

# State Budget eliminates vacant PIP PT positions

*CAPT saves positions already filled*

The State Legislature and Governor Newsom have signed off on a 2021-2022 fiscal budget that, among other things, eliminates our Psych Tech vacant positions inside the California Department of Corrections and Rehabilitation's Psychiatric Inpatient Programs. As previously reported, CAPT discovered CDCR's Budget Change Proposal in the Governor's May Revise. The proposal was slipped into the May Revise without notifying legislative budget committee staff or impacted unions. The original BCP sought to eliminate 250 Psych Tech positions and replace them with Registered Nurses and Certified Nursing Assistants inside the PIPs at SVSP, CME, CHCF-Stockton, CIW, and SQSP.

Through its lobbying efforts, CAPT was able to secure the PT PIP positions already filled from being laid off. No one will lose their job. The filled PT PIP positions will remain budgeted at their current number in perpetuity. Funding has also been secured for the PT positions impacted by the prison closures, even if they transfer to a PIP.

The budget change presents a major and SUDDEN policy shift in how CDCR operates its licensed PIPs and how it delivers care to its mentally ill inmates. CDCR plans to abandon the DSH treatment model for a CDCR custody-based model. To sneak such a major policy change into the May Revise was reprehensible. The Governor's Proposed Budget is released each year in January, so stakeholders have time to digest and effect proposed funding allocations and changes to public policy.



Upon receiving the news, CAPT immediately went to work lobbying the State Legislature and was successful in getting lawmakers to drop the language from its budget revisions. CAPT, however, warned that the fight was not over—fighting a determined CDCR in partnership with the Receiver would be difficult at best. CDCR and the Receiver fought hard to secure its original language to eliminate our positions. In turn, the legislature responded on our behalf, but in the end, it could not withstand the pressure, and a compromise was reached—securing the filled positions at the cost of the vacant positions.

In its BCP, CDCR maintained that “all five PIPs were activated at different points in time and do not have consistent staffing levels. The lack of a homogenized staffing methodology across all facilities has led CDCR to develop and propose new methodologies, based on existing models, in order to (1) provide consistency in staffing allocations across programs, (2) provide the appropriate level of mental healthcare to patients, and (3) reduce unneeded miscellaneous positions acquired during the lift-and-shift.”

CAPT remains fully opposed to any budgetary policy that diminishes patient care by eliminating licensed staffed positions. CAPT is prepared to be present and involved as these unvetted staffing changes take shape. CAPT is currently working on setting meetings with CDCR and the Receiver to discuss our concerns—how the budget changes will impact inmate care and good nursing practices. CAPT will expose the absurdity of replacing PTs with unlicensed CNAs, whose duties are limited. CNAs can perform suicide watches and staggered rounds, but they cannot administer medication passes, mental health checks, or perform group therapy. CDCR's staffing model does not support Best Nursing Practices, especially in a climate where mandates are already excessive. Furthermore, the emotional and psychological toll placed on direct-level-of-care staff in a prison setting is substantial. The lack of economic compensation/incentive will undoubtedly lead to unprecedented CNA turnover, leading to vacancies and more mandates. The policy is simply bad—for inmate care, for staff, and the bottom line.