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June 21, 2006

TO: Members

Joint Committee on Finance

FROM: Bob Lang, Director

SUBJECT: Health and Family Services: Section 13.10 Request to Staff Additional Units at the

Wisconsin Resource Center to Serve Individuals Committed as Sexually Violent

Persons -- Agenda Item I

The Department of Health and Family Services (DHFS) requests the transfer of \$2,419,500 GPR in 2006-07 from the Committee's supplemental appropriation under s. 20.865(4)(a) to the appropriation under s. 20.435(2)(bm) and 36.5 GPR positions, beginning in 2006-07, to staff two 30-bed units at the Wisconsin Resource Center that would serve individuals who have been committed as sexually violent persons (SVPs). The funding would be transferred from the amount in the Committee's supplemental appropriation that is reserved to support the Department of Corrections' correctional health care services (\$21,341,800).

BACKGROUND

SVPs. An SVP is defined in statute as a person who: (a) has been convicted of a sexually violent offense, has been adjudicated delinquent for a sexually violent offense, or has been found not guilty of, or not responsible for, a sexually violent offense by reason of insanity or mental disease, defect, or illness; and (b) is dangerous because he or she suffers from a mental disorder that makes it more likely than not that the person will engage in acts of sexual violence. A "sexually violent offense" is defined as:

- First degree sexual assault
- Second degree sexual assault
- First degree sexual assault of a child under age 13
- Second degree sexual assault of a child under age 16
- Engaging in repeated acts of sexual assault of the same child under age 16
- Incest with a child
- Child enticement

A "sexually violent offense" may also include any of several other offenses, including first and second degree intentional homicide, first and second degree reckless homicide, battery, substantial battery, or aggravated battery, false imprisonment, taking hostages, kidnapping, and burglary, if the offense is determined to be sexually motivated, which means that one of the purposes for the act is for the offender's sexual arousal or gratification. A sexually violent offense may include any solicitation, conspiracy, or attempt to commit any of these offenses.

A person may be committed as an SVP immediately after the person has completed serving a sentence for a sexually violent offense in the state's adult correctional system, serving a disposition for a sexually violent offense in the juvenile correctional system, or is no longer under the custody of DHFS after having been found not guilty of a sexually violent offense by reason of insanity or mental disease or defect.

Commitment Process. In determining whether to recommend that the Department of Justice (DOJ) petition for commitment of an inmate who is nearing his or her release date, the Department of Corrections uses a three-stage review. The first review involves an initial administrative screening to determine whether an individual meets the statutory eligibility requirements for possible commitment. The second review is completed by the End of Confinement Review Board, which is composed of Corrections employees who are trained to assess risk factors for sex offenders. The Board reviews the case of each sex offender who is scheduled to be released from a Corrections facility. This review usually occurs approximately eight months prior to the inmate's release date. If the Board determines the case does not meet the criteria for commitment under Chapter 980, the case is cleared and commitment is no longer pursued. If a case is referred for further review, a Corrections psychologist, employed as a member of the forensic evaluation unit, conducts a special purpose evaluation (SPE) to determine whether the case should be referred for commitment. If commitment is sought, the SPE is used by the state to show probable cause, and is used during the commitment proceeding by the state. DHFS uses a similar review process in determining whether to recommend to DOJ individuals who are in that agency's custody.

If a court determines that there is probable cause for commitment, DHFS' 980 evaluation team assigns the case to a psychologist, who conducts an independent evaluation, which is submitted to the court. During a commitment proceeding, usually both Corrections and DHFS evaluators testify.

Placement of SVPs. Initially, all individuals who are committed as SVPs are admitted as patients to the Wisconsin Resource Center (WRC) near the City of Oshkosh for assessment and orientation. As part of the assessment, staff attempt to determine a mental health diagnosis and measure the patient's cognitive function level (intelligence) and psychopathy. After the patient completes this phase, the patient is transferred to the Sand Ridge Secure Treatment Center (SRSTC) in the City of Mauston if a bed is available at that facility for the patient. Some patients at SRSTC and the WRC choose not to participate in treatment. DHFS staff continues to encourage these patients to engage in treatment.

The SRSTC is a 300-bed secure treatment facility, which has twelve 25-bed units. All of the current units are staffed. As of the end of April, 2006, there were 278 individuals at SRSTC, including 260 individuals who had been committed under Chapter 980 and 18 individuals who had not yet been committed.

The WRC is a 470-bed secure treatment facility that serves two purposes: (a) to provide mental health treatment services to inmates who cannot receive these services in Corrections facilities; and (b) to treat individuals identified as SVPs who are detained or committed under Chapter 980. WRC has 18 units, including 12 inmate treatment units, two temporary confinement units, two units for SVPs and two unoccupied, unstaffed units. As of the end of April, 2006, there were 401 clients at WRC, including 347 inmates and 54 individuals who had been committed or detained under Chapter 980.

ANALYSIS

This section of the paper identifies current SVP population trends and draws conclusions regarding the need for additional staffing at the WRC to support the SVP population.

SVP Population Trends -- Effect of 2003 Wisconsin Act 187. While total Chapter 980 inpatient populations have continued to increase in each year since the program began, the growth rate has increased during the past year due to the enactment of 2003 Wisconsin Act 187. This act amended the statutory definition of an SVP, in part, to mean a person who is dangerous because the person suffers from a mental disorder that makes it more likely than not that the person will engage in acts of sexual violence. Before Act 187 was enacted, the law defined an SVP, in part, to mean a person who is dangerous because the person suffers from a mental disorder that makes it substantially probable that the person will engage in acts of sexual violence. This change had the effect of broadening the pool of candidates for commitment under Chapter 980.

Attachment 1 compares Corrections evaluation activity, referrals of adult inmates to DOJ for commitment petitions, and Chapter 980 inpatient counts for three one-year periods -- the year before the new standards took effect (April, 2003 through March, 2004) and the two years after the new standards took effect (April, 2004 through March, 2005 and April, 2005 through March, 2006).

The data in Attachment 1 suggest that the Act 187 change of the Chapter 980 commitment standard has had a significant effect on these measures. First, the average monthly number of adult inmate cases referred for special purpose evaluations per month has increased significantly during the last two 12-month periods (7.3 and 6.5), compared to the 12-month period before the new commitment standard took effect (4.0). Second, the average monthly number of adult inmate cases referred to the Department of Justice for a Chapter 980 petition has nearly doubled during the past 12-month period (4.7), compared to the previous 12-month period (2.4). Third, the net average growth in inpatient populations at SRSTC and WRC has nearly quadrupled during the past 12-month period, from an average of approximately 1.0 per month for the period between April, 2004

and March, 2005, to approximately 3.9 per month for the period between April, 2005, and March, 2006.

SVP Population Trends -- Projected Inpatient Growth and Operational Capacity. The Department's request for additional staffing for units at WRC is based on the assumption that the number of Chapter 980 inpatients will grow at a net rate of 51 per year (4.25 per month), which includes 63 new patients annually, less 12 inpatient releases per year. This estimate is based on actual DOC referrals for the 12-month period from March, 2005, through February, 2006, and appears to be a reasonable estimate of future inpatient population trends.

An alternative, but similar, estimate could be developed by using actual net monthly inpatient census data during recent periods to predict future growth in SVP inpatient populations. For example, during the past 12-month period (April 30, 2005 through April 30, 2006), the total inpatient populations at SRCTC and WRC increased by 43, from 289 to 332, or by an average of approximately 3.6 per month. During the first ten months of 2005-06 (the period from July 1, 2005, through April 30, 2006), the total SVP inpatient populations at SRSTC and WRC increased by 31, from 301 to 332, or by an average of approximately 3.1 per month. By using these data, one could project a slightly lower growth rate than assumed by DHFS.

For example, if the inpatient census grew by 3.75 per month, rather than 4.25 per month as projected by DHFS, the opening of the first new unit at WRC could be delayed from September, 2006 (as proposed by DHFS), to October, 2006 (with a staff start date two months earlier, in August, 2006, for new staff to complete training). Similarly, the opening of the second unit at WRC could be delayed from March, 2007 (as proposed by DHFS), to May, 2007 (with a staff start date two months earlier, in March, 2007). By delaying the opening of these units by a total of three months (one month for the first unit and two months for the second unit), the amount of funding need to support these units in the 2005-07 biennium could be reduced by \$304,400. The total costs to continue supporting these units in the 2007-09 biennium would be the same under this alternative as under the Department's request.

Attachment 2 to this memorandum provides actual and projected monthly information on Chapter 980 populations for fiscal years 2003-04 through 2006-07 under three scenarios. The information presented in the table shows actual data through April, 2006, and projections for each of the following months through June, 2007.

The first set of columns in Attachment 2 shows what projected populations and DHFS inpatient operational capacity would be if no additional units were opened in the 2005-07 biennium. Based on the assumption that inpatient populations will increase by 3.75 per month through the end of the biennium, by the end of June, 2007, there would be 385 patients at the two facilities, which would be staffed to serve 347 patients. Under this scenario, the units would be operating at approximately 111% of their operational capacity by June 30, 2007.

The second set of columns in Attachment 2 shows what projected populations and DHFS inpatient operational capacity would be under the Department's request. The inpatient population projections are based on the Department's estimate that the inpatient populations will increase by 4.25 per month through the end of the biennium. If the Committee approves the Department's request and inpatient populations increase by 4.25 per month through the end of the biennium, the units would be operating at approximately 99% of their operational capacity by June 30, 2007.

The third set of columns in Attachment 2 shows alternative projected populations and DHFS inpatient operational capacity, based on an estimate that inpatient populations will increase by 3.75 per month through the end of the biennium. If the Committee adopts Alternative 2, which would provide funding to open the two new units, but delay opening these units, and the inpatient census increases by an average of 3.75 per month through June, 2007, the units would be operating at approximately 95% of their operational capacity by June 30, 2007.

Several conclusions can be drawn from this analysis. First, it will be necessary to open two additional units at WRC to accommodate the growth of Chapter 980 clients in the 2005-07 biennium. DHFS must serve all individuals who have been committed as SVPs. If additional funding is not provided to DHFS to staff these units, DHFS would be required to convert inmate units at WRC to serve SVPs, rather than inmates. DHFS, Corrections, and DOA have concluded that this option is not viable because it would reduce the state's ability to provide treatment to inmates with mental illness, it would increase overcrowding in Corrections facilities, and it would put the state at increased risk of litigation.

Second, the Department's population projections are reasonable, based on recent changes in the Chapter 980 inpatient census at WRC and SRSTC. Due to the uncertainty of future growth in inpatient populations, the Committee may wish to approve the funding transfer recommended by DHFS.

Third, recent growth in inpatient populations suggest that it would be reasonable to assume a slightly lower growth in inpatient populations than assumed by DHFS, which, if realized, would create an opportunity to delay opening the first unit by one month, and the second unit by two months. This would reduce the amount needed to support these units by \$304,400 GPR in the 2006-07 fiscal year. However, if inpatient population trends increase, DHFS would either have to open units earlier than projected and absorb the additional costs that this would entail, or operate facilities at over 100% of their occupational capacity for longer periods.

Fourth, based on current population trends, the administration and the Legislature will need to address construction and staffing of additional beds for SVPs in the near future, probably before the adoption of the 2007-2009 biennial budget act. Under current inpatient population projections, WRC and SRSTC will be operating near their capacity by June, 2007.

In Act 25, the 2005-07 budget act, \$21,341,800 GPR was reserved in the Committee's supplemental appropriation in 2006-07 for the Department of Corrections' correctional health care

services. This funding was intended to support salary and fringe benefits for 124.2 GPR health care positions, variable inmate health care costs, and correctional pharmacy rental costs. Corrections has recently estimated potential savings in health care expenditures in 2006-07 of approximately \$6 million. The Department attributes these savings to cost containment and quality improvement initiatives related to health care. Therefore, there appears to be sufficient surplus funding in the Committee's appropriation to support the DHFS request. According to Corrections, any remaining savings will be used to address mental health services provided for female inmates at Taycheedah Correctional Institution.

ALTERNATIVES

- 1. Approve DHFS' request to transfer \$2,419,500 GPR in 2006-07 from the Committee's supplemental appropriation to fund the estimated costs of operating two new units at WRC, including one unit that would open in September, 2006, and another that would open in March, 2007, to serve SVP populations. Authorize the creation of 36.50 GPR positions, beginning in 2006-07, to staff these units.
- 2. Approve the transfer of \$2,115,100 GPR in 2006-07 from the Committee's supplemental appropriation to fund the estimated costs of operating two new units at WRC, including one unit that would open in October, 2006, and another that would open in May, 2007 to serve SVP populations. Authorize the creation of 36.50 GPR positions, beginning in 2006-07, to staff these units.
- 3. Deny the request. Require DHFS to convert units at WRC that currently serve inmates to units that would serve SVPs to the extent necessary to serve SVP populations, and to submit a request to transfer funds and positions for this purpose for the Committee's consideration during the next meeting under s. 13.10 of the statutes.

Prepared by: Charles Morgan and Chris Carmichael

Attachments

ATTACHMENT 1
Selected Measures of the Effect of 2003 Wisconsin Act 187

| | Corrections Review | v and Evaluation Data | DHFS Facility Inpatient Population Trends | | | | | | | | | | | |
|-------------------|--------------------|-----------------------|---|-----------|-------|----------------------------------|---------|-------|--|--|--|--|--|--|
| | Number of Adult | Number of Adult | Total | Chapter 9 | 980 | Net Growth in | | | | | | | | |
| | Inmate Cases | Inmate Cases | | ent Popul | | Chapter 980 Inpatient Population | | | | | | | | |
| | Referred for SPEs | Referred to DOJ | SRSTC | WRC | Total | SRSTC | WRC | Total | | | | | | |
| | | | | | | <u> </u> | | | | | | | | |
| Apr, 2003 | 3 | 1 | 202 | 53 | 255 | NA | NA | NA | | | | | | |
| May | 1 | 2 | 200 | 57 | 257 | -2 | 4 | 2 | | | | | | |
| June | 2 | 2 | 200 | 57 | 257 | 0 | 0 | 0 | | | | | | |
| July | 4 | 2 | 199 | 57 | 256 | -1 | 0 | -1 | | | | | | |
| August | 0 | 3 | 204 | 56 | 260 | 5 | -1 | 4 | | | | | | |
| September | 3 | 4 | 207 | 56 | 263 | 3 | 0 | 3 | | | | | | |
| October | 5 | 4 | 208 | 58 | 266 | 1 | 2 | 3 | | | | | | |
| November | 8 | 1 | 209 | 59 | 268 | 1 | 1 | 2 | | | | | | |
| December | 8 | 6 | 213 | 57 | 270 | 4 | -2 | 2 | | | | | | |
| January, 2004 | 0 | 1 | 212 | 58 | 270 | -1 | 1 | 0 | | | | | | |
| • | 6 | 4 | 212 | 57 | 272 | 3 | -1 | 2 | | | | | | |
| February March | 8 | 7 | | 58 | 272 | 0 | -1 1 | 1 | | | | | | |
| March | 0 | 1 | 215 | 30 | 213 | U | 1 | 1 | | | | | | |
| Total | 48 | 37 | | | 13 | 5 | 18 | | | | | | | |
| 10111 | 10 | 31 | | | 13 | 3 | 10 | | | | | | | |
| 12-Month Aver | rage 4.0 | 3.1 | 207.0 | 56.9 | 263.9 | 1.1 | 0.4 | 1.5 | | | | | | |
| | | | | | | | | | | | | | | |
| April | 0 | 1 | 217 | 59 | 276 | 2 | 1 | 3 | | | | | | |
| May | 10 | 1 | 219 | 59 | 278 | 2 | 0 | 2 | | | | | | |
| June | 8 | 7 | 220 | 59 | 279 | 1 | 0 | 1 | | | | | | |
| July | 8 | 1 | 222 | 58 | 280 | 2 | -1 | 1 | | | | | | |
| August | 9 | 4 | 224 | 57 | 281 | 2 | -1 | 1 | | | | | | |
| September | 6 | 1 | 226 | 57 | 283 | 2 | 0 | 2 | | | | | | |
| October | 8 | 3 | 227 | 57 | 284 | 1 | 0 | 1 | | | | | | |
| November | 15 | 2 | 226 | 56 | 282 | -1 | -1 | -2 | | | | | | |
| December | 0 | 1 | 228 | 57 | 285 | 2 | 1 | 3 | | | | | | |
| January, 2005 | 0 | 2 | 228 | 57 | 285 | 0 | 0 | 0 | | | | | | |
| February | 9 | 4 | 228 | 58 | 286 | Ö | 1 | 1 | | | | | | |
| March | 14 | 2 | 228 | 57 | 285 | 0 | -1 | -1 | | | | | | |
| | | | | | | v | | - | | | | | | |
| Total | 87 | 29 | | | 13 | -1 | 12 | | | | | | | |
| 12-Month Aver | rage 7.3 | 2.4 | 224.4 | 57.6 | 282.0 | 1.1 | -0.1 | 1.0 | | | | | | |
| April | 13 | 5 | 231 | 58 | 289 | 3 | 0 | 3 | | | | | | |
| May | 0 | 5 | 240 | 56 | 296 | 9 | -2 | 7 | | | | | | |
| June | 14 | 5 | 247 | 54 | 301 | 7 | -2 | 5 | | | | | | |
| July | 14 | 4 | 248 | 57 | 305 | 1 | 3 | 4 | | | | | | |
| August | 13 | 5 | 251 | 58 | 309 | 3 | 1 | 4 | | | | | | |
| September | 0 | 6 | 258 | 58 | 316 | 7 | 0 | 7 | | | | | | |
| October | 12 | 7 | 261 | 56 | 317 | 3 | -2 | 1 | | | | | | |
| November | 0 | 6 | 264 | 56 | 320 | 3 | 0 | 3 | | | | | | |
| December | 0 | 3 | 268 | 56 | 324 | 4 | 0 | 4 | | | | | | |
| January, 2006 | 0 | 4 | 269 | 57 | 324 | 1 | 1 | 2 | | | | | | |
| February | 12 | 4 | 273 | 58 | 331 | 4 | 1 | 5 | | | | | | |
| March | 0 | 2 | 273 277 | 58 56 | 333 | 4 | -2 | 2 | | | | | | |
| iviaicii | U | 2 | 211 | 30 | 333 | 4 | -2 | 2 | | | | | | |
| Total | 78 | 56 | | | | 49 | -2 | 47 | | | | | | |
| 12-Month Aver | rage 6.5 | 4.7 | 257.3 | 56.7 | 313.9 | 4.1 | -0.2 | 3.9 | | | | | | |

ATTACHMENT 2

Census Trends of Inpatient SVP Populations

| Census Projections | Percent of | Operational Canacity | Capacity | %98 | 87 | 88 | 68 | 06 | 91 | 91 | 91 | 92 | 93 | 93 | 94 | 94 | 94 | 95 | 95 | 95 | 96 | 96 | 96 | 96 | 26 | 66 | 101 |
|---|----------------|----------------------|-----------|---------|-----|-----|-----|-----|-----|-----|-----|-----|---------------|-----|-----|---------|-----|-----|-----|-----|-----|-----|-----|----------|-----|-----|-----|
| | Total | Operational Canacity | Capacity | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 |
| A ng of Unit | Change from | Previous Month | MACHINI | | 4 | æ | 8 | 7 | 7 | 0 | 7 | _ | 3 | 7 | 1 | _ | _ | 7 | _ | -5 | 8 | 0 | _ | - | 4 | 7 | 2 |
| Alternative 2 Delay Opening of Units and LFB | Actuals | and LFB | TOPONO | 256 | 260 | 263 | 266 | 268 | 270 | 270 | 272 | 273 | 276 | 278 | 279 | 280 | 281 | 283 | 284 | 282 | 285 | 285 | 286 | 285 | 289 | 296 | 301 |
| HFS | Percent of | Operational Canacity | Capacity | %98 | 87 | 88 | 68 | 06 | 91 | 91 | 91 | 92 | 93 | 93 | 94 | 94 | 94 | 95 | 95 | 95 | 96 | 96 | 96 | 96 | 26 | 66 | 101 |
| | Total | Operational Canacity | Capacity | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 |
| | Change from | Previous Month | TATOMET | | 4 | 3 | 3 | 2 | 2 | 0 | 2 | _ | 3 | 2 | - | П | _ | 2 | | -2 | 3 | 0 | _ | - | 4 | 7 | v |
| | Actuals and | DHFS | TOCHOUS | 256 | 260 | 263 | 266 | 268 | 270 | 270 | 272 | 273 | 276 | 278 | 279 | 280 | 281 | 283 | 284 | 282 | 285 | 285 | 286 | 285 | 289 | 296 | 301 |
| Current Staffing and LFB Census Projections | Percent of | Operational Canacity | Capacity | %98 | 87 | 88 | 68 | 06 | 91 | 91 | 91 | 92 | 93 | 93 | 94 | 94 | 94 | 95 | 95 | 95 | 96 | 96 | 96 | 96 | 26 | 66 | 101 |
| | Total | Operational Canacity | Capacary | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 |
| | Change From | Previous Month | TATOHER | | 4 | 8 | 8 | 7 | 2 | 0 | 7 | 1 | \mathcal{E} | 2 | 1 | 1 | _ | 7 | | -5 | 3 | 0 | | - | 4 | 7 | 2 |
| Current | Actuals | and LFB | 110100113 | 256 | 260 | 263 | 266 | 268 | 270 | 270 | 272 | 273 | 276 | 278 | 279 | 280 | 281 | 283 | 284 | 282 | 285 | 285 | 286 | 285 | 289 | 296 | 301 |
| | | | | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
| | | | | 2003-04 | | | | | | | | | | | | 2004-05 | | | | | | | | | | | |

ATTACHMENT 2 (continued)

| | Projections | | Percent of | Operational | Capacity | 102% | 104 | 106 | 86 | 66 | 101 | 94 | 95 | 96 | 96 | 26 | 86 | 66 | 100 | 101 | 95 | 96 | 26 | 86 | 66 | 100 | 101 | 94 | 95 |
|-----------------------|---|---------|------------|----------------|-------------------|---------|-----|-----|-----|-----|-----|-----|-----|-----|------|-------|------|---------|------|------|------|------|------|------|------|------|------|------|------|
| Alternative 2 | Delay Opening of Units and LFB Census Projections | | Total Pe | Operational Op | <u>Capacity</u> C | | | | | | | | | | | | 347 | 347 | 347 | 347 | 375 | 375 | 375 | 375 | 375 | 375 | 375 | 404 | 404 |
| Alte | ng of Units a | Change | from | Previous O | Month | 4 | 4 | 7 | 1 | 8 | 4 | 2 | 4 | 2 | 0 | 3.75 | 3.75 | 3.75 | 3.75 | 3.75 | 3.75 | 3.75 | 3.75 | 3.75 | 3.75 | 3.75 | 3.75 | 3.75 | 3.75 |
| | Delay Openi | | Actuals | and LFB | Projections | 305 | 309 | 316 | 317 | 320 | 324 | 326 | 330 | 332 | 332 | 336 | 340 | 343 | 347 | 351 | 355 | 358 | 362 | 366 | 370 | 373 | 377 | 381 | 385 |
| | ctions | | Percent of | Operational | Capacity | 102% | 104 | 106 | 86 | 66 | 101 | 101 | 95 | 96 | 96 | 66 | 101 | 102 | 103 | 26 | 86 | 66 | 100 | 101 | 102 | 96 | 26 | 86 | 66 |
| Alternative 1 | DHFS Request and Census Projections | | Total | Operational | Capacity | 298 | 298 | 298 | 322 | 322 | 322 | 322 | 347 | 347 | 347 | 347 | 347 | 347 | 347 | 375 | 375 | 375 | 375 | 375 | 375 | 404 | 404 | 404 | 404 |
| Altern Request and | S Request an | Change | from | Previous | Month | 4 | 4 | 7 | 1 | B | 4 | 2 | 4 | 2 | 0 | 12.00 | 5.00 | 4.00 | 5.00 | 4.00 | 5.00 | 4.00 | 4.00 | 4.00 | 5.00 | 4.00 | 5.00 | 4.00 | 4.00 |
| | DHIE | Actuals | and | DHFS | Projections | 305 | 309 | 316 | 317 | 320 | 324 | 326 | 330 | 332 | 332 | 344 | 349 | 353 | 358 | 362 | 367 | 371 | 375 | 379 | 384 | 388 | 393 | 397 | 401 |
| | rojections | | Percent of | Operational | Capacity | 102% | 104 | 106 | 86 | 66 | 101 | 94 | 95 | 96 | 96 | 26 | 86 | 66 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | 108 | 109 | 110 | 111 |
| | Current Staffing and LFB Census Projections | | Total | Operational | Capacity | 298 | 298 | 298 | 322 | 322 | 322 | 347 | 347 | 347 | 347 | 347 | 347 | 347 | 347 | 347 | 347 | 347 | 347 | 347 | 347 | 347 | 347 | 347 | 347 |
| Staffing and | Change | From | Previous | Month | 4 | 4 | 7 | 1 | 33 | 4 | 7 | 4 | 2 | 0 | 3.75 | 3.75 | 3.75 | 3.75 | 3.75 | 3.75 | 3.75 | 3.75 | 3.75 | 3.75 | 3.75 | 3.75 | 3.75 | 3.75 | |
| | Current | | Actuals | and LFB | Projections | 305 | 309 | 316 | 317 | 320 | 324 | 326 | 330 | 332 | 332 | 336 | 340 | 343 | 347 | 351 | 355 | 358 | 362 | 366 | 370 | 373 | 377 | 381 | 385 |
| | | | | | | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
| | | | | | | 2005-06 | | | | | | | | | | | | 2006-07 | | | | | | | | | | | |

Note: Actuals through April, 2006.

ATTACHMENT 2 (continued)

Net Growth In Inpatient Census - Summary

| | Number | Number/Month |
|---|--------|--------------|
| 2004-05 from 2003-04 (June 30 to June 30) | 22 | 1.83 |
| Last 12 Months April 30, 2006 from April 30, 2005 | 43 | 3.58 |
| Last 10 Months (2005-06 to Date) April 30, 2006 from July 1, 2005 | 31 | 3.10 |
| DHFS Projection (63 new patients less 12 inpatient releases per year) | 51 | 4.25 |
| LFB Alternative Projection | | 3.75 |