Health Equity Plan

2025

Department of State Hospitals – Patton

November 17, 2025

Health Equity Plan

Signature indicates that a copy of the plan has been provided and responsibility to implement the plan is understood.

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DSH-Patton Treatment and Programs

Department of State Hospitals – Patton (DSH-Patton) is a forensic psychiatric hospital that provides 24-hour inpatient care for persons with mental health disorders, including medical, nursing, rehabilitative, pharmacy, and dietary services. DSH-Patton is licensed as an Acute Psychiatric Hospital (APH) by the California Department of Public Health – Licensing and Certification Unit governed by the provisions of the Health and Safety Code of California and its rules and regulations to operate and maintain Acute Psychiatric Care and Intermediate Care bed classifications.

All treatment programs at DSH-Patton utilize the recovery philosophy offering a broad spectrum of treatment, while fully endorsing the hospital's mission to provide comprehensive clinical services within the context of a biopsychosocial rehabilitation model within an environment of safety and security for all patients, staff and the community in an atmosphere of dignity and respect. As part of our treatment philosophy, we ensure that diversity and cultural needs are consistently integrated into all aspects of mental health care. DSH-Patton recognizes the importance of addressing the unique needs of the patient population by assessing both mental health and psychosocial risk factors that contribute to hospitalizations.

Health Equity Plan Overview:

DSH-Patton's annual Health Equity Plan (HEP) serves as a comprehensive strategy for identifying and addressing the top ten health disparities identified amongst the hospital's patient population. All Acute Psychiatric Hospitals (APH) report their HEP annually to the Department of Health Care Access and Information (HCAI), per Health and Safety Code Sections 127370-127376. These annual reports are required to include measures on patient access, quality, and outcomes by race, ethnicity, language, disability status, sexual orientation, gender identity, and payor. For each disparity, hospital equity plans will address performance across six priority areas: person-centered care, patient safety, addressing patient social drivers of health, effective treatment, care coordination, and access to care.

Performance Data - Top 10 Disparities:

The reporting period for DSH-Patton's performance data set is January through December 2024. Disparities for each hospital equity measure are identified by comparing the rate ratios of 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.

2024 Performance Data					
Measures		Stratification	Reference Group	Reference Rate	Rate Ratio
1.	The number of inpatient admissions to an Inpatient Psychiatric Facility (IPF) which occurs within 30 days of the discharge date of an eligible index admission.	Race	Asian	***	***
2.	The number of inpatient admissions to an Inpatient Psychiatric Facility (IPF) which occurs within 30 days of the discharge date of an eligible index admission.	Race	Asian	***	***
3.	The number of inpatient admissions to an Inpatient Psychiatric Facility (IPF) which occurs within 30 days of the discharge date of an eligible index admission.	Age	35-49	0.0	***
4.	The total number of all-cause 30-day unplanned readmissions for substance use disorders.	Race	Asian	***	***
5.	The total number of all-cause 30-day unplanned readmissions for co-occurring disorders.	Race	Hispanic	0.0	***
6.	The number of patients received a prescription	Race	Asian	***	***

2024 Performance Data					
Measures		Stratification	Reference Group	Reference Rate	Rate Ratio
	at discharge for medication for treatment of alcohol or drug use disorder or a referral for addictions treatment.				
7.	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.	Race	Asian	***	***
8.	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.	Age	>65	0.0	***
9.	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.	Age	>65	0.0	***
10.	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.	Language	Spanish	***	***

Overall Analysis:

Disparity 1~3: The number of inpatient admissions to an Inpatient Psychiatric Facility (IPF), which occurs within 30 days of the discharge date of an eligible index admission.

- Disparity group(s): Black, White, Age 50-64
- Best Performing Reference Group: Asian, Age 35-49

Disparity 4: The total number of all-cause 30-day unplanned readmissions for substance use disorders.

- Disparity group(s): White
- Best Performing Reference Group: Asian

Disparity 5: The total number of all-cause 30-day unplanned readmissions for co-occurring disorders.

- Disparity group(s): White
- Best Performing Reference Group: Hispanic

Disparity 6~10: 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 disparity groups received more medications than the Best Performing Reference Groups).

- Disparity group(s): Black, White, 18-34, 50-64, Language Other
- Best Performing Reference Group: Asian, >65, Spanish

DSH-Patton 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.

Challenges Identified:

DSH-Patton has reviewed the 2024 data set and after careful analysis, the workgroup has determined the measures identified are not designed and do not align with the scope of our facility, services or population and therefore have limited applicability. The data set as currently structured contains significant limitations and does not yield actionable or meaningful conclusions. Based on the reference rate, the disparities appear to be minimal and do not demonstrate a meaningful difference. Despite this limitation, DSH-Patton is committed to advancing and addressing health equity

Due to the unique nature of our hospital and the avenues in which patients are admitted and discharged, it is very difficult to generate useful or statistically meaningful data to

address the goal of this initiative. For example, very few of our patients return to the hospital within 30 days of discharge. When a patient does return, the process typically involves a court order, revocation from conditional release programs, or return from jail or court hearing, all of which generally exceed 30 days.

Action Plan:

Despite data, legal and structural limitations, DSH-Patton mental health treatment remains focused on addressing the social and cultural disparities that may affect a patient's transition and reintegration. Our treatment model is client-centered and grounded in the values of empowerment and self-determination. Patients are active participants in their treatment planning though a multidisciplinary treatment approach.

When discharges occur at DSH-Patton, there is a very involved planning process and coordination with community partners or stakeholders. For all patients directly discharged back into the community a 30-day medication supply is provided, including Narcan when indicated and appropriate. Discharge summaries include notes from psychiatrists, social workers, and nursing staff. DSH-Patton collaborates closely with community and county agencies to address needs such as housing, medical and psychiatric follow-up, financial support, family engagement and continuity of care. This includes clinical handoffs to receiving agencies, family members or residential facilities as appropriate.

Patients with Opioid Use Disorder that are on medication(s) when they are admitted will continue to receive medication(s) throughout their stay and upon discharge, unless the patient chooses to discontinue use. As of April 2025, Narcan is added to the discharge medication supplies to ensure Narcan is available to our patients post-discharge, out in the community.

All patients are admitted to DSH-Patton on an involuntary basis following an adjudication process. Some patients are deemed Incompetent to Stand Trial (IST) while others are admitted under Not Guilty by Reason of Insanity (NGRI) or other forensic and civil commitments. Discharge for majorities of patients also requires a judication process and depending on the court's determination, a patient may be returned back to jail, transferred to a conditional release program, or discharged directly into the community.

While we fully acknowledge that social cultural disparities can impact post-discharge success, the number of cases that would allow meaningful quantitative analysis remains too low to support wide scale policy changes. Nevertheless, DSH-Patton continues to integrate evidence-based, recovery oriented and culturally responsive practices to promote equitable mental health outcomes for all patients under our care.

Performance Priority Areas:

DSH-Patton will continue to address disparities through reviewing existing processes, improving data analysis to address accurate and identified disparities, and will continue to evaluate and to develop measurable goals and objectives with a multidisciplinary approach. Currently, DSH-Patton has addressed equity practices in the following six (6) performance priority areas.

1. Person Centered Care

DSH-Patton is dedicated to delivering care that prioritizes our patients' unique needs, values, and preferences. DSH-Patton welcomes a variety of perspectives, lived experiences, cultures, identities, and abilities so team members and patients feel included and valued. DSH-Patton's core values include treating everyone with courtesy and respect and improving equitable access and outcomes for all. Our goal is to provide a structured, safe, and equitable process for transitioning forensic patients from inpatient care to the community or lower levels of care, ensuring legal compliance, continuity of treatment and protection of the public and the patient.

DSH-Patton uses an interdisciplinary team approach and incorporates a biopsychosocial-spiritual treatment orientation to provide high quality evidence base treatment. Our care starts with individualized treatment planning for each patient. Our mental health professionals develop individual treatment plans based on each patient's history, culture and cognitive capacity. Our treatment modalities such as psychosocial groups help patients develop an understanding of their mental illness and the recovery process. DSH-Patton clinicians incorporate elements of the patient's culture, language and beliefs systems that affect a patient's understanding of their illness. We believe this holistic approach help patients view their illness within a familiar cultural context to reduce stigma and decrease isolation.

Trama informed treatment is an important treatment perspective for DSH-Patton. We recognize the deterministic nature of people's lives and acknowledge that past trauma (personal, cultural, societal) impacts a person's life today. DSH-Patton makes an effort to train our staff to manage these factors so we can create an environment that does not retraumatize patients.

Patient engagement is a key principle in our practice. We involve the patient and their support systems in the decision process such as therapy approaches, medication options, lifestyle changes, symptom management and overall self-empowerment in deciding their treatment goals. Each patient who is discharged directly into the community from DSH-

Patton is provided with a comprehensive list of community resources and emergency contact numbers, including suicide prevention and crisis intervention hotlines. As part of the discharge process, social workers and DSH-staff prepare individualized discharge plans in collaboration with the patient and incorporate the Wellness Recovery Action Plan (WRAP). The WRAP identifies personal triggers, high-risk situations, coping strategies, available resources, and specific actions to be taken in the event of a crisis.

DSH-Patton upholds the principle of self-determination, respecting each patient's autonomy in decision-making regarding their treatment and recovery. The Treatment Team emphasizes the importance of patient education and empowerment, enabling individuals to make informed choices, and developing strategies to reduce the occurrence of rehospitalization.

2. Patient Safety

DSH-Patton's mission is to provide evaluation and treatment for individuals with complex behavioral health needs in a safe, equitable, and responsible manner, by leading innovation and excellence across a continuum of care. Our goal is to foster a therapeutic system of care that addresses the physical, emotional, and environmental needs of patients and team members.

It is the policy of DSH-Patton to have a Safety Program in effect to provide a safe, secure, clean, healthy, therapeutic, and functional environment for staff, patients, and visitors. Patient injury and illness prevention shall be the first consideration in the achievement of effective and efficient management of all programs, departments, and work activities. Each employee is responsible for staff and patient safety by knowing and following all safety policies and procedures.

An important part of the discharge planning process is ensuring safety for both the patient and the community. The key factors that DSH-Patton takes into consideration when developing a discharge plan for safety include, but are not limited to, completing a risk assessment, incorporate the Wellness Recovery Action Plan (WRAP) to identify triggers, high risk situations, coping strategies, and actions to be taken in the event of a crisis, , and coordination with community resources.

Interdisciplinary teams evaluate the patient's risk for violence, self-harm, or relapse, and take into consideration environmental risks of the discharge location. The discharge process covers medication management, clear instructions for ongoing treatment, contacts and resources to utilize in the event of a mental health crisis. When appropriate, communication among healthcare providers, legal authorities, and supportive networks is initiated to reduce adverse events and ensure a safe transition back into the community.

DSH-Patton is committed to fostering strong partnerships and effective collaborations with community stakeholders to ensure successful transitions of forensic patients into the community. Through monthly meetings with the Public Guardian's Office and County Mental Health Services, we engage in joint case reviews to evaluate patient needs, prioritize medical, psychosocial and psychiatric care and identify appropriate community placements. This collaborative approach promotes continuity of care, supports recovery and reintegration and ensures that patients receive the necessary resources and support for long-term stability and safety in the community.

3. Addressing Patient Social Drivers of Health

DSH is working to develop and improve data collection on social drivers of health to address disparities. DSH is in the process of implementing an Electronic Health Record (EHR) to address the various data collection related issues. DSH organization is establishing a standardized methodology within the Patient Reservation Tracking System (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 the initial patient screenings.

As part of the hospital quality improvement activities, DSH-Patton has developed a Healthcare Equity workgroup to meet The Joint Commission (TJC) Hospital National Performance Goal (NPG) 4, which aims to prioritize health care equity. This workgroup is designed to assess patients' health-related social needs (HSRNs), identify health care disparities within our patient population through stratifying quality and safety data using sociodemographic characteristics, and develop a targeted action plan to achieve improvement in health care equity. At least quarterly, the workgroup reports the progress to the Quality Council.

4. Effective Treatment

Upon admission, each patient is assigned to a multidisciplinary Treatment Team consisting of treating Psychiatrist, Psychologist, Rehabilitation Therapists (RT), Clinical Social Worker (CSW), Registered Nurse (RN), and Psychiatric Technician (PT). When clinically indicated, additional staff working with the patient will be included as part of the treatment team (e.g., teacher, dietitian, therapist, etc.). Treatment Team members regularly assess, provide clinical interventions, and respond to patient needs.

Treatment planning includes forensic evaluations, incorporating evidence-based practices across the continuum of care to improve patient outcomes. Treatment goals include fostering an inclusive environment and trauma-informed treatment culture that promote equity, autonomy, resilience, transparency and empowerment. In addition, treatment

planning focuses on optimizing the quality of forensic evaluations by using best practices, debiasing strategies, and cultural competence and humility.

5. Care Coordination

At DSH-Patton, discharge planning begins upon admission and includes an assessment of the patient's needs and identification of available resources and supports which are reassessed and updated throughout the patient's hospitalization. Discharge planning is a joint effort of the Treatment Team, patient, family/significant other(s), Discharge Planning and Community Integration Department (DPCID), Forensic Evaluation Department (FED) and relevant agencies involved in the patient's treatment. When applicable according to commitment type, treatment teams in conjunction with the CONREP liaisons and CONREP will establish initial discharge criteria in the Initial Collaboration meeting.

The intent of DSH-Patton is, with the patient's consent, to actively solicit participation of family members in treatment discussions with the patient's Interdisciplinary Treatment Team to promote communication with treatment providers and support and advocate for the patient. Family participation is encouraged to the extent permitted by the patient with the goal to increase treatment compliance by identifying special needs related to culture, race, or socioeconomic status. Families often play a vital role in bridging gaps in the patient's psychosocial needs, which can result in better recovery outcomes.

The discharge Social Workers collaborate closely with the other members of the interdisciplinary treatment team, the patient, their family (when available) and county mental health agencies in the receiving community. Together, they identify the patient's needs and ensure all essential support systems are in place prior to release. This includes securing financial assistance, housing, continuity of care and linkage to community resources. Each patient is provided with appropriate clothing, fifty dollars spending allowance, thirty days of prescribed medications including Narcan, and a complete packet containing the Psychiatry, Social Work and Nursing discharge summaries, as well as a detailed list of current medications and dosages. DSH-Patton works with the receiving agencies or family to arrange transportation for patients.

6. Access to Care

DSH-Patton is committed to ensuring timely and equitable access to care by our patients upon discharge which is influenced by multiple factors including commitment codes, availability of services, and coordination of care. DSH-Patton does not provide partial hospitalization, outpatient services, or accept voluntary admissions. DSH - Patton admits and discharges patients based on a court order through a judication process.

DSH-Patton engages with community partners to ensure proper and safe community transition. For example, our Transitional Level of Care (TLOC) meeting is a collaboration between DSH-Patton, the County Public Guardian's Office (PG) and the County Department of Mental Health (DMH) aimed at increasing the referrals and discharges for LPS patients to a lower level of care. DSH-Patton collaborates with the LPS Liaison on ways to remove systemic barriers between our agencies and to help improve discharge rates and processes of our LPS population.

DSH-Patton also engages in the Community Assistance, Recovery, and Empowerment (CARE) Act Program. This is a collaborative initiative between DSH and County Behavioral Health (CBH) departments. The program is intended to provide coordinated, community-based services to individuals diagnosed with schizophrenia, schizoaffective disorder, or other psychotic disorders. The overarching objective of the CARE Act is to reduce recidivism and strengthen discharge planning for individuals transitioning from state hospitals to community settings during their first-year post-hospitalization.

Whenever possible and with patient authorization, a clinical hand-off is conducted with any receiving agency, group home, family member, or county partner to promote continuity of care and ensure a coordinated transition to the next level of support.