

## STRATEGIC PLANNING: STATEWIDE AGGRESSION REDUCTION

CLINICAL GOALS		
GOAL	STATUS	ADDITIONAL INFORMATION
Perform comprehensive literature review with evidence-based prescribing guidelines for different types of aggression.	<b>COMPLETE</b>	Completed by UC Davis and approved by Medical Directors Council.
Develop aggressive medication algorithm for treatment of psychomotor agitation on admissions units.	<b>COMPLETE</b>	STOP-A Algorithm was developed at PSH and approved by Medical Directors Council.
Obtain input from the legal office and disability rights regarding whether the order for involuntary medication affords the ability to draw blood to monitor those medications.	<b>COMPLETE</b>	Legal feedback has been disseminated via Medical Directors Council and Chief Physicians.
Develop an auditing tool to monitor/mentor for appropriate assessment and treatment of aggression.	<b>COMPLETE</b>	Implementation will follow institution of forensic training.
Develop a statewide curriculum for treatment of aggression.	<b>IN PROCESS:</b> Budget has been identified, in discussions with Stephen Stahl and UC Davis regarding scope of contract.	Dr. Stahl to provide statewide training in psychopharmacological treatment of aggression. Dr. Scott to provide statewide training in basic forensic psychiatric principles. The training will provide CME credits and will be mandatory. IT is implementing web-based competency evaluation software.
Establish independent forensic panels.	<b>COMPLETE:</b> Generally complete but requires improvement. Statewide forensic services committee is working on a workload/cost analysis for submission to budget unit.	NSH currently has five psychologists and two psychiatrists providing independent forensic evaluations. PSH currently has five psychiatrists and three psychologists providing independent forensic evaluations. CSH currently has eight psychologists and one psychiatrist providing independent

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		forensic evaluations.
Develop a pre-admission violence risk screening tool.	<b>COMPLETE</b>	
Implement pre-admission violence risk screening tool.	<b>IN PILOT:</b> Currently collecting data regarding information provided by referring institutions. Pilot has moved from ASH to PSH.	<b>Over 90 admission screenings have been completed at ASH and PSH. Data is being collected regarding the adequacy of referral information by county and commitment category.</b>
Open an Enhanced Treatment Unit for the treatment of psychotic and impulsive aggression.	<b>COMPLETE</b>	<b>An ETU has been operational at ASH since December 2011. Early data indicates the program is having the desired effect of reducing aggression.</b>
Open a Specialized Services Unit for treatment and containment of predatory aggression.	<b>COMPLETE</b>	<b>An SSU has been operational at CSH since July 2011. Early data indicates the program is having the desired effect of reducing aggression.</b>
Implement appropriate training in, and utilization of, Violence Risk Assessments.	Each hospital to have training plan submitted by April 17, 2012.	Internal resources have been identified to provide training. VRAs will be used at multiple points throughout hospitalization, including pre-admission screening, admission screening, treatment planning, prior to discharge, and for evaluation of special cases such as 7301 transfer.
Incorporate forensic competencies into re-privileging process	<b>ON HOLD:</b> Statewide training must be provided first.	
Establish process for hospital clinical staff to provide direct feedback on proposed legislation to the legislative office	<b>COMPLETE</b>	
Implement on-site Administrative Law hearings for rapid involuntary medication of dangerous IST admissions.	Hospital Forensic Services Committee is working with Legal to implement this process. Target implementation is July 1, 2012.	

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<b>ADMINISTRATIVE GOALS</b>		
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Eliminate internal barriers to 7301 transfers.	<b>COMPLETE</b>	Since November 2010 we have had 16 transfers and four are pending. Dr. Warburton has attended CDCR Departmental Review Board. Additionally, the DRB has been provided with a slideshow of predatory aggression data and a tour of Napa State Hospital physical plant.
Transfer high aggression risk patients out of Napa.	<b>COMPLETE</b>	Napa has transferred approximately 30 patients to other state hospitals based on potential for violence, as well as three patients to CDCR via WIC 7301 based on high risk of severe predatory violence, since November 2010.
Explore ways to obtain high security beds prior to implementing a continuum of institutional aggression.	<b>ONGOING</b>	
Stratification	<b>ONGOING</b>	Executive Directors have submitted analyses regarding clinical/physical plant resources and subsequent ideal patient populations for each facility.
New Alarm System	<b>ONGOING</b>	PDAS project goals include enabling staff to immediately notify responders of a duress incident using their badge tag, reducing response times, and enabling responders to accurately locate the staff person in duress anywhere on the NSH campus. As of March 26, 2012, the Napa PDAS pilot project is 60% complete. The PDAS is on schedule to be fully implemented at the end of June 2012. The project team has resolved three key issues: 1) The team solidified the vendor tag delivery schedule to greatly reduce the risk of delays and to ensure the 800 tags

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		<p>needed for proof-of-concept testing were delivered on time; 2) The team ordered additional equipment that a thorough site survey revealed was necessary to ensure 100% campus coverage; and 3) The team is implementing a component to provide the geo-alerting function that was missing, at no additional cost to the state. The first proof-of-concept testing of PDAS functionality began March 23, 2012 in two buildings within the Secure Treatment Area. PDAS deployment is scheduled to begin in early June 2012. Pending achievement of project success criteria, the department has received approval to implement PDAS at the remaining four state hospitals in two phases. Project leaders are continually compiling lessons learned to inform the rollout of PDAS to the next state hospitals.</p>
<p>Explore resource needs for specialized units at Napa, Patton and Metro.</p>	<p><b>ONGOING</b></p>	<p>MSH is currently working on a proposal to open a Dialectical Behavioral Unit for the treatment of Axis II driven impulsive aggression.</p>
<p>Improve Grounds Safety at the three Open Campus facilities.</p>	<p><b>ONGOING</b></p>	<p>MSH: The Governor's 2011-12 May Budget revision provided MSH with 14 positions to provide a Grounds Presence Team. Positions are filled. As of January 2012, MSH has a permanent team in full operation. MSH with also provided 13 positions to enhance the presence of HPO staff in the STA (Positions were initially filled using transfers from other HPO positions).</p>

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		<p>At PSH the Grounds Presence team was already completely established. PSH presently has HPO providing security rounds on West and East/Central Compounds seven days per week on AM and PM shifts only. Vacancies prohibit further HPO grounds presence.</p> <p>NSH received fourteen psych tech positions and thirteen HPO positions for the Grounds Presence Team and Grounds Safety Team, respectively. Both teams are currently active within the STA.</p>
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