

California Department of
State Hospitals

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

Department of State Hospitals – Metropolitan

2026

California Department of
State Hospitals

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SECTION 1 — ORGANIZATION INFORMATION

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Reporting Period: 2025

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DSH-Metropolitan is a state psychiatric hospital providing inpatient psychiatric treatment to a specialized patient population, including individuals admitted pursuant to statutory and forensic commitments. The hospital provides multidisciplinary treatment designed to address psychiatric, medical, psychosocial, rehabilitative, and discharge-planning needs.

SECTION 2 — DATA LIMITATIONS & CONTEXT

The analyses highlight that current DSH-M 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 potential patient care disparities.

Part of DSH's strategic plan is to implement the Continuum-EHR. We are in the solution configuration stage of the project with the chosen vendor and anticipate implementation in 2027. The Continuum-EHR solution will allow the DSH hospital system

to utilize comprehensive data to focus on areas of growth and performance improvement. On a local level, DSH-M is onboarding an EHR specialty team that will assist in the transition process and provide ongoing clinical training.

In addition to the EHR, DSH modified specific clinical forms to address the current lack of a centralized data collection system for key patient demographics, specifically sexual orientation/gender identity, by gathering this information during patient admissions via initial patient screening and assessment. Until the implementation of the EHR solution, patient assessments and information collection will continue manually.

There are other limitations to consider regarding the application of the HCAI identified measure guidelines at this hospital. The patients at DSH-M are legally committed, which is a constraint to admission and discharge timelines. Additionally, small patient populations restrict the statistical power of certain measures. However, we will continue to monitor the core quality measures to assess the effectiveness of our interventions.

SECTION 3 — IDENTIFICATION OF DISPARITIES

Methods Used to Identify Disparities:

A comprehensive analysis of the data available for the core quality measures was performed. The review used the applicable rate-ratio methodology and demographic and social-factor stratification. Based on the hospital's application of the applicable HCAI reporting criteria, no reportable disparities were identified for this reporting period. All results in the supplied prioritized table were masked. Therefore, the findings do not establish either confirmed disparities or equivalent outcomes among all patient groups. The masked results will be monitored as potential signals and reviewed further where permitted.

Ranked List of Identified Disparities:

N/A- no reportable disparities were identified by the hospital under the applicable HCAI reporting criteria for this reporting period

SECTION 4 — PERFORMANCE ACROSS SIX PRIORITY CARE AREAS

This section provides an overview of performance in HCAI's six priority care areas and highlights equity implications.

1. Person-Centered Care

Key Practices and Metrics:

• Interdisciplinary treatment teams develop individualized treatment plans based on assessed clinical needs, with consideration of patient preferences, cultural background, language and communication needs, clinical functioning, legal circumstances, and other relevant factors.
• Patients are provided opportunities to participate in treatment discussions and planning consistent with clinical needs and level of functioning.
• Metropolitan maintains multiple language-access resources, including contracted telephone and video interpretation through Language Link, certified bilingual staff, and TranslateLive handheld devices that can support brief real-time communication with patients.
• The hospital maintains a bilingual provider list that currently includes 10 staff members certified to provide bilingual language services.
• Metropolitan has an ongoing initiative to translate patient-facing forms that require patient review or signature, including releases of information and advance health care directives, into languages identified as having the greatest patient need.
• The Transgender Treatment Advisory Committee provides specialized assessment for incoming patients identified as transgender and offers clinical recommendations to support individualized treatment needs.

• Metric / measurable indicator: Metropolitan currently maintains a bilingual provider list of 10 staff members certified to provide bilingual language services.
• Metric / measurable indicator: Progress on the patient-facing form translation initiative can be tracked by completion of identified forms in the hospital's prioritized languages.
• Metric / measurable indicator: Incoming patients identified as transgender are referred to the established Transgender Treatment Advisory Committee assessment process, as applicable.

Equity Maintenance / Improvement Opportunities

• Continue use of established interpretation and communication resources and the ongoing patient-form translation effort.
• Continue specialized assessment and clinical recommendations for transgender patients through the existing advisory structure.
• Use existing patient feedback, patient-rights, clinical, and quality processes to identify concerns that may warrant equity-focused review.

2. Patient Safety

Key Practices and Metrics:

- Patient safety is addressed through established assessment, treatment planning, monitoring, incident review, and quality-improvement processes.
- Clinical teams assess individual risk and safety needs and adjust treatment interventions as clinically indicated.
- Language and communication resources support patients' ability to understand and participate in care-related communication.
- Metric / measurable indicator: Number and percentage of identified patient-facing forms translated into the hospital's designated high-need languages, with progress tracked as the translation initiative continues.

Equity Maintenance / Improvement Opportunities

- Continue established safety and quality-review processes.
- Consider language, communication, demographic, or other equity-related information when relevant patterns emerge through existing review processes.

3. Addressing Social Drivers of Health (SDOH)

Key Practices & Metrics

- Social workers and interdisciplinary teams assess psychosocial, family/support, benefits, placement, continuity-of-care, and other factors relevant to treatment and discharge.
- Discharge planning may require coordination with counties, courts, community providers, placement entities, family/support systems when appropriate and authorized, and other agencies.
- The 30-day psychosocial assessment and annual Social Work assessment have been updated to collect required SOGISC information as part of ongoing patient assessment.
- Metric / measurable indicator: Percentage of required 30 day psychosocial and annual Social Work assessments completed withing the applicable timeframe that include collection of required SOGISC Information.

Equity Maintenance / Improvement Opportunities

- Continue individualized psychosocial assessment and discharge planning.
- Maintain prospective collection of required SOGISC information through established Social Work assessment processes.
- Identify hospital-actionable barriers through existing care-coordination processes while distinguishing them from legal, placement, or other external constraints.

4. Effective Treatment

Key Practices & Metrics

- Psychiatric and behavioral health treatment is based on individualized clinical assessment and delivered through interdisciplinary treatment teams.
- Metropolitan operates a specialized Spanish Competency, Treatment and Recovery Program that provides competency-restoration and other clinical services for monolingual Spanish-speaking patients.
- The Transgender Treatment Advisory Committee provides gender-related assessments and clinical recommendations for incoming patients identified as transgender.
- Metropolitan is participating in statewide clinical and policy work related to medication-assisted treatment (MAT) for patients with opioid or alcohol use disorders. Within the appropriate clinical governance structure, the hospital is evaluating opportunities to strengthen assessment for MAT and access to clinically indicated medications, including continuity of medication at discharge when appropriate.
- Metric / measurable indicator: MAT-related assessment, access, and discharge-continuity practices will be evaluated through the applicable Psychiatry and statewide clinical/policy processes as guidance and hospital practices develop.
- Metric / measurable indicator: Number and percentage of identified monolingual Spanish-speaking patients who receive services through the Spanish Competency Treatment and Recovery Program.

Equity Maintenance / Improvement Opportunities

- Maintain linguistically responsive clinical services for monolingual Spanish-speaking patients.
- Continue specialized transgender-care assessment and recommendations through the existing advisory committee.

- Continue participation in statewide MAT policy and clinical discussions and evaluate appropriate opportunities to strengthen access consistent with statewide policy and clinical standards.

5. Care Coordination

Key Practices & Metrics

- Care coordination and discharge planning occur throughout hospitalization according to individual needs and anticipated disposition.
- Treatment teams coordinate with external entities involved in legal status, disposition, placement, and continuity of care as appropriate.
- Patient-facing translated forms and interpretation resources support communication during treatment and transition planning.
- When MAT is clinically indicated, continuity of medication at discharge is an area of ongoing clinical and policy review.
- Metric / measurable indicator: Percentage of patients with an identified discharge or care-coordination need for whom the applicable referral, placement, benefits, or external-agency coordination activity is documented in the treatment record.

Equity Maintenance / Improvement Opportunities

- Continue multidisciplinary discharge and transition planning.
- Continue efforts to make key patient-facing forms available in identified high-need languages.
- Route recurring hospital-actionable coordination barriers to the department, committee, or leadership structure responsible for the applicable process.

6. Access to Care

Key Practices & Metrics

- DSH-Metropolitan provides inpatient psychiatric, nursing, medical, rehabilitative, psychosocial, and other services according to assessed needs and available hospital resources.
- Language Link provides contracted telephone and video interpretation across a broad range of languages.
- TranslateLive devices provide an additional tool for brief real-time communication between staff and patients when appropriate.
- The hospital maintains 10 staff members certified to provide bilingual language services, and the Spanish Competency, Treatment and Recovery Program provides specialized clinical services to monolingual Spanish-speaking patients.
- Metric / measurable indicator: Metropolitan maintains three established language-access modalities: contracted telephone/video interpretation, certified bilingual staff, and supplemental TranslateLive technology, in addition to specialized Spanish-language clinical programming.
- Metric / measurable indicator: The bilingual provider list currently includes 10 certified staff members.

Equity Maintenance / Improvement Opportunities

- Maintain access to established professional interpretation, certified bilingual staff, and supplemental communication technology.
- Continue the patient-facing form translation initiative based on identified language needs.
- Consider access concerns identified through existing clinical, patient-rights, quality, or operational processes for appropriate follow-up.

SECTION 5 — CONTRIBUTING FACTORS

Although no HCAI-identified Top 10 disparities are reportable for this cycle, the following characteristics of DSH-Metropolitan's care environment are relevant to ongoing health-equity assessment:

1. Legal Commitment and Forensic Care Environment

• Admissions, treatment timelines, discharge, and post-hospital disposition may be influenced by statutory requirements, courts, counties, and other external entities.
• Extended hospitalization and specialized forensic treatment can affect care planning and transition processes.

2. Limited Integrated Electronic Health Record Infrastructure

• The absence of a fully integrated EHR limits efficient aggregation and analysis of clinical and demographic information.
• Continuum EHR implementation is projected to begin in Fall of 2027 and is expected to improve future data availability and analytic capacity.

3. Small-Number Reporting Limitations

• HCAI small-number masking protects patient confidentiality but may limit the ability to calculate or publicly report rate ratios for some demographic groups.
• Absence of a reportable HCAI disparity should not be interpreted as proof that no equity opportunities exist.

4. Complex Clinical Needs

• Patients may have co-occurring psychiatric, medical, substance-use, cognitive, behavioral, trauma-related, and psychosocial needs requiring multidisciplinary care.

5. Language and Communication Needs

• Patients may have diverse language, literacy, cognitive, or communication needs that require individualized support and appropriate language-assistance resources.

6. Transition-of-Care Complexity

• Discharge and community transition may depend on legal requirements, county coordination, placement availability, community resources, and other external systems.

7. Inclusive Demographic Data Collection

• The hospital completed a hospital-wide SOGISC data-collection effort for the current inpatient population and incorporated required SOGISC elements into Social Work's 30-day psychosocial and annual assessments for ongoing collection.
• Improved completeness of demographic information can strengthen future assessment of patient needs and equity trends while requiring appropriate privacy protections.

8. Linguistic Diversity and Language Access

• Metropolitan serves patients with diverse language needs and uses professional interpretation, certified bilingual staff, translated documents, and supplemental translation technology to support communication.
• The ongoing translation of patient-facing forms is intended to improve meaningful access to information patients are asked to review or sign.

SECTION 6 — INTERVENTIONS & ACTION PLAN

The plan highlights established Metropolitan practices and improvement activities already underway:

• Continue the ongoing translation of patient-facing forms into identified high-need languages.
• Maintain access to contracted telephone and video interpretation through Language Link, certified bilingual staff, and TranslateLive devices as a supplemental tool for brief communication.
• Maintain prospective SOGISC data collection through applicable hospital processes, including the revised Social Work 30-day psychosocial and annual assessments.
• Continue specialized assessment and clinical recommendations for transgender patients through the Transgender Treatment Advisory Committee.
• Maintain specialized Spanish-language competency-restoration and other clinical services through the Spanish Competency, Treatment and Recovery Program.
• Continue participation in statewide MAT policy and clinical discussions and evaluate opportunities through the responsible clinical governance structure to strengthen

assessment, treatment access, and medication continuity at discharge when clinically indicated.

• Use existing clinical, quality-improvement, patient-rights, operational, and leadership processes to identify and route other equity-related concerns when they arise.

• Incorporate improved data capabilities as DSH information systems, including Continuum EHR, when it becomes available. To make these activities measurable, the hospital will establish a baseline, responsible owner, measurable target, start and completion dates, monitoring frequency, and evidence of completion for each retained intervention. These elements will be reviewed and approved by hospital leadership prior to implementation.

During each applicable HCAI reporting cycle, DSH-Metropolitan will review available Hospital Equity Measures data in accordance with current HCAI reporting and masking requirements to identify reportable disparities or other equity-related findings that may warrant further review.

SECTION 7 — MONITORING & EVALUATION PLAN

DSH-Metropolitan will evaluate the Health Equity Plan primarily through existing hospital structures and documentation associated with the activities described in this plan rather than establishing a separate monitoring program solely for HCAI reporting.

Each activity will be assigned an approved responsible owner, monitoring frequency, performance target, and documentation method. Results and required follow-up actions will be reported through the hospital quality or clinical governance structure.

- Review progress of the existing patient-facing form translation initiative.
- Maintain awareness of the availability and use of established language-access resources and route systemic concerns through the responsible process when identified.
- Confirm continued use of revised assessment processes for required SOGISC data collection.

- Continue existing Transgender Treatment Advisory Committee functions and specialized Spanish-language treatment services.
- Review progress of applicable statewide and hospital MAT policy/clinical work through the responsible clinical structure.
- Review whether new HCAI-reportable disparities are identified in subsequent reporting cycles.
- Revise future Health Equity Plans as warranted by new data, HCAI guidance, or hospital findings.
- Review masked findings and elevated relative ratios at [approved monitoring frequency]. These results will be treated as monitoring signals and not as confirmed disparities.
- Initiate additional review when a finding becomes reportable under applicable HCAI criteria, recurs or worsens across reporting periods, indicates a material access or documentation concern, or involves a serious patient-safety or discrimination concern.
- Document the finding, responsible owner, required action, due date, follow-up measurement, escalation when needed, and final disposition.
- Close an improvement action only after completion evidence has been reviewed and follow-up measurement demonstrates that the hospital-approved effectiveness target was achieved.

SECTION 8 — IMPLEMENTATION TIMELINE OF THE PLAN

For every activity identified as "ongoing," the hospital will identify a baseline date, next milestone, responsible owner, and formal review or completion date. The designation "ongoing" indicates that the activity will continue but does not replace a defined date for evaluating progress and effectiveness.

The implementation timeline reflects ongoing and planned health-equity activities at DSH-Metropolitan. Activities will be carried out through the departments, committees,

and leadership structures with responsibility for the applicable clinical or operational area.

Phase	Action Items	Lead Department	Timeline
1	Continue translation of identified patient facing forms into high-need languages and maintain established language access resources, including professional interpretation, certified bilingual staff, and supplemental translation technology.	LEP Coordinators and applicable departments	Ongoing
2	Maintain SOGISC data collection for incoming patients through established assessment processes and support continued availability of complete demographic information for health-equity reporting.	Social Work/Applicable Departments	Ongoing
3	Continue specialized assessment and clinical recommendations for patients identified as transgender through the Transgender Treatment Advisory Committee.	Transgender Treatment Advisory Committee / Clinical Services	Ongoing
4	Continue participation in statewide policy and clinical work regarding medication-assisted treatment and evaluate opportunities to strengthen assessment, treatment access, and discharge continuity for clinically appropriate patients with substance use disorders.	Psychiatry/ Clinical Leadership	Ongoing

Phase	Action Items	Lead Department	Timeline
5	Review subsequent HCAI Hospital Equity Measures and other available information for emerging health-equity concerns and revise the Health Equity Plan as appropriate.	Standards and Compliance/Hospital Leadership	Annual Reporting Cycle

SECTION 9 — CORE AND STRUCTURAL MEASURES

Core Measures:

- Readmission IPF (30-day IPF readmission)
- MHD Readmission (Mental health Readmission)
- SUB3a Treatment Accepted (Treatment referral)

The corde measures listed above reflect the HCAI reporting framework. DSH-Metropolitan did not identify HCAI-reportable disparities associated with these measures for the current reporting cycle following application of required small-number masking methodology. Accordingly, these measures are not being designated as separate equity performance-improvement initiatives at this time. DSH-Metropolitan will continue to review applicable HCAI measure results in future reporting cycles for reportable disparities or other findings that may warrant further review.

Structural Measures:

Measure	Description	Status	Notes
Interpreter Availability	Multiple language-access modalities available to support communication with	Implemented/ongoing	Language Link provides telephone and video interpretation across a broad range of languages; TranslateLive devices

Measure	Description	Status	Notes
	patients with limited English proficiency		support appropriate brief real-time communication; Metropolitan also maintains a bilingual provider list that currently includes 10 certified bilingual staff.
Translated Patient Materials	Translation of patient-facing forms into identified high-need languages	In Progress	Ongoing initiative includes forms requiring patient review or signature, such as releases of information and advance health care directives.
Inclusive Demographic Data Collection	Collection of required sexual orientation and gender identity information (SOGISC)	Implemented/ongoing	Hospital-wide SOGISC data collection was completed for the existing patient population. Social Work's 30-day psychosocial and annual assessment forms were revised to support ongoing collection for incoming patients.
Specialized Language-Responsive Treatment	Clinical services responsive to the needs of monolingual Spanish-speaking patients.	Implemented ongoing	The Spanish Competency, Treatment and Recovery Program provides competency-restoration and other clinical services to monolingual Spanish-speaking patients.

SECTION 10 — PATIENT AND COMMUNITY ENGAGEMENT

• Patients are provided opportunities to participate in treatment-related discussions and treatment planning consistent with clinical needs and level of functioning.

• Family members and other support persons may participate in treatment and discharge planning when clinically appropriate and authorized. The DSH-Metropolitan Social Work Department hosts quarterly virtual meetings to enable families to receive hospital information, education, and discuss various topics related to wellness and recovery.

• Treatment teams coordinate with counties, community providers, placement entities, and other relevant stakeholders according to individual patient circumstances.

• Existing patient-rights and patient-feedback mechanisms may provide information relevant to opportunities for improvement.

• Language and communication needs are considered in patient participation and education.

The Health Equity Plan does not establish a new patient- or community-engagement program beyond existing hospital structures.

• Patients have access to professional interpretation, certified bilingual staff, translated patient-facing materials, and supplemental communication technology according to need and applicable hospital procedures.

• Collection of required SOGISC information supports more inclusive understanding of the patient population and may inform individualized care when clinically relevant.

SECTION 11 — LEADERSHIP REVIEW & APPROVAL

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