

BUSINESS UNIT: 4440 COBCP NO: 2 PRIORITY: 2 PROJECT ID: 0000041  
(7 digits; for new projects, leave blank)

DEPARTMENT: Department of State Hospitals

PROJECT TITLE: Statewide: Enhanced Treatment Units

TOTAL REQUEST (DOLLARS IN THOUSANDS): \$ 12,336 MAJOR/MINOR: Major

PHASE(S) TO BE FUNDED: WC PROJ CAT: FLS CCCI/EPI: 5953 / 6114

**SUMMARY OF PROPOSAL:**

The Department of State Hospitals (DSH) is proposing renovation to provide Statewide Enhanced Treatment Units (ETU) at state hospitals. DSH is proposing a retrofit of existing facilities in order to provide Statewide ETU rooms system wide.

HAS A BUDGET PACKAGE BEEN COMPLETED FOR THIS PROJECT? (E/U/N/?): E

REQUIRES LEGISLATION (Y/N): Y IF YES, LIST CODE SECTIONS: \_\_\_\_\_

REQUIRES PROVISIONAL LANGUAGE (Y/N) N

IMPACT ON SUPPORT BUDGET: ONE-TIME COSTS (Y/N): Y FUTURE COSTS (Y/N): Y

FUTURE SAVINGS (Y/N): N REVENUE (Y/N): N

DOES THE PROPOSAL AFFECT ANOTHER DEPARTMENT (Y/N): N IF YES, ATTACH

COMMENTS OF AFFECTED DEPARTMENT SIGNED BY ITS DIRECTOR OR DESIGNEE.

**SIGNATURE APPROVALS:**

<u><i>Robert J. H.</i></u>	<u>1.5.16.</u>	<u><i>Rob Cook</i></u>	<u>1/6/16</u>
PREPARED BY	DATE	REVIEWED BY	DATE
<u><i>K. Hansen</i></u>	<u>1-6-16</u>	<u><i>K. Hansen</i></u>	<u>1-6-16</u>
DEPARTMENT DIRECTOR	DATE	AGENCY SECRETARY	DATE

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**DOF ANALYST USE**

DOF ISSUE # \_\_\_\_\_ PROGRAM CAT: \_\_\_\_\_ PROJECT CAT: \_\_\_\_\_ BUDG PACK STATUS: \_\_\_\_\_  
 ADDED REVIEW: SUPPORT: \_\_\_\_\_ OCIU: \_\_\_\_\_ FSCU/ITCU: \_\_\_\_\_ OSAE: \_\_\_\_\_ CALSTARS: \_\_\_\_\_

Original Signed by:  
 Koreen Hansen

PPBA: \_\_\_\_\_

DATE SUBMITTED TO LEGISLATURE: 1/7/16

A. PURPOSE OF THE PROJECT:

Reappropriation Rational:

The Budget Act of 2014, Senate Bill 852 (SB 852), Chapter 25, Statutes of 2014, authorized \$2,102,650 to be made available for encumbrance until June 30, 2016 for the development of preliminary plans and working drawings for the ETU project. The project's schedule at that time had estimated that preliminary plans would be completed in March of 2016 and working drawings in April of 2016. Construction was scheduled to begin in July 2016, with completion in September 2017. The Budget Act of 2015, Assembly Bill 93 (AB 93), Chapter 10, Statutes of 2015, then authorized \$11,467,000 for construction of the units.

The Department of General Services (DGS) was unable to execute a contract for an architect to begin preliminary plans until October 2015, due to issues with contracting a single project at multiple locations statewide. While DSH and DGS are working very closely to expedite the project, this delay has required DSH to seek the reappropriation of both working drawings and construction funds.

Project Need:

The DSH is proposing, in accordance with AB 1340, Chapter 718, Statutes of 2014, to construct enhanced treatment units that will provide a more secure environment for patients that become psychiatrically unstable, resulting in highly aggressive and dangerous behaviors. Patients in this state of psychiatric crisis require individualized and intensive treatment of their underlying mental illness, while reducing highly volatile and violent behavior. The proposed ETUs will create secure locations within the existing hospitals to provide a safe treatment environment for both staff and patients. Patients will be housed individually and provided with the heightened level of structure necessary to allow progress in their respective treatment.

Historically, DSH's predecessor, the Department of Mental Health (DMH), primarily housed and treated individuals who were gravely disabled, the majority of which were not prone to extreme violent tendencies. Accordingly, the state created the state hospitals with such predominately non-violent individuals in mind.

The DSH patient population has shifted over the past twenty years to a population that is more aggressive and committed via the criminal justice process. The shift to a greater forensic population has resulted in an increase in the rate of aggressive acts by patients towards other patients and staff. Aggressive acts can require first aid treatment, hospitalization or result in death. At least two murders have occurred within the state hospital system since 2008, in addition to thousands of incidences of aggression. Additionally, DSH has seen an increase in aggressive acts for the civilly committed population that resides outside of secure treatment areas.

The following examples illustrate the types of situations currently faced by DSH:

1. The case of psychotic aggression in a patient who has a history of strangling people to death in the night in response to certain delusions and hallucinations. He has reported to DSH staff that he is experiencing the same delusions and hallucinations that previously caused him to kill people in the middle of the night. He is currently housed in a hospital with dormitory style rooms with no locks on the doors or other physical plant control to mitigate the risk of strangling other patients.
2. A case of chronic predatory aggression in a patient who had previously murdered a peer. In this case, the patient tells DSH staff he does not like a particular peer and states: "You know what I do when I don't like someone." Given his history, this indirect verbal threat indicates a high risk of severe violence, including murder.

3. A case of a chronically assaultive patient who assaults so frequently that he required constant restraint in a hospital. He describes the assaults as impulsive and explains that he just gets the urge to attack people and he cannot control himself. Upon being interviewed, the patient states that he prefers being treated in the lower stimulation and external controls offered by a locked room in the higher safety environment of a state prison as opposed to the current alternative of personal restraints.

DSH requires the ability to safely provide effective and practical mental health treatment to these types of patients while maintaining the health, safety, and welfare of its entire patient population, staff, and facilities.

#### A. RELATIONSHIP TO THE STRATEGIC PLAN:

DSH operates under two core ethics when making long term planning decisions.

Departmental Mission:

“Providing evaluation and treatment in a safe and responsible manner, seeking innovation and excellence in hospital operations, across a continuum of care and settings.”

Departmental Goals:

“A safe environment; Responsible stewardship; Excellence in forensic evaluation and Excellence in treatment.”

Currently, DSH does not possess the infrastructure needed to provide the safety and psychiatric treatment needs for a growing patient population with increased aggression. The Department has extensive clinical forensic expertise needed to create comprehensive psychiatric treatment protocols necessary for effective treatment of this growing population. Creating ETUs within state hospitals will allow DSH to meet mission statement and goals more effectively. Constructing and implementing ETUs will increase safety and security system wide in addition to fostering compliance with DSH's mission, goals, and values.

#### B. ALTERNATIVES:

Alternative #1 – Construct Enhanced Treatment Units at Existing State Hospitals

Pro's:

- Enhanced treatment beds will be constructed at existing facilities, reducing or eliminating the need for costly transfers.
- Patients will be easily moved from existing housing to the enhanced treatment beds.
- Retrofitting existing beds is less costly than building a new facility.
- Existing hospital resources can be leveraged to provide services.

Con's:

- An expenditure of capital funds is required.

Alternative #2 – Construct a New Facility Dedicated to Providing Enhanced Treatment Services

Pro's:

- A new, specially-designed facility would be constructed for the treatment of these patients.
- The treatment team providing services could specialize in enhanced treatment.

Con's:

- An expenditure of capital funds is required.
- Building a new facility is more expensive than retrofitting existing beds.
- A new structure would require more stringent CEQA review and may not support infill development.
- May take more time to have enhanced treatment services available.

Alternative #3 – Transfer Extremely Aggressive Patients to CDCR

Pro's:

- No expenditure of capital funds is required.
- Clinical mental health treatment within CDCR is insufficient to treat this severity of mental health patients and does not provide care similar to an Acute Psychiatric Hospital.

Con's:

- Statutory authority does not exist to transfer civilly committed patients, leaving DSH with a population potentially needing enhanced treatment.
- DSH would incur expenses transferring patients to and from CDCR institutions.

C. RECOMMENDED SOLUTION:

1. Which alternative and why?

Alternative #1 – Construct Enhanced Treatment Units at Existing State Hospitals. This alternative meets the immediate need for temporary housing for a violence-prone population. This option could be implemented in relatively short order, addressing a security and treatment issue of paramount importance to DSH, and less expensively than building a new facility.

2. Detail scope description.

In order for ETUs to be created at the state hospitals, modifications to the existing housing units will be needed. Modifications will include:

- Conversion of existing patient rooms or offices to treatment space
- Installation of lockable doors on designed patient rooms
- Installation of toilets and sinks in patient rooms
- Conversion of existing day rooms into laundry, day/dining rooms, or other necessary space to create as much of a self-contained program as possible.

3. Basis for cost information.

DGS has provided a 3-page estimate dated 1-5-2016, which is attached.

4. Factors/benefits for recommended solution other than the least expensive alternative.

Establishing ETU beds at state hospitals would create a secure environment for violence-prone patients. This provides a safe and secure environment to treat these patients and greatly diminishes the risk to staff and other patients.

5. Complete description of impact on support budget.

DSH is currently in the process of reviewing appropriate staffing ratios and determining whether separate medical equipment or supplies will be needed for the units. These will be the two primary, potential impacts on the support budget.

6. Identify and explain any project risks.

Patient advocate groups may oppose providing an environment where highly aggressive violence prone patients can be locked into rooms. Additionally, DSH may experience a reduction in overall bed capacity.

7. List requested interdepartmental coordination and/or special project approval (including mandatory reviews and approvals, e.g. technology proposals).

Department of General Services

- Project Management Branch
- Handicapped Accessibility
- Environmental Unit (CEQA)
- Due Diligence
- OSHPD Certification

State Fire Marshal

Department of Public Health

- Licensing and Certification
- Program Regulations

Cal-OSHA

#### E. CONSISTENCY WITH GOVERNMENT CODE SECTION 65041.1:

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

Yes, this project promotes infill development by utilizing existing buildings within existing facility.

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

Yes, utilization of existing facilities eliminates the need for new construction.

3. 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?

Yes, utilizing the existing buildings and infrastructure will require modification to existing infrastructure versus installation of new.

**DEPARTMENT OF GENERAL SERVICES  
REAL ESTATE SERVICES DIVISION - PROJECT MANAGEMENT AND DEVELOPMENT BRANCH  
PROJECT COST SUMMARY**

PROJECT:	Enhanced Treatment Units at 4 Hospitals	BUDGET ESTIMATE:	B4DSH21CP
LOCATION:	Atascadero, Coalinga, Napa & Patton State Ho	EST. / CURR'T. CCCI:	5953 / 6114
CUSTOMER:	Department of State Hospitals	DATE ESTIMATED:	1/5/2016
DESIGN BY:	IBI Group/Huntsman Architectural Group	ABMS NO:	137497
PROJECT MGR:	D. Hansen	PREPARED BY:	LL
TEMPLATE:	Design / Bid / Build	DOF PROJ. I.D. NO.:	See Note 9

**DESCRIPTION**

Renovate the existing State Hospitals at Atascadero, Coalinga, Napa and Patton State Hospitals to provide Enhanced Treatment Units (ETU). Provide 12 rooms at Atascadero (See Note 10), 8 rooms at Coalinga (See Note 10), 12 rooms at Napa (Unit T10) and 12 rooms at Patton (Unit 06), for a total of 44 ETU rooms statewide. Project to include demolition, removal/expansion of doorways and walls, repairing/replacing associated mechanical and electrical systems as required, installing specialized sleeping and lavatory units, modification of external windows, and installing new flooring and finishes as necessary.

**ESTIMATE SUMMARY**

Estimate Summary	
Atascadero State Hospital	
12 Enhanced Treatment Units	\$1,021,400
Coalinga State Hospital	
8 Enhanced Treatment Units	\$1,846,300
Napa State Hospital	
12 Enhanced Treatment Units	\$2,178,400
Patton State Hospital	
12 Enhanced Treatment Units	\$2,274,800

(Modified Template)

<b>ESTIMATED TOTAL CURRENT COSTS:</b>	<b>March 2014</b>	<b>\$7,320,900</b>
Adjust CCCI From 5953 to 6114		\$190,600
<b>ESTIMATED TOTAL CURRENT COSTS ON OCTOBER 2015</b>		<b>\$7,518,900</b>
Escalation to Start of Construction 22 Months @ 0.42% / Mo.:		\$688,900
Escalation to Mid Point 6 Months @ 0.42% / Mo.:		\$189,300
<b>ESTIMATED TOTAL CONTRACTS:</b>		<b>\$8,397,100</b>
Contingency At: 7%		\$587,800
<b>ESTIMATED TOTAL CONSTRUCTION COST:</b>		<b>\$8,984,900</b>

**SUMMARY OF COSTS  
BY PHASE**

PROJECT: Enhanced Treatment Units at 4 Hospitals      BUDGET ESTIMATE: B4DSH21CP  
 LOCATION: Atascadero, Coalinga, Napa & Patton State Hosp.      DATE ESTIMATED: 1/5/2016  
 ABMS #: 137497

CONSTRUCTION DURATION: 12 MONTHS  
 ESTIMATED CONTRACT: \$8,397,100      \$8,397,100  
 CONSTRUCTION CONTINGENCY: \$587,800      \$587,800  
 TOTAL: \$8,984,900      \$8,984,900

CATEGORY	ACQUISITION STUDY 00	PRELIMINARY PLANS 01	WORKING DRAWINGS 02	CONSTRUCTION 03	TOTAL
<b>ARCHITECTURAL AND ENGINEERING SERVICES</b>					
A&E Design		\$431,000	\$475,900	\$300,000	\$1,206,900
Construction Inspection (Note 4)				\$683,800	\$683,800
Construction Inspection Travel				\$117,820	\$117,820
Builders Risk Insurance				\$2,750	\$2,750
Advertising, Printing and Mailing		\$0	\$76,000		\$76,000
Construction Guarantee Inspection				\$25,780	\$25,780
<b>SUBTOTAL A&amp;E SERVICES</b>	<b>\$0</b>	<b>\$431,000</b>	<b>\$551,900</b>	<b>\$1,130,150</b>	<b>\$2,113,050</b>

<b>OTHER PROJECT COSTS</b>					
Special Consultants		\$126,000	\$80,000	\$400,000	\$606,000
Materials Testing				\$67,200	\$67,200
Project/Construction Management		\$148,400	\$188,100	\$504,000	\$840,500
Contract Construction Management			\$0	\$0	\$0
Site Acquisition Cost & Fees					\$0
Agency Retained Items					\$0
SBE/DVBE Assessment				\$53,050	\$53,050
School Checking			\$0		\$0
Hospital Checking			\$0		\$0
Essential Services			\$0		\$0
Accessibility Checking			\$24,400		\$24,400
Environmental Document (Neg Dec) Note 4		\$480,000			\$480,000
Due Diligence		\$30,000			\$30,000
Other Costs - (SFM)		\$3,600	\$14,000	\$188,000	\$205,600
Other Costs - (Permit/Reg. Fees)					\$0
Other Costs - (ARF Assessment)	\$0	\$15,000	\$10,600	\$139,700	\$165,300
<b>SUBTOTAL OTHER PROJECT COSTS</b>	<b>\$0</b>	<b>\$803,000</b>	<b>\$317,100</b>	<b>\$1,351,950</b>	<b>\$2,472,050</b>

TOTAL ESTIMATED PROJECT COST	\$0	\$1,234,000	\$869,000	\$11,467,000	\$13,570,000
LESS FUNDS TRANSFERRED	\$0	\$1,234,000	\$0	\$0	\$1,234,000
LESS FUNDS AVAILABLE NOT TRANSFERRED	\$0	\$0	\$869,000	\$11,467,000	\$12,336,000
CARRY OVER	\$0	\$0	\$0	\$0	\$0
BALANCE OF FUNDS REQUIRED	\$0	\$0	\$0	\$0	\$0

**FUNDING DATA & ESTIMATE NOTES**

PROJECT:	Enhanced Treatment Units at 4 Hospitals	BUDGET ESTIMATE:	B4DSH21CP
LOCATION:	Atascadero, Coalinga, Napa & Patton State Hosp.	DATE ESTIMATED:	1/5/2016
ABMS#:	137497		

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**FUNDING DATA**

<u>Chapter / Item</u>	<u>Phase</u>	<u>Amount</u>	<u>Totals</u>
<b>Fund Transfers</b>			
0025/2014 - 4440 - 301 - 0001(1)	P	\$1,234,000	
0	0	\$0	
0	0	\$0	
0	0	\$0	
0	0	\$0	
0	0	\$0	
0	0	\$0	
0	0	\$0	
<b>Total Funds Transferred</b>			<u>\$1,234,000</u>
<b>Funds Available Not Transferred</b>			
0025/2015 - 4440 - 301 - 0001	W	\$869,000	
0025/2015 - 4440 - 301 - 0001	C	\$11,467,000	
0	0	\$0	
0	0	\$0	
<b>Total Funds Available not Transferred</b>			<u>\$12,336,000</u>
<b>Total Funds Transferred and Available</b>			<u><u>\$13,570,000</u></u>

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**ESTIMATE NOTES**

- The construction costs in this estimate are indexed from the CCCI Index as of the date of estimate preparation to the CCCI index that is current as of OCTOBER 31, 2015. The project estimate is then escalated for a 6 month period to an assumed construction midpoint. Additionally, the project has been escalated to the assumed start of construction.
- The Agency may have retained items that are not included in this estimate. RESD has not verified Agency retained pricing. Guarding costs are excluded from this estimate.
- Special Consultant costs include Asbestos / Lead Survey & Monitoring, and Utility Design Fees.
- The project will be funded as one project for the Preliminary and Working Drawings Phases. However, because of the distances between the job sites, the four facilities will have to bid independently. Also, an environmental document will have to be prepared for each facility and inspection fees have been provided for each individual facility. The Preliminary Plan and Working Drawing durations shown on the attached schedule is for the four combined facilities. The Construction duration is shown for each individual facility
- It is assumed that DGS will certify the drawings for OSHPD compliance. Therefore, no fees for hospital checking area included in this estimate.
- Design costs shown for this project assume that all four projects are being funded and will go forward. If some sites are removed from the project, the design costs will have to be reevaluated.
- An ARF Assessment of 1.233 percent has been applied in accordance with Control Section 4.70 of the 2008 Budget Act.
- This estimate reflects the combined costs for all four facilities.
- Note DOF ID No.: Atascadero A55.18.290, Coalinga C55.18.700, Napa N55.40.415, Patton P55.45.350.
- DSH Requests the ETP program be established in Unit 33 at Atascadero and in Unit 9 at Coalinga. The original budget package estimate was based on utilizing Unit 29 at Atascadero and Unit MA3 at Coalinga. Increased costs, if any, will be addressed upon completion of the schematic design documents.

<b>STATE OF CALIFORNIA</b>		<b>Budget Year 2016-17</b>	
<b>CAPITAL OUTLAY BUDGET CHANGE PROPOSAL (COBCP)</b>		Proj ID	0000041
<b>FISCAL IMPACT WORKSHEET</b>		BU/Entity	4440
Department Title:	Department of State Hospitals	Program ID	4395
Project Title:	Statewide: Enhanced Treatment Units	COBCP #	2
Program Category:	Fire/Life/Safety (FLS)	Priority	2
Program Subcategory:		M/AM:	MA

			Existing Authority	January 10 Action	April 1 Action	May 1 Action	Special Action	Net Legis Changes	Project Total
<b>FUNDING</b>									
org-ref-fund-voa-yob	ph	action							
4440-301-0001-14-14	P	BA	1,234						1,234
4440-301-0001-14-14	W	BA	869						869
4440-301-0001-15-15	C	BA	11,467						11,467
4440-301-0001-14-15	W	RA		-869					-869
4440-301-0001-15-15	C	RA		-11,467					-11,467
4440-301-0001-16-16	W	RA		869					869
4440-301-0001-15-16	C	RA		11,467					11,467
									0
									0
									0
									0
									0
<b>TOTAL FUNDING</b>			13,570	0	0	0	0	0	13,570

			Existing Authority	January 10 Action	April 1 Action	May 1 Action	Special Action	Net Legis Changes	Project Total
<b>PROJECT COSTS</b>									
Study									0
Acquisition									0
Preliminary Plans			1,234						1,234
Working Drawings			869						869
Total Construction			11,467	0	0	0	0	0	11,467
Equipment (Group 2)									0
<b>TOTAL COSTS</b>			13,570	0	0	0	0	0	13,570

			Existing Authority	January 10 Action	April 1 Action	May 1 Action	Special Action	Net Legis Changes	Project Total
<b>CONSTRUCTION DETAIL</b>									
Contract			8,397						8,397
Contingency			588						588
A&E			1,130						1,130
Agency Retained									0
Other			1,352						1,352
<b>TOTAL CONSTRUCTION</b>			11,467	0	0	0	0	0	11,467
<b>FUTURE FUNDING</b>			0	0	0	0	0	0	0

<b>SCHEDULE</b>		mm/dd/yyyy	<b>PROJECT SPECIFIC CODES</b>			
Study Completion		N/A	Proj Mgmt:	Y	Location:	ASH, CSH, MSH, NSH, PSH
Acquisition Approval		N/A	Budg Pack:	N	County:	SLO, Fres, LA, Napa, San Bern
Start Preliminary Plans		7/1/2014	Proj Cat:	FLS	City:	Atasc, Colinga, Norwik Napa, Highld
Preliminary Plan Approval		9/1/2016	Req Legis:	N	Cong Dist:	22,20,38,1,11
Approval to Proceed to Bid		4/26/2016	Req Prov:	N	Sen Dist:	15,16,30,2,31
Contract Award Approval		8/29/2016	SO/LA Imp:	N	Assm Dist:	33,31,56,7,59
Project Completion		9/13/2017				



STATE OF CALIFORNIA  
CAPITAL OUTLAY BUDGET CHANGE PROPOSAL (COBCP)  
SCOPE/ASSUMPTIONS WORKSHEET

Budget Year 2016-17

Department Title: Department of State Hospitals  
Project Title: Statewide: Enhancement Treatment Units  
Program Category: Fire/Life Safety (FLS)  
Program Subcategory:

Org Code:	4440
COBCP #:	2
Priority:	2
Proj ID:	0000041
MAMI:	MA

**Project Specific Proposals:** For new projects provide proposed Scope language. For continuing projects provide the latest approved Scope language. Enter Scope language in cell A111.

**Conceptual Proposals:** Provide a brief discussion of proposal defining assumptions supporting the level of funding proposed by fiscal year in relation to outstanding need identified for that fiscal year. (Also include scope descriptions for BY+1 through BY+4 in cell A111).

The California Department of State Hospitals (DSH) is proposing renovations to provide Enhanced Treatment Units (ETU). DSH is proposing retrofits to existing facilities to provide the bed space.