

**EXCELLENCE PROJECT
LONG TERM CARE SERVICES STRATEGIC PLAN
ACCOMPLISHMENTS TO DATE
FY 2004-07**

OBJECTIVE HEADING	STRATEGIC PLAN OBJECTIVE	PERSON RESPONSIBLE for completion	COMPLETION DATE
#1 Ethics, Rights, Responsibilities	Complete the development and implementation of the 880 Patients' Rights Handbook, the Denial of Rights (DOR) Form and revision to the hospitals administrative directive.	Harry Booth and Executive Directors	10/2004
#2 Ethics, Rights, Responsibilities	By January 1, 2005, all patients 21 years of age and under will have up-to-date Therapeutic Behavioral Services (TBS) evaluations.	Mike Tucker and Executive Directors	1/2005
#1 Provision of Care, Treatment & Services	Formalize and initiate a project at Napa State Hospital to create a violence-free, coercion-free environment leading to the reduction of seclusion and restraints, and share successful elements with other DMH state hospitals.	Cindy Radavsky and Dave Graziani	1/2005
#2 Provision of Care, Treatment & Services	Establish CONREP revised admissions criteria in policy.	Jane Woehl Chief of Forensic Services	10/2004

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#6 Provision of Care, Treatment & Services	Each state hospital will have incorporated patients on at least three different hospital committees.	Executive Directors	10/2004
#7 Provision of Care, Treatment & Services	Each state hospital will provide an orientation to patients on the hospital's enhancement plan.	Executive Directors	7/2005
#8 Provision of Care, Treatment & Services	Each state hospital will provide an orientation to interested family members on the hospital's enhancement plan.	Executive Directors	4/2005

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<p style="text-align: center;">#9 Provision of Care, Treatment & Services</p>	<p>Napa State Hospital will fully implement the Self-Identified Healing In a Non-coercive Environment (S.H.I.N.E.) Project designed to create a violent-free, coercion-free environment, leading to the reduction of seclusion and restraints. A roll out plan will be developed and shared with the other DMH state hospitals.</p> <p>First status report will be presented to ED Council March 31, 2005. (Accomplished).</p> <p>Second status report will be presented to ED Council November 17, 2005. (Accomplished).</p>	<p style="text-align: center;">Dave Graziani Executive Directors</p>	<p style="text-align: center;">Closed</p>
<p style="text-align: center;">#1 Medication Management</p>	<p>Each state hospital and psychiatric program will update their plan to improve the quality, appropriateness and efficiency of psychopharmacology. The plan shall be updated annually and submitted to the Deputy Director of Long Term Care Services, and the Department's Medical Director.</p>	<p style="text-align: center;">Executive Directors Medical Directors</p>	<p style="text-align: center;">11/2004</p>

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<p style="text-align: center;">#2 Medication Management</p>	<p>Each state hospital and psychiatric program shall have in place a plan for a pilot program and hospital-wide implementation of an adaptation of the California Medical Algorithm Program (Cal MAP) for the treatment of psychosis.</p> <p>Each plan should address staff training and education, as well as changes in medical records, pharmacy operations, IT support and other hospital operations required for implementation. A mechanism for monitoring the implementation of the algorithm by practitioners should be included. The plan should be reviewed and approved for fidelity by the DMH Medical Director and the Medical Directors' Council.</p>	<p style="text-align: center;">Medical Directors Neal Adams</p>	<p style="text-align: center;">10/2004</p>
<p style="text-align: center;">#6 Medication Management</p>	<p>Improve patient treatment objectives by efficiently and effectively offering medication and other treatments based on scientific and biologically based assessment, evaluation and evidence-based treatment</p>	<p style="text-align: center;">Medical Directors</p>	<p style="text-align: center;">5/2005</p>

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<p style="text-align: center;">#7 Medication Management</p>	<p>The Medical Directors' Council in collaboration with the Psychopharmacology Advisory Committee, and the State Hospitals Medical Staffs, will develop guidelines for the evaluation and management of obesity and of other metabolic consequences of psychopharmacology. In addition, guidelines will be developed for the evaluation and management of at least three (3) of the following conditions. Each State Hospital Medical Staff will have a mechanism in place for the regular, periodic monitoring of these guidelines.</p> <ol style="list-style-type: none"> 1. Chronic obstructive pulmonary disease 2. Diabetes mellitus 3. Hypertension 4. Hepatitis C 5. Allergic Rhinitis 6. Dyslipidemia 7. Congestive heart failure 8. Chronic pain 9. Obesity 	<p style="text-align: center;">Executive Directors</p>	<p style="text-align: center;">5/2005</p>

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#1 Improving Organizational Performance	Each DMH state hospital will provide cultural competence education and training in conjunction with the Recovery Model Philosophy training. Training records and facility training plans will measure this objective.	Executive Directors	6/2005
#2 Improving Organizational Performance	Each state hospital will have a detailed enhancement plan, including milestones and due dates, which guides the transition to the Recovery Model of mental health treatment in the facility.	Executive Directors	3/2005
#3 Improving Organizational Performance	Each DMH psychiatric program will develop a plan including timeframes, and methods to measure, and training for cultural competence in conjunction with the Recovery Model Philosophy..	Vic Brewer	7/2005
#1 Leadership	Coalinga State Hospital will take possession of the completed Administration, Warehouse, and Plant Operations Buildings	Tom Voss	1/2005
#2 Leadership	Coalinga State Hospital will have completed the Department of Health Services' pre-opening licensure survey.	Tom Voss	8/2005

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#3 Leadership	Coalinga State Hospital will complete implementation of all steps of the Hospital Activation Plan necessary to open the facility and receive patients	Tom Voss	8/2005
#4 Leadership	Long Term Care Services (LTCS) will develop best practice procedures for the initial assessment process that includes issues specific to the use of seclusion and restraint.	Cindy Radavsky Melody Martinez Harry Booth Medical Directors Clinical Administrators	10/2004
#5 Leadership	Long Term Care Services will develop draft procedures for the recognition and use of Psychiatric Advance Directives (PADs).	Dave Graziani and Melody Martinez	1/2005
#6 Leadership	Napa State Hospital will complete a pilot of the use of Personal Empowerment Preference (PEP) Plans and make recommendations of the final procedures to be implemented at each state hospital and psychiatric program.	Dave Graziani	11/2005
#1 Management of the Environment of Care	The Department of Mental Health (DMH) will have a plan authorized by the Department of Health Services (DHS) for managing over bedding in the state hospitals until space is available at Coalinga State Hospital (CSH).	Executive Directors Mike Tucker	12/2004

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<p>#1(a) Management of Human Resources <i>Status Report</i></p>	<p>To meet the requirements of the Division of LTCS organizational cultural competency self-assessment each DMH state hospital and psychiatric program will provide a status report on their organizational cultural competency self-assessment, and provide the findings to the LTCS Deputy Director in the form of a written report that includes organizational strengths and weaknesses as they relate to the provision of services to ethnic, and racial minorities.</p>	<p>Executive Directors Rachel Guerrero</p>	<p>10/2004</p>
<p>#1(b) Management of Human Resources <i>Status Report</i></p>	<p>To meet the requirements of the Division of LTCS organizational cultural competency self-assessment each DMH state hospital and psychiatric program will provide a status report on their organizational cultural competency self-assessment, and provide the findings to the LTCS Deputy Director in the form of a written report that includes organizational strengths and weaknesses as they relate to the provision of services to ethnic, and racial minorities.</p>	<p>Executive Directors Rachel Guerrero</p>	<p>4//2005</p>

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<p>#1(c) Management of Human Resources Final Report</p>	<p>To meet the requirements of the Division of LTCS organizational cultural competency self-assessment each DMH state hospital and psychiatric program will provide a status report on their organizational cultural competency self-assessment, and provide the findings to the LTCS Deputy Director in the form of a written report that includes organizational strengths and weaknesses as they relate to the provision of services to ethnic, and racial minorities.</p>	<p>Executive Directors Rachel Guerrero</p>	<p>6/2005</p>
<p>#1 Management of Information</p>	<p>LTCS will develop a plan to make maximum use of video-conferencing resources for patient court appearances.</p>	<p>Executive Directors Forensic Coordinators</p>	<p>10/2004</p>
<p>#2 Management of Information</p>	<p>Construct a complete list of identified patients who have passed away while residing in the state hospital system (in support of the California Memorial Project).</p>	<p>Executive Directors Dave Gerard</p>	<p>12/2004</p>
<p>#3 Management of Information</p>	<p>Identify former patients whose bodies were donated for research (in support of the California Memorial Project).</p>	<p>Executive Directors Dave Gerard</p>	<p>12/2004</p>

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#4 Management of Information	DMH will have identified the approximate location of cemeteries of patients who passed away while residing at a state hospital or while living on state-owned lands.	Executive Directors Cemetery Project Task Force	12/2004
#5 Management of Information	Develop a uniform process to collect emergency medication and serious injury data (related to Seclusion & Restraints) from each state hospital and publish quarterly on the DMH website/Internet.	Melody Martinez HQ IT Staff	4/2005
#6 Management of Information	Develop a process to collect seclusion, restraint, serious injury and emergency medication data from the psychiatric programs and publish this data quarterly on the DMH website/internet.	Dave Gerard HQ IT Staff Moira Leyva	7/2006
#7 Management of Information	An automated treatment scheduling system that is consistent with the recovery model of mental health, to be called the Wellness and Recovery Model Support System (WARMSS), will be developed for testing. The system will include uniform core features as well as locally desired options suited to individual hospital needs and tradition.	Executive Directors Michael O'Connor	12/2004

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#9 Management of Information	A report evaluating state hospital services will be submitted to the Deputy Director of Long Term Care Services (LTCS) for approval and distribution. The report will provide statistical and text analysis of available data concerning clinical effectiveness, patient and staff safety, consumer satisfaction and services, cost, and other issues identified by management. The report will compare California state hospital performances to available comparisons, including but not limited to the national averages of the Performance Measurement System (PMS) maintained by the National Association of State Mental Health Program Directors (NASMHPD). Each report will also compare current-year data with prior-year benchmarks.	Mark Wiederanders	9/2004
#10 Management of Information	Each state hospital will complete the Joint Commission of Accreditation of Hospital Operations (JCAHO) Self-Assessment process.	Executive Directors	12/2004

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<p style="text-align: center;">#11 Management of Information</p>	<p>DMH will implement reasonable and appropriate policies and procedures to comply with the requirements of the Final Security Rule of the Health Insurance Portability and Accountability Act (HIPAA) in order to physically, technically, and administratively safeguard all electronic protected health information</p>	<p style="text-align: center;">Executive Directors Ed Foulk</p>	<p style="text-align: center;">9/2006</p>
<p style="text-align: center;">#12 Management of Information</p>	<p>Each psychiatric program will complete the Joint Commission of Accreditation of Hospital Operations (JCAHO) Self-Assessment process</p>	<p style="text-align: center;">Vic Brewer</p>	<p style="text-align: center;">7/2005</p>

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<p>#13 Management of Information</p>	<p>An automated transition treatment scheduling system that is consistent with the Recovery Model of mental health, to be called the Transition Wellness and Recovery Support System (WaRMSS), Phase I, will consist of My Activity Plan and Participation (MAPP), active treatment schedule, course outline and enhancement tracking. Phase II will consist of curriculum tracking, medical appointment tracking and the admission Wellness and Recovery Plan (WRP).</p> <p>Phase I – due by May 1, 2006 – MAPP, Treatment Scheduling, Enhancement Tracking</p> <p>Phase II – due by June 30, 2006 – Curriculum Tracking, Medical Appointment Tracking & Admission Wellness and Recovery Plan (WRP)</p>	<p>Executive Directors Jaye Vanderhurst</p>	<p>6/2006</p>

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#1 Surveillance, Prevention & Control of Infection	Each state hospital and psychiatric program will develop an Administrative Directive to assure that within 30 days if admission and then annually, at least 90% of patients will be screened for risk of infection and education will be provided to that risk.	Medical Directors	9/2005
#2 Surveillance, Prevention & Control of Infection	Each state hospital and psychiatric program will develop an Administrative Directive to assure that within 90 days of admission, and at clinically appropriate intervals thereafter, at least 90% of at risk individuals will be provided testing for immunologic status and potential need for vaccination.	Medical Directors	9/2005
#3 Surveillance, Prevention & Control of Infection	Each state hospital and psychiatric program will develop an Administrative Directive to assure that within 90 days of identifying a patient's non-immune status, vaccination will be offered and provided as clinically appropriate to 100% of eligible patients.	Medical Directors	9/2005
#1 Security	Security audits of all state hospitals will be completed.	Chief, Hospital Security & Safety	10/2004

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#2 Security	Within 30 days of the annual security audit, any state hospital who has not received a full 100% compliant rating on their security review will submit a plan of correction to the Deputy Director of Long Term Care Services to address audit deficiencies.	Executive Directors Chief, Hospital Security & Safety	10/2005

End of Report