

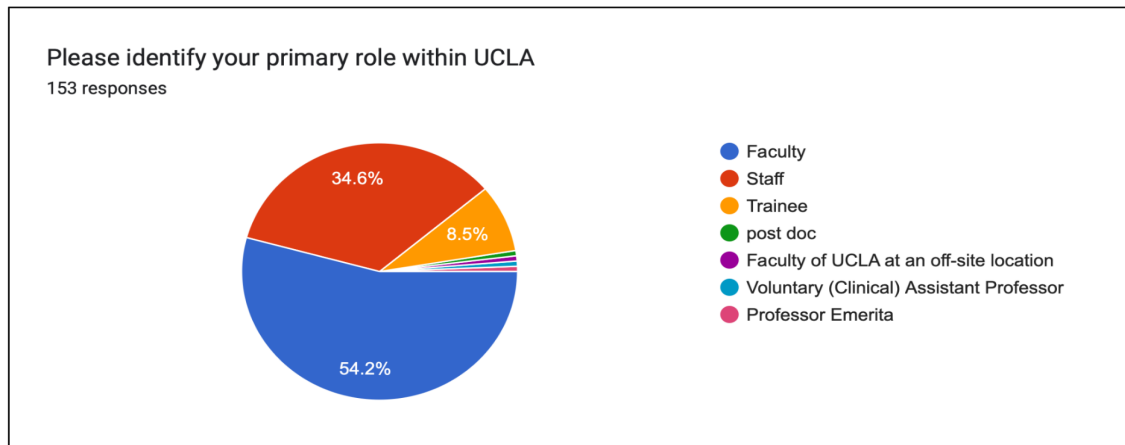
## UCLA Semel Institute and Department of Psychiatry Strategic Plan Process & Results 2023

1. **The mission** of the Department of Psychiatry/Semel Institute was the reference point for the strategic planning process.

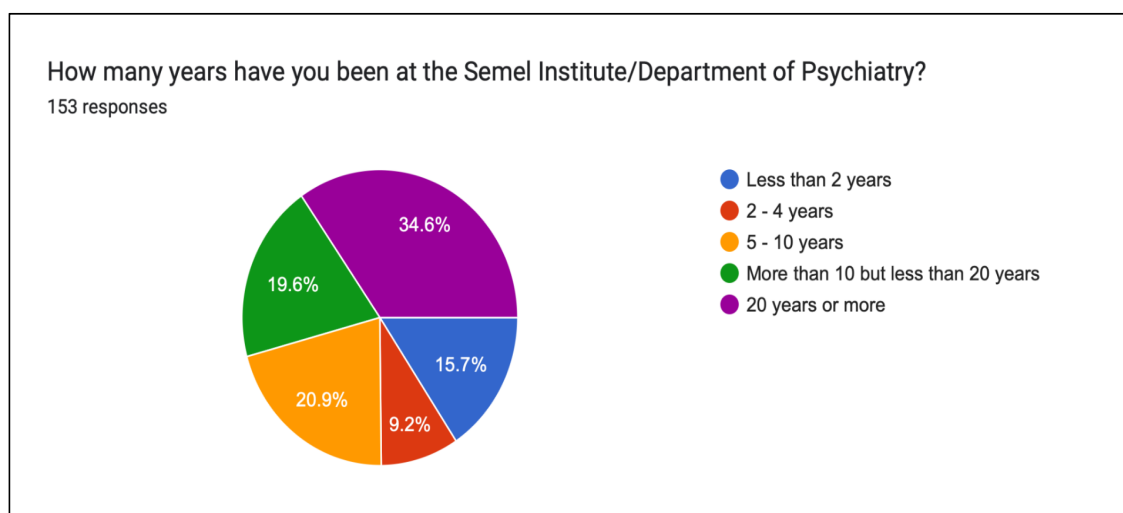
**The Department of Psychiatry/Semel Institute at UCLA provides world-class research, education, service, and outreach geared towards serving the mental health needs of California's diverse communities.**

2. **A strategic planning pre-survey** was drafted by the Strategic Planning Committee and generated robust response comments. **The strategic planning committee chairs have full and summarized survey results .**

There were one hundred and fifty-three respondents to the survey. Faculty and staff comprised 88.8% of respondents, while 8.5% were trainees.




Over half of the respondents had worked at the Semel Institute/Department of Psychiatry for more than 10 years (54.2%), 20.9% worked at Semel 5-10 years, 9.2% worked at Semel for 2-4 years and 15.7% had been with Semel for less than 2 years.



Responses to the following survey questions were used as context to inform strategic planning participants.

- In comparison to other similar Institutes, what are some ways that the UCLA Semel/Dept of Psychiatry stands out ?
- What is going well within the Semel Institute/Department of Psychiatry?
- What is *not* going well within the Semel Institute/Department of Psychiatry?
- What critical needs, concerns, or issues must be addressed in the upcoming 5-year Strategic Plan?
- What are some new directions, investments, or initiatives that you would like to see to be innovative and responsive to faculty, trainee, staff, community needs?
- What do we need to do to successfully strengthen our public mental health impact (research, clinical, and training)?

Below are the issues surfaced by respondents:

 <b>Key Insights from Semel/Department of Psychiatry July 2023 Survey</b>		
<b>Administrative Challenges</b> <ul style="list-style-type: none"> <li>• Administrative challenges (1)</li> <li>• Administrative support (4)</li> <li>• Lack of admin support (3)</li> <li>• More admin support needed (2)</li> <li>• Transparency in administrative processes, documenting all procedures about how resources are allocated (5)</li> <li>• Transparency (3)</li> <li>• Things are getting more complicated/ vs easier and simpler - delays, morale impact - layers (3)</li> <li>• Struggles with administrative processes because of centralizing purchasing. Rather than have lofty ideas of how to make a first-class Semel, we need to focus on rebuilding the infrastructure which will be costly (5)</li> </ul>	<b>Public Service and Community Engagement Mission</b> <ul style="list-style-type: none"> <li>• Need to strengthen our public service mission - increasing clinical service and disseminating our research to local, under-resourced communities (2)</li> <li>• Community engagement and community service newly prioritized across research/education/care (4)</li> </ul>	<b>Training, Communication, Connection</b> <ul style="list-style-type: none"> <li>• More consistency in training and communication (2)</li> <li>• Communications need strengthening. The newsletter is a helpful start, but still does not inform people of what is going on. Feel divorced from leadership. (5)</li> <li>• Improving communication across entire dept/institute (so many constituencies) (4)</li> <li>• Increased collaboration and connection across (2)</li> <li>• Integration of JEDI into all areas/across constituencies (due to conflicting feedback - JEDI a positive, JEDI a negative) (4)</li> </ul>
<b>Leadership Transition and Reorganization Impacts</b> <ul style="list-style-type: none"> <li>• Semel vs Department given the different leadership now re the same strategic plan? (1)</li> <li>• Unclear impacts of the reorganization under new Vice Chancellor, and the move to mid-wilshire. It is important for Psychiatry to remain involved in the medical school. Are we considered part of the larger medical enterprise (5)</li> <li>• Toll of leadership transitions on admin teams - uncertainty, what does the transition of leadership campus mean... (3)</li> </ul>	<b>Faculty Needs</b> <ul style="list-style-type: none"> <li>• Increased support for junior faculty in transitioning from K to R01 - also on the clinical side as well (2)</li> <li>• Strengthening mentoring and lateral connections across junior faculty (2)</li> <li>• Delays in onboarding faculty, staff, trainees - has the research concierge service been helpful? (2)</li> <li>• Support for junior faculty (4)</li> <li>• Delays in academic promotions processing (2)</li> <li>• Transparency FTEs and recruitment packages (2)</li> </ul>	<ul style="list-style-type: none"> <li>• Balance of reward/recognition for research/education/clinical care - keeping all three coordinated (4)</li> <li>• Don't have a real sense of the clinical enterprise for example which faculty actually see patients. (5)</li> <li>• Research - infrastructure development (space, equipment), cores (4)</li> </ul>

Respondents also answered the additional survey questions listed below. Responses to these were provided to Semel leadership and strategic planning committee members to inform additional actions.

### *Leadership Characteristics*

- With respect to Leadership across the Semel Institute/Department of Psychiatry, what is going well?
- With respect to Leadership across the Semel Institute/Department of Psychiatry, what is not going well?

### *Productivity and Collaboration*

How important is it for you to have more scientific interaction with other scientists than you currently have?


- How important is it for you to have more clinical interactions with other clinical programs than you currently have?
- How can the Institute improve the interaction between scientists and clinicians?
- How can the Institute improve the interaction between scientists and educators?
- How can the Institute improve the interaction between clinicians and educators?

- How have Institutional Cores (e.g., SStat, Genetics) or shared resources been important to your work? Please describe.
- What new Cores would you like to see at the Institute?  
*Shared Resources and Equipment*
- How satisfied are you with the process in place to share resources/equipment? Improvements needed?  
*Shared Spaces*
- Has sharing space diminished your work productivity?
- How can Semel/Dept of Psychiatry improve the approach to shared space?  
*Supports and Accommodations*
- Rate your agreement with the following statement: The supports and accommodations that the department/institute/hospital gives to faculty/staff/trainees with disabilities are sufficient. Improvements needed?
- Rate your agreement with the following statement: The supports and accommodations that the department/institute/hospital gives to faculty/staff/trainees who are lactating are sufficient. Improvements needed?

3. **A shared 2028 vision** was developed at a 9/21 Executive Committee meeting through a consensus process after the group reflected on the survey results:

- **Inclusive and well supported recruitment and career development for clinicians, research scientists, educators, faculty, and trainees.**
- **Strong department-wide communications and collaboration.**
- **Visionary and service-oriented working relationships across the UCLA campus and with national, state, local agencies and community partners.**
- **A robust and effective infrastructure that supports our integrated mission**
- **Innovative and transformative interdisciplinary research, training, and clinical practice**
- **Equitable care and improvements to mental health and wellbeing.**

Below is summary documentation of that visioning session. The strategic planning committee chairs have full documentation of the meeting.

 <b>What do we want to see in place in the next 3-5 years for the Semel Institute and Department of Psychiatry at UCLA?</b> <b>By 2028, we will see...</b>			
<b>Semel Institute/Department of Psychiatry as the preeminent institution in the US for transformative interdisciplinary research, training and care designed to advance mental health and wellbeing and equity.</b>	<b>Measurable progress in providing effective and equitable care and wellbeing to those in need.</b>  <i>Contributed small group ideas:</i> <ul style="list-style-type: none"> <li>• Improve equity in who we serve</li> <li>• Real world impact</li> <li>• Efficient flow of patient resources</li> <li>• Expansion of specialty clinical care services</li> </ul>	<b>A shared identity, unity, and trust, with effective internal communications and collaboration</b>  <i>Contributed small group ideas:</i> <ul style="list-style-type: none"> <li>• Cohesiveness, communication and collaboration</li> <li>• Organization, communication, transparency</li> <li>• Strong communication across the department</li> <li>• Updated website so people know who's doing what</li> <li>• Shared resource and cause</li> <li>• Improving individual recognition</li> <li>• Transparency in distribution of resources</li> <li>• More joy and appreciation in the work we do</li> </ul>	<b>Empowered, visionary, service-oriented relationships with national, state, and local agencies and community partners.</b>  <i>Contributed small group ideas:</i> <ul style="list-style-type: none"> <li>• Dedication to community is publicly apparent</li> <li>• Expand public-public partnerships</li> <li>• Improved communication with external agencies</li> </ul>
<b>Transformed clinical care through integration of innovative clinical practice, education and research.</b>  <i>Contributed small group ideas:</i> <ul style="list-style-type: none"> <li>• Improved collaboration among scientists &amp; clinicians</li> <li>• Science informs clinical work and vice versa</li> <li>• Integration of transformative research and clinical services</li> <li>• Lead in integration of multi components</li> <li>• Greater integration of Dept, Institute</li> <li>• Integration with ambulatory health systems</li> </ul>	<b>Inclusive excellence in training, recruitment, and retention for the next generation of clinicians, research scientists and educators as well as enhanced support for faculty development.</b>  <i>Contributed small group ideas:</i> <ul style="list-style-type: none"> <li>• Clarity of pipeline for jr. faculty</li> <li>• Structured faculty mentorship</li> <li>• Strengthen career pathways and development</li> <li>• Research training infrastructure and support</li> </ul>	<b>Stronger positive working relationships with the different entities on campus</b>  <i>Contributed small group ideas:</i> <ul style="list-style-type: none"> <li>• Excellent relationships with campus and HS leadership</li> <li>• Improved relationships with HS and other departments</li> <li>• Strengthen collaboration with campus</li> <li>• Important part of the medical school</li> </ul>	<b>A robust and effective infrastructure that supports our clinical mission.</b>  <i>Contributed small group ideas:</i> <ul style="list-style-type: none"> <li>• Thoughtful and designed admin structure</li> <li>• Increased administrative support</li> <li>• Sorting out admin challenges</li> <li>• Clear processes</li> <li>• Stability</li> <li>• Support for clinical operations</li> <li>• Increased development, resources and funding</li> <li>• Proactive and intentional with moving forward</li> <li>• Enhanced usage of technology/AI</li> </ul>

**9/21/23 EC Meeting Visioning Session**

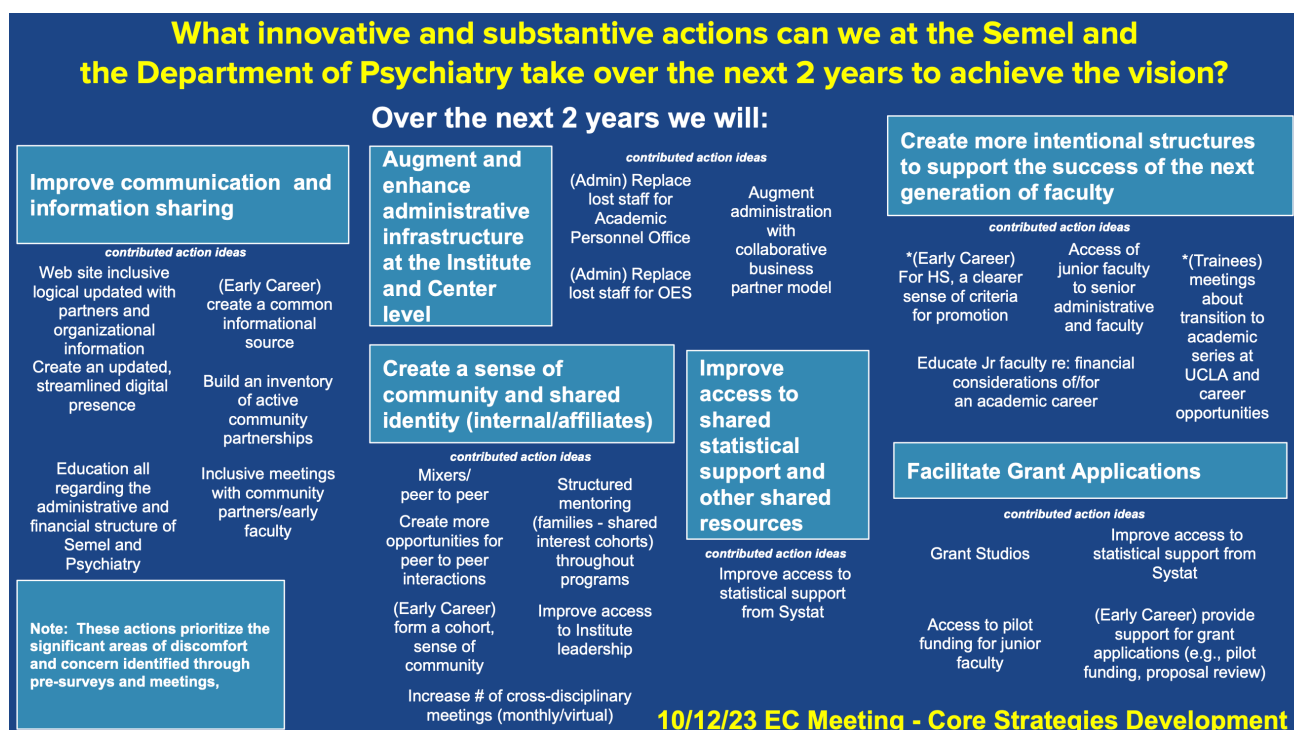
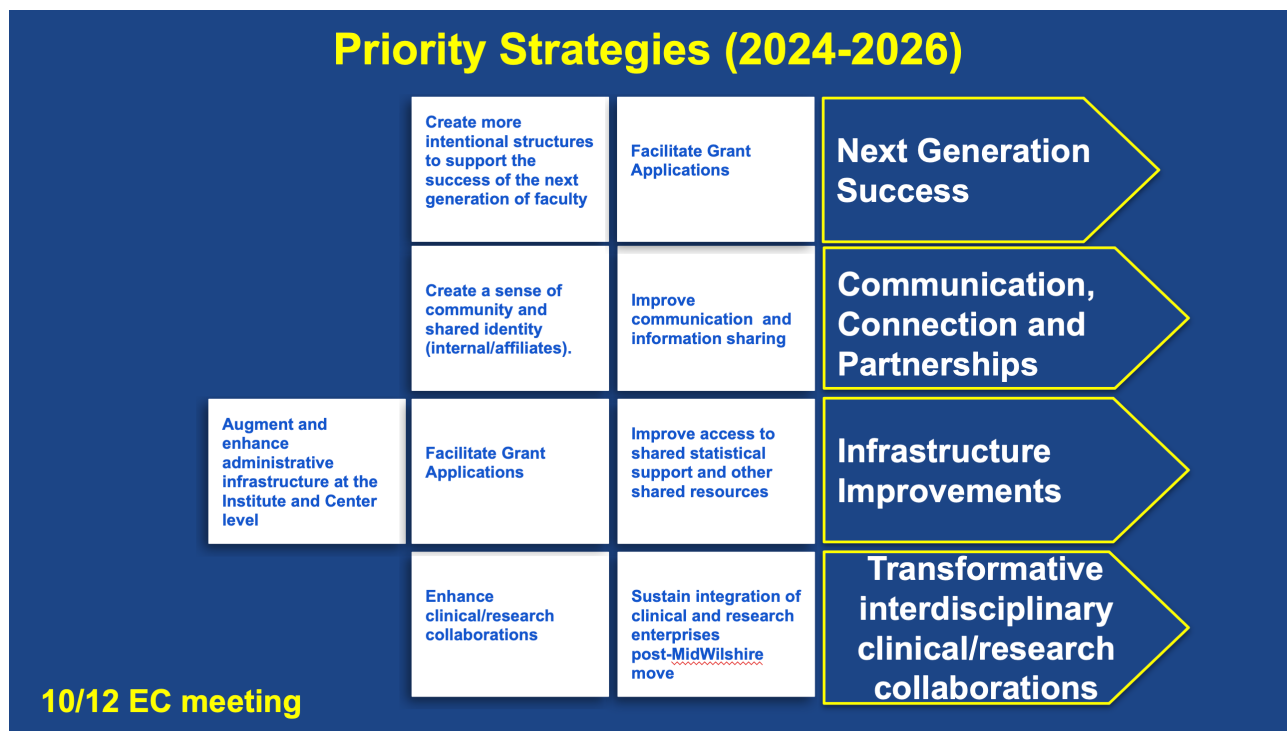
4. **Four key informant meetings** (staff, early career, trainees, university/community partners) were held that generated thoughtful recommendations, as summarized below. The strategic planning committee chairs have additional documentation of those meetings .

<b>Key Informant Recommended Actions: 10/3/23 -10/5/23 Key Informant Groups Meetings</b>		
<b>STAFF</b> <ul style="list-style-type: none"> <li>• Staff training and consolidated information</li> <li>• Mentorship for new admins, support, and sharing of best practices</li> <li>• Transparent and consistent compensation practices</li> <li>• Greater administrative support from Central offices and enforce timelines for carrying out task</li> </ul>	<b>TRAINEES</b> <ul style="list-style-type: none"> <li>• Communicate and be transparent about outcomes of complaints/reported concerns and about departmental changes</li> <li>• Better delineate the two UCLA psychiatry residency programs, for applicants and residents</li> <li>• Diversify faculty and implement practical and tangible JEDI initiatives</li> <li>• Hire more administrative support Improve residents' access to Behavioral Wellness Center</li> <li>• Improve the interaction and engagement of residents with each other and with broader community</li> <li>• Invest in the community clinic partners</li> <li>• Research and address community resource needs</li> <li>• Improve Medi-Cal care access and expand clinical care (county)</li> <li>• Establish infrastructure to deliver high quality mentorship-sponsorship</li> <li>• Connect trainees with research opportunities/mentors and career information</li> <li>• Connect trainees with academic career mentors and information</li> <li>• Increase number of trainers, program directors, faculty and provide time for them teach</li> <li>• Create a structured/formalized robust core training curriculum for all residents prior to PGY-3</li> </ul>	<b>UNIVERSITY and COMMUNITY PARTNERS</b> <ul style="list-style-type: none"> <li>• Diversify the faculty and shift UCLA image from being elitist.</li> <li>• Intentionally build a trusting relationship with the community partners and communities</li> <li>• Reward and incentivize faculty collaborations with the community, both culturally and explicitly as a part of academic promotions.</li> <li>• Include diverse clinical populations and researchers in high level meetings to guide next steps</li> <li>• Improve programming, communication, and outreach to affiliated institutions and organizations</li> <li>• Engage Community in asset mapping, validation of evidence based practices, etc</li> <li>• Reimagine Psychiatry with CBOs and those with lived experience</li> <li>• Address bureaucracy, process and time delays surrounding billing insurance and repayment</li> <li>• Eliminate or reduce indirect costs for research</li> <li>• Improve access to services</li> </ul>
<b>EARLY CAREER</b> <ul style="list-style-type: none"> <li>• Identify equity improvements needed by analyzing differential resources provided to early career faculty over time</li> <li>• Provide structured mentorship and faculty development and intentional peer-peer networking opportunities</li> <li>• Provide broader seed/pilot funding,</li> <li>• Stats training and support</li> <li>• Follow-through on promised resources</li> <li>• Address understaffing (workload issues) turnover, and "clean house" (administrative)</li> <li>• (need more feedback from h.sci.faculty)</li> </ul>		

5. **Four strategic priorities** were developed at a 10/12 Executive Committee meeting using a consensus process after reflecting on key informant recommendations:

- **Next generation success** (*purpose*: create mor intentional structures to support the success of the next generation of faculty and facilitate grant applications)
- **Communication, connection and partnerships** (*purpose*: create a sense of community and shared identity (internal/with affiliates); improve communication and information sharing)
- **Infrastructure improvements** (*purpose*: augment and enhance administrative infrastructure at the Institute and Center level; facilitate grant applications; improve access to shared statistical support and other shared resources)
- **Transformative interdisciplinary clinical/research collaborations** (*purpose*: enhance clinical/research collaborations; sustain integration of clinical and research enterprises post-MidWilshire move).

Summary documentation of the outcomes of the strategy session is included below:



6. A **strategic plan overview web page** was developed and posted to document the overarching mission, vision and. Priorities of the Semel/Department of Psychiatry Strategic Plan.
7. An **11/7 working retreat** was held to review the process, feedback and results of the planning process to date. Over 40 participants self-selected into workgroups for each of the four strategic priorities. The workgroups reviewed pertinent survey data and outcomes from previous meetings, summarized issues and assets, and then collaboratively identified goals and drafted initial recommendations for implementation action plans.

The following goals were recommended. Additional documentation of the leadership, participants and outcomes of this meeting was provided to each of the retreat meeting leads and the strategic planning committee chairs.

