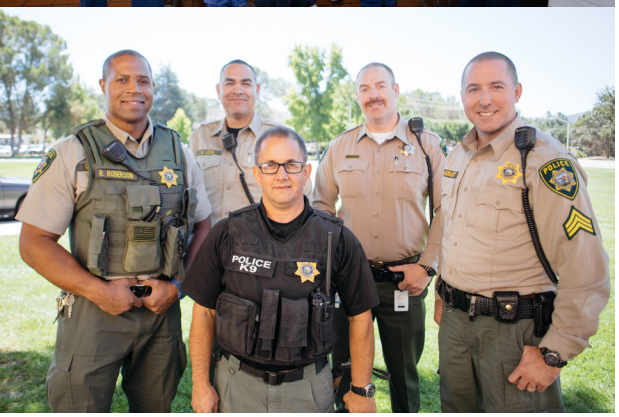


DSH

The California Department of State Hospitals

Strategic Plan

2018-2023

A Message from the Director

I am pleased to present the 2018-2023 Department of State Hospitals Strategic Plan.

The Department of State Hospitals (DSH) is the largest inpatient mental health hospital system in the nation. DSH oversees five hospitals: Atascadero, Coalinga, Metropolitan, Napa, and Patton, and employs nearly 11,000 employees. DSH is one of thirteen departments who report to the California Health and Human Services Agency (CHHS). The CHHS mission is "All Californians, especially those most at risk or in need, have the opportunity to enjoy a high quality of life as measured by the sound physical, mental and financial health of children, adolescents and adults; strong and well-functioning families; safe and sustainable communities; and dignity for all." DSH created its strategic plan to align with and support CHHS's mission.

In 2012, DSH was created as a new state department from the former Department of Mental Health and released its first Strategic Plan. From the beginning, DSH developed a plan that encompassed the department's diverse patient population, employees, and infrastructure. DSH used that plan to make improvements and realize changes to mental health treatment, begin to make improvements to its aging facilities, and respond to increases in patient referrals, all while allowing DSH to be more efficient and grow together.

The 2018-2023 Strategic Plan reaffirms DSH's commitment to serve one of California's most vulnerable populations, individuals with serious mental illness, and provide excellence in evaluation and treatment in a supportive, caring, and safe environment. It provides a roadmap of the DSH Vision, Mission, Goals and Values and demonstrates how DSH's talented and dedicated team will work together towards successful implementation. It also reflects how in serving its patients, stakeholders, the public and its employees, DSH commits to honoring the values of safety, treatment, responsibility, empowerment, respect, and communication.

I invite you to review the strategic plan that will guide us over the course of the next five years.

Sincerely,

Stephanie Clendenin
Acting Director, Department of State Hospitals

Table of Contents

Director's Message 2
Table of Contents 3

The DSH Strategy Map 4
- Vision 5
- Mission 6
- Goals 7
- Values 8
- Revisiting the Map 9

Who We Are 10
- Our Locations 11
- State Hospitals 12
- The Patients We Serve 13
- Divisions and Offices 14
  - Director's Office 14
  - Administrative Services 14
  - Forensic Services 14
  - Legal Services 16
  - Statewide Quality Improvement 16
  - Technology Services 16
  - Office of Communications 16
  - Office of Legislation 16
  - Office of Human Rights 17
  - Hospital Strategic Planning and Implementation 17
  - Office of Protective Services 17
  - Clinical Operations 17

DSH Strategy Map

2018-2023

Vision

With all of its patients and the staff who serve them, it is no wonder why safety plays a huge role in the direction of the department and is reflected in the Vision, Mission, Goals, and Values of DSH.

DSH Vision:
Caring Today for a Safe and Healthy Tomorrow

The DSH Vision is what DSH is working to accomplish. Whether staff are caring for patients, responding to stakeholder or family inquiries, purchasing equipment to help facilitate a safer, more efficient working environment, developing policies, helping to balance the budget, implementing new technology, improving communication throughout the department, protecting the facilities, or providing legal advice, each member of DSH cares about the job they do and the people they serve. In the actions DSH takes, it keeps the vision in sight. A phone call from a family member is met with the same degree of care and compassion as the treatment and care provided by healthcare professionals to patients. Protections are built into the facilities to enhance safety and operations for employees and patients. Our vision is forward thinking for the road ahead. Each step taken is one to reach and achieve the DSH Vision of Caring Today for a Safe and Healthy Tomorrow.

Mission

DSH Mission:

To provide evaluation and treatment in a safe and responsible manner, by leading innovation and excellence across a continuum of care and settings.

The Mission is the DSH core purpose. The mission reminds DSH who is being served and how value is brought to those served. Evaluation and treatment are the services delivered. Safe and responsible is the expectation for the way that services should be provided to patients and staff. Leading innovation captures DSH's desire to ensure it provides high quality treatment and care to its patients, and the commitment to entertain new ideas to benefit staff and patients. Excellence across a continuum of care and settings emphasizes the fact that DSH serves patients in a variety of settings ranging from State Hospitals to community based treatment. It also highlights that each facility is different, the population served varies from site to site, and although there are challenges, this statement commits to maintaining excellence regardless of the differences and challenges.

Goals & Objectives

The DSH Goals, like the Vision are the desired result of the actions that will be taken. The Goals serve to provide direction. They were carefully and thoughtfully developed to encompass the direction of the system. Each goal is meant to guide DSH actions to achieve measurable outcomes. With the direction defined, the Objectives listed help begin the process of action. Objectives are the strategies that support the Goals. The strategic Goals and Objectives defined below directly support the Vision and Mission. They are stepping stones to measure the department's growth and success. Following are the Goals for DSH, what they mean and the Objectives that will serve as the roadmap for the next five years.

Goal #1: Safe Environment

A safe environment fosters a therapeutic environment free from emotional and physical harm for all patients and employees.

Objectives:

1.1 Increase safety and wellness for patients and employees
1.2 Improve the use of therapeutic tools and strategies to reduce employee physical intervention
1.3 Reduce acts of patient aggression

Goal #2: Organizational & Operational Excellence

Organizational and operational excellence maximizes efficiencies and effectiveness and supports positive outcomes for patients, employees, and external stakeholders.

Objectives:

2.1 Expand recruitment, development and retention efforts to maintain a talented workforce
2.2 Improve the quality of services through ongoing assessment, change management, and accountability
2.3 Increase organizational efficiencies within the system

Goal #3: Innovative Treatment & Forensic Evaluation

Innovative treatment and forensic evaluation expands the horizon of treatment and evaluation to improve patient outcomes by exploring new ideas for services, capacity and treatment, monitoring data and trends, and through research and education.

Objectives:

3.1 Improve patient treatment outcomes
3.2 Maximize placement options for patients
3.3 Improve treatment culture by fostering a caring and supportive treatment environment
3.4 Increase quality and consistency in forensic evaluations

Goal #4: Integrated Behavioral Health System

An integrated behavioral health system standardizes operations, policies and processes, and effectively communicates, coordinates and collaborates across the system and with external partners and stakeholders.

Objectives:

4.1 Improve system performance through innovation
4.2 Increase alignment and standardization of system operations, policies and processes
4.3 Improve internal and external communication to promote system trust and transparency

Values

Values serve as guideposts for all of DSH's employees in their daily work, interactions, and decisions. They are the foundation for the DSH team as they work each day toward the Vision and Mission.

Safety

Providing an environment where both patients and staff can interact without violence or coercion; a therapeutic and comfortable environment to live, work, and receive treatment.

Treatment

Providing patients, employees, the public and stakeholders with care, compassion, and consideration. Intervening to improve someone's condition.

Responsibility

Being accountable for actions taken. An obligation to have integrity and do the right thing always. Following through on commitments. An obligation to be good stewards of public resources.

Communication

Exchanging information to express ideas. Clearly understanding and articulating information needed to accomplish goals. Sharing critical information about the department's direction and goals in a timely manner.

Respect

Recognizing each person's value and treating them professionally and humanely. Being kind in engagements with others.

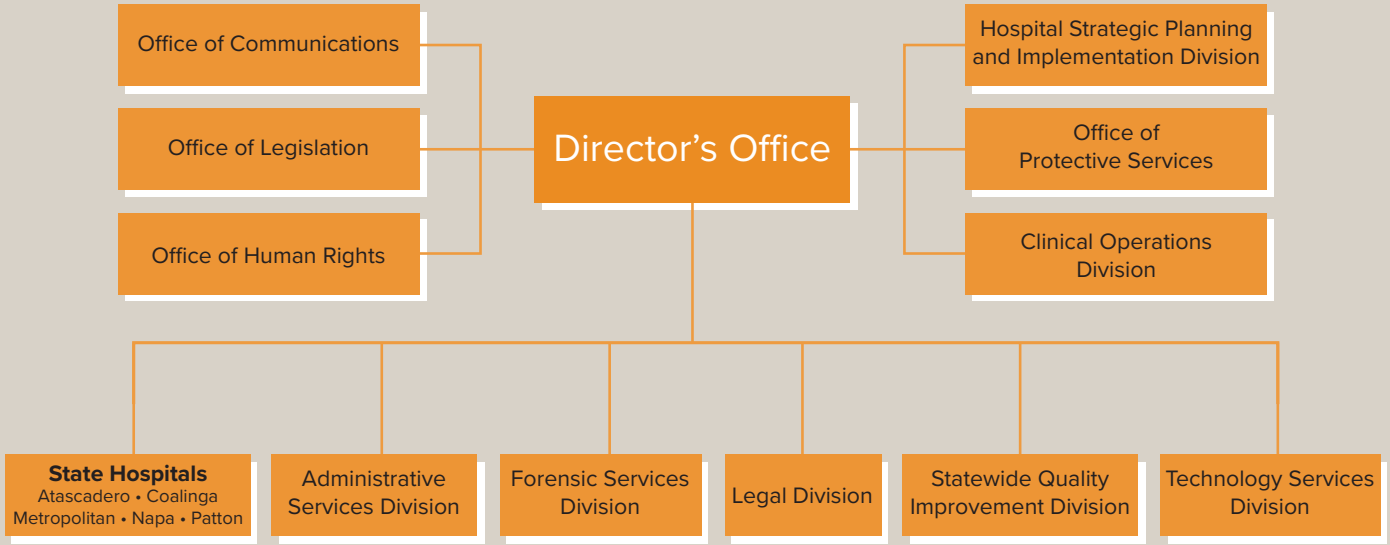
Empowerment

Instilling confidence in others. Granting authority where appropriate to allow others to act based upon personal and professional knowledge. Encouraging and rewarding innovative thinking.

Revisiting the DSH Strategy Map

Who We Are

DSH is comprised of five hospitals, seven divisions, four offices, and the Director's Office. The hospitals provide inpatient care for nearly 7,000 patients daily. DSH is brimming with passionate employees who truly care about the work being done and want to make a difference in the lives they serve. DSH employs classifications ranging from doctors, nurses, and other mental health and heath care professionals, to law enforcement personnel, lawyers, food service and maintenance teams, and other administrative support professionals. Here is an overview of the department and what each area does.



Our Locations

State Hospitals

DSH operates five hospitals throughout the state. Each hospital is licensed by the California Department of Public Health (CDPH) as an acute psychiatric hospital and two of the hospitals also operate skilled nursing facility beds licensed by CDPH. DSH's hospitals primarily treat forensic patients within Secure Treatment Areas (STA) but they also provide treatment for civilly committed patients, paid for by the counties. Courageous employees work at DSH to make a difference in their communities. Below is an overview of all five hospitals:

Atascadero

DSH-Atascadero opened in 1954 and is located on the Central Coast of California, in San Luis Obispo County. The hospital is constructed within a secure perimeter. Approximately 2,140 employees work at DSH-Atascadero. The hospital has a licensed bed capacity of 1,275 beds and the patient population housed there is all male. DSH-Atascadero has both acute and intermediate psychiatric hospital beds and is accredited by The Joint Commission (TJC), an oversight agency that accredits and certifies health care organizations and programs in the United States as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.

Coalinga

DSH-Coalinga opened in 2005. It is the newest DSH hospital located at the edge of the Coastal Mountain Range on the western side of Fresno County. DSH-Coalinga is a self-contained psychiatric hospital constructed within a security perimeter. Approximately 2,285 employees work at DSH-Coalinga. The hospital has a licensed bed capacity of 1,500 beds. The patient population housed here is all male. DSH-Coalinga has acute and intermediate psychiatric hospital beds and residential recovery unit beds.

Metropolitan

DSH-Metropolitan opened in 1916 and is located in Norwalk in Los Angeles County. The hospital has an open campus within a security perimeter. The hospital employs approximately 1,530 people. Due to community concern this hospital does not accept patients with criminal histories that include murder, sex crimes, or escape. DSH-Metropolitan has an operational bed capacity of 826. The facility has both acute psychiatric beds and skilled nursing facility beds and is TJC accredited. The patient population housed there is male and female. To expand forensic treatment capacity, a secured fence surrounding the non-STA area is currently under construction and will increase the hospital's operational capacity to 1,062.

Napa

DSH-Napa opened in 1875 and is the oldest DSH hospital. Approximately 2,335 employees work there. The hospital has an operational bed capacity of 1,270. Four programs are inside the STA for forensic commitments, and one treatment program is outside the STA for primarily civil commitment patients. The facility has both acute and intermediate psychiatric beds and skilled nursing facility beds. DSH-Napa is TJC accredited and the patient population housed here is male and female.

Patton

DSH-Patton opened in 1893. This hospital is located in Highland, CA in San Bernardino County. The largest of all the hospitals, this site employs approximately 2,380 employees. DSH-Patton provides treatment to forensically and civilly committed patients within an STA and has an operational bed capacity of 1,527. The patient population housed here is male and female. DSH-Patton has acute and intermediate psychiatric hospital beds and is TJC accredited.

The Patients We Serve

DSH cares for the most seriously mentally ill patients, many of whom have committed serious crimes and acts of violence. Patients admitted to DSH are committed for treatment by a criminal or civil court judge. More than 90 percent of DSH patients are forensic commitments. These patients are sent to DSH through the criminal court system and have committed crimes linked to their mental illness. The commitment types DSH treats are:

Not Guilty by Reason of Insanity

Not Guilty by Reason of Insanity patients (NGI) are individuals committed to a state hospital for treatment by the courts directly from jail. NGI patients are committed for no longer than the maximum sentence for which they could have been imprisoned unless they represent a substantial danger, upon which successive two-year extensions can be sought. To be released, an NGI patient or the director of the DSH hospital must petition the court for release, typically to outpatient treatment.

Incompetent to Stand Trial

Incompetent to Stand Trial (IST) patients are trial defendants determined by the court to be unable to participate in their trial because they are unable to understand the nature of the criminal proceedings or assist counsel in the conduct of their defense. When an IST patient is committed to DSH, the goal is to restore the patient's competency and enable them to stand trial.

Mentally Disordered Offenders

The Mentally Disordered Offender (MDO) commitment was created to provide a mechanism to detain and treat severely mentally ill prisoners who have reached the end of their determinate prison terms and are dangerous to others because they have a severe mental disorder. Prospective MDO patients are evaluated by both the treating California Department of Corrections and Rehabilitation (CDCR) psychologist/psychiatrist and a DSH psychologist/psychiatrist. If the evaluators agree that the individual meets all conditions of the MDO commitment, the Board of Parole Hearings can commit that individual to a DSH hospital as a condition of parole to receive treatment.

CDCR Patient-Inmates

Inmates from CDCR (Coleman) patients are determined to be mentally ill while in prison, and are transferred to a DSH hospital for in-patient treatment. When these inmates have reached their maximum benefit from treatment, they are returned to CDCR.

Sexually Violent Predators

DSH treats patients who have been classified by a judge or jury as Sexually Violent Predators (SVP), or where a judge finds there is probable cause to be classified as SVP. These patients have served prison sentences for committing crimes enumerated under the SVP Act. They are committed to DSH, after completing their prison term, until a judge deems they are no longer a threat to the community.

Lanterman-Petris-Short

The remainder of the patient population has been committed in civil court due to grave disability, or presenting a danger to themselves or others. These patients are commonly referred to as Lanterman-Petris-Short (LPS) commitments.

A list of all DSH hospitals and the types of patients they serve:

Facility	NGI	IST	MDO	CDCR	SVP	LPS	Male	Female
DSH-Atascadero	•	•	•	•	•	•	•	
DSH-Coalinga	•		•	•	•		•	
DSH-Metropolitan	•	•	•			•	•	•
DSH-Napa	•	•	•			•	•	•
DSH-Patton	•	•	•	•	•	•	•	•

Divisions and Offices

Director's Office

The Director's Office is the central hub of the department and works under the CHHS to provide the utmost care to employees and patients while representing the department in all governmental affairs. Four offices, seven divisions, and five hospital sites report to the Director's Office.

Administrative Services

The Administrative Services Division (ASD) consists of branches and units in two focus areas: Financial Services and Administrative Operations. The Financial Services sections include Accounting, Budgets, and Patient Cost Recovery, while Administrative Operations consists of Business Management, Human Resources, and Labor Relations. The Financial Services sections are responsible for contract and purchase order review and processing, invoice and contractor payments, budgetary planning, fiscal oversight, budget allotment development and maintenance, expenditure monitoring and projections, payroll distribution, cash management, travel advances and reimbursement. Additional branches handle hospital population estimates, DSH provider enrollment, Medicare billing for patient services, billing and collections of third party resources and exploration of additional cost recovery options. The Administrative Operations section provides support through the procurement of goods and services, issuance of DSH-wide contracts, oversight of Capital Outlay and Special Repair projects, and management of fleet and property assets. This section also provides a wide variety of Human Resources services such as recruitment and hiring assistance, payroll and benefit support, employee recognition, professional development, employee relations and labor issues, bargaining contract grievance support, and worker's compensation services.

Forensic Services

The Forensic Services Division (FSD) is responsible for the oversight of the Sex Offender Commitment Program (SOCP); Mentally Disordered Offender (MDO) program; Forensic Conditional Release Program (CONREP); and Jail-Based Competency Treatment (JBCT) programs. Most recently, FSD has expanded its portfolio of programs by activating the new Admission, Evaluation, and Stabilization (AES) center; partnering with the Clinical Operations Division to plan and implement diversion programs for ISTs; and partnering with Los Angeles County to establish a Community-Based Restoration (CBR) program.

As required by state statute, the SOCP and MDO Program provide forensic evaluation services to determine if an inmate within the California Department of Corrections and Rehabilitation (CDCR), prior to parole, requires continued treatment in a state hospital as a Mentally Disordered Offender (MDO) as a condition of parole, or as a Sexually Violent Predator (SVP). The Board of Parole Hearings (BPH) performs the clinical aspects of screening CDCR inmates to determine whether the individual is likely to be an SVP. Based upon the screening outcome, CDCR and BPH may refer the individual to DSH to conduct two forensic psychological evaluations to determine if the individual meets the statutory criteria for civil commitment as an SVP. The MDO Program was established to support the MDO legal commitment process. The MDO commitment requires a certification by CDCR's Chief Psychiatrist that an inmate meets the MDO criteria.

FSD manages CONREPs throughout the state, which provide mental health treatment and supervision in the community for judicially committed persons. CONREPs closely monitor patients through supervision, assessment, and appropriate treatment.

FSD also oversees several programs that provide competency treatment for certain individuals found

Incompetent to Stand Trial (IST). FSD contracts with counties to establish JBCT programs, the AES Center and the CBR program to treat IST patients while in jail or in the community due to the lack of available state hospital beds. JBCT programs are designed to restore IST patients to competency in the most expeditious manner. The AES Center is located in Bakersfield, California and managed by the Kern County Sheriff's Office. The AES Center admits IST patients committed to DSH directly from various catchment counties and triages them to determine the level of competency restoration treatment needed. Patients with low psychiatric acuity are treated and returned to their committing county. Patients who need longer term restoration services are transferred to a state hospital for treatment.

Lastly, FSD partners with Clinical Operations and the Council on Criminal Justice and Behavioral Health (CCJBH) to jointly oversee the development and establishment of post-booking diversion programs for individuals with serious mental illness who are diagnosed with schizophrenia, schizoaffective disorder, or bipolar disorder and have the potential to be or are found IST.

Below is a chart displaying all JBCT and CONREP locations and the patient types served.

	Facility	NGI	IST	MDO	CDCR	SVP	LPS
Jail Based Competency Treatment (JBCT)	Kern - AES Center		•				
	Riverside - Robert Presley Detention Center		•				
	Sacramento - Rio Cosumnes Correctional Center		•				
	San Bernardino - West Valley Detention Center		•				
	San Diego - Central Jail		•				
	Sonoma - Central Jail		•				
	Stanislaus County Public Safety Center		•				
CONREP	Alameda Co Health Care	•		•			
	Gateways Los Angeles	•		•			
	Gateways San Diego	•	•	•			
	HMG-Central Valley	•	•	•			
	HMG-South Bay	•	•	•			
	Kern Behavioral & Recovery Srvs.	•	•	•			
	MHM-Central CA Regional	•	•	•			
	MHM-Contra Costa	•	•	•			
	MHM-Golden Gate Regional	•	•	•			
	MHM-San Bernardino/Riverside	•	•	•			
	MHM-San Luis Obispo	•	•	•			
	MHM-Solano	•	•	•			
	MHM-Sonoma	•	•	•			
	MHM-Ventura Regional	•	•	•			
	Napa County MH	•	•				
	Orange County MH	•	•	•			
	Placer County MH	•		•			
	San Joaquin CMHS	•	•				
	Sutter-Yuba MHS	•	•	•			
	Liberty Healthcare Corporation					•	

Divisions and Offices (continued)

Legal Services

DSH Legal Division represents the department in a variety of forums, including administrative law judges, superior courts and the State Personnel Board, in hearings that cover a wide range of topics. Those topics include: involuntary medication or treatment of patients; patients held beyond their original commitment for consideration of conservatorship; orders to show cause why DSH should not be held in contempt regarding the admission of patients committed to DSH for treatment to render them competent to stand trial; and personnel issues. DSH Legal Division's attorneys also provide legal advice to the Department on a variety of issues including: serving as staff counsel to assist the Attorney General in defending DSH against tort, employment and civil rights lawsuits; challenges to policy directives and proposed regulations; bio-ethical legal concerns; contract and memoranda of understanding concerns and disputes; forensic legal issues; subpoena and PRA requests; Compliance with Joint Commission, Office of Law Enforcement support; Department of Public Health, and CalOSHA requirements, standards, regulations and investigations; patient trust account issues; patient cost recovery actions; and ensuring compliance with state and federal privacy law; conflict of interest issues; social media and copyright infringement; environmental regulatory agency citations; internal audits; and state bond matters.

Statewide Quality Improvement

The Statewide Quality Improvement Division guides policy formulation and implementation of an integrated DSH quality improvement program at the department's five hospitals. The division manages the day-to-day operation of DSH's risk management, standards compliance, and audits functions through three sections: Quality Improvement, Enterprise Health and Safety, and the Office of Audits. The Quality Improvement Section is comprised of a small team of clinicians charged with developing policies and an organizational work plan for system-wide clinical and service related quality improvement activities. The Enterprise Health and Safety Section coordinates DSH employee occupational health and safety programs, emergency preparedness and management, employee wellness initiatives, ergonomic services, and specialized project management services focused on employee safety. The Office of Audits is a team of auditors responsible for planning, organizing, and directing a comprehensive statewide audit program for DSH.

Technology Services

The Technology Services Division (TSD) provides technology-based services to support the department. TSD has embarked on a series of incremental investments to improve security and access to data, increase employee productivity, keep track of employees and patients across multiple systems, automate and share business processes, support evidence-based decisions, foster self-service access to information and integrate service delivery. These investments will lead to integrated, reliable delivery of medical and mental health services in the DSH. TSD's goal is to enable secure technology, analytics, and an application environment that will improve outcomes for the patients being served.

Office of Communications

The Office of Communications is responsible for DSH communications with external audiences, including the news media, stakeholders and the general public. The Office is also responsible for assisting DSH with internal communications to promote the department's Mission, Vision, Goals, and Values.

Office of Legislation

The Office of Legislation is responsible for developing and managing the Department's legislative program; representing the Department with legislators, legislative committees, the California Health and Human Services Agency (CHHS), the Governor's Office; other state departments and relevant stakeholders. The Assistant Director for Legislation advises the Director on legislative matters and acts as an advisor to the Department's Executive Team and Governing Boards.

Legislation's responsibilities include review, analysis and tracking of legislation impacting DSH. It coordinates the development of the Department's legislative proposals for presentation to CHHS and the Governor's Office. It also lobbies and testifies as appropriate on approved department legislative positions.

The Office of Legislation coordinates and participates in legislators' visits to DSH hospitals and responds to legislative offices on constituent inquiries or other issues. They also prepare, gain approval for and submit statutorily required DSH Legislative Reports.

Office of Human Rights

The Office of Human Rights (OHR) oversees the following two programs: Equal Employment Opportunity (EEO) and Patients' Rights. EEO is responsible for ensuring an environment free from unlawful discrimination, including sexual harassment and retaliation, for every DSH employee, applicant for employment, and non-employee (e.g., contractor, vendor, client, volunteer, visitor, and customer). EEO's program responsibilities include developing, implementing and enforcing the department's EEO policies; providing Reasonable and Religious Accommodations; investigating discrimination, sexual harassment and retaliation complaints; and responding to EEO complaints filed with external agencies. Patients' Rights is responsible for ensuring that mental health laws, regulations, and policies for the rights of mental health service recipients are observed in the five hospitals. Patients' Rights program responsibilities include providing policy guidance to ensure the rights of DSH patients are not violated; and responding to all 3rd level appeals of patents' rights complaints filed by DSH patients.

Hospital Strategic Planning and Implementation

Hospital Strategic Planning and Implementation oversees the Strategic Plan and provides the support of the Patient Management Unit and Fiscal Planning and Research. Together these units work to ensure timely placement of patients and adequate planning based upon facts. Regulations and policies are also drafted from this area to assist the department in the development and implementation of new policies and processes.

Office of Protective Services

The Office of Protective Services is comprised of three separate entities consisting of Law Enforcement (LE), Office of Special Investigations (OSI), and Fire Services, all of which are overseen by the Chief of Law Enforcement. The sworn Peace Officers of LE provide emergency response and assistance, perimeter security, and investigations of crimes per Penal Code § 830.38. OSI employs investigators that provide support for criminal and administrative investigations per Penal Code § 830.3(v). DSH Fire Service employs Firefighters, across three hospitals (Napa, Coalinga, Atascadero), that provide a full range of support to their respective hospital including, CDPH and State Fire Marshal licensing compliance, fire suppression, medical aid along with mutual aid response supporting the communities surrounding the facilities.

Clinical Operations

Clinical Operations is responsible for coordinating the delivery of consistent and high quality clinical care. Clinical Operations is comprised of three distinct areas. The Clinical Operations Advisory Council (COAC) is a team of clinicians who represent each of the major clinical disciplines in practice at the hospitals. The COAC's goal is to identify clinical priorities and ensure ongoing performance improvement. The Psychopharmacology Resource Network (PRN) is a small team of expert psychopharmacologists who provide consultation, education and guidelines for prescribing psychotropic medications. The Data Unit is a small team of research psychologists who in conjunction with a research group from the University of California, Davis analyze data to understand the population, implement and evaluate evidence-based clinical programs and study clinical outcomes.