California Department of State Hospitals

Healthcare Equity Action Plan

DSH- Atascadero 2026

Introduction and Background

The Department of State Hospitals (DSH) manages the California state hospital system, which provides mental health services to patients admitted into DSH facilities. The department strives to provide effective treatment in a safe environment and in a fiscally responsible manner.

DSH oversees five state hospitals – Atascadero, Coalinga, Metropolitan (in Los Angeles County), Napa and Patton, with approximately 5500 long-term and short-term beds, providing both medical and psychiatric treatment for upwards of 10,000 patients annually.

The Department of State Hospitals-Atascadero (DSH-A) is a secure forensic hospital located in San Luis Obispo County, California. It opened in 1954 and is a psychiatric hospital constructed within a secure perimeter. The majority of the primarily male patient population is remanded for treatment by county superior courts or by the Department of Corrections and Rehabilitation (CDCR). The hospital does not accept voluntary admissions. The hospital has approximately 1,184 beds. The commitment categories of patients treated at DSH-Atascadero are: Incompetent to Stand Trial (Penal Code 1370); Offenders with a Mental Health Disorder (Penal Code 2962/2972); Mentally Ill Prisoners transferred from CDCR (Penal Code 2684); Not Guilty by Reason of Insanity (Penal Code 1026); and Lanterman-Petris-Short (LPS) Act.

Authority and Purpose

In June 2022, The Joint Commission approved a new Leadership Standard (LD.04.03.08) to identify and reduce healthcare disparities. In 2025, this leadership standard was upgraded to a National Performance Goal 4 with 6 Elements of Performance. Additionally, the California Health and Safety Code Section 127370-127376 as amended by The Medical Equity Disclosure Act (AB 1204) requires hospitals to submit a plan to prioritize and address disparities for vulnerable patient populations identified in the report for measures on patient access, quality, and outcomes by socioeconomic demographic factors, submitted to the Department of Health Care Access and Information (HCAI). Last, The California Health & Safety Code Section 1279.6 (as amended by AB 3161 Health Facilities Patient Safety and Antidiscrimination Act) provides authority that a hospital's patient safety plan includes a process for addressing discrimination, including but not limited to racism, and its impacts on patient health and safety. This process includes monitoring socioeconomic disparities in patient safety events and developing interventions to remedy known disparities as indicated.

These requirements support DSH-Atascadero's development of a hospital-wide health equity performance improvement plan. Because the hospital did not identify confirmed disparities during this reporting period, the plan focuses on maintaining equitable care, strengthening data collection and documentation, monitoring for emerging differences, and establishing a process for investigating and responding to potential disparities. The plan was developed through collaboration with appropriate hospital staff and stakeholders.

Organizational Commitment to Health Equity

DSH Strategic Plan: DSH 2024-2029 Strategic Plan carries forward key elements on DSH's approach to the care and services DSH provides. The additional core value of Equity is introduced in the current plan.

Equity: Equity is about understanding a variety of perspectives, lived experience, cultures, identities and abilities so team members and patients feel included and valued. Equity focuses on giving each person the resources they need to overcome their unique obstacles. Pursuing

equity at DSH involves embedding justice and fairness within our policies, procedures, and processes. Treating everyone with courtesy and respect. Improving equitable access and outcomes for all.

Data Limitations & Context: Patients at DSH-Atascadero are legally committed, which affects admission and discharge timelines. Small patient populations limit statistical power for some measures. 30-day readmission tracking is constrained by facility resources. Due to the high rate of patients returning to the judicial system post-treatment (rather than the general community), we have a data deficiency concerning the efficacy of community-based care coordination and discharge planning protocols.

Section 1: Structure and Leadership

1.1 Health Care Equity Lead and Designation

Individual/Team Designated: Diversity Equity and Inclusion (DEI) Committee

Authority and Responsibilities: The DEI Committee, in collaboration with the Standards Compliance Department, will coordinate implementation of the hospital's health equity plan; oversee collection and review of stratified data; identify potential differences requiring further investigation; track approved performance improvement activities; and report findings and recommendations through the hospitals utilization/risk management structure to Quality Council. Documentation will be maintained in accordance with applicable HCAI and Joint Commission requirements.

1.2 Reporting Structure

Standards Compliance/DEI Committee will report data quarterly to the Utilization/Risk Management Committee.

Section 2: Data Collection Methodology

2.1 Sociodemographic Categories for Stratification

- Age
- Race: White, Black/African American, Asian, Native Hawaiian/Pacific Islander, American Indian/Alaska Native, Other)
- Ethnicity (Hispanic/Latino, Non-Hispanic/Latino)
- Sex (Male, Female, Non-binary, Other, prefer not to disclose)
- Preferred Language/Language Spoken:

2.2 Data Sources Used

Patient Charts, WaRMSS, PaRTS, ADT, Plato, Oryx and Pharmacy. At this time, DSH does not have an EHR to address data collection. Patient records are paper based at this time. DSH is working on implementing an EHR in the near future.

2.3 Health Related Social Needs (HRSN) Assessment

(Joint Commission NPG 4, EP#2 Requirement)

2.3.1 Health Related Social Needs Assessment/Screening Tool Used:

DEI will implement a social needs assessment screening tool. Current plan is to review Health & Physical assessment, Psychiatrist Assessment, 30-Day Psychosocial Assessment, and other

assessments done upon admission.

2.3.2 Screening Implementation

Target Population: All patients within the hospital-approved eligible admission population, regardless of race, ethnicity, age, sex, gender identity, sexual orientation, disability status, or preferred language.

Screening Setting: Admission units

Frequency: Admission

2.3.3 HRSN Assessed:

- Transportation access
- Food security/insecurity
- Housing stability/instability
- Insurance coverage adequacy
- Education and health literacy
- Employment status
- Utility assistance needs
- Safety concerns
- Social isolation/support

Hospital Process, Resources and Referrals

Process	Resources
Food Assistance	Refer to County Behavioral Health, Parole, or Conditional Release Program (CONREP)
Housing Support	Based on patient commitment: CDCR, Conditional Release Program (CONREP), Parole, County Behavioral Health, family/collateral contact, CARE Court.
Financial	Parole, Medi-Cal, SSI application
Transportation	Based on commitment to Parole, CONREP, directly to the community, bus or train.
Referral Agencies	Utilize referral source based on commitments such as CDCR, CONREP, County Behavioral Health such as Full-Service Partnerships, CARE Court.

Section 3: Data Stratification for Quality Measures and Action Plan Development

3.1 HCAI Structural and Core Quality Measures Report

DSH-Atascadero had no disparities identified and no 30-day readmissions at the facility. All data submitted to HCAI were reviewed and approved internally.

3.2 Medications related to substance abuse diagnosis.

For the SUB-3 treatment-at-discharge measure, patient groups were compared within race/ethnicity, preferred-language, and age categories. The analysis included comparisons of NHPI, AIAN, Black, Hispanic/Latino, and White groups with the Asian reference group; English, Spanish, and other language groups with the Asian/Pacific Islander language reference group; and age groups 35–49, 50–64, and 65 years and older with the 18–34 reference group. Differences in rates and relative ratios were reviewed as possible signals. Based on the

hospital's review, these results were not classified as confirmed disparities for this reporting period. Small populations, masked values, zero observed rates, and any calculated placeholder rates must be considered when interpreting the results.

Figure 1: No confirmed disparities were identified; therefore, a ranked list of disparity groups is not applicable for this reporting period.

Rank	Measure	Stratification	Disparity Group	Rate	Relative Ratio
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

3.3 Analysis and Findings

The hospital's review of the stratified core and structural measure data did not identify confirmed disparities during this reporting period.

Section 4: Performance Improvement Plan to Maintain Health Equity and Monitor for Emerging Disparities

4.1 Performances across priority areas as described by HCAI:
Person-centered care - Care that is respectful of and responsive to patient preferences, needs and values. Work on incorporating audit tools to identify specific race/ethnicity. An EHR would help gather data once it is implemented.

Patient Safety - The hospital will continue providing approved patient-safety and discharge resources and will establish a method to audit whether applicable education and referrals were offered and documented. Results will be reviewed for differences among demographic groups when sufficient data is available. Future EHR implementation may support this work but is not the sole improvement action.

Social Drivers of Health - The hospital will establish a consistent HRSN assessment or screening process for the hospital-approved eligible population. Positive findings and resulting referrals will be documented, and aggregate completion and referral rates will be monitored. Discharge-related resources will be coordinated with the appropriate receiving entity based on legal commitment, patient needs, consent, and applicable information-sharing requirements.

Effective Treatment - Treatment teams will continue providing clinically appropriate group and individual treatment under each patient's treatment plan. The hospital will audit the SUB-3 treatment-at-discharge process to distinguish whether eligible patients were offered medication or referral, accepted or declined the service, were clinically ineligible, or lacked complete documentation. Findings will be reviewed by applicable demographic categories when feasible.

Care Coordination - The hospital will monitor completion and documentation of applicable discharge communication and referrals to receiving entities, including CDCR, Parole, County Behavioral Health, CONREP, and authorized family or support persons. Information sharing will remain subject to patient authorization, legal requirements, and the patient's discharge circumstances.

Access to Care – DSH-A will continue to provide twenty-four hour, seven-days-a-week care so patients receive timely routine, non-urgent, urgent, and emergent medical care to ensure their safety and wellness. This includes the assessment and management of illness, injuries, and risk factors for significant complications as well as preventive health screenings, and the appropriate documentation of this care. The hospital will monitor the completness of discipline specific progress notes for completion and accuracy. The audit results will be shared at department meetings as well as Quality Council meetings quarterly.

4.2 Interventions

Intervention: Update and formalize the hospital's Patient Safety Plan to include ongoing, quarterly monitoring and analysis of identified health disparities data by the Risk Management Committee.

Intervention: Implement a mandatory, evidence-based, and culturally responsive communication training program for all clinical staff.

Intervention: Create and standardize the implementation of the DSH approved Health Related Social Needs (HRSN) Assessment/Screening Tool across all admissions.

Intervention: Integrate a formal, DSH wide resource guide and referral process into the patient's individualized treatment plan for those screening positive for high-priority HRSNs.

Intervention: Update and formalize the hospital's Patient Safety Plan to include ongoing quarterly monitoring and analysis of identified health disparities data by the Clinical Risk Management Committee.

Section 5: Monitoring and Evaluation Plan

The Clinical Risk Management Committee is responsible for the ongoing quarterly monitoring and analysis of all identified health disparities data, which are tracked as Key Performance Indicators (KPIs).

Community Engagement: Patients, families, CDCR, CONREP, County Behavioral Health, full-service partnerships, peer support teams, and community advocates. DSH-Atascadero has limitations on recording data to HCAI's standards.

Section 6: Leadership Review & Approval

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