

## Central State Hospital Proposal

	<b>Governor</b>	<b>Conference Report</b>	<b>Reconvened Amendment(s)</b>
<b>Description</b>	<p>Proposed detailed design to replace Central State Hospital (CSH)</p>	<p>Added budget language requiring DBHDS to convene a workgroup to:</p> <ul style="list-style-type: none"> <li>a) examine the impact of TDOs on state hospitals,</li> <li>b) develop options to relieve the census pressure on state hospitals, and</li> <li>c) develop an action plan to take short-term actions to relieve census pressure in order to develop a plan for the right-sizing of the system.</li> </ul> <p>Language also requires DBHDS to develop a conceptual plan to "right size" the state hospital system, including future capacity and distribution of capacity and propose the construction of a new CSH and establish the scope of the new hospital within a "right sized" system and appropriate timeline. The plan is due by November 1, 2019.</p>	<p>Retains language in the Conference Report to develop a "right sizing" plan for the entire behavioral health system but also proposes to authorize construction of 252-bed facility with an option to add beds if DBHDS' workgroup recommends more bed capacity.</p> <p>Proposes language requiring DBHDS, in consultation with DGS, to address the feasibility of relocating forensic beds to state-owned property other than the Central State Hospital, analyzing at a minimum, the issue of cost and timeline for construction.</p>

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<b>Beds</b>	<p><b><u>300-bed facility</u></b></p> <p>111 Maximum Security Beds</p> <p>189 civil beds for acute care and non-violent forensic patients</p>		<p><b><u>252-bed facility(*)</u></b></p> <p>111 Maximum Security Beds</p> <p>141 civil beds for acute care and non-violent forensic patients</p> <p>* Includes infrastructure to accommodate an additional 48 acute care beds, if needed.</p>
<b>Budget</b>	Proposed \$16 million for detailed design of replacement facility	Included no additional funding for planning or construction	Includes funding for detailed design, construction, and furniture, fixtures, and equipment (FF&E), within \$315 million bond authorization.
<b>Projected move-in date</b>	TBD but no less than seven years	TBD but no less than seven years	Five years from authorization.

## Appendix

### Highlights from Executive Summary of DGS Report on Central State Hospital

<b>Existing Hospital</b>	<b>Proposed New Hospital</b>
Operate and maintain 23 deteriorating buildings	Operate and maintain one new facility, similar to ESH and CSH
Sprawling campus with individual buildings that create logistical problems for staff and patients	Consolidated building that closely connects patients and staff in one facility
Campus requires 600 acres	Campus requires 30-40 acres with balance of property available for surplus declaration and sale
Over 37 miles of failing piping including critically failing water, sewer, and steam utilities)	No dependency on existing infrastructure with all new utility connections better routed
CSH responsible for maintaining failing utility infrastructure	Municipal maintenance of major utilities
Admissions unit, treatment mall, living units, programs and support services in separate buildings on campus	Consolidated living unit, programs and support in one facility
277 beds	252 beds with an option to add 48 beds IF determined necessary by DBHDS workgroup