STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 03/25)

Fiscal Year	Business Unit Number	Department
2026/2027	4440	Department of State Hospitals

Hyperion Budget Request Name	Relevant Program or Subprogram
4440-005-BCP-2026-GB	4410 – State Hospitals

Budget Request Title
Dental Care Initiative

Budget Request Summary
The Department of State Hospitals (DSH) requests $3.9 million General Fund (GF) and 4.0 permanent positions in Fiscal Year (FY) 2026-27, $1.1 million in FY 2027-28 and ongoing to support dental health services provided to patients at DSH-Metropolitan and DSH-Patton. DSH proposes one trailer to serve as a dental clinic as well as 3.0 Dental Hygienists and 1.0 Dentist to improve access to dental services.

Requires Legislation (submit required legislation with the BCP)	Code Section(s) to be Added/Amended/Repealed
☐ Trailer Bill Language ☐ Budget Bill Language ☒ N/A	None

Does this BCP contain information technology (IT) components? ☐ Yes ☒ No *If yes, departmental Chief Information Officer must sign.*	Department CIO	Date

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), the approval date, and the total project cost.

Project No. **Approval Date:**

Project Approval Document: **Total Project Cost:**

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	Date	Reviewed By	Date
Brandon Price	01/10/2026	Brent Houser	01/10/2026
Department Director	**Date**	**Agency Secretary**	**Date**
Stephanie Clendenin	01/10/2026	Kim Johnson	01/10/2026

Department of Finance Use Only

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

Principal Program Budget Analyst	Date submitted to the Legislature
Joseph Donaldson	1/10/2026

A. Problem Statement

The Department of State Hospitals (DSH) seeks to ensure adequate staffing levels at two of the five hospitals (Metropolitan and Patton) to align with other state hospitals. Patients residing in state hospitals often exhibit complex medical, psychiatric and cognitive conditions that place them at elevated risk for poor oral health outcomes. Many are unable to maintain routine dental hygiene due to the nature of their illnesses, medication side effects, limited mobility and behavioral challenges.

DSH currently lacks sufficient onsite dental professionals, specifically a licensed dentist at Metropolitan and sufficient dental hygienists at Metropolitan and Patton to deliver comprehensive, preventative and restorative oral health care. To address this gap, it is essential to obtain three dental hygienists (one (1)- Metropolitan, two (2)- Patton) and one licensed dentist for Metropolitan. Existing dental staff are routinely stretched beyond capacity, resulting in highly trained dentists spending a substantial portion of their time delivering routine dental care rather than providing restorative, surgical and other critical treatments, which may create longer wait times of patient appointments for routine services.

The proposal supports a long-term structural improvement by establishing a more efficient role-appropriate staffing model that enhances patient access, optimizes provider workload, and ensures timely delivery of comprehensive dental services.

B. Justification

Oral health is a critical component of overall health. Patients receiving long-term psychiatric treatment frequently face barriers to maintaining oral hygiene care needs and limited access to preventive care. Currently, there are inadequate dental personnel to adequately address the oral health needs of this vulnerable population, resulting in increased medical complications, emergency dental procedures and diminished quality of life.

Adding these positions will allow DSH to provide routine oral health screens and preventive care; reduce dental emergencies and infections; improve patients' ability to eat, speak and maintain self-esteem, which supports psychiatric rehabilitation; establish a consistent oral hygiene education and care plan for patients; and comply with best practices in integrated healthcare models that emphasize complete care.

On the next page is a summary of the current dental staffing and patients served by each hospital in FY 2023-24.

Location	Class Title	Dental Staff Count	Patients Served in FY 2023-24
Atascadero	7914-Dental Asst-Safety	3	
	7830-Chief Dentist	1	
	7655-Dentist, DMH/DS	2	
Atascadero Total		6	1,876
Coalinga	7914-Dental Asst-Safety	5	
	8131-Dental Hygienist-Safety	1	
	7830-Chief Dentist	1	
	7655-Dentist, DMH/DS	2	
	1139-Ofc Techn-Typing	2	
Coalinga Total		11	1,466
Metropolitan	7914-Dental Asst-Safety	2	
	8131-Dental Hygienist-Safety	1	
	7830-Chief Dentist	1	
	7655-Dentist, DMH/DS	1	
Metropolitan Total		5	2,268
Napa	7914-Dental Asst-Safety	5	
	8131-Dental Hygienist-Safety	1	
	7830-Chief Dentist	1	
	7655-Dentist, DMH/DS	3	
Napa Total		10	1,697
Patton	7914-Dental Asst-Safety	4	
	7830-Chief Dentist	1	
	7655-Dentist, DMH/DS	2	
Patton Total		7	2,203
Grand Total		**39**	**9,510**

The data above reflects high patient volumes served by limited staffing levels at DSH-Metropolitan and DSH-Patton. While staffing models vary by hospital, some hospital resources are not sufficient to meet operational needs specifically in dental care. Some variance exists for a myriad of reasons such as different patient commitment types served at various hospitals, operational/space considerations, as well as availability of specialty providers.

With DSH-Metropolitan serving the most patients in the DSH system, adding 1.0 Dentist and 1.0 Dental Hygienist will allow the hospital to have a more adequately aligned dental staff to patient ratio when compared to other locations. DSH-Metropolitan is specifically challenged as it serves predominately individuals incompetent to stand trial (IST). This population type has a fast turn rate as they have shorter lengths of stay and high numbers

of new patient admissions. This means dental staff must perform significantly more new patient assessments and have less time to provide dental services while a patient resides with DSH. Along with the position requests, DSH-Metropolitan will also need one dentist chair for the full time Dentist.

At DSH-Patton, additional resources are needed to support the timeliness of routine dental cleanings and allow time for Dentists to focus on other more significant clinical procedures. By hiring two full-time dental hygienists, hygiene procedures can be reassigned to the appropriate provider, allowing dentists to focus on more complex dental care. This will not only increase efficiency but also reduce patient wait times for both hygiene and dental treatment.

It is imperative that along with this proposal for the hygienist, a space is also procured at DSH-Patton for these cleanings to be completed. Currently the dental clinic is at capacity and there is no room to add additional dental chairs, and there is no additional space in the patient occupied buildings. However, with the right planning and design, a modular trailer placed adjacent to the current dental clinic would be an opportunity to combine the current dental clinic with the modular hygienist space, which would free up treatment space in the buildings for other clinics that are required within the hospital setting.

Investing in dedicated dental staff will significantly improve the health outcomes of patients receiving psychiatric care and reduce the long-term cost associated with preventable dental disease. Approval of this request is essential for delivering humane, holistic, and legally compliant healthcare services to DSH patients.

Summary of Resource Request

Personal Services

Personal Services	Current Year	Budget Year (BY) 26/27	BY 27/28+
Positions - Permanent	0	4.0	4.0
Total Positions	**0**	**4.0**	**4.0**
Salaries and Wages Earnings - Permanent	$0	$587	$587
Total Salaries and Wages	**$0**	**$587**	**$587**
Total Staff Benefits	$0	$278	$278
Total Personal Services	**$0**	**$865**	**$865**

Operating Expenses and Equipment

Operating Expenses and Equipment	Current Year	BY 26/27	BY 27/28+
Dental Equipment (Dental carts & instruments, Xray and digital imaging for hygiene rooms, sterilization and IT integration and dental chairs)	**$0**	**$591**	**$269**

Construction Cost

Construction Cost	Current Year	BY 26/27	BY 27/28+

General Fund/Deferred Maintenance	**$0**	**$2,450**	**$0**

Total Budget Request

Personal Services, Operating Expenses & Construction Cost	Current Year	BY 26/27	BY 27/28+
Total Budget Request	**$0**	**$3,906**	**$1,134**

*Dollars in Thousands

C. Departmentwide and Statewide Considerations

DSH is committed to providing evaluation and treatment in a safe and recovery-oriented environment. Oral health is essential to the dignity, function, and well-being of patients, especially those with mental illness. By obtaining these requested positions, DSH will ensure equitable access to comprehensive care that supports the overall health and recovery of its patients.

This initiative aligns with DSH's strategic focus by recognizing the interconnectedness of mental and physical health. Poor dental health can exacerbate psychiatric symptoms, lead to nutritional deficits, digestive program, cognitive decline, speech developmental issues, and social impact, which can contribute to behavioral health crises. Having a dedicated dental team integrates oral health into the continuum of care. Unfortunately, when patients have poor oral health, there is an inability to take in essential nutrients such as vegetables, fruits and other fiber-rich foods. In contrast, if patients do tend to eat these foods, but have the inability to chew, choking potential increases. When patients swallow larger pieces than recommended, there is a higher potential to cause gastrointestinal issues such as bloating, constipation, indigestion and bloating, which impair digestive function and causes delays in gastric emptying.

While DSH's primary goal is to treat patients with mental health issues, poor oral health has been associated with hippocampal changes and spatial memory deficits. In addition, other chewing difficulties are linked to stress, anxiety and depression, which exacerbates the overall progress of treatment.

Routine dental care reduces infection risk, dental emergencies, and unnecessary medical transfers. This improves patient safety and supports DSH's quality assurance goals and accreditation standards. Many DSH patients come from underserved communities and have had limited access to preventive dental services. This staffing proposal promotes healthcare equity and addresses systemic gaps in care.

Oral pain and visible dental issues cause discomfort, can impair self-esteem, communication, and participation in therapeutic programs. Addressing these barriers supports individualized recovery plans and increases patient engagement.

D. Outcomes and Accountability

Additional dental hygienists will allow for regular prophylactic cleanings, periodontal maintenance, and oral hygiene education leading to decreases in periodontal disease rates, fewer emergencies, and fewer invasive procedures. Improved systemic health for patients with comorbidities (e.g., diabetes, cardiovascular disease) will lead to improved patient oral health outcomes.

Hygienists will be able to focus on preventative and maintenance care, reducing the need for future costly treatments. Increased preventative care services will allow dentists to prioritize urgent and restorative care, which will minimize unnecessary medical transfers.

Having additional hygienists will also provide better compliance with regulatory standards and supports patients' rights to receive standard of care preventative dental services, reduce backlog for dental cleanings and exams, and provide enhanced access.

Total Position Authority Requested

Classification	MSH	PSH
Dental Hygienist (Safety)	1.0	2.0
Dentist	1.0	0.0

Projected Outcomes Monthly Estimate

Workload Measure	CY	BY 26/27	BY 27/28	BY 28/29
Dental Cleanings by Dentist	14	7	7	7
Dental Cleanings by Each Hygienist	0	105	105	105
This will allow each hygienist to provide 5 cleanings per workday, which would provide approx. 1,300 patients with 2 cleanings per year all while reducing the number of cleanings a Dentist will now need to complete.				

E. Implementation Plan

In FY 2026-27 the DSH Facilities Planning, Construction and Management (FPCM) team along with the Technology Services Division (TSD)will work to assess the location of modular trailer placement in the West compound at DSH-Patton to obtain permits and engineered drawings with proper Information Technology (IT) infrastructure to support the dental equipment, personnel duress alarm system (PDAS), and other IT related systems. With a complete assessment, the bidding process can commence, and the most responsible responsive bidders will be reviewed.

In FY 2026-27, DSH-Patton will begin recruitment efforts for two dental hygienists based on their operational needs. DSH-Metropolitan will also begin recruitment efforts for one dentist and one dental hygienist. Establishing these positions in 2026/2027 fiscal year will allow the hospitals to onboard the dental staff, properly train the dental staff to the unique DSH environment, implement a cleaning schedule for all patients, and when possible, the additional staff could use an open chair if there are call offs with the assigned dentist on various days. In addition, extended dental clinic hours could be offered to help expand access to services to meet patient needs.

By FY 2027-28, construction will begin after architecture and engineering design is completed and regulatory permits are submitted/approved.

By FY 2028-29, the dental clinics at Metropolitan and Patton will be fully staffed and operational to provide adequate preventative dental care.

F. Supplemental Information (If Applicable)

Attachment A: BCP Fiscal Detail Sheet

Attachment B: Workload Justification

Attachment A: BCP Fiscal Detail Sheet

BCP Fiscal Detail Sheet
(Dollars in Thousands)

BCP Title: Dental Care Initiative **BR Name: 4440-005-BCP-2026-GB**

Budget Request Summary	**FY26**					
	CY	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
Personal Services						
Positions - Permanent	0.0	4.0	4.0	4.0	4.0	4.0
Total Positions	**0.0**	**4.0**	**4.0**	**4.0**	**4.0**	**4.0**
Salaries and Wages						
Earnings - Permanent	0	587	587	587	587	587
Total Salaries and Wages	**$0**	**$587**	**$587**	**$587**	**$587**	**$587**
Total Staff Benefits	0	278	278	278	278	278
Total Personal Services	**$0**	**$865**	**$865**	**$865**	**$865**	**$865**
Operating Expenses and Equipment						
5301 - General Expense	0	32	32	32	32	32
5304 - Communications	0	4	4	4	4	4
5320 - Travel: In-State	0	4	4	4	4	4
5324 - Facilities Operation	0	20	20	20	20	20
5346 - Information Technology	0	4	4	4	4	4
539X - Other	0	2,977	205	205	205	205
Total Operating Expenses and Equipment	**$0**	**$3,041**	**$269**	**$269**	**$269**	**$269**
Total Budget Request	**$0**	**$3,906**	**$1,134**	**$1,134**	**$1,134**	**$1,134**
Fund Summary						
Fund Source - State Operations						
0001 - General Fund	0	3,906	1,134	1,134	1,134	1,134
Total State Operations Expenditures	**$0**	**$3,906**	**$1,134**	**$1,134**	**$1,134**	**$1,134**
Total All Funds	**$0**	**$3,906**	**$1,134**	**$1,134**	**$1,134**	**$1,134**
Program Summary						
Program Funding						
4400020 - Hospital Administration	0	4	4	4	4	4

4410030 - Metropolitan	0	683	611	611	611	611
4410050 - Patton	0	3,219	519	519	519	519
Total All Programs	**$0**	**$3,906**	**$1,134**	**$1,134**	**$1,134**	**$1,134**

Personal Services Details

	Salary Information								
Positions	Min	Mid	Max	**CY**	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
7655 - Dentist				0.0	1.0	1.0	1.0	1.0	1.0
8131 - Dental Hygienist (Safety)				0.0	3.0	3.0	3.0	3.0	3.0
Total Positions				**0.0**	**4.0**	**4.0**	**4.0**	**4.0**	**4.0**

Salaries and Wages	**CY**	**BY**	**BY+1**	**BY+2**	**BY+3**	**BY+4**
7655 - Dentist	0	288	288	288	288	288
8131 - Dental Hygienist (Safety)	0	289	289	289	289	289
Total Salaries and Wages	**$0**	**$577**	**$577**	**$577**	**$577**	**$577**
Staff Benefits						
5150200 - Disability Leave - Industrial	0	8	8	8	8	8
5150210 - Disability Leave - Nonindustrial	0	3	3	3	3	3
5150350 - Health Insurance	0	27	27	27	27	27
5150450 - Medicare Taxation	0	9	9	9	9	9
5150600 - Retirement - General	0	111	111	111	111	111
5150800 - Workers' Compensation	0	27	27	27	27	27
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	17	17	17	17	17
5150900 - Staff Benefits - Other	0	76	76	76	76	76
Total Staff Benefits	**$0**	**$278**	**$278**	**$278**	**$278**	**$278**
Total Personal Services	**$0**	**$855**	**$855**	**$855**	**$855**	**$855**

Attachment B: Workload Justification

Registered Dental Hygienist (8131) (1.0)				
	Hours Required To Accomplish	***Frequency of Task (Monthly)***	**Months**	***Total Hours Projected (Annually)***
Perform oral prophylaxis, scaling, root planning and periodontal maintenance	4	Daily	12	1040
Conduct oral health screenings, charting, and provide oral hygiene education	1	Daily	12	260
Assist in patient triage and recall appointments for patients	1	Daily	12	260
Infection control, room setup, sterilization and instrument processing	1	Daily	12	260
Scheduling, data entry, assist with maintaining and updating regulatory documents	1	Daily	12	260
Attend staff meetings, stay current with infection control updates and continuing education	1	Monthly	12	12
TOTAL HOURS PROJECTED ANNUALLY				**2,092**
TOTAL HOURS PROJECTED ANNUALLY: 1,776 (hours/1,776 = PYs)				
TOTAL POSITIONS NEEDED				**1.2**

Dentist (7655) (1.0)				
	Hours Required To Accomplish	***Frequency of Task (Monthly)***	**Months**	***Total Hours Projected (Annually)***
Assess & complete dental exam for all new admissions (90 day dental exam)	4	8	12	384
Assess & complete annual dental exam	2	4	12	96
Assess and complete dental emergencies	1	20	12	240
Assess and complete routine dental treatment	4	15	12	720
Scheduling patients for treatment	0.5	20	12	120
Chart reviews and audits	3	4	12	144
Assess and order dental supplies	1	1	12	12
Prepare clinic for regulatory agencies evaluations	1	1	12	12
Committee/department meetings	4	1	12	48
TOTAL HOURS PROJECTED ANNUALLY				**1,776**
TOTAL HOURS PROJECTED ANNUALLY: 1,776 (hours/1,776 = PYs)				
TOTAL POSITIONS NEEDED				**1.0**