

STATE OF CALIFORNIA
Capital Outlay Budget Change Proposal (COBCP) - Cover Sheet
 DF-151 (REV 07/19)

| | | | |
|------------------------|-----------------------|---|-------------------|
| Fiscal Year 2020-21 | Business Unit 5225 | Department California Department of Corrections and Rehabilitation | Priority No. 1 |
|------------------------|-----------------------|---|-------------------|

| | | |
|---|-----------------------------------|--------------------------------------|
| Budget Request Name 5225-082-COBCP-2020-GB | Capital Outlay Program ID 4615 | Capital Outlay Project ID 0001427 |
|---|-----------------------------------|--------------------------------------|

| | |
|---|--|
| Project Title California Institution for Men, Chino: 50-Bed Mental Health Crisis Facility | Project Status and Type Status: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuing Type: <input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor |
|---|--|

| |
|---|
| Project Category (Select one) <input type="checkbox"/> CRI (Critical Infrastructure) <input checked="" type="checkbox"/> WSD (Workload Space Deficiencies) <input type="checkbox"/> ECP (Enrollment Caseload Population) <input type="checkbox"/> SM (Seismic) <input type="checkbox"/> FLS (Fire Life Safety) <input type="checkbox"/> FM (Facility Modernization) <input type="checkbox"/> PAR (Public Access Recreation) <input type="checkbox"/> RC (Resource Conservation) |
|---|

| | | |
|--|----------------------------|---|
| Total Request (in thousands) \$91,032 | Phase(s) to be Funded C | Estimated Total Project Cost (in thousands) \$97,536 |
|--|----------------------------|---|

Budget Request Summary

This proposal requests funding to construct a licensed 50-Bed Mental Health Crisis Facility (MHCF) to provide housing, treatment, and office space to allow for inmate-patients in a crisis mental health state, or requiring other levels of licensed mental health care, to be treated at the California Institution for Men (CIM).

This proposal requests funding for the Construction phase of the project. The total estimated project cost is \$97,536,000.

| | | |
|---|--|--------------|
| Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Code Section(s) to be Added/Amended/Repealed | CCCI 6814 |
|---|--|--------------|

| | |
|--|---|
| Requires Provisional Language <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Budget Package Status <input type="checkbox"/> Needed <input checked="" type="checkbox"/> Not Needed <input type="checkbox"/> Existing |
|--|---|

| |
|--|
| Impact on Support Budget |
| One-Time Costs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Future Costs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Future Savings <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Revenue <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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 Marilee Witt, ACA, Planning Unit | Date | Reviewed By Michelle Weaver, Associate Director, FPCM | Date |
| Department Director Jason Bishop, AWBS | Date | Agency Secretary Dean L. Borg, Deputy Director, FPCM | Date |

Department of Finance Use Only

| | |
|---|--|
| Principal Program Budget Analyst Original signed by Koreen H. van Ravenhorst | Date submitted to the Legislature 1/10/2020 |
|---|--|

A. COBCP Abstract:

California Institution for Men: 50-Bed Mental Health Crisis Facility – \$91,032,000 for Construction. The project includes construction of a licensed 50-Bed Mental Health Crisis Facility. Total project costs are estimated at \$97,536,000, including Preliminary Plans (\$3,063,000), Working Drawings (\$3,441,000), and Construction (\$91,032,000). The construction amount includes \$75,258,000 for the construction contract, \$3,763,000 for contingency, \$3,481,000 for architectural and engineering services, \$2,967,000 for agency retained items, and \$5,563,000 for other project costs. The Preliminary Plans began in July 2017 and were completed in September 2019. The Working Drawings began in October 2019 and will be approved in September 2020. Construction is scheduled to begin in December 2020 and will be completed in December 2022.

B. Purpose of the Project:

Introduction:

This proposal requests funding to design and construct a licensed 50-Bed MHCF to provide housing, treatment, and office space to allow for inmate-patients in a crisis mental health state, or requiring other levels of licensed mental health care, to be treated at the California Institution for Men (CIM). The building will be designed to allow for operation at the Intermediate Care Facility (ICF) level of care, if treatment acuity needs fluctuate.

Background/History:

Mental Health Crisis Beds (MHCB) provide acute short-term (approximately 10 days or less) inpatient psychiatric and mental health services for the California Department of Corrections and Rehabilitation's (CDCR) seriously mentally disordered inmate-patients. The MHCBs provide care for seriously mentally disordered inmate-patients that are being stabilized to return to their previous outpatient level of care or are awaiting transfer to a long-term inpatient program. Inmate-patients who have a serious mental health disorder requiring long-term, non-acute mental health treatment and psychiatric programs are treated at ICFs.

In agreement with the Coleman Court (Court) in the 1990's, CDCR implemented the Mental Health Services Delivery System (MHSDS) which established policies that specify that an inmate-patient suffering from an acute, serious mental disorder resulting in serious function disabilities, or who is dangerous to self or others, shall be referred to a MHCB within 24 hours. If the institution does not have a MHCB, or if there are no MHCBs available where the inmate-patient is currently housed, the inmate-patient is to be transferred to a MHCB institution within 24 hours of referral.

CDCR's statewide MHCB licensed beds capacity is 373 for male inmates and 22 for female inmates. There are an additional 54 unlicensed beds for males. On December 31, 2018, CDCR opened a 19-Bed unlicensed MHCB unit for females at California Institution for Women (CIW). Prior to the activation of this unit, CDCR was not compliant with court mandated admission timelines due to the insufficient number of MHCBs for females. However, while unlicensed beds assist CDCR in meeting the needs, they do not meet the required Correctional Treatment Center (CTC) licensing requirements pursuant to California Code of Regulations, Title 22, Division 5, Chapter 12. The unlicensed beds can only be operated while CDCR is under the Court's jurisdiction, and thus are not counted as permanent MHCBs.

Problem:

In Spring 2017, the Court filed numerous orders of non-compliance for access to inpatient care, including MHCBs. Although CDCR is required to place an inmate-patient in a MHCB within 24 hours of referral, the Court found CDCR continued to exceed this timeframe. The Court established a date of May 15, 2017 for CDCR to comply with the 24 hour placement timeframe or risk sanctions of \$1,000 per day for every day any class member waits past the 24 hour timeframe. CDCR is reporting to the Court on a monthly basis to ensure compliance.

The geographic location of existing MHCBs has been a potential obstacle to providing timely treatment to this inmate-patient population in the Southern California region. Of the 373 licensed MHCBs for males, 111 are located in the northern region, 236 in the central region, and 26 in the southern region. For the period of January 2017 through December 2018, southern region

institutions referred 2,173 inmate-patients to a MHCB at another institution due to the originating institution either not having a MHCB facility or no MHCBs available at the time of the referral. Of these 2,173 inmate-patient transfers, 1,371 (63 percent) were transferred to an institution inside the southern region and 802 (37 percent) were transferred to an institution outside this region. This averages one inmate-patient per day. These longer distance transfers result in inmate-patients in crisis experiencing delays in receiving critical treatment due to lengthy transport to a central or northern region institution. The disparity in distribution of licensed beds results in inefficient, expensive, and clinically contraindicated travel, and increases the risk of non-adherence to court-mandated timelines. In addition, keeping inmate-patients within the region allows for enhanced quality of care by providing continuity of clinical teams that are able to establish clinical relationships with the inmate-patients.

The MHCB population is often impacted due to lack of vacant beds in other licensed levels of care such as ICF. If an inmate-patient has been determined to need a different level of care and there is no appropriate bed available, then the inmate-patient will be held in a MHCB until a bed becomes available.

The composition of mental health needs is fluid resulting in inmate-patient needs shifting among levels of care. The best method to address future fluctuation is to ensure that new licensed treatment facilities include physical space necessary to meet licensing requirements of different levels of care (Crisis, Acute, and Intermediate) and provide the flexibility to allow for the treatment of female inmate-patients as needed.

The construction of a new 50-Bed Mental Health Facility is also necessary to address the on-going deficit of licensed CDCR mental health crisis beds for the female inpatient population. Besides 22 licensed mental health crisis beds at 2 CDCR prisons, CDCR continues to use up to 25 licensed beds at Patton State Hospital and operates 19 unlicensed mental health crisis beds at CIW under Court waiver for purposes of addressing this deficiency. Completion of this project will allow CDCR to discontinue use of the unlicensed beds and may allow for the discontinued usage of licensed beds at Patton State Hospital.

C. Relationship to the Strategic Plan:

This project is consistent with Goal 5 of CDCR's Strategic Plan:

Goal 5: Deliver a Value-Driven, Integrated Health Care System

Outcome: Reduce Avoidable Morbidity and Mortality and Improve Efficiencies and Cost-Effectiveness of Care.

Objective 5.2: Ensure a score greater than 90 out of 100 points in this composite measure that evaluates whether high-risk patients and other select populations of inmate-patients at higher risk for adverse outcomes are appropriately managed.

Increasing MHCB capacity will ensure high-risk inmate-patients are appropriately housed to prevent exacerbation of mental health issues.

D. Alternatives:

Alternative #1: Design and construct a new, approximate 70,000 square feet (sf), 50-Bed MHCF at CIM that will provide housing, treatment, and office space to allow for inmate-patients in a mental health crisis state (or other levels of licensed care) to be treated.

Project Advantages:

- Provides licensed MHCBs that are compliant with the current Code and CTC requirements.
- Allows for more continuity of treatment during mental health crisis.
- Allows for 73 beds, currently displaced by unlicensed MHCBs, to return as either medical beds or regular housing.

- Flexibility to operate at different licensed levels of care (Crisis, Acute, and Intermediate).
- Flexibility to provide treatment to both females and males.

Project Disadvantages:

- Potential disruption of institutional activities during the construction.

Estimated Cost: \$97,536,000

Funding Source: General Fund for design; Lease Revenue Bonds for construction.

Alternative #2: Modify the spaces within the existing 73 unlicensed beds at CIM, CIW, and SAC to meet the CTC licensing requirements for MHCBS.

Project Advantages:

- Lower upfront project costs.

Project Disadvantages:

- Renovation will result in a loss of approximately 50 percent of the existing beds due to space requirements of programming, treatment, cell sizes, centralized nursing stations, and utility areas per CTC licensing standards and Code.
- Swing space required during construction will result in the additional loss of medical beds and required medical program areas to provide space for MHCBS.
- Significant modifications of the existing older facilities at CIM would be required to conform to current Code and CTC licensing requirements.
- Insufficient space does not allow for flexibility to operate at different licensed levels of care (Crisis, Acute, and Intermediate).

Estimated Cost: \$81,780,400

Funding Source: General Fund

Alternative #3: Do Nothing.

Project Advantages:

- No upfront project costs.

Project Disadvantages:

- Continued usage of unlicensed MHCBS that are not in compliance with current Code and CTC requirements.
- Allows for inmate-patients in a mental health crisis condition to experience delays in receiving treatment during transportation time.
- Does not allow for flexibility to operate at different licensed levels of care (Crisis, Acute, and Intermediate).
- Does not provide additional licensed beds for female inmates in crisis.

Estimated Cost: N/A

Funding Source: N/A

E. Recommended Solution:

1. Which alternative and why?

Alternative #1 is the recommended solution. It is the only alternative that provides additional licensed MHCBS and balances their locations geographically to ensure high-risk inmate-patients are appropriately housed in a timely manner to prevent the exacerbation of mental health issues. This solution allows for flexibility to operate at different licensed levels of care (Crisis, Acute, and Intermediate) and allows for the treatment of female or male inmate-patients.

2. Detailed scope description.
Design and construct a new 50-Bed MHCF at CIM that will provide housing, treatment, and office space to allow for inmate-patients in a mental health crisis state or inmate-patients requiring other levels of licensed mental health care to be treated. This building will be designed to allow for operation at either MHCF or ICF licensure and both male and female inmate-patients. The building will be approximately 70,000 sf to accommodate housing, administration, treatment, and custody services required to support 50 inmate-patients. There will be six individual exercise yards and two group yards on the exterior of the building. Site preparation work will include provisions for extension of existing utilities, including water, wastewater, natural gas, electrical, communications to the proposed building site, and demolition of a former chapel building and in-ground swimming pool. Additional site improvements for the MHCF will include a paved fire access road around the perimeter of the MHCB building, several paved truck delivery areas on the north side of the building, and a new parking lot located outside of the facility's main security enclosure. The Leadership in Energy and Environmental Design (LEED) goal for this project is to obtain LEED Silver certification.
3. Basis for cost information.
The Project Cost Summary is based on an estimate developed by a design consultant in June 2019, reflecting updated construction and soft costs, and adjustments in the California Construction Cost Index.
4. Factors/benefits for recommended solution other than the least expensive alternative.
Alternative #1 is the only alternative that addresses the MHCB capacity needs, allows for flexibility in operation of different levels of care, and avoids the displacement of medical beds during construction.
5. Complete description of impact on support budget.
The conceptual operating cost for this facility is approximately \$21.5 million annually, beginning in fiscal year 2022-23 when the project will be complete. Any increase in the CDCR support budget will be addressed in the future through the normal budgetary process.
6. Identify and explain any project risks.
There are no identified risks associated with completion of this project.
7. List requested interdepartmental coordination and/or special project approval (including mandatory reviews and approvals, e.g. technology proposals).
This project will require review and approval of the State Fire Marshal and the California Department of Public Health.

F. Consistency with Government Code Section 65041.1:

Does the recommended solution (project) promote infill development by rehabilitating existing infrastructure and how? Explain.

Yes, this project will be completed at an existing CDCR facility.

Does the project improve the protection of environmental and agricultural resources by protecting and preserving the state's most valuable natural resources? Explain.

Yes, this project will be completed at an existing CDCR facility.

Does the project encourage efficient development patterns by ensuring that infrastructure associated with development, other than infill, support efficient use of land and is appropriately planned for growth? Explain.

Yes, this project will be completed at an existing CDCR facility.