



California Department of
State Hospitals

Department of Healthcare Access
and Information (HCAI) Health
Equity Plan

**Department of State Hospitals
Metropolitan
2025**

Hospital Equity Measures Report

General Information

| | |
|---|---|
| Report Type: | Hospital Equity Measures Report |
| Year: | 2024 |
| Hospital Name: | Department of State Hospitals Metropolitan |
| Facility Type: | Acute Psychiatric |
| Hospital HCAI ID: | 106190958 |
| Report Period: | 01/01/2024 - 12/31/2024 |
| Hospital Location with Clean Water and Air: | N/A |
| Hospital Web Address for Equity Report: | https://www.dsh.ca.gov |

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Overview

Assembly Bill No. 1204 requires the Department of Health Care Access and Information (HCAI) to develop and administer a Hospital Equity Measures Reporting Program to collect and post summaries of key hospital performance and patient outcome data regarding sociodemographic information, including but not limited to age, sex, race/ethnicity, payor type, language, disability status, and sexual orientation and gender identity.

Hospitals and hospital systems are required to annually submit their reports to HCAI. These reports contain summaries of each measure, the top 10 disparities, and the equity plans to address the identified disparities. HCAI is required to maintain a link on the HCAI website that provides access to the content of hospital equity measures reports and equity plans to the public. All submitted hospitals are required to post their reports on their websites, as well.

Laws and Regulations

For more information on Assembly Bill No. 1204, please visit the following link by copying and pasting the URL into your web browser:
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB1204

Hospital Equity Measures

The first two structural measures are scored as "yes" or "no"; the third structural measure comprises the

percentages of patients by five categories of preferred languages spoken, in addition to one other/ unknown language category.

Designate an individual to lead hospital health equity activities (Y = Yes, N = No).

N

Provide documentation of policy prohibiting discrimination (Y = Yes, N = No).

Y

Number of patients that were asked their preferred language, five defined categories and one other/ unknown languages category.

2192

Table 1. Summary of preferred languages reported by patients.

| Languages | Number of patients who report preferred language | Total number of patients | Percentage of total patients who report preferring language (%) |
|----------------------------------|--|--------------------------|---|
| English Language | 1353 | 2192 | 61.72 |
| Spanish Language | *** | 2192 | ***% |
| Asian Pacific Islander Languages | <11 | 2192 | ***% |
| Middle Eastern Languages | <11 | 2192 | ***% |
| American Sign Language | 0 | 2192 | 0 |
| Other Languages | 726 | 2192 | 33.12 |

Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity Structural (HCHE) Measure

Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity Structural (HCHE) Measure Domain 1: Strategic Planning (Yes/No)

- Our hospital strategic plan identifies priority populations who currently experience health disparities.
- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.
- Our hospital strategic plan outlines specific resources that have been dedicated to achieving our equity goals.
- Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.

Y

CMS HCHE Measure Domain 2: Data Collection (Yes/No)

- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.
- Our hospital has training for staff in culturally sensitive collection of demographics and/or social determinant of health information.
- Our hospital inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a certified electronic health record (EHR) technology.

N

CMS HCHE Measure Domain 3: Data Analysis (Yes/No)

- Our hospital stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information in hospital performance dashboards.

Y

CMS HCHE Measure Domain 4: Quality Improvement (Yes/No)

- Our hospital participates in local, regional or national quality improvement activities focused on reducing health disparities.

Y

CMS HCHE Measure Domain 5: Leadership Engagement (Yes/No)

- Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for achieving health equity.
- Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually review key performance indicators stratified by demographic and/or social factors.

Y

Centers for Medicare & Medicaid Services (CMS) Social Drivers of Health (SDOH)

Hospitals are required to report on rates of screenings and intervention rates among patients above 18 years old for five health related social needs (HRSN), which are food insecurity, housing instability, transportation problems, utility difficulties, and interpersonal safety. These rates are reported separately as being screened as positive for any of the five HRSNs, positive for each individual HRSN, and the intervention rate for each positively screened HRSN. For more information on the CMS SDOH, please visit the following link by copying and pasting the URL into your web browser:

<https://www.cms.gov/priorities/innovation/key-concepts/social-drivers-health-and-health-related-social-needs>

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

For more information on the HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, please visit the following link by copying and pasting the URL into your web browser:

https://hcai.ca.gov/wp-content/uploads/2024/10/HCAI-All-Cause-Readmission-Rate-Exclusions_ADA.pdf

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate – Any Eligible Condition

Number of inpatient hospital admissions which occurs within 30 days of the discharge date of an eligible index admission and were 18 years or older at time of admission

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission

1412

Percent of hospital-level, unplanned, all-cause readmissions after admission for any eligible condition within 30 days of hospital discharge for patients aged 18 and older

***%

Table 2. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for any eligible condition by race and/or ethnicity, non-maternal age categories, sex, and preferred language.

| Race and/or Ethnicity | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|--|----------------------------------|-----------------------------------|----------------------|
| American Indian or Alaska Native | 0 | <11 | 0.00 |
| Asian | 0 | *** | 0.00 |
| Black or African American | <11 | 375 | ***% |
| Hispanic or Latino | <11 | 512 | ***% |
| Middle Eastern or North African | N/A | N/A | N/A |
| Multiracial and/or Multiethnic (two or more races) | 0 | 0 | 0.00 |
| Native Hawaiian or Pacific Islander | 0 | <11 | 0.00 |
| White | <11 | 423 | ***% |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|------------------------|----------------------------------|-----------------------------------|----------------------|
| Age 18 to 34 | <11 | 560 | ***% |
| Age 35 to 49 | <11 | 568 | ***% |
| Age 50 to 64 | <11 | 230 | ***% |
| Age 65 Years and Older | 0 | 54 | 0.00 |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|-----------------------|----------------------------------|-----------------------------------|----------------------|
| Female | <11 | *** | ***% |
| Male | <11 | 1192 | ***% |
| Unknown | 0 | <11 | 0.00 |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|----------------------------------|----------------------------------|-----------------------------------|----------------------|
| English Language | <11 | 960 | ***% |
| Spanish Language | <11 | *** | ***% |
| Asian Pacific Islander Languages | 0 | <11 | 0.00 |
| Middle Eastern Languages | 0 | <11 | 0.00 |
| American Sign Language | 0 | 0 | 0.00 |
| Other/Unknown Languages | <11 | 381 | ***% |

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Mental Health Disorders

Number of inpatient hospital admissions which occurs within 30 days of the discharge date for mental health disorders and were 18 years or older at time of admission

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission

Percent of hospital-level, unplanned, all-cause readmissions after admission for mental health disorders within 30 days of hospital discharge for patients aged 18 and older

***%

Table 3. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for mental health disorders by race and/or ethnicity, non-maternal age categories, sex, and preferred language.

| Race and/or Ethnicity | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|--|-----------------------------|
| American Indian or Alaska Native | 0 | <11 | 0.00 |
| Asian | 0 | *** | 0.00 |
| Black or African American | <11 | 375 | ***% |
| Hispanic or Latino | <11 | 512 | ***% |
| Middle Eastern or North African | N/A | N/A | N/A |
| Multiracial and/or Multiethnic (two or more races) | 0 | 0 | 0.00 |
| Native Hawaiian or Pacific Islander | 0 | <11 | 0.00 |
| White | <11 | 423 | ***% |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|-------------------------------|---|--|-----------------------------|
| Age 18 to 34 | <11 | 560 | ***% |
| Age 35 to 49 | <11 | 568 | ***% |
| Age 50 to 64 | <11 | 230 | ***% |
| Age 65 Years and Older | 0 | 54 | 0.00 |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|------------------------------|---|--|-----------------------------|
| Female | <11 | *** | ***% |
| Male | <11 | 1192 | ***% |
| Unknown | 0 | <11 | 0.00 |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|--|-----------------------------|
| English Language | <11 | 960 | ***% |
| Spanish Language | 0 | *** | 0.00 |
| Asian Pacific Islander Languages | 0 | <11 | 0.00 |
| Middle Eastern Languages | 0 | <11 | 0.00 |
| American Sign Language | 0 | 0 | 0.00 |
| Other/Unknown Languages | 0 | 381 | 0.00 |

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Substance Use Disorders

Number of inpatient hospital admissions which occurs within 30 days of the discharge date for substance use disorders and were 18 years or older at time of admission

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission

1412

Percent of hospital-level, unplanned, all-cause readmissions after admission for substance use disorders within 30 days of hospital discharge for patients aged 18 and older

***%

Table 4. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for substance use disorders by race and/or ethnicity, non-maternal age categories, sex, and preferred language.

| Race and/or Ethnicity | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|--|----------------------------------|-----------------------------------|----------------------|
| American Indian or Alaska Native | 0 | <11 | 0.00 |
| Asian | 0 | *** | 0.00 |
| Black or African American | <11 | 375 | ***% |
| Hispanic or Latino | <11 | 512 | ***% |
| Middle Eastern or North African | N/A | N/A | N/A |
| Multiracial and/or Multiethnic (two or more races) | 0 | 0 | 0.00 |
| Native Hawaiian or Pacific Islander | 0 | <11 | 0.00 |
| White | 0 | 423 | 0.00 |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|------------------------|----------------------------------|-----------------------------------|----------------------|
| Age 18 to 34 | <11 | 560 | ***% |
| Age 35 to 49 | <11 | 568 | ***% |
| Age 50 to 64 | 0 | 230 | 0.00 |
| Age 65 Years and Older | 0 | 54 | 0.00 |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|-----------------------|----------------------------------|-----------------------------------|----------------------|
| Female | 0 | *** | 0.00 |
| Male | <11 | 1192 | ***% |
| Unknown | 0 | <11 | 0.00 |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|----------------------------------|----------------------------------|-----------------------------------|----------------------|
| English Language | <11 | 960 | ***% |
| Spanish Language | <11 | *** | ***% |
| Asian Pacific Islander Languages | 0 | <11 | 0.00 |
| Middle Eastern Languages | 0 | <11 | 0.00 |

| | | | |
|--------------------------------|-----|-----|------|
| American Sign Language | 0 | 0 | 0.00 |
| Other/Unknown Languages | <11 | 381 | ***% |

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Co-occurring disorders

Number of inpatient hospital admissions which occurs within 30 days of the discharge date for co-occurring disorders and were 18 years or older at time of admission

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission

1412

Percent of hospital-level, unplanned, all-cause readmissions after admission for co-occurring disorders within 30 days of hospital discharge for patients aged 18 and older

***%

Table 5. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for co-occurring disorders by race and/or ethnicity, non-maternal age categories, sex, and preferred language.

| Race and/or Ethnicity | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|--|-----------------------------|
| American Indian or Alaska Native | 0 | <11 | 0.00 |
| Asian | 0 | *** | 0.00 |
| Black or African American | <11 | 375 | ***% |
| Hispanic or Latino | <11 | 512 | ***% |
| Middle Eastern or North African | N/A | N/A | N/A |
| Multiracial and/or Multiethnic (two or more races) | 0 | 0 | 0.00 |
| Native Hawaiian or Pacific Islander | 0 | <11 | 0.00 |
| White | 0 | 423 | 0.00 |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|-------------------------------|---|--|-----------------------------|
| Age 18 to 34 | <11 | 560 | ***% |
| Age 35 to 49 | <11 | 568 | ***% |
| Age 50 to 64 | 0 | 230 | 0.00 |
| Age 65 Years and Older | 0 | 54 | 0.00 |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|------------------------------|---|--|-----------------------------|
| Female | 0 | *** | 0.00 |
| Male | <11 | 1192 | ***% |
| Unknown | 0 | <11 | 0.00 |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|----------------------------------|----------------------------------|-----------------------------------|----------------------|
| English Language | <11 | 960 | ***% |
| Spanish Language | <11 | *** | ***% |
| Asian Pacific Islander Languages | 0 | <11 | 0.00 |
| Middle Eastern Languages | 0 | <11 | 0.00 |
| American Sign Language | 0 | 0 | 0.00 |
| Other/Unknown Languages | <11 | 381 | ***% |

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - No Behavioral Health Diagnosis

Number of inpatient hospital admissions which occurs within 30 days of the discharge date with no behavioral diagnosis and were 18 years or older at time of admission

0

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission

1412

Percent of hospital-level, unplanned, all-cause readmissions after admission with no behavioral diagnosis within 30 days of hospital discharge for patients aged 18 and older

0

Table 6. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate with No Behavioral Diagnosis by race and/or ethnicity, non-maternal age categories, sex, and preferred language.

| Race and/or Ethnicity | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|--|----------------------------------|-----------------------------------|----------------------|
| American Indian or Alaska Native | 0 | <11 | 0.00 |
| Asian | 0 | *** | 0.00 |
| Black or African American | 0 | 375 | 0.00 |
| Hispanic or Latino | 0 | 512 | 0.00 |
| Middle Eastern or North African | N/A | N/A | N/A |
| Multiracial and/or Multiethnic (two or more races) | 0 | 0 | 0.00 |
| Native Hawaiian or Pacific Islander | 0 | <11 | 0.00 |
| White | 0 | 423 | 0.00 |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|------------------------|----------------------------------|-----------------------------------|----------------------|
| Age 18 to 34 | 0 | 560 | 0.00 |
| Age 35 to 49 | 0 | 568 | 0.00 |
| Age 50 to 64 | 0 | 230 | 0.00 |
| Age 65 Years and Older | 0 | 54 | 0.00 |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|-----------------------|----------------------------------|-----------------------------------|----------------------|
| Female | 0 | *** | 0.00 |
| Male | 0 | 1192 | 0.00 |
| Unknown | 0 | <11 | 0.00 |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|----------------------------------|----------------------------------|-----------------------------------|----------------------|
| English Language | 0 | 960 | 0.00 |
| Spanish Language | 0 | *** | 0.00 |
| Asian Pacific Islander Languages | 0 | <11 | 0.00 |
| Middle Eastern Languages | 0 | <11 | 0.00 |
| American Sign Language | 0 | 0 | 0.00 |
| Other/Unknown Languages | 0 | 381 | 0.00 |

The Joint Commission SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge

The Joint Commission SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge:

The number of patients who received or refused at discharge a prescription for medication for treatment of alcohol or drug use disorder or a referral for addictions treatment:

The number of hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder:

1067

The percent (rate per 100) of patients identified with alcohol or drug use disorder and who received or refused at discharge a prescription for FDA-approved medications for alcohol or drug use disorder, or who receive or refuse a referral for addictions treatment:

***%

Table 7. The Joint Commission SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge by race and/or ethnicity, non-maternal age categories, sex, and preferred language.

| Race and/or Ethnicity | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|--|----------------------------------|-----------------------------------|----------------------|
| American Indian or Alaska Native | 0 | <11 | 0.00 |
| Asian | 0 | *** | 0.00 |
| Black or African American | <11 | 260 | ***% |
| Hispanic or Latino | *** | 435 | ***% |
| Middle Eastern or North African | N/A | N/A | N/A |
| Multiracial and/or Multiethnic (two or more races) | 0 | 0 | 0.00 |

| | | | |
|--|-----|-----|------|
| Native Hawaiian or Pacific Islander | 0 | <11 | 0.00 |
| White | <11 | 308 | ***% |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|-------------------------------|---|--|-----------------------------|
| Age 18 to 34 | <11 | 397 | ***% |
| Age 35 to 49 | *** | 449 | ***% |
| Age 50 to 64 | <11 | 182 | ***% |
| Age 65 Years and Older | 0 | 39 | 0.00 |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|------------------------------|---|--|-----------------------------|
| Female | <11 | 137 | ***% |
| Male | *** | 930 | ***% |
| Unknown | 0 | 0 | 0.00 |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|--|-----------------------------|
| English Language | *** | 642 | ***% |
| Spanish Language | 0 | *** | 0.00 |
| Asian Pacific Islander Languages | 0 | <11 | 0.00 |
| Middle Eastern Languages | 0 | 0 | 0.00 |
| American Sign Language | 0 | 0 | 0.00 |
| Other/Unknown Languages | <11 | 263 | ***% |

The Joint Commission SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge:

The number of patients received a prescription at discharge for medication for treatment of alcohol or drug use disorder or a referral for addictions treatment:

The number of hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder:

1067

Percentage of patients were identified with alcohol or drug use disorder and received a prescription for FDA-approved medications for alcohol or drug use disorder or a referral for addictions treatment:

***%

Table 8. The Joint Commission SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge by race and/or ethnicity, non-maternal age categories, sex, and preferred language.

| Race and/or Ethnicity | Number of patients accepted treatment | Total number of discharged | Acceptance rate (%) |
|------------------------------|--|-----------------------------------|----------------------------|
|------------------------------|--|-----------------------------------|----------------------------|

| | at discharge | patients | |
|--|--------------|----------|------|
| American Indian or Alaska Native | 0 | <11 | 0.00 |
| Asian | 0 | *** | 0.00 |
| Black or African American | <11 | 260 | ***% |
| Hispanic or Latino | *** | 435 | ***% |
| Middle Eastern or North African | N/A | N/A | N/A |
| Multiracial and/or Multiethnic (two or more races) | 0 | 0 | 0.00 |
| Native Hawaiian or Pacific Islander | 0 | <11 | 0.00 |
| White | <11 | 308 | ***% |

| Age | Number of patients accepted treatment at discharge | Total number of patients | Acceptance rate (%) |
|------------------------|--|--------------------------|---------------------|
| Age 18 to 34 | <11 | 397 | ***% |
| Age 35 to 49 | *** | 449 | ***% |
| Age 50 to 64 | <11 | 182 | ***% |
| Age 65 Years and Older | 0 | 39 | 0.00 |

| Sex assigned at birth | Number of patients accepted treatment at discharge | Total number of patients | Acceptance rate (%) |
|-----------------------|--|--------------------------|---------------------|
| Female | <11 | 137 | ***% |
| Male | *** | 930 | ***% |
| Unknown | 0 | 0 | 0.00 |

| Preferred Language | Number of patients accepted treatment at discharge | Total number of patients | Acceptance rate (%) |
|----------------------------------|--|--------------------------|---------------------|
| English Language | *** | 642 | ***% |
| Spanish Language | 0 | *** | 0.00 |
| Asian Pacific Islander Languages | 0 | <11 | 0.00 |
| Middle Eastern Languages | 0 | 0 | 0.00 |
| American Sign Language | 0 | 0 | 0.00 |
| Other/Unknown Languages | <11 | 263 | ***% |

Health Equity Plan

All general acute care hospitals report a health equity plan that identifies the top 10 disparities and a written plan to address them.

Top 10 Disparities

Disparities for each hospital equity measure are identified by comparing the rate ratios by stratification groups. Rate ratios are calculated differently for measures with preferred low rates and those with preferred high rates. Rate ratios are calculated after applying the California Health and Human Services Agency's "Data De-Identification Guidelines (DDG)," dated September 23, 2016.

Table 9. Top 10 disparities and their rate ratio values.

| | Stratifications | Stratification Group | Stratification Rate | Reference Group | Reference Rate | Rate Ratio |
|--|-----------------|----------------------|---------------------|-----------------|----------------|------------|
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate – Inpatient Psychiatric Facility | Language | Spanish | *** | API | *** | *** |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Mental Health Disorders | Race | Black | *** | Asian | *** | *** |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Mental Health Disorders | Race | White | *** | Asian | *** | *** |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Mental Health Disorders | Sex | Female | *** | Unknown | *** | *** |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Substance Use Disorders | Language | Spanish | *** | API | *** | *** |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Substance Use Disorders | Language | Other | *** | API | *** | *** |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Co-occurring disorders | Language | Spanish | *** | API | *** | *** |
| Joint Commission SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge | Race | Hispanic | *** | Asian | *** | *** |
| Joint Commission SUB-3a: Alcohol and | Age | 35-49 | *** | >65 | 0 | *** |

| | | | | | | |
|---|-----|-------|-----|-----|---|-----|
| Other Drug Use Disorder Treatment at Discharge | | | | | | |
| Joint Commission SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge | Age | 50-64 | *** | >65 | 0 | *** |

Data limitations plan to address disparities identified

DSH-Metropolitan (DSH-M) acknowledges, and is actively exploring, the identified healthcare disparities within our system. Our data highlights that our current databases lack a centralized, integrated Electronic Health Record (EHR). This is a limitation in our ability to effectively collect, track, and analyze the social drivers of health to accurately identify and address patient care disparities.

Part of DSH’s strategic plan is to implement the Continuum-EHR solution and we are in the competitive procurement phase of this project. The Continuum-EHR solution will allow the DSH hospital system to utilize comprehensive data to focus on areas of growth and performance improvement, such as tracking the equity data gaps that were identified in this report (gender identity, disability status). On a local level, DSH-M is in the process of onboarding the team involved in the EHR transition process. Our goal is to have the team fully staffed in Q1 of 2026.

In addition to the EHR solution, DSH is establishing a standardized methodology within the PaRTS internal platform to address the current lack of a centralized data collection system for key patient demographics, specifically sexual orientation/sex assigned at birth, by gathering this information during patient admissions via initial patient screenings.

DSH-M has gained insight into providing targeted interventions centered around Language (Spanish), Race/Ethnicity (Black, White, and Hispanic), Sex (Female) and Age (35-64). These include language support, treatment support, resource navigation, training, and education. We will continue to monitor identified healthcare disparities by running quarterly reports to assess the effectiveness of our interventions.

Performance in the priority area

Hospitals are required to provide hospital equity plans that address the top 10 disparities by identifying population impact and providing measurable objectives and specific timeframes. For each disparity, hospital equity plans will address performance across priority areas: person-centered care, patient safety, addressing patient social drivers of health, effective treatment, care coordination, and access to care.

Person-centered care

DSH-Metropolitan is committed to person-centered care and providing individualized treatment that is responsive to each patient’s unique preferences and needs. The patients are at the center of the treatment provided and they are active members of their treatment team, and their input is integrated into care decisions by all team members. Teach-back methods are used to ensure that patients fully understand their treatment planning. Prior to admission, each patient is screened to identify any immediate needs upon admission. Following admission, each patient is assessed by a host of providers including psychiatry, psychology, social work, rehabilitation therapy, dietary, educational. Other specialized assessments and services are available should a patient have a

preference including a gender brief assessment, PT/OT evaluation, spiritual services, substance recovery services, and cognitive rehabilitation.

To increase knowledge and awareness, staff are mandated to complete a variety of diversity awareness and culturally competent trainings including EEO, Trauma Informed Care, LGBTQ upon hiring and on a yearly basis. There are also a variety of other trainings that are offered including an annual Multicultural conference, Racial Justice and Equity Trainings, and JEDI speaker series. These trainings all provide relevant and current information about diversity and its impact on treatment planning and implementation and provide a place to initiate dialogue and conversations among team members.

Patient safety

DSH-Metropolitan has ongoing efforts in promoting and maintaining a culture of safety across all levels of care. Grounded in regulatory standards and aligned with the Department's strategic goals, DSH-Metropolitan identifies, reports, analyzes, and responds to patient safety events, both proactively and reactively. The hospital's aim is a multidisciplinary approach to risk reduction, achieved through structured reporting systems, daily safety reviews, incident investigations, and corrective action planning. A CNS/HSS Morning Management Meeting is held as a Patient Safety Committee, bringing together executive leadership, clinical administrators, nursing, compliance officers, and safety personnel to review all reported incidents and monitor the implementation of safety interventions on a daily basis. Risk management is done at various levels to assess, monitor, and be responsive to incidents as well as identify trends and areas of focus.

DSH-Metropolitan emphasizes a Just Culture that supports transparent communication and non-punitive reporting from staff, patients, and visitors alike. All reported events are documented in the WaRMSS Incident Management System and reviewed in accordance with applicable laws and administrative directives.

Mandatory training and ongoing education are key components of the safety strategy, ensuring staff are equipped with the knowledge and skills needed to support safe and effective patient care. In addition, DSH-Metropolitan commits to annually reviewing and updating policies and procedures, both those governed by law and those implemented internally, to reflect best practices and lessons learned. This reaffirms DSH-Metropolitan's commitment to delivering safe, high-quality care in a secure environment for all patients, while fostering a workplace culture that values equity, accountability, learning, and continuous improvement.

Addressing patient social drivers of health

DSH-Metropolitan recognizes that beyond clinical care, a patient's environment and social conditions can impact the effectiveness of treatment outcomes. In order to assess for these unique needs systematically, the Social Work department completes a Health-Related Social Needs screening tool to identify needs related to housing, food, transportation, and other needs. When specific needs are identified, they are then incorporated into the discharge planning process and documented as recommendations for aftercare. DSH-Metropolitan uses a "Backpack Program" which provides patients who are discharging into the community a backpack to store important documents as well as a variety of toiletry items, snacks, and other essentials to aid their transition back into the community.

A significant challenge in our system is the high rate of patients who return to the judicial system upon discharge rather than integrating into the community which creates significant barriers to effective discharge planning and community-based aftercare. This legal commitment also impacts

the timing and process of admissions and readmissions, and these patients often remain under state supervision after discharge. Therefore, standard measures for follow-up or readmissions may not fully reflect the efficacy of discharge planning and aftercare services provided. One of the measures that DSH has taken to address this is the referral of our patients to CARE Court which is a civil court system that provides court-ordered treatment and services, including housing, to individuals with severe mental illness for discharging patients, helping them return to the community with greater resources and support.

Effective treatment

Each patient who is admitted to DSH-Metropolitan receives individualized treatment that is evidence based, timely and appropriate regardless of background, gender, age, disability and/or payor. This treatment is monitored and targeted quality improvement initiatives are created out of any area that patients are receiving less than optimal care. Certain targeted areas are presented, reviewed, and monitored at the hospital's Quality Council, our highest oversight at the hospital level.

The Spanish treatment coordinator provides essential clinical support and assists unit treatment teams with delivering specialized services. The coordinator also facilitates a hospital-wide Spanish treatment program called Sin Barreras ("Without Barriers") which is dedicated to serving monolingual Spanish-speaking patients. Patients are also offered treatment materials in Spanish and numerous vital documents have been translated into the top five threshold languages, as outlined in the DSH Language Access Plan and the CalHHS Language Access Policy, enabling our patients to review essential documents in their preferred languages. A comprehensive list of Bilingual Certified employees are available throughout various shifts and various days to provide in-person translation services. Additionally, staff have access to Language Link, an external vendor, to provide 24-hour per day, 7 days per week access to professional language interpretation services.

Care coordination

DSH-Metropolitan begins discharge planning upon admission of a patient. The treatment team, along with the patient, works together to identify any barriers to discharge and then formulates a treatment plan to address those barriers. These barriers are assessed not only while hospitalized but anticipated barriers upon discharge. The social worker, along with the treatment team, works to identify aftercare needs and works with family members, county case workers, conservators, public guardians, public defenders, advocates, and the courts to address any barriers to obtaining recommended aftercare services.

Access to care

DSH-Metropolitan has a strong commitment to ensuring equal access to care for all patients. Our focus is to minimize systematic barriers for patients to access and receive treatment. We have actively worked to provide services in a variety of languages and adapted to various learning styles to ensure that patients are able to actively participate in their treatment. Treatment is adjusted based on feedback from the patient to increase adherence to prescribed treatment.

As part of our commitment to specialized care and being responsive to the health care disparity identified, we have expanded services to provide more timely care for women by creating three dedicated treatment spaces as all female units. Additionally, they have been staffed by female psychologists to better meet the specific needs of this population. Cognitive rehabilitation groups (FREE groups) have also been offered on those units to support cognitive issues.

Disparity 1: Readmission_IPF — Spanish Patients

SMART Goal: DSH-Metropolitan will use a live translator, Language Link, or Translate Live into 100% of treatment team meetings for monolingual Spanish speakers.

Target Completion Date: December 31, 2025

Measurement Method: This will be documented in the treatment plan.

Disparity 2: MHD_Readmission — Black Patients

SMART Goal: All patients who identify as Black will be screened for referral to CARE Court for follow-up and continuity of care upon discharge.

Target Completion Date: Quarterly

Measurement Method: Social Work department will document assessment and number of patients that were referred for CARE Court.

Disparity 3: MHD_Readmission — White Patients

SMART Goal: All patients who identify as White will be screened for referral to CARE Court for follow-up and continuity of care upon discharge.

Target Completion Date: Quarterly

Measurement Method: Social Work department will document assessment and number of patients that were referred for CARE Court.

Disparity 4: MHD_Readmission — Female Patients

SMART Goal: Female bed capacity will be monitored and adjusted at DSH-Metropolitan to ensure that female patients get targeted gender-specific and timely treatment and are not placed on a long waitlist. This will be done on a quarterly basis in collaboration with the Patient Management Unit.

Target Completion Date: December 31, 2025

Measurement Method: Patient Management Unit will monitor the number of days spent on the waitlist prior to admission into a treatment program.

Disparity 5: SUD_Readmission — Spanish Patients

SMART Goal: All patients that identify as monolingual Spanish speaking will be assessed for placement in the Spanish treatment group programming which includes substance abuse treatment.

Target Completion Date: December 31, 2025 and Quarterly thereafter

Measurement Method: Assessment will be documented, and group enrollment tracking will be done by the Enhancement Services department.

Disparity 6: SUD_Readmission — Other Language Patients

SMART Goal: DSH-Metropolitan will use a live translator, Language Link, or Translate Live into 100% of treatment team meetings for non-English speakers.

Target Completion Date: December 31, 2025

Measurement Method: This will be documented in the treatment plan.

Disparity 7: CO_Readmission — Spanish Patients

SMART Goal: All patients that identify as monolingual Spanish speaking will be assessed for placement in the Spanish treatment group programming which includes substance abuse treatment.

Target Completion Date: December 31, 2025 and Quarterly thereafter

Measurement Method: Assessment will be documented, and group enrollment tracking will be done by the Enhancement Services department.

Disparity 8: SUB3a_Treatment_Accepted — Hispanic Patients

SMART Goal: DSH Metropolitan will review all policies related to discharge planning, community reintegration, and prescribing practices to ensure equitable access to care for all patients discharged from the facility by 6/30/2026. Leadership will identify any existing gaps in policy related to inequitable care or access to resources and revise applicable policies by 12/31/2026.

Target Completion Date: December 31, 2026

Measurement Method: Documented in the discharge and aftercare planning

Disparity 9: SUB3a_Treatment_Accepted — Age 35-49

SMART Goal: DSH Metropolitan will review all policies related to discharge planning, community reintegration, and prescribing practices to ensure equitable access to care for all patients discharged from the facility by 6/30/2026. Leadership will identify any existing gaps in policy related to inequitable care or access to resources and revise applicable policies by 12/31/2026

Target Completion Date: December 31, 2026

Measurement Method: Documented in the discharge and aftercare planning

Disparity 10: SUB3a_Treatment_Accepted — Age 50-64

SMART Goal: DSH Metropolitan will review all policies related to discharge planning, community reintegration, and prescribing practices to ensure equitable access to care for all patients discharged from the facility by 6/30/2026. Leadership will identify any existing gaps in policy related to inequitable care or access to resources and revise applicable policies by 12/31/2026

Target Completion Date: December 31, 2026

Measurement Method: Documented in the discharge and aftercare planning

DSH-Metropolitan recognizes the need to address contributing factors. However, the current lack of an EHR, as described above, limits the available data for accurately determining these factors. The proposed goals will be monitored for effectiveness and adjusted to target other potential factors if they do not adequately address the identified healthcare disparities.

Methodology Guidelines

Did the hospital follow the methodology in the Measures Submission Guide? (Y/N)

Y

Patient and Community Engagement

Quarterly Family and Friends group that provides information and support to friends, families, advocates, community members and other collateral supports.

Annual patient satisfaction surveys

Monthly Patient Council meetings

Monthly meetings with Patient's Rights Advocates and Executive Director's office

LEADERSHIP REVIEW & APPROVAL

Prepared By: Purvi Shahpatel-Nguyen, Assistant Executive Director

Signature: *Purvi Shahpatel-Nguyen* Date: 2.5.26

Approved By: Christopher Blebu, Executive Director

Signature: *Christopher Blebu* Date: 2.5.2026