

STATE OF CALIFORNIA  
**Budget Change Proposal - Cover Sheet**  
 DF-46 (REV 08/15)

Fiscal Year 2016-17	Business Unit 4440	Department State Hospitals	Priority No.
Budget Request Name 4440-001-BCP-BR-2016-GB		Program Program Administration	Subprogram 4380019

Budget Request Description  
 Patient Management Unit: Extension of Limited Term Resources to Permanent

Budget Request Summary

The Department of State Hospitals (DSH) requests \$1.1 million in ongoing General Fund authority to transition 10.0 two-year limited-term positions to permanent full-time positions for the ongoing operation of the Patient Management Unit (PMU) to provide oversight and centralized management of patient admissions and collection of data and reporting on patient population trends as required by Section 7234 of the Welfare & Institutions Code.

Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed	
Does this BCP contain information technology (IT) components? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO	Date

For IT requests, specify the date a Special Project Report (SPR) or Feasibility Study Report (FSR) was approved by the Department of Technology, or previously by the Department of Finance.

FSR     SPR    Project No.    Date:

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 Candius Burgess – Staff Services Manager II <i>Candius Burgess</i>	Date 8-10-15	Reviewed By Lupe Alonzo-Diaz, Deputy Director-Administrative Services <i>Lupe Alonzo-Diaz</i>	Date 08-10-2015
Department Director Pam Ahlin <i>Pam Ahlin</i>	Date 8.10.15	Agency Secretary Kris Kent <i>Kris Kent</i>	Date 8-31-15

**Department of Finance Use Only**

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

BCP Type:  Policy  Workload Budget per Government Code 13308.05

PPBA *Carla Castaneda*    Date submitted to the Legislature  
 1-7-16

## Analysis of Problem

### A. Budget Request Summary

The Department of State Hospitals (DSH) requests \$1.1 million in ongoing General Fund authority to transition 10.0 two-year limited-term positions to permanent full-time positions for the ongoing operation of the Patient Management Unit (PMU) to provide oversight and centralized management of patient admissions and collection of data and reporting on patient population trends as required by Section 7234 of the Welfare & Institutions Code.

### B. Background/History

The Department of State Hospitals (DSH) manages the nation's largest inpatient forensic mental health hospital system. Its mission is to provide evaluation and treatment in a safe and responsible manner, seeking innovation and excellence in state hospital operations, across a continuum of care and settings. The DSH is responsible for the daily care and provision of mental health treatment of its patients. In 2014-15, the DSH served almost 13,000 patients and the inpatient census was approximately 6,700 in a 24/7 hospital system and approximately 600 outpatient census in its conditional release program. The DSH oversees five state hospitals and three psychiatric programs located in state prisons, employing approximately 12,000 staff. Additionally, the DSH provides services in jail-based competency treatment programs and conditional release programs throughout the 58 counties. The DSH's five state hospitals are Atascadero, Coalinga, Metropolitan – Los Angeles, Napa and Patton. The three psychiatric programs are through an interagency agreement with the California Department of Corrections and Rehabilitation (CDCR), treating inmates at prisons in Vacaville, Salinas Valley and Stockton.

Over the last decade, the Department's population demographic has shifted from primarily civil court commitments to a forensic population referred through the criminal court system. Over 90% of the current patient population is forensic, including Coleman patients from the CDCR (prisoners with serious mental disorders).

The forensic population in the DSH continues to increase; records indicate that over 96% of DSH's new patient admissions in FYs 2012-13 and 2013-14 were forensic commitments. Additionally, over 95% of DSH patient discharges in FYs 2012-13, 2013-14, and 2014-15 were forensic commitments discharged to the criminal court system or corrections.

The DSH provides treatment to a variety of patients that are categorized by their type of legal commitment. These legal commitments, along with other clinical and safety factors dictate the path of admission within the DSH system. The primary patient commitment categories are:

Table 1: Commitment Types

Committed directly by Superior Courts	PC 1026 - Not Guilty by Reason of Insanity (NGI) PC 1370 - Incompetent to Stand Trial (IST)
Commitments from California Department of Corrections and Rehabilitation (CDCR)	PC 2962 - Mentally Disordered Offender (MDO). Condition of parole; assessed annually for continued treatment based upon continuing dangerousness
	PC 2972 - Post-parole involuntary MDO treatment for up to one year
	WIC 6604 - Sexually Violent Predator (SVP)
CDCR Inmates/Patient Transfers	PC 2684 – Prisoner/regular admission from CDCR (Coleman <sup>1</sup> )
	PC 2974 - Parolee from CDCR (admitted under LPS criteria <sup>2</sup> )
County Patients	(Lanterman-Petris Short (LPS)) - Civil commitments; counties purchase beds from DSH

<sup>1</sup> The DSH is a named defendant in the *Coleman v. Brown (Coleman)* class action lawsuit and is required to provide inpatient mental health acute and intermediate care services to CDCR inmate-patients who require that level of care.

<sup>2</sup> PC 2974s, admitted under LPS criteria, are fiscally supported by the State and do not utilize a contracted county bed.

## Analysis of Problem

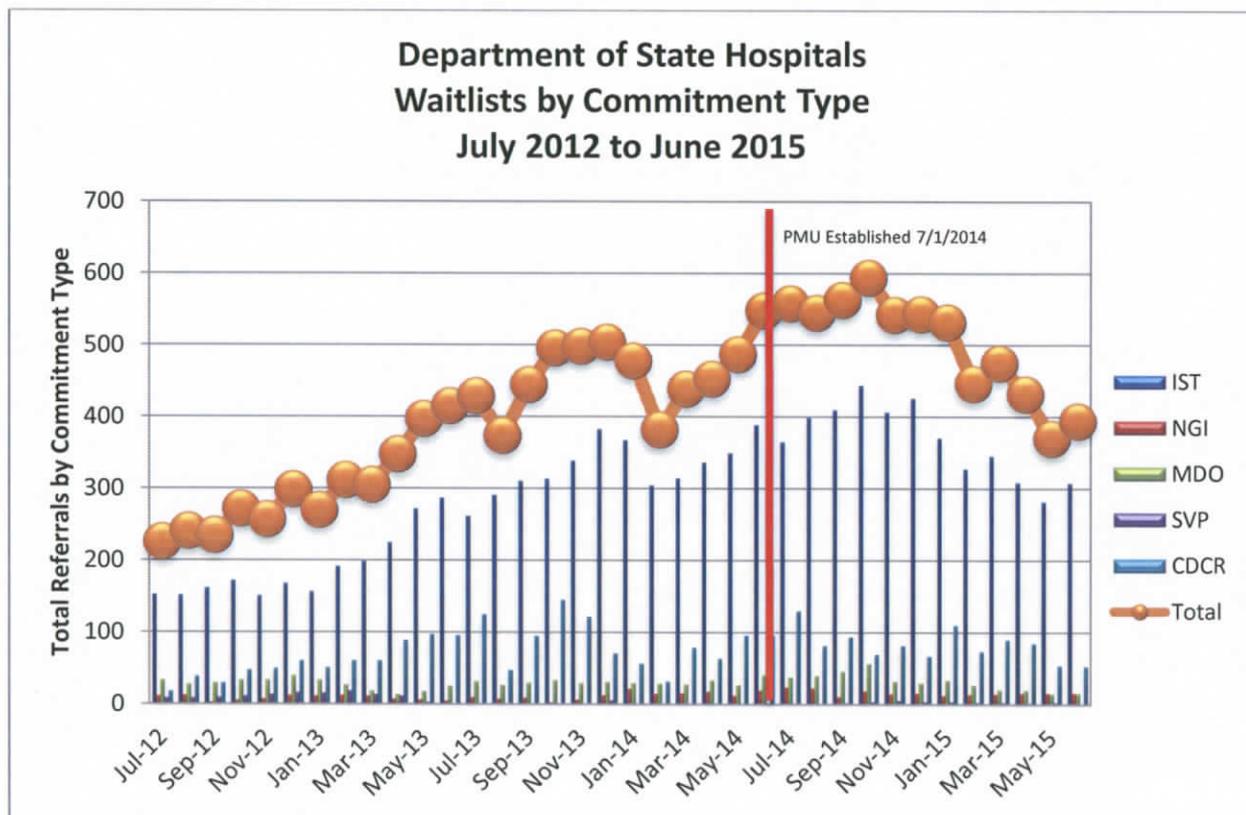
### Growing Waitlist

Prior to the establishment of the Patient Management Unit (PMU), the waitlist for DSH admissions fluctuated with the increasing demand for beds consistent. In July 2012, the waitlists averaged around 200 and had grown to just over 500 by December 2013. The waitlist reached its highest of nearly 600 in October 2014.

While hospital staff had implemented measures to address the waitlist, such as improving treatment measures and implementing efficiencies to shorten the average length of stay for ISTs in order to serve a higher volume of patients, the waitlist continued to grow (represented in the following graph). As the demand for state hospital beds increased, risks resulting from delays to timely access of treatment included:

- Increased wait times for DSH beds leading to: a) decompensation of patients' mental health; b) increased length of stay upon admission; and c) more costly treatment.
- Orders to Show Cause, which is a court order requiring one or more parties of a case to justify the delay; and,
- Negative impact to counties, including extended stays in local jails awaiting treatment.

The following graphic provides a visual illustration of the wait list from July 2012 to June 2015.



## Analysis of Problem

### Decentralized Patient Management

Historically, the DSH's Management of patient referral and placements was decentralized. The following key factors contributed to the DSH's decentralized function:

- Courts Committing to Specific Hospitals

A single hospital focus and management was initially developed to allow each hospital to serve its surrounding communities/counties. This decentralized approach historically resulted in over-utilization of beds at some hospitals and under-utilization at others thus creating longer admission wait times. The DSH shifted patients to utilize existing capacity as waitlists increased on an ad hoc basis; however, additional resources were required to proactively plan and project for population growth before waitlists significantly increased.

- Treatment Settings and Licensing Types Differ Among Each State Hospital

Further complicating the process of placing and admitting patients was the operational capacity of the hospitals which considers staffing levels, licensing requirements, patient acuity level and violence risk, admission unit capacity, and unit design.

- Specialty Services Vary By Location

Over the years, each state hospital defined specific medical and/or mental health needs of its patients and either clinically developed special needs units within the hospital setting and/or contracted for such services.

Depending on the state hospital, medical care can cover a wide range of preventative, acute, sub-acute, medical care, general primary care, and Americans with Disabilities Act (ADA) needs. For example, Atascadero State Hospital (ASH) has an infirmary unit for medically-intensive needs, Patton State Hospital (PSH) has a unit for individuals with significant chronic medical problems (e.g. serious congestive heart failure, emphysema, renal disease), and Metropolitan State Hospital (MSH) has a Skilled Nursing Facility.

- Patient Referral Process is Complex

The patient referral process is quite complex, and factors to be considered when determining placement include: a) the patient's legal commitment and security risk; b) statutory requirements that vary among DSH facilities; c) court-imposed requirements; d) agreements with the CDCR and local government agencies; and e) Departmental policy.

### Development of the Patient Management Unit

DSH established a PMU in 2014 to provide oversight and centralized management of patient admissions and collection of data and reporting on patient population trends as authorized by Section 7234 of the Welfare & Institutions Code. Accordingly, the DSH was approved 10.0 limited term positions to establish the PMU.

The PMU has benefitted the Department by providing hospital staff and executives with comprehensive data that allows them to efficiently place patients in the most appropriate clinical setting based on their safety and medical needs, diagnoses, and commitment type.

The goals of the PMU are to improve patient treatment outcomes by providing patients timely access to inpatient mental health care, in the most appropriate clinical settings, based on treatment and security needs; provide timely resolutions to patient placement issues; and ensure cost-effective utilization of DSH beds and staffing resources. Bed stratification across the DSH enterprise is a central component of our strategic planning goals. The ability to manage patient placements across the continuum of care within the state hospitals, psychiatric programs, Conditional Release Program (ConRep) and Jail Based Competency Treatment programs is necessary to operate as a unified system and maximize utilization of available treatment options.

## Analysis of Problem

### Resource History

Program Budget	2011-12	2012-13	2013-14	2014-15	2015-16
Authorized Expenditures	N/A	N/A	N/A	1,071,000	1,071,000
Actual Expenditures	N/A	N/A	N/A	971,414	1,010,271
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	N/A	N/A	N/A	10.0	10.0
Filled Positions	N/A	N/A	N/A	7.0 *	10.0
Vacancies	N/A	N/A	N/A	0	0

\*Of the 10 Limited Term positions allocated, 7 were filled at end of FY.

### Workload History

Workload Measure	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Percentage Completed Toward Full Centralized Bed Utilization	N/A	N/A	N/A	N/A	25%	75%
Percentage Completed Toward a Centralized Management of the Waitlist	N/A	N/A	N/A	N/A	15%	75%
Percentage Completed Toward a Centralized Referral Process	N/A	N/A	N/A	N/A	15%	75%
Percentage Completed Toward a Standardization of Policies and Procedures	N/A	N/A	N/A	N/A	15%	75%
Percentage Completed Toward On-Boarding Dedicated Staff for Specific Commitment Types/Process/ Workload	N/A	N/A	N/A	N/A	70%	100%
Percentage Completed Toward a Centralized Data Research and Support Function	N/A	N/A	N/A	N/A	75%	100%

### C. State Level Considerations

This proposal permits the Department to optimize bed utilization statewide as a single unified enterprise system to provide for timely access to treatment; create safer environments within the facilities for staff and patients; provide better care for patients; provide accurate reporting of bed utilization to stakeholders, and improve fiscal efficiency and planning.

Other state departments, county jails and county courts with similar missions will benefit by the improved patient placements and equal access to appropriate care across all commitment types.

### D. Justification

The DSH's PMU addresses a number of bed utilization management deficiencies, by improving: 1) timely access to treatment, 2) referrals, admissions, and discharge policies and procedures, and 3) the DSH's ability to take a systematic approach to patient placement. These functions are ongoing and permanent in nature in order to provide effective patient management and timely, equal access to appropriate treatment and care.

## Analysis of Problem

### ***Key Oversight Functions to Centralize Patient Management***

- Centralized Waitlist Management and Patient Placements

Prior to the establishment of the PMU, the DSH lacked a systematic approach to managing waitlists with sufficient detail to plan ahead of significant issues and pressures weighing on the entire DSH system. The patient referral process is complex where future DSH patients are identified through multiple state and local systems. Having dedicated staff to monitor waitlist trends, work with the DSH hospitals on addressing operational issues and develop recommendations to increase capacity and/or reduce waitlists has resulted in more timely admissions and responses to stakeholder inquiries.

Historically, patients had been placed into specific DSH hospitals based on legal requirements rather than a determination of which hospital would be appropriate based on individual risk and clinical factors. Via the PMU, a centralized patient management approach is serving to address this issue by developing new processes and procedures for placement to specific hospitals based on an individual patient's risk, safety/security needs, mental health, and medical needs.

The PMU also provides technical assistance to counties on how to navigate the state hospital system, direct appropriate placement of patients, and manage billing issues.

- Patient Resolution and Appeal Process

Longer-than-average wait times for beds are often related to clinical and administrative disputes resulting in rejections of patient admissions. Centralized support to the facilities provided by the PMU combines the knowledge and resources of the DSH-Sacramento administration, such as statewide clinical operations and legal services staff, to resolve issues faster. This includes multi-step resolution and appeals processes to ensure that all patient movement issues can be quickly resolved. The PMU coordinates patient placement, level of care, admission and discharge disputes with the facility Medical Directors, Executive Directors, Sacramento Medical Director, Deputy Director and the various local, county and state agencies referring patients to the DSH system.

- Centralized Patient Population Data and Research

Prior to the establishment of the PMU, basic data reports were produced on an ad hoc basis by budget analysts as time permitted. Manual data collection represented a significant workload for both the DSH-Sacramento and hospital staff, often requiring a very short response time. As a result of these limitations, the DSH did not have the capacity to regularly produce basic data reports.

Additionally, recent attention regarding growth in the IST waitlist resulted in numerous report requests such as the average length of stay, average waitlists, average year-over-year growth, referrals by county, number of individuals deemed unable to be restored, and number of patients exceeding the three-year restoration of competency limit.

A centralized data repository and research function has addressed multiple deficiencies in the type and amount of data tracked by the DSH as well as its ability to produce reports, forecast its population trends and bed utilization needs. Moreover, this function is essential to supporting the centralization of waitlist management and patient placements.

- PMU's Role in the Bed Activation Process

The activation of new beds within the DSH is a collaborative effort between the PMU, DSH-Sacramento, and facility Executive Directors to meet specific population needs based on approved funding and allocation of resources. The PMU currently coordinates the activation of all *Coleman* patient beds and continues to develop systems to take a broader enterprise wide role as the electronic enterprise systems are completed, and internally developed systems are migrated to the bed stratification system.

## Analysis of Problem

- Centralization of the Referral Process

Since the implementation of the PMU, the Patient Referral and Tracking System (PaRTS) has been developed as Phase 1 of a bed stratification system. This system provides for a centralized data repository of patient referrals, legal documents, placement criteria, and scheduling. This application is at approximately a 90% implementation level at the State Hospitals and will be rolled out to the Psychiatric Programs in the coming months. This will bridge the gap between the current *Coleman* patient tracking systems in use by the PMU and the use of PaRTS in the State Hospitals. Additional coordination with the CDCR, County Courts, and other external stakeholders is ongoing with the transitional implementation of a new electronic secure file sharing technology known as WatchDox. This system of file sharing allows for the decentralized hospital systems to interact efficiently with appropriate parties statewide while providing a centralized method of sharing protected patient health records.

- Electronic Bed Stratification System

Phase 2 of the bed stratification system, the Bed and Enterprise Data System (BEDS) is under development and will incorporate a physical inventory of all DSH beds, particular attributes regarding commitments served, medical accommodations and other treatment criteria that will allow for efficient analysis of available beds for all incoming patient referrals.

In 2015, the PMU conducted a comprehensive statewide inventory of inpatient beds, hospital units, and program variables totaling over 6,000 unique records to complete the statewide data warehouse and business intelligence tool (BEDS). Upon completion and implementation, BEDS will compile and connect current disparate data sources (e.g., Admission Discharge Transfer (ADT), Wellness and Recovery Model Support System (WaRMSS), and various local, hospital developed databases and spreadsheets) to provide metrics that display hospital bed utilization by license type, bed style (single, dorm), location (upstairs, downstairs), as well as safety considerations such as: hospital upgrades designed to prevent injury, toilets and sinks, bed occupancy by commitment type, locked or unlocked, and security level.

By providing the real time ability to locate and assign patients to available inpatient beds system-wide, wait times for admission will decrease to provide appropriate care for individualized needs. The development of BEDS, and its accompanying data management and reporting, are critical components of the PMU's role in meeting the strategic mission of the DSH.

Additional efforts implemented in 2015 include an enterprise unit activation plan to incorporate patient placements within newly activated units, re-alignment of existing patient populations to better serve treatment needs, and ongoing analysis of patient projections to further improve the enterprise management of patient placements and access to treatment.

## E. Outcomes and Accountability

Continued outcomes of the Patient Management Unit are:

- Reduced time to resolve patient related issues;
- Reduced waitlist for DSH beds;
- Improved placements in the most appropriate clinical setting and custody level based upon their needs;
- Standardized policies and procedures for referrals, admissions and discharges; and,
- Increased efficiency regarding the type and amount of data available for oversight and centralized management of patient admissions and ability to create reports and patient projections for stakeholders and meet Federal mandates.

## Analysis of Problem

### Projected Outcomes

Workload Measure	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Percentage Completed Toward Full Centralized Bed Utilization	25%	75%	100%	N/A	N/A	N/A
Percentage Completed Toward a Centralized Management of the Waitlist	15%	75%	100%	N/A	N/A	N/A
Percentage Completed Toward a Centralized Referral Process	15%	75%	100%	N/A	N/A	N/A
Percentage Completed Toward a Standardization of Policies and Procedures	15%	75%	100%	N/A	N/A	N/A
Percentage Completed Toward On-Boarding Dedicated Staff for Specific Commitment Types/Process/ Workload	70%	100%	N/A	N/A	N/A	N/A
Percentage Completed Toward a Centralized Data Research and Support Function	25%	100%	N/A	N/A	N/A	N/A

#### F. Analysis of All Feasible Alternatives

##### Alternative 1 – Approve the request for the permanent establishment of the Patient Management Unit.

###### Pros:

- Improves timely access and appropriate placement of patients in DSH facilities based on clinical, custody, and medical needs
- Improves compliance with court orders, and federal and state mandates regarding timely access to treatment.
- Proactively manages the waitlists, identifies patients for placement within the DSH system, as well as tracks and monitors patient movement.
- Develops and implements system-wide policies and procedures regarding bed stratification.
- Develops a centralized data and research team to capture and validate data, standardize and create reports **and** provide ongoing support and assistance to the facilities on reporting data.

###### Cons:

- Results in an ongoing General Fund augmentation with permanent position authority.
- Results in an increased involvement of DSH-Sacramento in the daily operations of the hospitals as a result of the centralization of the referral and waitlist processes.

### **Alternative 2 – Extend the Approval of This Proposal for an Additional Two Years on a Limited Term Basis.**

#### Pros:

- Provides a short-term solution to centralize waitlist management functions and begins triaging the weakest areas of the DSH related to patient management.
- Results in a reduced General Fund augmentation for a limited term timeframe.
- Continues to address significant deficiencies for the next two years.

#### Cons:

- Does not provide a permanent solution and does not allow for consistent training and long range planning/guidance to the DSH facilities to ensure maximized use of beds/resources.
- Limits DSH's ability to provide a sustainable process of efficient patient bed management.
- Limits the ability to recruit and retain qualified staff due to the implied instability of Limited Term positions.

### **Alternative 3 – Retain the Status Quo and Allow Positions to Expire Effective 6/30/15**

#### Pros:

- Does not result in a General Fund augmentation.

#### Cons:

- Limits ability to develop or implement system-wide policies and procedures for ensuring timely and appropriate placement of patients for access to treatment. Limits ability to ensure system-wide adherence to court orders, federal and state mandates.
- Limits ability to proactively and centrally manage waitlists, identify patients for placement, and track and monitor patient movement as a unified system.
- Delays information gathering and sharing.

## **G. Implementation Plan**

Upon approval of the proposal, and effective July 1, 2016, continue working to define and establish standardization processes and procedures based on current guidelines and statutory restrictions.

### **Bed Stratification Project:**

- May 2015 – September 2015 – Created the bed stratification template and Access database to inventory and assess the DSH facility environments, bed and unit attributes. Input and maintained over 6,000 active and inactive bed/unit records within the DSH system to be used as a one-time data upload into the new Bed Enterprise Data System.

### **Centralize the Referral Process and Management of the Waitlist:**

- April 2015 - Established a dedicated PMU team to assist with developing and implementing a process for appropriate patient placement based on risk and clinical factors. Continue providing support and assistance to the facilities with identifying patients for placement in the appropriate DSH facilities. Continue supporting and assisting the facilities with identification of appropriate placement based on clinical and custodial factors.

## Analysis of Problem

### Standardize a Policy and Procedure Committee

- May 2015 - Developed a committee to address system-wide policies and procedures for the resolution of patient issues, to ensure timely and consistent access to care, and to meet federal and state mandates.

### H. Supplemental Information

No special resources are needed for this proposal.

### I. Recommendation

The Department of State Hospitals recommends the approval of Alternative 1, to authorize the permanent establishment of 10.0 positions and ongoing General Fund augmentation of \$1.1 million. Approving this alternative will enable the DSH to provide timely access to in-patient mental health care in order to improve patient treatment outcomes, admission to the most appropriate treatment setting that also considers security needs, and resolution to patient placement issues; and a cost-effective and system-wide approach to bed utilization and staffing resources.

**ATTACHMENT 1****WORKLOAD MEASURE****Patient Management Unit**

<b>Associate Governmental Program Analyst (AGPA) - General/County Commitments</b>	
<b>Task</b>	<b>Hours per Year</b>
Lead analytical support to the General/County Commitment Placement Unit. This includes the tracking, monitoring, analysis, policy coordination and development for all central oversight functions for patient placement at the five stand-alone DSH hospitals; tracking, monitoring and analysis of all statewide patient placements to ensure placements meet established medical/psychiatric criteria for placement at a specific facility; working with the executive and clinical staff at the hospitals to ensure the timely admission and discharge of patients.	1,632
Under direction from DSH executive management, including the Clinical Operations Advisory Council and the Office of Strategic Planning, formulates policies and procedures related to general/county commitment patient placement. Policies and procedures include placement of patients based on medical/psychiatric and safety criteria; timely admission of patients; patient placement problem/issue resolution; protocols for elevating serious and time sensitive patient issues to senior management. Develops and maintains policy review tracking logs.	1,224
Acts as a liaison within the DSH-Sacramento, the five DSH stand-alone hospitals, the counties and other agencies for the placement of general/county commitments in the DSH hospitals. Provides technical assistance on placement issues, facilitates the resolution of placement issues, and provides recommendations and alternatives when there are questions regarding the placement of patients.	816
Provides training to hospital admissions and discharge staff on patient placement policies and procedures. Participates in multidisciplinary work groups involving health care placements and access to care; Conducts special studies and/or facilitates special projects related to patient placement issues.	408
<b>Total</b>	<b>4,080 (2 PYs)</b>

**ATTACHMENT 1****WORKLOAD MEASURE****Patient Management Unit**

<b>Associate Governmental Program Analyst (AGPA) - Coleman/WIC 7301 Coordination</b>	
<b>Task</b>	<b>Hours per Year</b>
Lead analytical support to the Coleman/WIC 7301 Unit. This includes the tracking, monitoring, analysis, policy coordination and development for all central oversight functions for patient placements at the DSH psychiatric programs; tracking, monitoring and analysis of patient placements at the DSH psychiatric programs to ensure placements meet established medical/psychiatric/custody criteria for placement at a specific facility; working with the executive and clinical staff at the psychiatric programs to ensure the timely admission and discharge of patients.	816
Under direction from DSH executive management, including the Clinical Operations Advisory Council and the Office of Strategic Planning, formulates policies and procedures related to Coleman commitment patient placement. Policies and procedures include placement of patients based on established medical/psychiatric/custody criteria; timely admission and discharge of patients; patient placement problem/issue resolution; protocols for elevating serious and time sensitive patient issues to senior management. Participates in negotiations and develops MOUs with the CDCR for the transfer of Coleman patients between the CDCR and the DSH facilities. Develops and maintains policy review tracking logs.	612
Acts as a liaison within the DSH-Sacramento, the three DSH psychiatric programs, the CDCR and the federal court for the placement of Coleman patients in the DSH hospitals and the transfer of Coleman patients to CDCR. Provides technical assistance on placement issues, facilitates the resolution of placement issues including representing the DSH on the CCAT meetings, provides recommendations and alternatives when there are questions regarding the placement of patients.	408
Provides training to psychiatric program admissions and discharge staff on patient placement policies and procedures. Participates in multidisciplinary work groups involving health care placements and access to care; Conducts special studies and/or facilitates special projects related to Coleman patient placement issues.	204
<b>Total</b>	<b>2,040 (1 PY)</b>

ATTACHMENT 1

WORKLOAD MEASURE

Patient Management Unit

<b>Associate Governmental Program Analyst - LPS Commitments</b>	
<b>Task</b>	<b>Hours per Year</b>
Lead analytical support to the LPS Commitment Placement Unit. This includes the tracking, monitoring, analysis, policy coordination and development for all central oversight functions for LPS patient placement at the DSH stand-alone hospitals; tracking, monitoring and analysis of all statewide patient placements to ensure placements meet established medical/psychiatric criteria for placement at a specific facility; working with executive and clinical staff at the hospitals to ensure the timely admission and discharge of patients.	816
Under direction from DSH executive management, including the Clinical Operations Advisory Council and the Office of Strategic Planning, formulates policies and procedures related to LPS commitment patient placement. Policies and procedures include placement of patients based on established medical/psychiatric and safety criteria; timely admission and discharge of patients; patient placement problem/issue resolution; protocols for elevating serious and time sensitive patient issues to senior management. Develops and updates the MOU with the counties for LPS patient placements at the DSH facilities Develops and maintains policy review tracking logs.	612
Acts as a liaison within the DSH-Sacramento, the five DSH stand-alone hospitals, the counties and other agencies for the placement of LPS commitments in the DSH hospitals. Provides technical assistance on placement issues, facilitates the resolution of placement issues, provides recommendations and alternatives when there are questions regarding the placement of patients.	408
Provides training to hospital admissions and discharge staff on LPS patient placement policies and procedures. Participates in multidisciplinary work groups involving health care placements and access to care; Conducts special studies and/or facilitates special projects related to LPS patient placement issues.	204
<b>Total</b>	<b>2,040 (1 PY)</b>

**ATTACHMENT 1****WORKLOAD MEASURE****Patient Management Unit**

<b>Data Collection and Research</b>	
<b>Task</b>	<b>Hours Per Year</b>
Collect and analyze patient data from various sources; conduct independent research and apply statistical techniques to measure data; validate data; develop weekly census report determining state hospital capacity available by commitment type, state hospital and psychiatric program location; collect data for the development of state-wide centralized patient admission waitlist based on county court hearing activity and subsequent patient commitments; prepare reports for Executive management review and dissemination to external stakeholders.	1,854
Monitor and analyze statewide mental health bed utilization; analyze data for population trends and forecast impact to the state hospital system; develop ad hoc and routine management reports; submit population data to the DSH fiscal units for state hospital allocation and population estimate development; prepare ad-hoc reports as necessary.	1,546
Ensure submission of information related to fiscal policy, programmatic policy and statutory deadlines; utilize existing departmental databases to determine various programmatic needs based on patient commitment type, acuity, medical and custody needs.	488
Liaison with Information Technology and Data Analytics staff on system-related issues and programming needs; assist in the development of training manuals and procedures related to databases, data collection methods and analyses methodologies.	192
<b>Total</b> <b>1.0 Research Analyst II (lead role)</b> <b>1.0 Associate Governmental Program Analyst (AGPA) (support role)</b>	<b>4,080</b> <b>(2 PYs)</b>

**ATTACHMENT 1****WORKLOAD MEASURE****Patient Management Unit**

<b>Staff Services Manager I</b>	
<b>Task</b>	<b>Hours per year</b>
Oversee the workload of analysts responsible for patient placements at the state hospitals and psychiatric programs; oversee training function related to patient admissions and transfers.	840
Recommend policy to clinical and administrative executive management related to patient classification systems, bed utilization management and patient placement protocol. Implement approved policies system-wide to all state hospitals.	176
Based on staff recommendations, determine the appropriate response to address increases and decreases in the patient population overall, by commitment type, aggressive acts and acuity; prepare recommendations for presentation to Executive management; ensure bed capacity is utilized appropriately based on patient need classification and bed availability.	288
Recommend, develop and implement new unit activation policies and standardized patient transfer procedures; lead workgroup including clinical and administrative staff as part of the development process; determine unit activation and patient transfer priorities; present proposed policies and procedures to executive management for approval.	227
Oversee team member participation for new unit activations within existing state hospitals and new facilities. Coordinate the sharing of information to the DSH fiscal areas.	288
Develop and implement hospital staff training program to educate all staff involved in the patient placement process; establish and chair weekly meetings to address process and policy concerns.	221
<b>Totals</b>	<b>2,040 (1 PY)</b>

**ATTACHMENT 1**

**WORKLOAD MEASURE**

**Patient Management Unit**

<b>Office Technician – Unit Support</b>	
<b>Task</b>	<b>Hours Per Year</b>
Provide general office support to the Patient Management Unit; create and maintain files; scan, copy and assemble documents; order office supplies; process timesheets; schedule meetings with internal staff and external stakeholders; makes travel arrangements and process travel expense claims; prepare correspondence.	816
Input data into document tracking database for all correspondence; route documents; answer telephones and route calls appropriately; process and route mail.	612
Provide backup support for other units within the Administration Division.	408
Projects, assignments, and other duties as required.	204
<b>Total</b>	<b>2,040 (1 PY)</b>

**ATTACHMENT 1**

**WORKLOAD MEASURE**

**Patient Management Unit**

<b>Clinical Psychologist</b>	
<b>Task</b>	<b>Hours Per Year</b>
Conducts psychological and behavioral record reviews; provides clinical review in determining patient placement based on careful review of documented psychiatric history; participates in clinical reviews related to admission and discharge dispute.	816
In conjunction with the Nursing Consultant, develops and implements assessment tools with concentration on effective administration and oversight; the presence of systems for utilization and quality monitoring reviews; and documentation to ensure that policies and procedures and standards of care are followed.	612
Provides forensic consultation to the DSH and external agency administrators, supervisors, and other clinical staff regarding the DSH clinical practices, procedures, and standards; reviews unit management, the care of clients/patients, and techniques and procedures; reviews organization, staffing, training; reviews operations in respect to departmental standards and policies; evaluates the current status of the state hospitals' programs and prepares reports on findings; recommends improvements and revisions in standards, policies, or procedures and suggests methods of implementation; recommends use of specialized consultation as needed; and prepares various reports and correspondence.	510
Researches and implement current trends and standards of care in providing mental health treatment and provides recommendations to management of changes in protocol and operations.	102
<b>Total</b>	<b>2,040 (1 PY)</b>

**ATTACHMENT 1****WORKLOAD MEASURE****Patient Management Unit**

<b>Nursing Consultant Program Review</b>	
<b>Task</b>	<b>Hours Per Year</b>
Provide ongoing nursing consultation to ensure compliance with federal court mandates, settlement agreements and program policies and procedures; and provide technical assistance and nursing consultation to hospital nursing and clinical care staff	714
In conjunction with the Clinical (Forensic) Psychologist, develop and implement assessment tools with concentration on effective administration and oversight; the presence of systems for utilization and quality monitoring reviews; and documentation to ensure that policies and procedures and standards of care are followed.	612
Develop, prepare, and review risk management plans and reports; define problems, work with the research analysts to collect and interpret data, establish facts and draw conclusions. Provide analysis of the necessity, appropriateness, and efficiency of the state hospital services and procedures. Perform onsite program monitoring and assessments to include reviews of the patient's health record, existing systems, interviewing staff and patients, analyzing regulations, policies and procedures and other pertinent documentation that promote efficient use of resources.	510
Research and implement current trends and standards of care in providing mental health and nursing treatment and provides recommendations to management of changes in protocol and operations.	204
<b>Total</b>	<b>2,040 (1 PY)</b>

## BCP Fiscal Detail Sheet

BCP Title: Patient Management Unit Extension

DP Name: 4440-040-BCP-DP-2016-GB

### Budget Request Summary

	FY16					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Positions - Permanent	0.0	10.0	10.0	10.0	10.0	10.0
<b>Total Positions</b>	<b>0.0</b>	<b>10.0</b>	<b>10.0</b>	<b>10.0</b>	<b>10.0</b>	<b>10.0</b>
Salaries and Wages						
Earnings - Permanent	0	641	641	641	641	641
<b>Total Salaries and Wages</b>	<b>\$0</b>	<b>\$641</b>	<b>\$641</b>	<b>\$641</b>	<b>\$641</b>	<b>\$641</b>
Total Staff Benefits	0	327	327	327	327	327
<b>Total Personal Services</b>	<b>\$0</b>	<b>\$968</b>	<b>\$968</b>	<b>\$968</b>	<b>\$968</b>	<b>\$968</b>
Operating Expenses and Equipment						
5301 - General Expense	0	80	80	80	80	80
5304 - Communications	0	10	10	10	10	10
5320 - Travel: In-State	0	10	10	10	10	10
5326 - Utilities	0	50	50	50	50	50
5346 - Information Technology	0	10	10	10	10	10
<b>Total Operating Expenses and Equipment</b>	<b>\$0</b>	<b>\$160</b>	<b>\$160</b>	<b>\$160</b>	<b>\$160</b>	<b>\$160</b>
<b>Total Budget Request</b>	<b>\$0</b>	<b>\$1,128</b>	<b>\$1,128</b>	<b>\$1,128</b>	<b>\$1,128</b>	<b>\$1,128</b>

### Fund Summary

Fund Source - State Operations						
0001 - General Fund	0	1,128	1,128	1,128	1,128	1,128
<b>Total State Operations Expenditures</b>	<b>\$0</b>	<b>\$1,128</b>	<b>\$1,128</b>	<b>\$1,128</b>	<b>\$1,128</b>	<b>\$1,128</b>
<b>Total All Funds</b>	<b>\$0</b>	<b>\$1,128</b>	<b>\$1,128</b>	<b>\$1,128</b>	<b>\$1,128</b>	<b>\$1,128</b>

### Program Summary

Program Funding						
4380010 - Program Administration	0	1,128	1,128	1,128	1,128	1,128
<b>Total All Programs</b>	<b>\$0</b>	<b>\$1,128</b>	<b>\$1,128</b>	<b>\$1,128</b>	<b>\$1,128</b>	<b>\$1,128</b>

