH recruitment unit to export active candidate lists for emailing recruitment materials
- Created online and print advertisements in four professional journals for Psychiatry (advertising career opportunities at DSH)
- Annual attendance at the largest recruitment conference for Psychiatrists - the U.S. Psych Congress conferences in-state & out of state
- Created detailed marketing materials (i.e. flyers, brochures, and advertisements, banners) for professional publications and outreach events (DSH has created branded marketing materials system-wide for these classifications)
- Provision of DSH mentorship to interested psychiatrist residents
- Establishment of a psychiatry ambassador/subject matter expert program across all the DSH facilities for the recruitment of psychiatrists and provision of answers to clinically oriented questions
- Contracted with professional head hunters (minimal success)

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- Provision of interview travel expense assistance for potential new hire candidates
- Relocation assistance for new to state hires
- Provide group tours of DSH facilities for psychiatry residents seeking employment opportunities
- Update and continual improvement of the DSH careers Internet page (ongoing)
- Provide assistance to each new candidate throughout the entire recruitment process
- Partnered with various psychiatric associations (California Psychiatric Association, Northern & Central California Psychiatric Association, Southern California Association, San Diego and Orange county)

### Psychiatric Residency Program

DSH proposes to partner with Touro University to develop an employer consortium comprised of DSH, Touro University, as well as two additional county mental health departments to create a new Psychiatric Residency Program.

In the first year of the residency program, a Program Director and Program assistant will be hired to:

- Establish the residency program
- Authorize Touro University to move forward with the development of the residency program and acquire approval through the Accreditation Council for Graduate Medical Education (ACGME)
- Develop curriculum
- Develop the clinical rotations
- Proceed with the match process to place residents, etc.
- Review and approve overall treatment plans and evaluate forensic patient progress; plan, coordinate, implement, and evaluate program objectives and results
- Establish operational policies and procedures to meet program objectives
- Establish standards of performance necessary to achieve program objectives;
- The program assistant will assist with the training and development plans for hospital staff involved with the residency program
- The program assistant will participate in program planning, development, and implementation; plan, coordinate, audit, and evaluate forensic patient caseloads for residents; develop appropriate staffing patterns

In FY 2020-21, the residency program will open to its first cohort of four residents and continue to add an additional four residents on-going for each year of the program, for an eventual total of 16 residents participating in the program, with four completing the program each year beginning in FY 2024-25. Residents will work and spend a range of time for their clinical rotations at DSH. Below is a breakdown of residents' time at DSH by program year (PGY):

- First year residents (PGY 1): The residents will spend 66.6 percent of their time (academic year) at DSH-Napa.
- Second year residents (PGY 2): The residents will spend 41.6 percent of their time at DSH-Napa.
- Third year residents (PGY 3): The residents will not spend time at DSH, as they will be participating in other clinical rotations.

Fourth year residents (PGY 4): The residents will spend 33.3 percent of their time at DSH-Napa. Creating residency and fellowship programs dedicated to training post-graduates in forensic mental health will develop a cohort of post-graduate psychiatrists interested and experienced in working with DSH's forensic patient population. Each of the four residents will have their own patient caseload while

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in their rotation at DSH and will be actively treating patients at DSH, lessening the caseloads for existing psychiatrists. As a result, the proposed residency program will have the effect of reducing the psychiatrist vacancy rate at DSH-Napa. Also, the annual cost to DSH for having four residents (which would be \$399,600 per year beginning in year 2) will be less than the cost of hiring one full-time psychiatrist (\$418,000 per year).

General psychiatry residency programs provide medical school graduates an opportunity to specialize in psychiatry and thereby be exposed to mental health and forensic mental health. Through the establishment of a new residency program, residents will experience clinical rotations at DSH-Napa. As such, DSH will benefit from creating its own workforce supply to meet its increasing patient population. Overall, residents will spend a third of their time providing direct patient care to DSH patients.

### Nursing Recruitment

California Welfare and Institutions Code - WIC § 4320 requires DSH to establish an education and training program to provide an adequate supply of psychiatric technicians for state hospitals and states that DSH "shall establish in state hospitals a course of study and training equivalent, as determined by the Board of Vocational Nursing and Psychiatric Technicians of the State of California, to the minimum requirements of an accredited program for psychiatric technicians in the state". "This section shall not be construed to reduce the effort presently expended by the community college system or private colleges in training psychiatric technicians".

A long-term solution to fill vacancies for nursing level of care staff would be to continue and/or expand partnerships with local community colleges to increase class sizes and/or number of available cohorts. This will immediately result in more RN and PT candidates available to work at DSH facilities. With this proposal DSH would hire five Nurse Instructors to provide additional instructional resources to increase the number of RN and PT candidates within the local community colleges. Strengthening this partnership between DSH and local community colleges will allow colleges to tailor their curriculum and recruitment efforts to better serve the DSH patient population.

The following describes the DSH sites that currently partner with local community colleges to expand their RN/PT classes.

- DSH Atascadero currently has an existing PT training partnership with Cuesta College, which is a public community college in San Luis Obispo County. This program currently offers three cohorts each year, with about thirty students per cohort. It is estimated that in recent years approximately 75 percent of students graduating from this program have accepted positions at DSH Atascadero. There is a lottery system to get into the program with a waiting list of approximately 100 students for each cohort. This proposal would add three additional Nurse Instructor positions at DSH Atascadero to expand upon the existing partnership at Cuesta College and provide an additional three training cohorts a year of 30 students each. This will help meet the demand of students seeking this program and double the number of new graduates DSH Atascadero will be able to hire.
- DSH Coalinga currently has existing partnerships with West Hills College and Porterville College in the Central Valley to train PTs and RNs.

West Hills College: The PT program offers two cohorts of 15 students each year. The RN program has one cohort of 24 students each year.

Porterville College: The PT program offers one cohort of students each year. The RN program offers one cohort of students each year.

It is estimated that approximately 50 percent of the students graduating from these programs accept positions at DSH Coalinga. The other major employer of graduates from these programs is CDCR. This proposal would add one additional Nurse Instructor position at DSH Coalinga to provide an additional cohort of students.

- DSH Napa has an existing PT training partnership with Napa Valley College that offers two cohorts each year with 30 students per cohort. This proposal would add one additional Nurse Instructor position at DSH Napa to expand upon the existing partnership at Napa Valley College

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and provide one additional cohort a year of 30 students. This will help meet the demand of students seeking this program and increase the number of new graduates DSH Napa will be able to hire.

- DSH Patton and DSH Metropolitan, given their urban locations, have several existing partnerships with educational institutions to train LVNs, PTs, and RNs. Given locations of these hospitals and robust training partnerships that already exist, these hospitals experience less difficulty in recruiting for nursing positions and no additional resources for recruitment are requested at this time.

The Nurse Instructors will not be limited to only curriculum-based workload and will also serve as local hospital outreach coordinators. The Nurse Instructors will work collaboratively with the Sacramento Recruitment Unit to assist in the participation of candidate outreach, career fairs, and be ambassadors for DSH to partner with educational industries. The Nurse Instructors will serve as subject matter experts, guidance counselors for potential candidates going through the hiring process, and mentors for the new workforce joining DSH. To effectively coordinate these recruitment efforts, DSH proposes to expand the current Sacramento Recruitment Unit by providing one Associate Governmental Program Analyst (AGPA) in Sacramento to focus only on RN and PT recruitments statewide.

### E. Outcomes and Accountability

The effectiveness of this program will be measured by the recruitment and retention success of DSH in attracting and retaining psychiatrists, RNs and PTs. Specific outcome measures will be employed, including but not limited to – number of psychiatry residents completing the residency program, number of residents hired at DSH upon completion of residency; reduction in psychiatrist and nursing vacancy rates; the reduction in the use of contract psychiatrists; the reduction in the number of employees in second positions; and the reduction of mandated overtime for nursing staff.

### F. Analysis of All Feasible Alternatives

**Alternative 1:** Approve the request for 8.0 permanent full-time positions and \$1,755,000 in General Fund augmentation in fiscal year (FY) 2019-20, \$2,154,000 in FY 2020-21 and \$2,404,000 in FY 2021-22 and on-going to support the development and implementation of a workforce development strategy to meet the mission of providing mental health services to patients and reduce vacancy rates for mental health providers.

#### Pros:

- Provides DSH with the resources to improve recruitment and retention of forensic psychiatrists, RNs and PTs
- Improves quality of care for patients
- Expands partnerships statewide with local colleges and accredited programs
- Strengthens the pipeline by creating more psychiatrists, RNs and PTs
- Enables DSH to improve vacancy rates to the prescribed minimum staffing levels in critical level of care classifications to meet licensing and certification requirements
- Improves morale by potentially reducing mandatory overtime
- Over time, reduces the number of contracted staff as the positions fill

#### Cons:

- Will require an ongoing General Fund augmentation with permanent position authority

**Alternative 2:** Approve the request for 2.0 permanent full-time positions and 5.0 2-yr limited-term positions and \$1,755,000 in General Fund augmentation in fiscal year (FY) 2019-20, \$2,154,000 in FY 2020-21 and \$1,435,000 in FY 2021-22 and on-going to support the development and implementation of a workforce development strategy to meet the mission of providing mental health services to patients and reduce vacancy rates for mental health providers.

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### Pros:

- Provides DSH with the resources to improve recruitment and retention of forensic psychiatrists, RNs and PTs
- Improves quality of care
- Expands partnerships statewide with local colleges and accredited programs
- Strengthens the pipeline by creating more psychiatrists, registered nurses, and psychiatric technicians
- Enables DSH to improve vacancy rates to the prescribed minimum staffing levels in critical level of care classifications to meet licensing and certification requirements
- Improves morale by potentially reducing mandatory overtime
- Over time, reduces the number of contracted staff as the positions fill

### Cons:

- Will require a General Fund augmentation
- Will not ensure dedicated employee engagement as positions are only authorized for limited-term

**Alternative 3:** Do not approve request, stay status quo.

### Pros:

- No change in the general fund

### Cons:

- DSH will lose an opportunity to train additional psychiatrists, RNs and PTs each year as well as lose possibility of recruitment
- Psychiatrist, RN and PT vacancy rates will remain high thus increasing overtime expenditures and requiring nursing staff to work mandatory overtime
- Continue pressures on existing staff to perform mission critical duties

## **G. Implementation Plan**

### **Psychiatric Residency Program**

#### Residency in General Psychiatry

##### *FY 2019-20*

- DSH to coordinate signing memorandums of understanding with Touro University and two additional county mental health departments to establish the Residency Program
- Advertise and recruit for the position of the residency Program Director and Program Assistant
- Develop curriculum and Clinical rotations in consultation with DSH
- Seek accreditation by the ACGME for the residency program
- Engage in the recruitment process for PGY One by signing up with the national residency match program in fall 2019
- Residency match results will be released in March 2019 and Residency Program will offer contracts to recruited psychiatrists
- Begin the process of hiring psychiatrists

##### *FY 2020-21 and ongoing*

- Recruited psychiatrists will begin their postgraduate year one training on July 1, 2020
- Enter the next cycle of recruitment and the process will repeat each year

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- Develop evaluation tools to measure performance outcomes
- Support graduates to secure employment at DSH

### Nursing Instructors

#### *FY 2019-20*

- July – expand on existing partnerships with community colleges
- July – finalize recruitment with RN instructors
- August/September (Estimated) – new instructor starts teaching additional classes/cohorts
- Ongoing – attend outreach events and professional conferences
- Hosting educational seminars with students regarding DSH career opportunities
- Expand/create mentorship programs at all the hospitals
- Ongoing new employee training, refresher courses and student guidance outside of classroom
- Curriculum development, research, prepare class lectures, and conduct educational lesson planning would be 40% of the Nurse Instructor time, 20% would be to supervise the clinical training of students and assist them with clinical objectives, 15% would be to participate in the evaluation and development of educational programs and policy, 10% would be spend on recruitment efforts, 10% would be to evaluate progress and performance of students, and 5% would be to tutor, counsel and provide office hours to students as needed.

### Associate Governmental Program Analyst (AGPA)

#### *FY 2019-20*

- May – finalize recruitment with AGPA
- June – Provide training on current efforts and the expansion plan
- Work with each Nurse Instructor to identify current barriers and a needs assessment to help with lowering vacancies
- Provide training to Nurse Instructors on recruitment and outreach best practices
- Collecting and preparing data statewide (Data Mining) to reach our goals
- Responsible for developing recruitment advertising materials; developing DSH recruitment web pages; preparing pamphlets, brochures and other DSH marketing materials; researching the best publications and websites on which to recruit for potential candidates; managing contracts and purchase orders related to the department's advertising and marketing campaigns.
- Create new partnerships with the educators
- Create end of the year reports and annual recruitment plan
- Responsible for visiting and forming relationships with local educational organizations and professional industries; attending job fairs and networking with potential candidates that may be interested in a job with DSH; working with educational organizations on strategic partnerships that can assist students to obtain employment with DSH upon graduations, including working with the school to ensure curricula is in line with DSH job requirements and providing resources to assist students to navigate the state hiring process successfully, both as students and post-graduation.

## H. Supplemental Information

N/A

**I. Recommendation**

DSH recommends the approval of alternative one. This will allow DSH to hire additional psychiatry and nursing level of care classifications upon completion of training to meet the specific needs of the state hospital system. This will help alleviate some of the recruitment challenges DSH has experienced with these classifications, which will result in an improvement to the quality of care provided at the hospitals. This includes expansions of current education industries partnerships and new opportunities with additional partnerships. Successful recruitment and retention will maximize resources. While this BCP is focused on recruitment for psychiatry and level of care nursing staff, DSH is continually evaluating recruiting strategies to fill vacancies in all classifications. The DSH Recruitment Unit in collaboration with each state hospital is constantly adjusting its marketing and outreach strategies based on successful recruitment efforts and initiatives. The Unit is evaluating where additional resources or programs may be necessary to further improve recruitment and retention efforts and reduce vacancies.

# BCP Fiscal Detail Sheet

BCP Title: Mission-Based Review: Workforce Development

BR Name: 4440-063-BCP-2019-GB

## Budget Request Summary

	FY19					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Personal Services						
Positions - Permanent	0.0	8.0	8.0	8.0	8.0	8.0
<b>Total Positions</b>	<b>0.0</b>	<b>8.0</b>	<b>8.0</b>	<b>8.0</b>	<b>8.0</b>	<b>8.0</b>
Salaries and Wages						
Earnings - Permanent	0	951	951	951	951	951
<b>Total Salaries and Wages</b>	<b>\$0</b>	<b>\$951</b>	<b>\$951</b>	<b>\$951</b>	<b>\$951</b>	<b>\$951</b>
Total Staff Benefits	0	503	503	503	503	503
<b>Total Personal Services</b>	<b>\$0</b>	<b>\$1,454</b>	<b>\$1,454</b>	<b>\$1,454</b>	<b>\$1,454</b>	<b>\$1,454</b>
Operating Expenses and Equipment						
5301 - General Expense	0	64	64	64	64	64
5304 - Communications	0	8	8	8	8	8
5320 - Travel: In-State	0	8	8	8	8	8
5324 - Facilities Operation	0	40	40	40	40	40
5340 - Consulting and Professional Services - External	0	173	572	822	822	1,022
5346 - Information Technology	0	8	8	8	8	8
<b>Total Operating Expenses and Equipment</b>	<b>\$0</b>	<b>\$301</b>	<b>\$700</b>	<b>\$950</b>	<b>\$950</b>	<b>\$1,150</b>
<b>Total Budget Request</b>	<b>\$0</b>	<b>\$1,755</b>	<b>\$2,154</b>	<b>\$2,404</b>	<b>\$2,404</b>	<b>\$2,604</b>
<b>Fund Summary</b>						
Fund Source - State Operations						
0001 - General Fund	0	1,755	2,154	2,404	2,404	2,604
<b>Total State Operations Expenditures</b>	<b>\$0</b>	<b>\$1,755</b>	<b>\$2,154</b>	<b>\$2,404</b>	<b>\$2,404</b>	<b>\$2,604</b>
<b>Total All Funds</b>	<b>\$0</b>	<b>\$1,755</b>	<b>\$2,154</b>	<b>\$2,404</b>	<b>\$2,404</b>	<b>\$2,604</b>
<b>Program Summary</b>						
Program Funding						
4400010 - Headquarters Administration	0	124	124	124	124	124
4410010 - Atascadero	0	507	507	507	507	507
4410020 - Coalinga	0	169	169	169	169	169
4410040 - Napa	0	955	1,354	1,604	1,604	1,804
<b>Total All Programs</b>	<b>\$0</b>	<b>\$1,755</b>	<b>\$2,154</b>	<b>\$2,404</b>	<b>\$2,404</b>	<b>\$2,604</b>

## Personal Services Details

## Salary Information

Positions	Salary Information			CY	BY	BY+1	BY+2	BY+3	BY+4
	Min	Mid	Max						
5393 - Assoc Govtl Program Analyst				0.0	1.0	1.0	1.0	1.0	1.0
7609 - Sr Psychiatrist (Supvr)				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
8154 - Nurse Instructor				0.0	5.0	5.0	5.0	5.0	5.0
<b>Total Positions</b>				<b>0.0</b>	<b>8.0</b>	<b>8.0</b>	<b>8.0</b>	<b>8.0</b>	<b>8.0</b>
<b>Salaries and Wages</b>									
	<b>CY</b>	<b>BY</b>	<b>BY+1</b>	<b>BY+2</b>	<b>BY+3</b>	<b>BY+4</b>			
5393 - Assoc Govtl Program Analyst	0	66	66	66	66	66			
7609 - Sr Psychiatrist (Supvr)	0	284	284	284	284	284			
8102 - Program Asst	0	93	93	93	93	93			
8154 - Nurse Instructor	0	508	508	508	508	508			
<b>Total Salaries and Wages</b>	<b>\$0</b>	<b>\$951</b>	<b>\$951</b>	<b>\$951</b>	<b>\$951</b>	<b>\$951</b>			
<b>Staff Benefits</b>									
5150200 - Disability Leave - Industrial	0	11	11	11	11	11			
5150210 - Disability Leave - Nonindustrial	0	6	6	6	6	6			
5150350 - Health Insurance	0	66	66	66	66	66			
5150450 - Medicare Taxation	0	12	12	12	12	12			
5150500 - OASDI	0	9	9	9	9	9			
5150600 - Retirement - General	0	236	236	236	236	236			
5150800 - Workers' Compensation	0	44	44	44	44	44			
5150900 - Staff Benefits - Other	0	119	119	119	119	119			
<b>Total Staff Benefits</b>	<b>\$0</b>	<b>\$503</b>	<b>\$503</b>	<b>\$503</b>	<b>\$503</b>	<b>\$503</b>			
<b>Total Personal Services</b>	<b>\$0</b>	<b>\$1,454</b>	<b>\$1,454</b>	<b>\$1,454</b>	<b>\$1,454</b>	<b>\$1,454</b>			