

Behavioral Health Administration

Department of Social and Health
Services

Strategic Plan Metrics

Behavioral Health Administration

Strategic Objective

Provide safe, successful mental health services in state psychiatric hospitals

ABX.5	Quarterly rates of active treatment hours delivered at Eastern State Hospital and Western State Hospital	SO 1.1
AR1.1	Percent of 10th graders who report using marijuana in past 30 days	SO1.4; RW 1.2.Y.e
AR1.2	Percent of 10th graders who report drinking alcohol in last 30 days	SO 1.4; RW 1.2.Y.f
AB3.2	Rate of patient-to-staff assault claims filed at the state psychiatric hospitals	SO 3.1a
ABX.7	Patient-to-patient aggression incidents resulting in severe patient injury, at the state psychiatric hospitals	SO 3.1b
ABX3.2	Quarterly rates of seclusion hours at the State Psychiatric Hospitals	SO 3.1c
ABX4.2	Quarterly rates of restraint hours at the State Psychiatric Hospitals	SO 3.1d

Provide timely court-ordered competency services

ABX.9	Percentage of jail-based competency evaluation completions within 14 days from receipt of court order or within 21 days from court order signature date	SO 5.5
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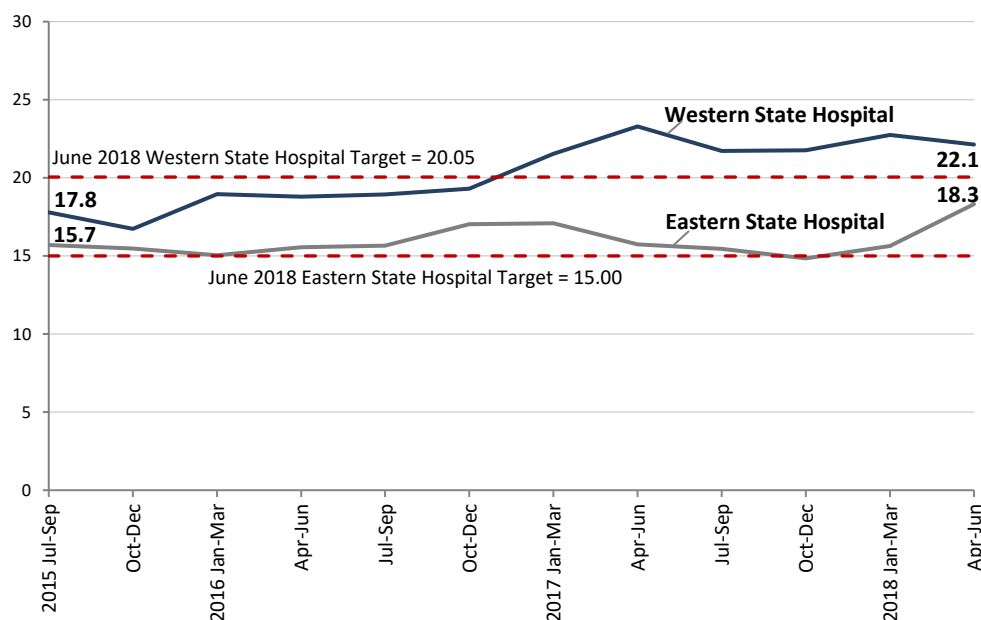
Behavioral Health Administration



Improve access to behavioral health care

Quarterly rates of active treatment hours delivered per 7 patient days at Eastern State Hospital and Western State Hospital

Rate per 7 patient days



DATA SOURCE: Reports from Eastern State Hospital, Western State Hospital; supplied by Yaroslav Trusevich and Julie Klingbeil.

MEASURE DEFINITION: Active treatment hours delivered (per 7 patient days) during the reporting quarter, at each of Eastern State Hospital and Western State Hospital.

DATA NOTES: 1 The performance targets will be reached on or prior to June 30, 2018. 2 The rate is calculated by dividing the number of active treatment hours delivered in a given quarter by the number of patient days utilized by a state hospital in that quarter; and then multiplying the quotient by 7. 3 Active treatment hours are distinctly tracked for each of the state hospitals, for purposes of calculating quarterly rates by facility. *Click below for additional data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.5.xlsx>

SUMMARY

- Active treatment increases cognitive functioning and promotes patient well-being.
- This metric illustrates the rate (per 7 patient days) of quarterly active treatment hours delivered at each of Western State Hospital (WSH) and Eastern State Hospital (ESH).
- The rates (per 7 patient days) of quarterly active treatment hours at the state hospitals were mixed in SFQ 2018/4: 22.1 hours (from 22.7) at WSH; and 18.3 hours (from 15.6) at ESH.

ACTION PLAN

- Continue to assess current treatment programming and revise it as necessary to enhance participation and meet patient needs.
- Improve the documentation of treatment provided outside of the ESH Treatment Malls to account for all treatment activities.
- WSH has created reports to monitor number of active treatment hours in evenings and on weekends.
- WSH shall identify patients not engaged in active treatment, and work with treatment teams to engage patients in active treatment that meets their individual needs.
- WSH shall continue Management Team and supervisor review of weekly active treatment data; and review, plan with, and support wards requiring an improvement plan. Recognize staff who achieve goals.
- Ensure the presence of staff and management team members on wards during transport to Recovery Centers to assist with engaging patients and encouraging them to attend active treatment groups.
- WSH shall follow up individually with patients when more than five consecutive groups are missed in order to determine the nature of the absence and encourage the patients to attend.
- Expand active treatment on evenings and weekends.
- Implement Cerner Electronic Health Records to accurately capture treatment provided.

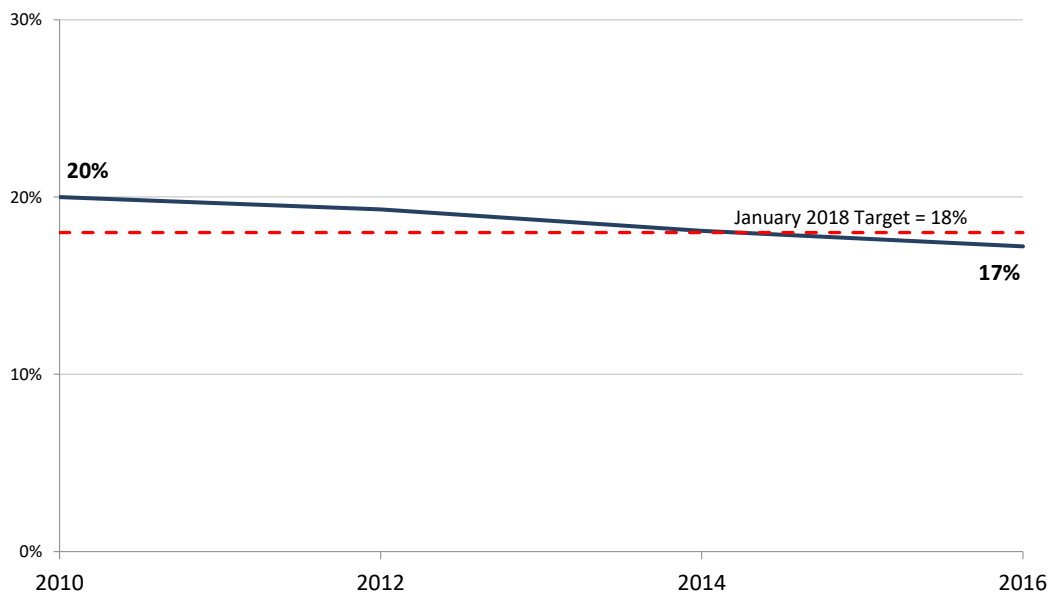
Behavioral Health Administration



Healthy Youth

Percent of 10th graders who report using marijuana in past 30 days

Statewide Average



DATA SOURCE: Healthy Youth Survey, March 2017. Looking Glass Analytics, 2014 Report of Results (pg. 3), published in March 2015.

MEASURE DEFINITION: The percent of 10th graders who report using marijuana in the last 30 days.

DATA NOTES: **1** Student responses to questions about substance use in the past 30 days are indicators of their current substance use. **2** Results are based on responses from students attending public schools. **3** Rates are likely higher among youth who have dropped out of school. **4** In 2012 and 2014 the question was worded "During the past 30 days, on how many days did you use marijuana or hashish (weed, grass, hash, pot)?" **5** Results are measured by a survey conducted in October, every other year.

TO DATA: <https://www.dshs.wa.gov/data/metrics/AR1.1.xlsx>

SUMMARY

- Reported use of marijuana among 10th Graders had decreased since its high in 1998. Marijuana use rates have been stable between 2002 and 2016.
- A 5% net reduction was realized from 2014 to 2016. However, this change was not statistically significant.
- Additional questions were added to the Healthy Youth Survey to determine the source and the method of consumption of marijuana by youth.

ACTION PLAN

- Sustain Tribal prevention programs and the Community Prevention and Wellness Initiative, including the Prevention/Intervention Program.
- Provide public education and awareness efforts for middle school aged youth and their parents.
- Develop key prevention messages with partners for statewide distribution.
- Develop a toolkit to prevent underage use of marijuana.
- Support community-based organizations, regional and statewide partners in distributing messaging.
- Develop a prevention marketing campaign with state partners.
- Implement and evaluate a prevention marketing campaign.
- Determine strategies for creating policies that prohibit the sale of marijuana products that appeal to youth.

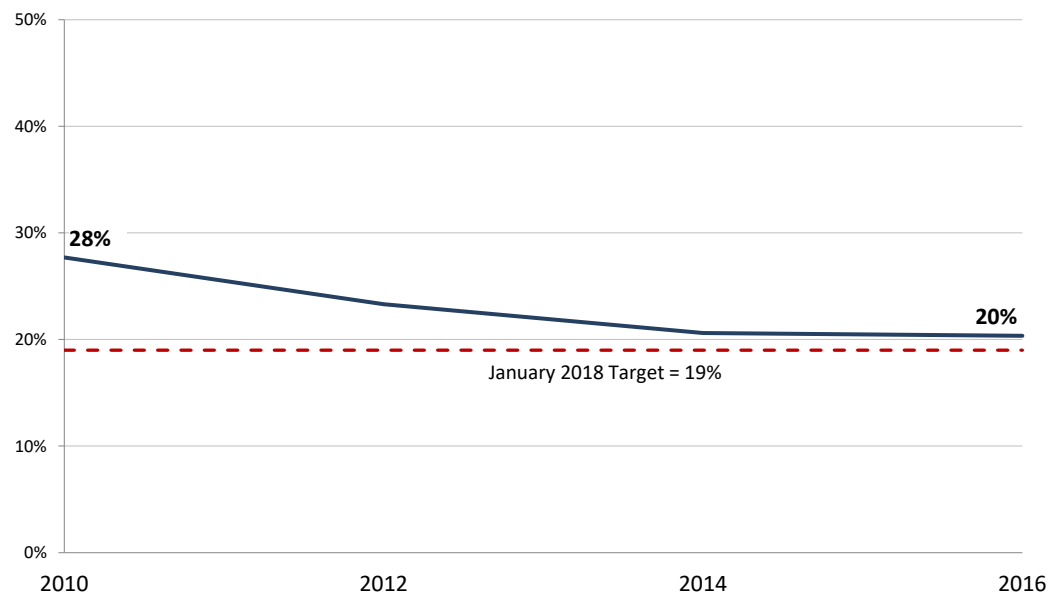
Behavioral Health Administration



Healthy Youth

Percent of 10th graders who report drinking alcohol in last 30 days

Statewide Average



DATA SOURCE: Looking Glass Analytics, Healthy Youth Survey (HYS) 2014 Report of Results (pg. 3), Published in March 2015.

MEASURE DEFINITION: The percent of 10th graders who report drinking alcohol in the last 30 days.

DATA NOTES: **1** Student responses to questions about substance use in the past 30 days are indicators of their current substance use. **2** Results are based on responses from students attending public schools. **3** Rates are likely higher among youth who have dropped out of school. **4** The question on alcohol changed over time. In 1990, 1992, 1995, and 1998 the question was worded as “used alcohol,” in 1999 worded as “have at least one drink,” and in 2000, 2002 and 2004 worded as “drink a glass, bottle, or can.” In 2012 and 2014 the question was worded “During the past 30 days, on how many days did you: Drink a glass, can or bottle of alcohol (beer, wine, wine coolers, hard liquor)?” *Click below for additional data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/AR1.2.xlsx>

SUMMARY

- Alcohol use by 10th graders has shown a progressive decline over time, decreasing to 20% in 2016.
- The latest survey results show that although Washington continues to be under the national average of 24.8%, the reported rate continues above the current target of 19% (by 2018).
- A 1% net reduction was realized from 2014 to 2016. However, this change was not statistically significant.

ACTION PLAN

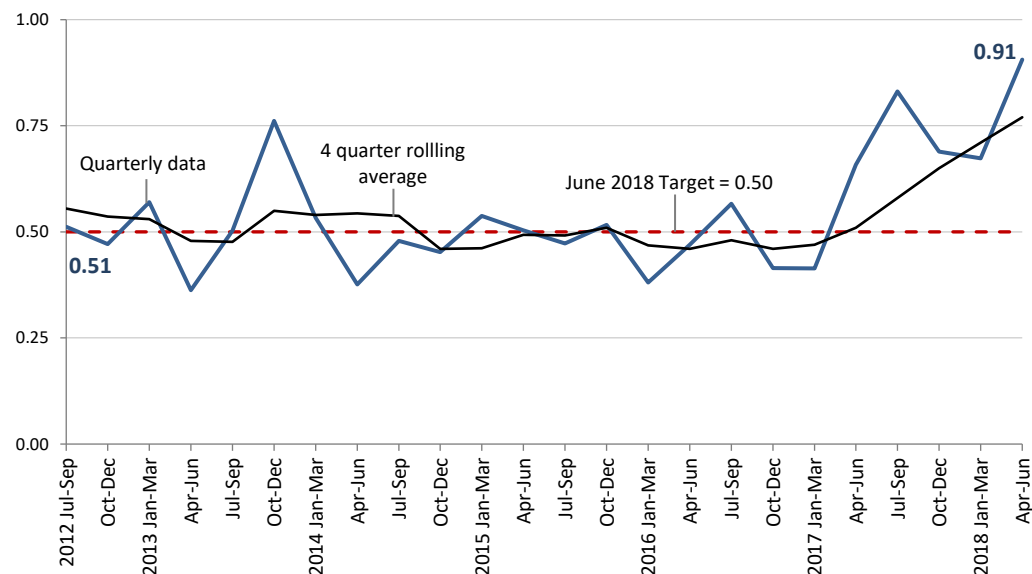
- Sustain Tribal prevention programs and the Community Prevention and Wellness Initiative, including the Prevention/Intervention Program.
- Provide public education and awareness efforts for middle school aged youth and their parents.
- Develop key prevention messages with partners for statewide distribution.
- Support community-based organizations, regional and statewide partners in distributing messaging.
- Develop a prevention marketing campaign with state partners.
- Implement and evaluate a prevention marketing campaign.

Behavioral Health Administration

Quality improvement efforts increase workplace safety

Rate of patient-to-staff assault claims filed at the state psychiatric hospitals

Rate per 1,000 patient days



DATA SOURCE: Quarterly Assault Benefit (AB) Report, Enterprise Risk Management Office, DSHS; supplied by Tana Niemann.

MEASURE DEFINITION: Assault claims filed per 1,000 patient bed days during the reporting quarter, at the state psychiatric hospitals.

DATA NOTES: 1 Data has a minimum claims lag of 3 months. 2 Includes the Program for Assisted Living Skills (PALS) up to March 2011. PALS closed in February 2011. 3 The rate per 1,000 is the number of assault claims filed divided by the patient days for the quarter and multiplied by 1,000.

TO DATA: <https://www.dshs.wa.gov/data/metrics/AB3.2.xlsx>

SUMMARY

• This is a measure of progress by the State Psychiatric Hospitals to increase staff safety by promoting a safe work environment. The rate of patient-to-staff assault claims filed increased to .91 per 1,000 patient days in SFQ 2018/4, above the target of 0.50 for the fifth consecutive quarter.

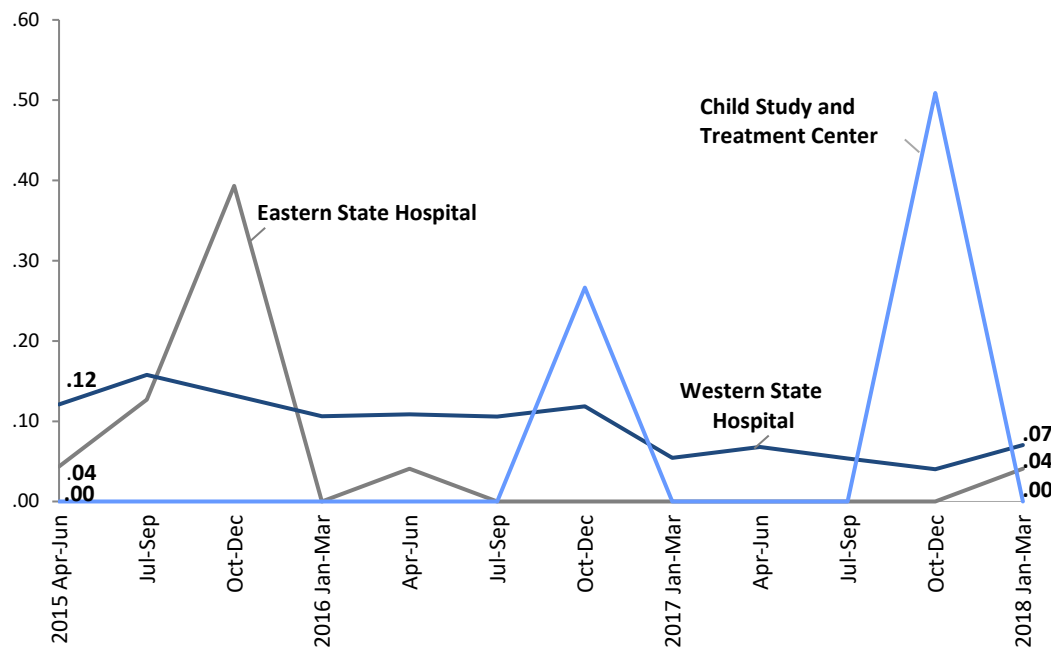
ACTION PLAN

- Continue to implement each hospital's workplace safety plan.
- Expand the use of the Psychiatric Emergency Response Team (PERT) at ESH. At WSH, evaluate PERT at 6-months post-implementation. Implement a Psychiatric Intensive Care Unit to serve patients from ESH and WSH.
- The WSH Violence Reduction Design Group shall design interventions that could be implemented at ward/center levels.
- Continue training on treatment interventions (e.g., CPI) to help patients resolve situations that might otherwise lead to assaults.
- Reinvigorate a Transitional Return to Work (TRTW) program.
- CSTC is implementing a Staff Debriefing Pilot to include seclusions entailing minor issues; incidents involving patient to staff aggression/staff injury/other situations as indicated; and elevate system issues to the Clinical Leadership Meeting. A Workplace Safety Workgroup examines trends in staff injuries. A collaborative problem-solving approach in tandem with motivational interviewing is being explored for adoption. The Aggression Replacement group is run on Ketron, along with DBT groups on Orcas. Add a third day to the crisis behavioral intervention program training, to support de-escalation efforts.
- At ESH, develop and implement best practice nursing de-escalation training; and provide an additional 8 hours of enhanced training to designated clinical staff. Evaluate the geographic configuration of ESH wards and recommend capital improvements to optimize safe care with regard to acuity and census capacity.

Quality assurance and improvement increases client safety

Patient-to-patient aggression incidents resulting in severe patient injury, at the state psychiatric hospitals

Rate per 1,000 patient days



DATA SOURCE: Reports from Eastern State Hospital, Western State Hospital; and the Child Study and Treatment Center; supplied by Yaroslav Trusevich, Julie Klingbeil, and Robin McIlvaine.

MEASURE DEFINITION: Rate of patient-to-patient aggression incidents (reported during the reporting quarter) per 1,000 patient days, at each of the state psychiatric hospitals.

DATA NOTES: 1 Incidents are distinctly tracked for each of the state hospitals, for purposes of calculating rates by facility.
2 An injury occurs when a patient suffers physical harm or damage, excluding the result of a disease process. Severe patient injuries include all patient injuries with a severity level of "3" or higher (3 = medical intervention; 4 = hospitalization; 5 = death).

TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.7.xlsx>

SUMMARY

- Western State Hospital reported 5 patient-to-patient aggression incidents resulting in severe patient injury during SFQ 2018/3, a rate of 0.07 incidents per 1,000 patient days.
- The Child Study and Treatment Center had no patient-to-patient aggression incidents resulting in severe patient injury in SFQ 2018/3. While such incidents are rare occurrences, these are understood in the context of severe behavioral disorders among the youth admitted to the hospital.
- The incident rate of patient-to-patient aggression resulting in severe patient injury at Eastern State Hospital increased to 0.04 during SFQ 2018/3, the first rate above 0 since SFQ 2017/1.

ACTION PLAN

- ESH recently modified coding to better align the definition of injury severity level 3 with NRI definitions. ESH will continue to conduct environmental proactive risk assessments annually, and conduct monthly environmental safety rounds. Proactive Risk Assessments are completed following a sentinel event. ESH will also continue to implement 15-minute checks in all patient care areas to mitigate patient injuries.
- The WSH Violence Reduction Design Group shall design interventions that could be implemented at the ward and center levels. WSH shall train all ward staff on CPI, a nonviolent crisis prevention training program developed by the Crisis Prevention Institute.
- CSTC implements common protocols across 3 patient cottages related to patient to patient aggression including separating youth, transferring to another unit if plausible, instituting incentives and implementing Aggression Replacement Therapy at Ketron Cottage.

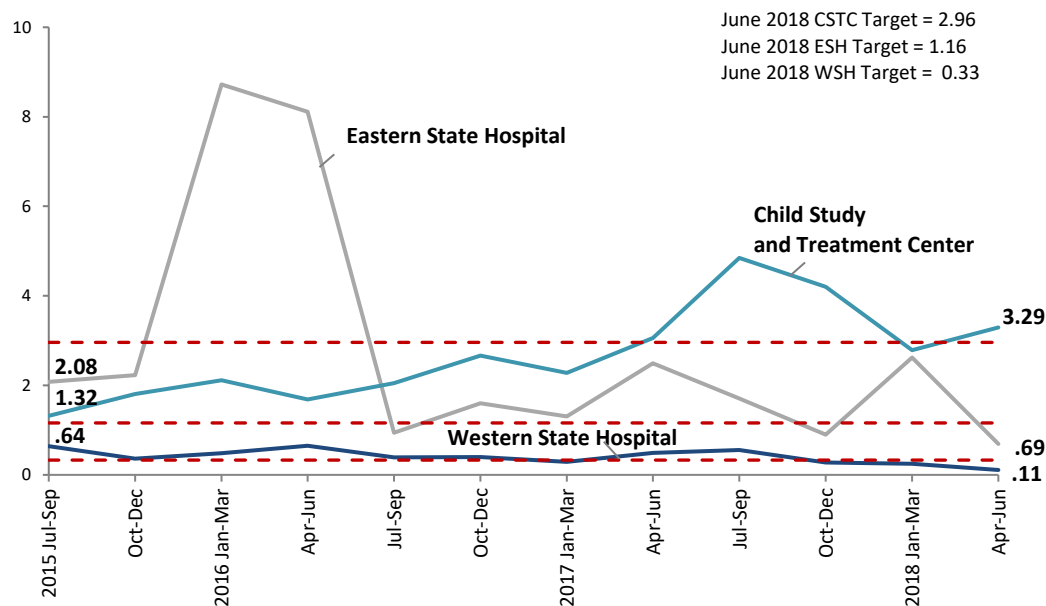
Behavioral Health Administration



Quality assurance and improvement increases client safety

Quarterly rates of seclusion hours at the State Psychiatric Hospitals

Rate per 1,000 patient hours



DATA SOURCE: Reports from Eastern State Hospital, Western State Hospital, and the Child Study and Treatment Center; supplied by Yaroslav Trusevich, Julie Klingbeil, and Robin McIlvaine.

MEASURE DEFINITION: Seclusion hours accrued (per 1,000 patient hours) during the reporting quarter, at ESH, WSH, and CSTC.

DATA NOTES: 1 The performance targets will be reached on or prior to June 30, 2018. *Click below for additional data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX3.2.xlsx>

SUMMARY

• Rates of seclusion across the state hospitals were mixed during SFQ 2018/4: Western State Hospital (WSH) was at 0.11, a decrease from SFQ 2018/3, and below the 0.33 threshold. The seclusion rate for Eastern State Hospital (ESH) was at 0.69, a marked decrease from the previous quarter, and below the 1.16 threshold. The rate at the Child Study and Treatment Center (CSTC) increased to 3.29, above the 2.96 threshold.

ACTION PLAN

- Continue training in therapeutic options to assist staff in using clinical interventions (e.g., CPI) that reduce the need for seclusion. Continue to identify treatment options that are consistent with the patient's safety plan, developed by the patient and his/her treatment team. Implement a seclusion/restraint audit conducted by the Hospital Quality Manager.
- Provide Techniques for Effective Aggression Management (TEAM) training at ESH.
- Continue clinical leadership's daily review of patients who have been in restraint during the past 24 hours.
- Continue to utilize the WSH Psychiatric Emergency Response Team in response to potential crises to prevent the use of seclusion and/or restraint. Continue to monitor the implementation of the WSH Seclusion and Restraint Policy, which became effective in April 2018.
- Continue to improve communication at CSTC about patient behavior and safety planning.
- Continue training of CSTC staff and clinical teams in Motivational Interviewing (MI) to improve patient engagement and motivating behavior change.
- Provide training in "Collaborative and Proactive Solutions Approach with Behaviorally Challenging Children," as part of an ongoing effort to employ clinical interventions at CSTC that reduce the need for seclusion or restraint.

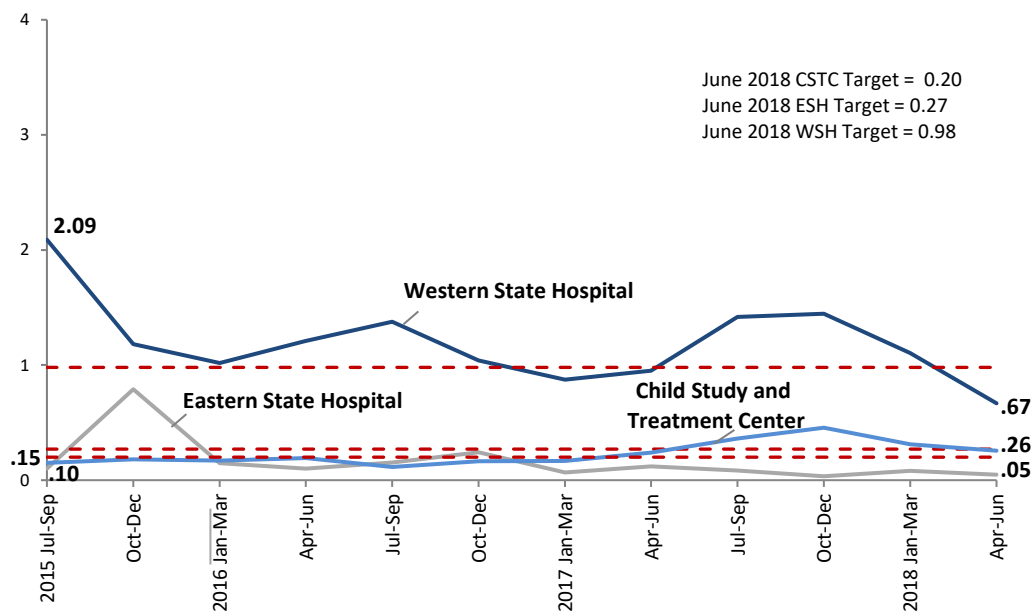
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Quality assurance and improvement increases client safety

Quarterly rates of restraint hours at the State Psychiatric Hospitals

Rate per 1,000 patient hours



SUMMARY

• The rates (per 1,000 patient hours) of quarterly restraint hours at the state hospitals improved during SFQ 2018/4. The rate at Western State Hospital (WSH) decreased to 0.67, below the 0.98 threshold; while the rate at Eastern State Hospital (ESH) decreased to 0.05 during this period, below the 0.27 threshold. The Child Study and Treatment Center (CSTC) decreased to 0.26, above the 0.20 threshold.

ACTION PLAN

- Continue training in therapeutic options (e.g., CPI) to assist staff in using clinical interventions that reduce the need for restraint use.
- Continue to identify treatment options that are consistent with the patient's safety plan, developed by the patient and his/her treatment team. Implement a seclusion/restraint audit conducted by the Hospital Quality Manager.
- Provide Techniques for Effective Aggression Management (TEAM) training at ESH.
- Continue clinical leadership's daily review of patients who have been in restraint during the past 24 hours.
- Continue to utilize the WSH Psychiatric Emergency Response Team in response to potential crises to prevent the use of seclusion and/or restraint. Continue to monitor the implementation of the WSH Seclusion and Restraint Policy, which became effective in April 2018.
- Continue to improve communication at CSTC about patient behavior and safety planning.
- Continue training of CSTC staff and clinical teams in Motivational Interviewing (MI) to improve patient engagement and motivating behavior change.
- Provide training in "Collaborative and Proactive Solutions Approach with Behaviorally Challenging Children," as part of an ongoing effort to employ clinical interventions at CSTC that reduce the need for seclusion or restraint.

DATA SOURCE: Reports from Western State Hospital and Eastern State Hospital; supplied by Julie Klingbeil and Yaroslav Trusevich. Report from Child Study and Treatment Center; supplied by Robin McIlvaine.

MEASURE DEFINITION: Restraint hours accrued (per 1,000 patient hours) during the reporting quarter, at ESH, WSH, and CSTC.

DATA NOTES: 1 The performance targets will be reached on or prior to June 30, 2018. *Click below for additional data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX4.2.xlsx>

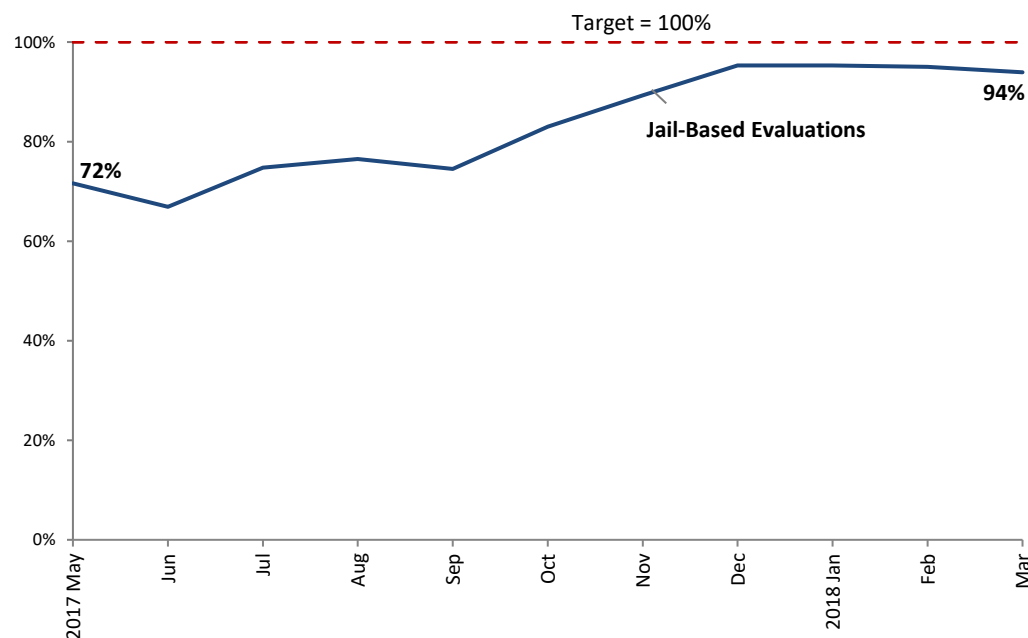
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Quality assurance and improvement increases client safety

Percentage of jail-based competency evaluation completions within 14 days from receipt of court order or within 21 days from court order signature date

Percentages by month of court order



DATA SOURCE: Trueblood Monthly Report, Table 5.

MEASURE DEFINITION: Percentage of all jail-based competency evaluation orders completed within either of the two court-ordered compliance deadlines beginning in May 2017 at WSH and ESH during the reporting period by month of court order: 14 days from receipt of order (if the order was received within 0 and 7 days from order signature date) or 21 days from order signature date (if the order was received after 7 days from order signature date).

DATA NOTES: **1** Data represent percentages of individuals meeting the measure definition criteria, from which the monthly percentages are calculated. **2** Data include all completions for jail evaluations which include not only completed evaluations and admissions, respectively, but also includes closed, withdrawn, and transfer in care cases. *Click below for additional data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.9.xlsx>

SUMMARY

- The rate of timely completed jail-based evaluations have moderated over the past 4 months, to 94% in March 2018.

ACTION PLAN

- Identify bed capacity need and other service capacity to limit wait-time for competency evaluation and restoration services to 7 days.
- Acquire necessary facilities and staffing.
- Collaborate with counties, courts, prosecutors and defenders to streamline practices including, but not limited to, patient transport and transmission of court documents.
- Strengthen centralized forensic services to include enhanced data analysis, training and support of forensic mental health services and effective collaboration with local courts and criminal justice entities.
- Identify and implement diversion strategies to decrease the demand for competency evaluation and restoration services.
- Develop an integrated data system that will provide consistent data reporting from both hospitals.