

STATE OF CALIFORNIA  
**Budget Change Proposal - Cover Sheet**  
 DF-46 (REV 08/15)

Fiscal Year 16-17	Business Unit 5225	Department California Correctional Health Care Services	Priority No. 1
Budget Request Name 5225-030-BCP-BR-2016-GB		Program <b>4650 - MEDICAL SERVICES – ADULT</b>	Subprogram <b>4650014 - MEDICAL OTHER-ADULT</b>

Budget Request Description  
**SUPERVISORY STAFFING MODEL**

Budget Request Summary

California Correctional Health Care Services (CCHCS) requests 68.6 positions and \$11.878 million General Fund beginning in fiscal year 2016-17 to provide appropriate health care supervisory staffing levels throughout California's prison system. Appropriate supervisory staffing levels will help CCHCS have a well-managed health care program in the future.

Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed	
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
For IT requests, specify the date a Special Project Report (SPR) or Feasibility Study Report (FSR) was approved by the Department of Technology, or previously by the Department of Finance. <input type="checkbox"/> FSR <input type="checkbox"/> SPR                      Project No.                                      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 Helena Chan <i>Budget Officer</i>	Date 9/1/2015	Reviewed By Doug Chatfield	Date 9/2/2015
Department Director <i>4 Duane Reeder</i>	Date 12/24/15	Agency Secretary <i>Director Janet Lewis for Yulanda Munkier</i>	Date 12/24/15

**Department of Finance Use Only**

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

Type:  Policy  Workload Budget per Government Code 13308.05

PPBA <i>[Signature]</i>	Date submitted to the Legislature 1/7/16
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## Analysis of Problem

### A. Budget Request Summary

California Correctional Health Care Services (CCHCS) requests 68.6 positions and \$11.878 million General Fund beginning in fiscal year (FY) 2016-17 to provide appropriate health care supervisory staffing levels throughout California's prison system. Appropriate supervisory staffing levels will help CCHCS have a well-managed health care program in the future.

### B. Background/History

In the lawsuit *Plata v. Brown*, the Federal Court found that deficiencies in the health care being provided in California's prisons constituted a violation of the Eighth Amendment of the United States Constitution's prohibition against cruel and unusual punishment. The court ordered that control of prison health care be removed from the California Department of Corrections and Rehabilitation (CDCR) and placed under the auspices of a federal receiver until such time that the level of care provided reached a level acceptable to the court and that CDCR demonstrated an ability and commitment to maintain the level.

From the inception of the receivership in 2006, major changes have been made to California's prison health care. These have included the introduction of utilization and quality management programs, replacing ineffective health care providers with more effective ones, addressing difficult health care issues, and aligning health care provider staffing with patient need, which was addressed most recently in FY 2014-15 through the Medical Classification Staffing Model (MCM). This model examined all of the classifications involved in the direct care of patients at each institution and determined the staffing needs of each based on patient acuity. Application of the model resulted in redistribution of health care providers.

With the implementation of the various reforms and improvements introduced by the Receiver, including the MCM, health care within California's institutions has improved to the point that the process of returning prison health care back to CDCR has begun. In July 2015, the Receiver issued the first revocable delegation of the medical care program at Folsom State Prison (FSP), thereby reverting control of FSP's health care program from the Receivership to CDCR.

Notwithstanding the successes that have brought prison health care to the cusp of transition, issues still exist that threaten the long-term viability of the health care program. One such issue involves supervisory staffing. The MCM provided a comprehensive staffing model for primary care providers (including Physician and Surgeon, Nurse Practitioner, and Physician Assistant), nursing (including Registered Nurse, Licensed Vocational Nurse, and Psychiatric Technician), and allied health (including Pharmacists, Radiologist, Radiological Technician, Food Administrator, Registered Dietician, and others). The MCM did not, however, address the supervisory classifications necessary to carry out the administrative functions of a health care facility within an institution. This request addresses these functions by providing a model defining staffing levels for the following classifications:

Supervisory:

- Chief Executive Officer (CEO), Health Care
- Receiver's Medical Executive (RME)
- Receiver's Nurse Executive (RNE)
- Career Executive Assignment (CEA) – Chief Support Executive (CSE)
- Pharmacist II (Pharm II)
- Chief Physician and Surgeon (CP&S)
- Supervising Registered Nurse III (SRN III)
- Supervising Registered Nurse II (SRN II)
- Unit Supervisor, Safety
- Office Services Supervisor II – General (OSS II)

## Analysis of Problem

### Resource History (Dollars in thousands)

Program Budget	PY - 4	PY - 3	PY - 2	PY - 1	PY
Authorized Expenditures		218,044,981	221,353,592	225,044,870	225,044,870
Actual Expenditures		178,315,744	174,076,241	196,032,511	194,128,454
Revenues					
Authorized Positions		1883.3	1898.7	1936.2	1936.2
Filled Positions		1,486.6	1,444.9	1,664.4	1,659.2
Vacancies		396.7	453.8	271.8	277.0

#### C. State Level Considerations

CCHCS is in the process of delegating control of prison health care to CDCR. This has required addressing deficiencies in all aspects of prison health care and implementing the Turnaround Plan of Action that was accepted by the federal court as a blueprint for the necessary improvements. The goal of these improvements was to provide a level of health care that was both constitutionally acceptable and sustainable.

In July 2015, the Receiver signed a revocable delegation of authority, transferring management of FSP's health care program to CDCR.

#### D. Justification

The success of the delegation of prison health care from the Federal Receivership to State control lies not only on achieving a constitutionally acceptable level of health care throughout the State's prison system, but also on being able to maintain that level. To achieve this end, appropriate staffing is required throughout the system. Staffing levels were addressed most recently with the MCM in FY 2014-15. While this model provided the methodologies for determining staffing for direct care providers, it did little to address the supervisory staffing necessary to maintain the required level of health care.

CCHCS has determined staffing needs and methodologies for maintaining appropriate staffing levels for supervisory classifications throughout the health care system. This request addresses the supervisory staffing for a number of these classifications.

A complete list of affected classifications and the requested number of positions for each may be found in the table on the next page.

## Analysis of Problem

<b>SUPERVISORY STAFFING MODEL REQUIREMENTS</b>				
<b>Class Code</b>	<b>Class Title</b>	<b>Current Authority<sup>(1)</sup></b>	<b>Staffing Model</b>	<b>Request</b>
8216	Chief Executive Officer, Health Care	26.0	34.0	8.0
8239	Receiver's Medical Executive	28.0	34.0	6.0
8241	Receiver's Nurse Executive	27.0	34.0	7.0
7500	Career Executive Assignment (Chief Support Executive)	26.0	34.0	8.0
7981	Pharmacist II	32.0	34.0	2.0
9267	Chief Physician and Surgeon, Correctional Facility	28.0	36.0	8.0
9319	Supervising Registered Nurse III - Medical	36.0	37.0	1.0
9318	Supervisor Registered Nurse II - Medical	384.9	411.5	26.6
8104	Unit Supervisor, Safety – Mental Health	11.0	14.0	3.0
1148	Office Services Supervisor I - Typing	21.0	0.0	(21.0)
1150	Office Services Supervisor II - General	14.0	34.0	20.0
<b>Totals</b>		<b>633.9</b>	<b>702.5</b>	<b>68.6</b>

(1) Current Authority per 2015 May Revise. Exception: An additional 11.0 SRN II positions (5.5 to Mule Creek State Prison and 5.5 to RJ Donovan State Prison) are included in the current authority total.

The executive management staff (CEO, CME, CNE, CSE, Chief P&S and SRN III) at each institution has a wide breadth of responsibilities that are difficult to manage when overseeing two institutions, which is the case with several “sister” institutions. Although it was the intention from the beginning of the receivership to establish a separate executive structure at each institution, the original Receiver, recognizing the high costs and recruiting concerns involved with hiring so many high level positions at so many locations at one time, implemented a “sister” institution structure for several of the institutions. Under this structure, two institutions would temporarily share certain executive positions. This structure allowed the Receiver to establish a presence in all of the institutions and to begin affecting court-mandated reforms quickly; however, it was never seen as a long-term solution to the long-term health care management needs. The Chief P&S and SRN III provide direct oversight of the PCPs and day-to-day operations of the nursing program and staff respectively. Included in the request are a couple additional positions that were needed due to the number of staff and size of the medical programs at a few institutions (additional Chief P&S at California Institute for Men and California Medical Facility and additional SRN III at Richard J. Donovan, California State Prison – Corcoran and California State Prison – Sacramento).

In his “Special Report: Improvements in the Quality of California’s Prison Medical Care System”, dated March 10, 2015, page 20, section Titled “Institution Structure and Leadership”, the Receiver notes that “The Court found institutional leadership and supervision to be lacking”. He quotes what the Court identified as a deficiency more than 10 years ago, which in part says “The Court finds that the lack of supervision in the prisons is a major contributor to the crisis in CDCR medical delivery.”

As CCHCS moves into transition, having executive level management at each institution is imperative to meet the mandates of the Federal Courts and to maintain a sustainable health care model once the

## Analysis of Problem

Receivership ends. Without an appropriate Executive structure, the sustainability of the health program post Receivership could be jeopardized.

The SRN II is needed to provide direct supervision of nursing staff throughout the institutions so that health care delivery is being performed by the nursing staff appropriately and timely. In addition the SRN IIs manage disciplinary issues and provide oversight of the various nursing classifications. Without this oversight the appropriate delivery of care could be jeopardized. The SRN II is based on a 1:12 ratio; which is consistent with the Staff Services Manager classification series and CCHCS believes this will be adequate to meet the needs of the institutions.

The Unit Supervisor, Safety is needed to provide oversight of the Enhanced Outpatient Program (EOP) in the EOP Administrative Segregation Units (AdSeg) and EOP designated institutions. The Unit Supervisor, Safety is trained in a Mental Health background and is the appropriate classification to provide this expertise and oversight. The allocation is one per institution with an EOP AdSeg and/or an EOP designated institution.

The Pharmacist II is needed to meet licensure requirements for the licensed pharmacies within the institutions. Pharmacist II's are mandated by the State Board of Pharmacy and are named on the specific license at each institution. The allocation is one per licensed pharmacy.

The OSS II is needed to provide supervision of the day to day operations of the Medical Scheduling and Tracking System (MedSATS) and the staff assigned to the program. The allocation is one per institution. To offset the need for this classification, the OSS I classification will no longer be utilized in lieu of the OSS II. The reason the OSS I is not appropriate, is due to State allocation guidelines that OSS I's cannot supervise Office Technicians; which is the primary classification in the scheduling units.

The methodologies used for determining staffing for each of the affected classifications are outlined in Attachment A. Descriptions of the duties and justifications for the requested positions appear in Attachment B.

### **E. Outcomes and Accountability**

The staff requested in this proposal will be monitored by the appropriate staff in the field as well as headquarters to track that positions are allocated as requested and that they are filled so that the delegation of authority of prison health care may be completed as quickly and smoothly as possible and that the delegation remains permanent.

### **F. Analysis of All Feasible Alternatives**

#### **A. Approve 68.6 positions and \$11.9 million GF beginning in 2016-17 to address health care supervisory and support staffing levels throughout California's prison system.**

##### Pros

1. Provides adequate staffing for supervisory positions throughout the institutions.
2. Aligns supervisory staffing with applicable ratios.
3. Provides appropriate staffing to ensure maintenance of a constitutionally required level of health care necessary for prison health care to return permanently to State control.
4. Staffing model allows for adjusting staffing levels as warranted by the Fall Population and May Revise processes or as workload changes.

##### Cons

1. Additional GF expenditures.

#### **B. Approve \$6.6 million GF and 38 executive level positions beginning in 2016-17 to address health care executive staffing levels throughout California's prison system. Included in the 38 positions are 8 CEOs, 6 RMEs, 7 RNEs, 8 CEA-CSEs, 1 Pharm II, and 8 CP&Ss.**

## Analysis of Problem

### Pros

1. Addresses the most critical upper management positions.
2. Creates a separate management team for each institution, which creates a management structure similar to custody's.
3. Eliminates shared executives from serving two institutions located far from each other.

### Cons

1. Additional GF expenditures.
  2. Does not address critical staffing needs.
  3. Creates an employee structure with a disproportionate number of upper management positions and too few support positions.
- C. Approve \$5.3 million GF and 30.6 positions beginning in 2016-17 to address health care supervisory staffing levels throughout California's prison system. Included in the 30.6 positions are 2 Pharm IIs, 26.6 SRN IIs, 3 Unit Supervisors, Safety, 20 OSS IIs, and the elimination of 21 OSS Is.**

### Pros

1. Provides adequate staffing for affected supervisory positions throughout the institutions
2. Aligns supervisory staffing with applicable ratios.
3. Staffing model allows for adjusting staffing levels as warranted by the Fall Population and May Revise processes or as workload changes.

### Cons

1. Additional GF expenditures.
  2. Does not provide a comprehensive model for all supervisory and support positions in prison health care.
  3. Would leave certain supervisory and support classifications understaffed, which could delay or jeopardize delegation of authority of prison health care from CCHCS to CDCR.
  4. May trigger revocation of the delegation of authority as institutions are unable to maintain the requisite level of health care.
- D. Approve \$4 million GF and 23 positions beginning in 2016-17, another \$4 million GF and 23 positions beginning in 2017-18, and a final \$3.9 million GF and 22.6 positions beginning in 2018-19 to implement the Supervisor and Support Staffing Model incrementally over a period of three years.**

### Pros

1. Reduces the initial expenditure by not implementing the entire staffing model at once.
2. Ultimately makes all classifications whole.

### Cons

1. Additional GF expenditures.
2. Delays readiness for delegation of authority of health care from CCHCS to CDCR.
3. May trigger revocation of the delegation of authority as institutions are unable to maintain the requisite level of health care.

## Implementation Plan

Beginning July 1, 2016, utilize funding to hire necessary staff.

**H. Supplemental Information**

This request includes the following attachment:

- Attachment A – Summary of Methodologies Used
- Attachment B – Description of Affected Positions

**I. Recommendation**

Approve Alternative A for \$11.878 million GF beginning in 2016-17 to address health care supervisory and support staffing levels throughout California's prison system.

CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES  
 SUPERVISORY/SUPPORT MODEL STAFFING METHODOLOGIES  
 FISCAL YEAR 2016/17

SUPERVISORY MODEL		
Class Code	Class Title	METHODOLOGY / COMMENTS
8216	Chief Executive Officer, Health Care	1.0 per institution.
8239	Receiver's Medical Executive	1.0 per institution.
8241	Receiver's Nurse Executive	1.0 per institution.
7500	Career Executive Assignment (Chief Support Executive)	1.0 per institution.
7981	Pharmacist II	Allocated 1.0 at all institutions to meet licensure requirements.
9267	Chief Physician and Surgeon, Correctional Facility (CF)	1.0 per institution, exception CMF and CIM due to size of the health care program.
9319	Supervising Registered Nurse III - Medical	1.0 per institution, exception RJD, COR & SAC due to size of the nursing program.
9318	SRN II - Medical	Based on direct reports (CNA, Sr. PT, PT, LVN, RN): Minimum 9.5 positions, otherwise 1 Position for each 12 direct report. Exceptions: Folsom Women's Facility gets 5.5 pos. CIW and SQ each get 3.0 additional pos. for PIP. MCSP and RJD got an additional 5.5 positions for Infill - added to May Revise number. Adjustments include relief.
8104	Unit Supervisor, Safety - Mental Health	1.0 Per each EOP AdSeg or EOP designated institutions (CCWF, CIW, CMC, CMF, COR, KVSP, LAC, MCSP, PBSP, RJD, SAC, SATF, SVSP, VSP)
1148	Office Services Supervisor I - Typing	Proposal to eliminate position in lieu of OSS II.
1150	Office Services Supervisor II - General	1.0 per institution to supervise scheduling.

## Justification for Supervisory Positions

Below are descriptions of the affected supervisory positions in the staffing model and justifications for the methodologies used to determine staffing for each classification.

### **Chief Executive Officer (CEO)**

1 CEO at each institution

The CEO is responsible for all health care operations at a correctional facility. The CEO is responsible for all aspects of health care including the Mental Health and Dental programs within the institutions. The CEO operates opposite the Warden in an institution and ensures all aspects of health care are being delivered to the patient population.

### **Receiver's Medical Executive (RME)**

1 RME at each institution.

The RME develops and maintains an on-going program to deliver, monitor, evaluate, and improve the quality and appropriateness of all medical patient care in the Institution. The RME assists with the development of medical patient care policies, procedures, and protocols to standardize and promote effective health care delivery and to achieve and maintain compliance with mandated litigation. The RME addresses local operational issues which may impact the delivery of quality health care

The RME is responsible and accountable for the oversight of the comprehensive 24-hour-per-day, 7-day-per-week (24/7) operations and delivery of patient services throughout an institution.

### **Receiver's Nurse Executive (RNE)**

1 RNE at each institution.

The RNE is responsible for all aspects of the management of the nursing department at a correctional facility. The RNE is over the entire nursing program for Medical and Mental Health within the institutions. The RNE directs all nursing staff and handles all high level issues to meet the nursing health care mission.

The RNE directs the nursing program and ensures that the nursing program is run effectively to meet the needs of patients within the institutions.

### **Career Executive Assignment – Chief Support Executive (CSE)**

1 CSE at each institution.

The CSE is responsible for carrying out the administrative and support functions of health care services and is the operational policy advisor on all matters to the CEO. The CSE formulates short- and long-range goals as well as readiness assessments for compliance audits and inspections from various internal and external entities; provides oversight for Human Resources, Budgets, and Contracts operations.

Each institution will have a CSE to handle the administrative management of the institution. The CSE position is necessary for effective management of overall daily operations, administration and support within Health Care Services.

### **Pharmacist II (Pharm II)**

1 Pharm II at each institution.

The Pharm II administers and manages each facility's pharmacy services under the direction of the local CEO and the system-wide Director of Pharmacy. The Pharm II serves as the Pharmacist-In-Charge (PIC) and carries out the responsibilities mandated by the State Board of Pharmacy.

The Pharm II supervises the work of Pharmacist Is and Pharmacy Technicians in providing pharmacy clinical and dispensing services. The Pharm II also directs daily pharmacy operations and ensures compliance to Federal, State, local regulations, and CCHCS Policies and Procedures, as well as overseeing all functions of the pharmacy staff, services, and operation at the institution.

Each institution operates a licensed pharmacy. The State Board of Pharmacy requires each licensed pharmacy to have a PIC. The Pharm II satisfies this requirement.

### **Chief Physician and Surgeon, Correctional Facility (CP&S)**

Based on a ratio of direct reports, which include Physician Assistant, Physician and Surgeon, and Nurse Practitioner. Each institution is to have 1 CP&S, with an additional position allocated at CMF and COR due to size of the health care program.

The CP&S is responsible for the direct supervision of the Physician and Surgeons, and mid-level providers in the medical department.

Supervision includes:

1. Performance and clinical review for improvement
2. Review of Request For Services for appropriateness
3. Review of non-formulary requests
4. Review of chronos/special equipment purchases
5. Review of appeals
6. Review of Prison Law Office responses
7. Review of patient correspondence
8. Consult on difficult cases
9. Evaluation of Probate 3,200 cases, medical paroles, and compassionate release cases
10. Collaboration with mental health/dental/custody/nursing/ancillary staff
11. Transfer of care coordination with other institutions

### **Supervising Registered Nurse III (SRN III)**

Based on a ratio of direct reports, which includes Supervising Registered Nurse II (SRN II) and Unit Supervisor, Safety. Each institution is to have a 1 SRN III, with an additional SRN III assigned to RJD, COR and SAC due to size of the nursing programs.

The SRN III provides direct oversight of the institution's nursing program and staff. The SRN III also reviews, revises, develops, and implements nursing policies and procedures with assistance of Nursing and Medical Department committees; directs the Nursing Quality

Improvement Program with audits and reviews. Additional duties include coordinating nursing services with other departments; collaborating with physicians and other health care providers; assessing training needs; planning and providing in-service for staff; conferring with the Correctional Health Services Administrator I to coordinate the nursing services and goals with California Department of Corrections and Rehabilitation policies. Moreover, the SRN III directs, supervises, and monitors compliance with licensing and oversight entities and mental health care issues. SRN IIIs serve on health care and institutional committees; participate in the development of the health services budget; attend medical staff and institutional meetings, and maintain records of current nursing licenses and other training.

### **Supervising Registered Nurse II (SRN II)**

Based on ratio of direct reports, which include Registered Nurses (RN), Licensed Vocational Nurses (LVN), Licensed Psychiatric Technicians (LPT), Senior Psychiatric Technicians, and Certified Nursing Assistants (CNA). Each institution is to have a minimum of 9.5 positions, with additional positions being allotted for each increment of 12 direct supports above 95. San Quentin State Prison and California Institution for Women are each allotted an additional 3.0 positions for their Psychiatric Inpatient units and Folsom Women's Facility is only allotted 5.5 positions because of its size.

The SRN II plans, assigns and directly supervises the work of the nursing staff including RNs, LVNs, and CNAs assigned to yard/building medication administration and ensures duties are assigned within the scope of the staff license; ensures application of the nursing process; ensures the qualifications and current licensure of nursing staff on an on-going basis; ensures sufficient number of qualified nursing staff are on duty to provide adequate patient care; ensures the provision of quality nursing care including audits and quality reviews; assesses training needs and plans and coordinates in-service programs for nursing staff; collaborates with physicians and other health care providers; responsible for infection control, safety, and cleanliness and adequate and functioning equipment in the nursing services areas.

SRN IIs develop and implement nursing service policies and procedures in the area of supervision; participate in the recruitment of nursing staff; conduct hiring interviews, make hiring selections, and evaluate the performance of nursing staff; prepare performance evaluations and take or recommend appropriate actions; review records and reports prepared by nursing staff for accuracy, timeliness, and completeness. Additionally, SRN IIs serve on various health care committees and other institutional committees; maintain and prepare other records and reports; inventory and procure medical supplies and equipment; plan and conduct nursing staff committees.

### **Unit Supervisor, Safety**

1 Unit Supervisor, Safety at each institution with an Enhanced Out-patient Program (EOP) Administrative Segregation (AdSeg) or designated an EOP institution.

The Unit Supervisor, Safety supervises and directs the activities LPTs within EOP AdSeg Units and EOP designated institutions. Duties include, but are not limited to: staff evaluations, monitoring of LPT staff recording in the log book, ensuring that the mental health orientation and screens are completed by LPTs when assigned, ensuring that rounds are completed in a timely and effective manner, and supervising completion of weekly summaries of clinical rounds. The Unit Supervisor, Safety also provides direct care as needed; completes Medication Administration Process Improvement Plan Measure 8 and 12, submits Guard 1 Report (Daily); AdSeg Movement Daily; attends the Morning Mental Health Meeting in AdSeg; completes the Internal Transfer Report for medication continuity in AdSeg; completes the CNA Sitter Audit,

Fidelity Audit, Weekly Summary Audit, Pharmacy Audit, and other audits. Completes and sends to headquarters AdSeg rounds quarterly reports

The level of care provided within EOP AdSegs and EOP designated institutions requires close supervision of and the immediate addressing of areas to ensure that these areas remain in compliance with the myriad court orders, laws, rules, and regulations that apply to them. This position will ensure the EOP level of care provided in these EOP AdSeg Hubs is in compliance.

**Office Services Supervisor II (OSS II)**

1 OSS II at each institution to supervise scheduling.

The OSS II is responsible for supervising the day-to-day operation of the Medical Scheduling and Tracking System (MedSATS) and the staff assigned to the program. The OSS II is responsible for ensuring accurate and timely data entries and completion of information in each tracking system regarding medical services within 72 hours of clinical service. The OSS II is responsible for preparing written reports and responses to inquiries and issues regarding medical tracking statistics for clinical services as well as collecting, reviewing, and interpreting data to ensure compliance. The OSS II is responsible for staff assignments, staff coverage, staff performance reports, and Individual Development Plans.

Each institution will receive an OSS II to provide consistent training and oversight, for scheduling, Health Information Management, clerical, and associated tasks.

**Office Services Supervisor I (OSS I)**

The OSS II is the appropriate classification to perform the duties identified and the OSS I will no longer be needed.

# BCP Fiscal Detail Sheet

BCP Title: Receiver - Supervisory Staffing Model

DP Name: 5225-030-BCP-DP-2016-GB

## Budget Request Summary

	FY16					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Positions - Permanent	0.0	68.6	68.6	68.6	68.6	68.6
<b>Total Positions</b>	<b>0.0</b>	<b>68.6</b>	<b>68.6</b>	<b>68.6</b>	<b>68.6</b>	<b>68.6</b>
Salaries and Wages						
Earnings - Permanent	0	8,430	9,347	9,347	9,347	9,347
<b>Total Salaries and Wages</b>	<b>\$0</b>	<b>\$8,430</b>	<b>\$9,347</b>	<b>\$9,347</b>	<b>\$9,347</b>	<b>\$9,347</b>
Total Staff Benefits	0	2,992	3,309	3,309	3,309	3,309
<b>Total Personal Services</b>	<b>\$0</b>	<b>\$11,422</b>	<b>\$12,656</b>	<b>\$12,656</b>	<b>\$12,656</b>	<b>\$12,656</b>
Operating Expenses and Equipment						
5301 - General Expense	0	18	19	19	19	19
5302 - Printing	0	1	1	1	1	1
5320 - Travel: In-State	0	15	16	16	16	16
5322 - Training	0	7	8	8	8	8
5368 - Non-Capital Asset Purchases - Equipment	0	407	281	281	281	281
539X - Other	0	8	8	8	8	8
<b>Total Operating Expenses and Equipment</b>	<b>\$0</b>	<b>\$456</b>	<b>\$333</b>	<b>\$333</b>	<b>\$333</b>	<b>\$333</b>
<b>Total Budget Request</b>	<b>\$0</b>	<b>\$11,878</b>	<b>\$12,989</b>	<b>\$12,989</b>	<b>\$12,989</b>	<b>\$12,989</b>
<b>Fund Summary</b>						
Fund Source - State Operations						
0001 - General Fund	0	11,878	12,989	12,989	12,989	12,989
<b>Total State Operations Expenditures</b>	<b>\$0</b>	<b>\$11,878</b>	<b>\$12,989</b>	<b>\$12,989</b>	<b>\$12,989</b>	<b>\$12,989</b>
<b>Total All Funds</b>	<b>\$0</b>	<b>\$11,878</b>	<b>\$12,989</b>	<b>\$12,989</b>	<b>\$12,989</b>	<b>\$12,989</b>
<b>Program Summary</b>						
Program Funding						
4650014 - Medical Other-Adult	0	11,878	12,989	12,989	12,989	12,989
<b>Total All Programs</b>	<b>\$0</b>	<b>\$11,878</b>	<b>\$12,989</b>	<b>\$12,989</b>	<b>\$12,989</b>	<b>\$12,989</b>

**Personal Services Details**

**Salary Information**

Positions	Salary Information			<u>CY</u>	<u>BY</u>	<u>BY+1</u>	<u>BY+2</u>	<u>BY+3</u>	<u>BY+4</u>
	Min	Mid	Max						
1148 - Office Svcs Supvr I (Typing) (Eff. 07-01-2016)				0.0	-21.0	-21.0	-21.0	-21.0	-21.0
1150 - Office Svcs Supvr II (Gen) (Eff. 07-01-2016)				0.0	20.0	20.0	20.0	20.0	20.0
7500 - C.E.A. (Eff. 07-01-2016)				0.0	4.0	4.0	4.0	4.0	4.0
7500 - C.E.A. (Eff. 09-01-2016)				0.0	4.0	4.0	4.0	4.0	4.0
7981 - Pharmacist II (Eff. 07-01-2016)				0.0	2.0	2.0	2.0	2.0	2.0
8104 - Unit Supvr (Safety) (Eff. 07-01-2016)				0.0	3.0	3.0	3.0	3.0	3.0
8216 - Chief Exec Officer - Hlth Care (Safety) (Eff. 07-01-2016)				0.0	4.0	4.0	4.0	4.0	4.0
8216 - Chief Exec Officer - Hlth Care (Safety) (Eff. 09-01-2016)				0.0	4.0	4.0	4.0	4.0	4.0
8239 - Receiver's Med Exec (Safety) (Eff. 07-01-2016)				0.0	3.0	3.0	3.0	3.0	3.0
8239 - Receiver's Med Exec (Safety) (Eff. 09-01-2016)				0.0	3.0	3.0	3.0	3.0	3.0
8241 - Receiver's Nurse Exec (Safety) (Eff. 07-01-2016)				0.0	4.0	4.0	4.0	4.0	4.0
8241 - Receiver's Nurse Exec (Safety) (Eff. 09-01-2016)				0.0	3.0	3.0	3.0	3.0	3.0
9267 - Chief Physician & Surgeon - CF (Eff. 07-01-2016)				0.0	4.0	4.0	4.0	4.0	4.0
9267 - Chief Physician & Surgeon - CF (Eff. 09-01-2016)				0.0	4.0	4.0	4.0	4.0	4.0
9318 - Supvng Registered Nurse II - CF (Eff. 07-01-2016)				0.0	26.6	26.6	26.6	26.6	26.6
9319 - Supvng Registered Nurse III - CF (Eff. 07-01-2016)				0.0	1.0	1.0	1.0	1.0	1.0
<b>Total Positions</b>				<b>0.0</b>	<b>68.6</b>	<b>68.6</b>	<b>68.6</b>	<b>68.6</b>	<b>68.6</b>

**Salaries and Wages**

	<u>CY</u>	<u>BY</u>	<u>BY+1</u>	<u>BY+2</u>	<u>BY+3</u>	<u>BY+4</u>
1148 - Office Svcs Supvr I (Typing) (Eff. 07-01-2016)	0	-783	-783	-783	-783	-783
1150 - Office Svcs Supvr II (Gen) (Eff. 07-01-2016)	0	834	834	834	834	834

7500 - C.E.A. (Eff. 07-01-2016)	0	250	250	250	250	250
7500 - C.E.A. (Eff. 09-01-2016)	0	376	501	501	501	501
7981 - Pharmacist II (Eff. 07-01-2016)	0	266	266	266	266	266
8104 - Unit Supvr (Safety) (Eff. 07-01-2016)	0	269	269	269	269	269
8216 - Chief Exec Officer - Hlth Care (Safety) (Eff. 07-01-2016)	0	300	300	300	300	300
8216 - Chief Exec Officer - Hlth Care (Safety) (Eff. 09-01-2016)	0	450	600	600	600	600
8239 - Receiver's Med Exec (Safety) (Eff. 07-01-2016)	0	498	498	498	498	498
8239 - Receiver's Med Exec (Safety) (Eff. 09-01-2016)	0	747	996	996	996	996
8241 - Receiver's Nurse Exec (Safety) (Eff. 07-01-2016)	0	357	357	357	357	357
8241 - Receiver's Nurse Exec (Safety) (Eff. 09-01-2016)	0	401	535	535	535	535
9267 - Chief Physician & Surgeon - CF (Eff. 07-01-2016)	0	518	518	518	518	518
9267 - Chief Physician & Surgeon - CF (Eff. 09-01-2016)	0	777	1,036	1,036	1,036	1,036
9318 - Supvng Registered Nurse II - CF (Eff. 07-01-2016)	0	3,109	3,109	3,109	3,109	3,109
9319 - Supvng Registered Nurse III - CF (Eff. 07-01-2016)	0	61	61	61	61	61
<b>Total Salaries and Wages</b>	<b>\$0</b>	<b>\$8,430</b>	<b>\$9,347</b>	<b>\$9,347</b>	<b>\$9,347</b>	<b>\$9,347</b>
Staff Benefits						
5150450 - Medicare Taxation	0	123	136	136	136	136
5150500 - OASDI	0	183	215	215	215	215
5150600 - Retirement - General	0	1,607	1,781	1,781	1,781	1,781
5150800 - Workers' Compensation	0	335	372	372	372	372
5150900 - Staff Benefits - Other	0	744	805	805	805	805
<b>Total Staff Benefits</b>	<b>\$0</b>	<b>\$2,992</b>	<b>\$3,309</b>	<b>\$3,309</b>	<b>\$3,309</b>	<b>\$3,309</b>
<b>Total Personal Services</b>	<b>\$0</b>	<b>\$11,422</b>	<b>\$12,656</b>	<b>\$12,656</b>	<b>\$12,656</b>	<b>\$12,656</b>