Long Term Care Services Division
Strategic Plan
Fiscal Years 2009-2012

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MISSION

“Recovery Through Treatment, Rehabilitation, and Enrichment”

The Department of Mental Health (DMH) Long Term Care Services (LTCS) endeavors to support, teach, and treat individuals with serious mental illness, substance addiction, disorders, and forensic issues in a safe environment, so that they can fully appreciate, manage, and overcome the nature and seriousness of their conditions, revive hope in their lives, and recognize their strengths and power to live productive and meaningful lives in their community. DMH believes that the provision of services based on the principles of recovery through treatment, rehabilitation, and enrichment supported by technology, offers these individuals an effective way of achieving their rehabilitation and recovery goals. DMH LTCS is committed to implementing recovery-based psychosocial rehabilitation programs, maintaining the highest standards of care, and providing an atmosphere of creativity and continuous innovation.

VISION

LTCS envisions a Hospital community in which all individuals are offered an opportunity to attain optimal physical and mental health; where mental health, freedom from addiction, and independence are recognized as health goals; where stigma and other barriers to recovery are identified and eliminated; where appropriate and effective recovery interventions are developed, delivered and continually refined; where competence is evident in the quality of services offered, and groups and activities facilitated; where relationships are built on collaboration and trust; where individuals learn new skills or learn to use existing skills in new ways to enhance the quality of their lives; and where attitudes embody the belief that a person can change, regardless of impairments, and that an individual's process of change is facilitated by support, involvement, hopefulness, and therapeutic competence of others.

CORE VALUES

The LTCS believes and supports the Core Values developed in 2003 by the Substance Abuse & Mental Health Services Administration (SAMHSA), President's New Freedom Commission on Mental Health. SAMHSA is a public health agency within the Department of Health and Human Services. The agency is responsible for improving the accountability, capacity and effectiveness of the nation's substance abuse prevention, addiction, treatment and mental health services delivery system.

Self-Direction:

Individuals lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.

Individualized & Person-Centered:

There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.

Empowerment:

Individuals have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in so doing. They have the ability to join with other individuals to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.

Holistic:

Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the individual. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for individual access to these supports.

Non-Linear:

Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which an individual recognizes that positive change is possible. This awareness enables the individual to move on to fully engage in the work of recovery.

Strengths-Based:

Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, individuals leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, and employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.

Peer Support:

Mutual support—including the sharing of experiential knowledge and skills and social learning—plays an invaluable role in recovery. Individuals encourage and engage other individuals in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.

Respect:

Community, systems, and societal acceptance and appreciation of individuals—including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery. Self-acceptance and regaining belief in one's self are particularly vital. Respect ensures the inclusion and full participation of individuals in all aspects of their lives.

Responsibility:

Individuals have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Individuals must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

Hope:

Recovery provides the essential and motivating message of a better future— that individuals can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process. Mental health recovery not only benefits individuals with mental health disabilities by focusing on their abilities to live, work, learn, and fully participate in our society, but also enriches the texture of American community life. America reaps the benefits of the contributions individuals with mental disabilities can make, ultimately becoming a stronger and healthier nation.

ETHICS, RIGHTS & RESPONSIBILITIES (RI)

GOAL

Improve the care, treatment, services and outcomes by recognizing and respecting the civil rights of each individual, by seeking and valuing and individual's input, and by conducting business in an ethical manner. Care, treatment, and services will be provided in a way that puts the needs of the individual first, respects and fosters their dignity, builds their self-esteem, and teaches them independence. With the individual's consent, encourage the support of their family and friends. With the individual's consent, include the individual's family and friends in their Wellness and Recovery Plan (WRP). In consultation with internal and external partners, maintain patients' rights. Insure that these rights are protected except as necessary to ensure the safety and security of the facility, security of the individual, staff and public and provide effective treatment in the most appropriate environment.

OBJECTIVES

1. By April 1, 2010, develop a process for a Joint Individuals' Government Meeting with the Executive Directors.

   Responsible: Executive Directors and Clinical Administrators

2. By July 30, 2010, implement the process developed for a Joint Individuals' Government Meeting and present identified issues to the Executive Directors' Council.

   Responsible: Executive Directors and Clinical Administrators

PROVISION OF CARE, TREATMENT & SERVICES (PC)

GOAL

Improve individual treatment outcomes by efficiently and effectively providing services that promote a recovery model of mental health care that is based on the assessed needs of the individual, the reduction of psychiatric symptoms and the increase of adaptive living skills. Complete individual-centered and strength-based evaluations of individuals to guide treatment and provide recovery focused assessments and reports to post-hospital care providers, for civil commitment recommendations to the courts, and to the Board of Prison Terms.

Facilitate coordination and continuity of care from pre-admission to discharge. Improve each individual's recovery outcomes by efficiently and effectively providing services that promote individual-centered inclusion in the WRP and choice in services delivered.

OBJECTIVES

1. By March 31, 2010, develop a report on Skilled Nursing Facility (SNF) level-of-care (LOC) needs within the state hospitals to assist with the management of the growing forensic population with medical profiles.

   Responsible: Clinical Administrators and Hospital Operations & Fiscal Support

2. By June 30, 2010, develop policies and guidelines related to a pandemic flu. Policies and guidelines must be current and include: a pandemic flu plan, contact list for responsible staff, pandemic influenza notice, employee guidance document, memo to stakeholders regarding admissions and transfers, and visitors' and individuals' screening questionnaires.

   Responsible: Executive Directors and Hospital Operations & Fiscal Support

3. By September 30, 2010, the Correctional Services and Support Unit (CSSU) will negotiate and develop a process to review Penal Code (PC) 1370 California Department of Corrections and Rehabilitation (CDCR) inmate placements to DMH and develop a process with CDCR for PC 1370 training, in an effort to decrease the number of individuals on the DMH Wait List.

   Responsible: Correctional Services & Support Unit

4. By December 30, 2010, establish manual/guidelines regarding treatment for transgender individuals.

   Responsible: Office of Human Rights and Clinical Administrators

MEDICATION MANAGEMENT (MM)

GOAL

Improve individual treatment outcomes by effectively and efficiently offering medication and other treatments based on scientific and biologically based assessments, evaluation, and evidence-based treatment.

OBJECTIVES

1. By January 31, 2010, develop a manual for auditing/monitoring Medication Variance Report (MVR) Data.

   Responsible: Hospital Oversight & Monitoring

2. By February 28, 2010, revise the most recent version of Special Order #116, "Approval for Electroconvulsive Therapy" to include an informed consent process.

   Responsible: Medical Directors, Hospital Oversight & Monitoring and Psychopharmacology Advisory Committee (PAC)

IMPROVING ORGANIZATIONAL PERFORMANCE (PI)

GOAL

LTCS shall have a planned, orderly, system-wide approach to process design and performance measurement, assessments, and improvement in order to continuously improve performance and outcomes.

OBJECTIVES

1. By March 31, 2010, provide status reports to complete appointments for Hospital Advisory Boards.

   Responsible: Office of External Affairs

2. By April 30, 2010, CSSU will provide training regarding DMH/CDCR Memorandum of Understanding (MOU) for Acute and Intermediate Care Facility (ICF) LOC to Forensic Coordinators and clinical staff at the psychiatric programs and state hospitals.

   Responsible: Correctional Service & Support Unit

3. By June 1, 2010, state hospitals and psychiatric programs will revise their respective Emergency Operations Procedures (EOP) Manuals and provide a copy to the Chief, Hospital Operations & Fiscal Support.

   The Manuals shall:

   a. Incorporate the Information Technology Disaster Recovery Plan
   b. Provide common language regarding the use of shelter in place and evacuation plans with specific information regarding duration and extent of sheltering or evacuation and establish procedures for contacting identified resources to quickly acquire supplies in the event of an emergency.

   Responsible: Hospital Administrators and Hospital Operations & Fiscal Support

4. Report and review trends based on data collected between October 1, 2009 through June 30, 2010, regarding incidents where a court has ordered an individual returned to a state hospital and released forthwith when the hospital has recommended a Retain and Treat and/or conservatorship, and the county has refused to address and/or denied the conservatorship.

a. By June 30, 2010, utilizing a format provided by LTCS, collect and report monthly data for the period of October 1, 2009 through June 30, 2010, and review data trends.

Responsible: Executive Directors and Hospital Operations & Fiscal Support

b. By July 31, 2010, each hospital will submit a summary report containing: Event date, county, PC classification, hospital recommendation, court action, hospital response/action to court order, estimated cost in staff time related to providing/developing appropriate discharge plans, and impact on individuals.

Responsible: Executive Directors

c. By September 1, 2010, the Deputy Director, LTCS will have provided monthly reports as detailed in Item #4 to the DMH Director for discussion with the Judicial Council as needed.

Responsible: Executive Directors

d. By September 30, 2010, the Deputy Director, LTCS will:

i. Review consolidated data/trends;
ii. Determine if providing information to the Judicial Council has been effective; and, if not,
iii. Determine if DMH should propose legislation that would prohibit a court to order individuals returned to a state hospital and to be released forthwith when the hospital has recommended a Retain and Treat and/or conservatorship (and the county has refused to address and/or denied conservatorship).

Responsible: Deputy Director, LTCS

5. By September 1, 2010, LTCS will provide direction and written clarification regarding the role of LTCS Liaisons for disaster services, in the event of an actual emergency.

Responsible: Deputy Director, LTCS and Hospital Operations & Fiscal Support

6. By September 1, 2010, in accordance with “shelter in place” provisions of state hospital emergency plans, state hospitals will establish a procedure for contacting identified resources to quickly acquire supplies in the event of an emergency.

Responsible: Hospital Operations & Fiscal Support

7. By December 31, 2010, restructure the Standards Compliance Departments to be more in line with the changes in the departments' role, additional staffing needs such as data personnel and adjustment to the classification of the department head.

   Responsible: Executive Directors, Human Resources and Assistant Deputy Director, LTCS

LEADERSHIP (LD)

GOAL

Maintain our role as recognized state and national leaders on issues affecting individuals with mental illness while working towards a more effective mental health system that values recovery, hope and excellence. Ensure that the State-Authorized Risk Assessment Tool for Sex Offenders (SARATSO) reflects the most reliable, objective and a well-established protocol for predicting sex offender risk recidivism, has been scientifically validated with multiple cross-validations, and is widely accepted by the courts.

OBJECTIVES

1. By March 31, 2010, update the "Compendium on Long Term Care Services" to reflect current DMH practices and procedures and to highlight areas of excellence.

   Responsible: Hospital Oversight & Monitoring

2. By March 31, 2010, develop and provide training for hospital staff testifying in court on forensic reports.

   Responsible: Office of Legal Services

3. By February 1, 2010, develop a plan and additional objectives to achieve uniform state hospital Bylaws.

   Responsible: Medical Directors and Hospital Oversight & Monitoring

4. By December 31, 2010, review, revise and update the most recent version of Special Order #115 – "Guidelines for Suicide Prevention."

   Responsible: Hospital Oversight & Monitoring

MANAGEMENT OF THE ENVIRONMENT OF CARE (EC)

GOAL

LTCS management will plan for and provide appropriate housing, treatment space, and replacement of infrastructure to provide a safe, secure, accessible and energy efficient environment for all individuals, staff, and visitors. DMH will continue providing smoking cessation support while maintaining smoke-free state hospitals thereby promoting a healthier, safer environment for all individuals that reside, work and visit the facility.

OBJECTIVES

1. By February 1, 2010, develop a report on Long Term Secure Bed Planning to increase state hospital secure bed capacity to assist with the management of the growing forensic population.

   Responsible: Hospital Operations & Fiscal Support

2. By April 30, 2010, identify specific space or remodeling needs of current space to increase the security of medical records space in the facility program units.

   Responsible: Hospital Administrators

3. By September 30, 2010, complete Request for Proposal (RFP) Process to seek an Infrastructure Needs Study, which will analyze long term solutions for DMH's specialized population growth.

   Responsible: Hospital Operations & Fiscal Support

MANAGEMENT OF HUMAN RESOURCES (HR)

GOAL

Provide qualified, professional, and competent staff in an environment that respects, involves, provides appropriate training and creates opportunities for all staff and design and implement an organizational structure that facilitates the efficient and effective utilization of human resources, consistent with the treatment enhancement plan. DMH will bring Psychosocial Rehabilitation training to state hospitals and psychiatric programs.

OBJECTIVES

1. By December 31, 2009, develop a process to share hiring lists between facilities.

   Responsible: DMH Human Resources and Hospital Administrators

2. By June 30, 2010, create an Equal Employment Opportunity (EEO) Manual for Executive Directors that will identify all EEO related functions and assist in supervising EEO staff.

   Responsible: Office of Human Rights

MANAGEMENT OF INFORMATION (IM)

GOAL

Obtain, manage, and use information to improve the performance of LTCS, its programs, hospitals, and staff in individual care and support services.

OBJECTIVES

1. Quarterly, in compliance with the statewide Information Technology (IT) Acquisition Plan implemented by the Office of the State Chief Information Officer (OCIO), IT staff will follow the designated process to work with LTCS, state hospitals and psychiatric programs staff to determine IT procurement needs prior to submitting each quarterly report.

   Responsible: HQ Information Technology Division, State Hospitals Information Technology Representatives, Procurement, and Hospital Administrators

2. By November 1, 2009, the Hospital Automation Committee (HAC) Charter will be reviewed and approved. The HAC objectives have been updated and are in the proposed version of the HAC Charter.

   Responsible: HQ Information Technology Division

3. By December 31, 2009, the HAC will have updated the DMH Desktop and Mobile Computing Policy.

   Responsible: HQ Information Technology Division

4. By July 1, 2010, DMH will develop a Feasibility Study Report (FSR) for an Electronic Health Record (EHR) system that will be a secure, real-time, point-of-care, individual information resource that allows exchange of an individual's information according to a standards-based model of interoperability.

   Responsible: HQ Information Technology Division

5. By July 1, 2010, the reorganization processes identified within recent management memos issued by the OCIO, will be clarified through an interdepartmental workgroup (comprised of State Hospital and HQ staff) to

include in the DMH's budget process for FY 2011-12. The results of this interdepartmental workgroup will lay out the new reporting structure and transfer of position authority and IT funding from hospitals to HQ to reflect the consolidation of these resources.

Responsible: Assistant Deputy Director, LTCS

6. By August 31, 2010, review the status of the new HAC Charter to ensure that it is compliant with and supports the changes resulting from the IT Reorganization Plan.

   Responsible: Executive Directors' Council and Information Technology Division

7. By December 31, 2010, implement DMH policy directives related to e-mail use and security.

   Responsible: Hospital Oversight & Monitoring and Hospital Administrators' Committee

8. By July 1, 2011, IT will draft an FSR to support the development of an EHR for the State Hospitals and Psychiatric Facilities.

   Responsible: Deputy Director, LTCS and HQ Information Technology Division

SURVEILLANCE, PREVENTION & CONTROL OF INFECTION (IC)

GOAL

Decrease the potential for the spread of, at a minimum, Hepatitis B and Varicella in DMH facilities. (Other vaccine-preventable diseases may be added depending on clinical/epidemiologic data and the availability of resources.)

OBJECTIVES

1. By March 31, 2010, develop a statewide policy relative to infection control to include procedures for the prevention and containment of sexually transmitted diseases and Human Immunodeficiency Virus (HIV). This may involve development of a new Special Order, or revision of an existing Special Order.

   Responsible: Medical Directors

SECURITY

GOAL

Acquire, manage and provide information necessary to measure, monitor, and improve performance regarding internal and perimeter security practices for the purpose of providing a safe and secure treatment environment for individuals and staff, and to protect the surrounding community at each state hospital location and focuses on multiple systems that provide a therapeutic environment including thorough policies and procedures, sound communication structures, alert systems, secure physical spaces and perimeters, and skilled treatment and protective staff.

OBJECTIVES

1. By January 31, 2010, revise the most recent Special Order #912, “Law Enforcement Intervention” to include equipment specification, approved equipment, and equipment disposal process, and utilization of equipment off grounds in public settings.

   Responsible: Hospital Safety & Security and Hospital Oversight & Monitoring

2. By February 28, 2010, provide the equipment specifications for the Executive Directors’ Council regarding the approved equipment, disposal process, standardization of baton types, and the requisite training for each specific type of equipment.

   Responsible: Hospital Safety & Security

3. By March 31, 2010, submit new equipment purchases to the Hospital Administrators’ Committee for review and submission with their recommendation to the Executive Directors’ Council. Final approval will be made by the Executive Directors’ Council.

   Responsible: Hospital Administrators and Hospital Safety & Security

4. By June 30, 2010, complete an analysis of the standard for Peace Officers Standards Training (POST) certification and recommend next steps for Hospital Police Officers (HPOs).

   Responsible: Hospital Safety & Security

5. By June 30, 2010, conduct an annual audit of safety equipment at each state hospital.

   Responsible: Hospital Administrators and Hospital Safety & Security

INVESTIGATIONS

GOAL

State hospitals will review, revise, and implement policies and procedures to ensure the timely, thorough, and complete performance of investigations, consistent with generally accepted professional standards of care.

OBJECTIVES

1. By March 31, 2010, update and prioritize investigations policies, staff compliance, and the Investigation Manual.

   Responsible: Hospital Safety & Security

2. By March 31, 2010, revise Investigators' Management System (IMS) to align with the Investigation Manual.

   Responsible: Hospital Safety & Security

MANAGEMENT OF FISCAL RESOURCES (FR)

GOAL

Provide continuous improvement of fiscal systems, processes, and reporting requirements.

OBJECTIVES

1. By May 31, 2010, develop a new contract procurement process for personal services and operating expenses.

   Responsible: Assistant Deputy, Administration and HQ Contracts Workgroup

2. By August 31, 2010, draft legislative concept to establish a payment methodology to non-contract medical providers using Federal Medicare reimbursement rates (similar to CDCR PC, Section 5023.5).

   Responsible: Assistant Deputy Director, LTCS, and Hospital Operations & Fiscal Support

ACRONYMS USED IN THE LONG TERM CARE STRATEGIC PLAN

CDCR	California Department of Corrections and Rehabilitation
CSSU	Correctional Services & Support Unit
EEO	Equal Employment Opportunity
EHR	Electronic Health Records
EOP	Emergency Operations Procedures
FSR	Feasibility Study Report
HAC	Hospital Automation Committee
HIV	Human Immunodeficiency Virus
HPO	Hospital Police Officer
ICF	Intermediate Care Facility
IMS	Investigators' Management System
IT	Information Technology
LOC	Level-of-care
LTCS	Long Term Care Services
MOU	Memorandum of Understanding
MVR	Medication Variance Report
OCIO	Office of State Chief Information Officer
PAC	Psychopharmacology Advisory Committee
PC	Penal Code
POST	Peace Officers Standards Training
RFP	Request for Proposal
SARATSO	State Authorized Risk Assessment Tool for Sex Offenders
SNF	Skilled Nursing Facility
WRP	Wellness and Recovery Plan