

Health Agenda Page 20, Issues 100 and 202 Item 4440-011-0001—Department of State Hospitals (DSH)— Incompetent to Stand Trial (IST) Population

General Fund

Proposal	Governor (May Revision)	Senate	Assembly	LAO Compromise
State Hospital Beds	\$27.8 million for 105 beds in DSH	—	\$27.8 million for 105 beds in DSH	\$14.6 million for 55 beds in DSH
ROC Beds	\$3.9 for 45 to 55 beds in county jails	\$12.1 million for 150 to 160 beds in county jails or community facilities, with TBL authorizing ROC expansion into community facilities and BBL directing that funds unused for ROC revert to the GF	\$3.9 million for 45 to 55 beds in county jails	\$8.2 million for 105 beds in county jails or community facilities, with TBL authorizing ROC expansion into community facilities and BBL directing that funds unused for ROC revert to the GF
Totals	\$31.7 Million for 150 to 160 Beds	\$12.1 Million for 150 to 160 Beds	\$31.7 Millions for 150 to 160 Beds	\$22.8 Million for 160 Beds

DSH = Department of State Hospitals; ROC= restoration of competence; TBL = trailer bill language; BBL = budget bill language; and GF = General Fund.

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LAO Compromise

- The Restoration of Competence (ROC) program costs significantly less per bed than the state hospitals—\$71,000 per year compared to \$265,000 per year. However, the capacity of the ROC program is difficult to predict, because the program depends on bed space being available in jails and community facilities. The LAO compromise includes the opportunity to expand ROC substantially, but also includes some capacity in the state hospitals to ensure that even if additional ROC capacity cannot be found, there will be additional capacity for IST patients.
- The LAO compromise would reduce the DSH patient waitlist by up to 160 patients and would cost \$22.8 million. While our approach would provide less funding than the Assembly version, it would provide the potential for the same amount of bed capacity.
- The compromise includes \$8.2 million to expand the ROC program to additional jails and community facilities for up to an additional 105 beds. To the extent that community facilities can effectively operate ROC programs, it could allow more IST patients to get less expensive treatment outside of DSH in the future.
- The compromise also includes \$14.6 million for an additional 55 beds in the state hospitals, which would provide DSH with a portion of the capacity proposed in the Assembly version to help treat IST patients that cannot be treated in jails or the community.