

# Behavioral Health Administration

Department of Social and Health  
Services

**Strategic Plan Metrics**  
2021-2023

# Behavioral Health Administration

Success Measure #

## Support People In Our Care And Custody

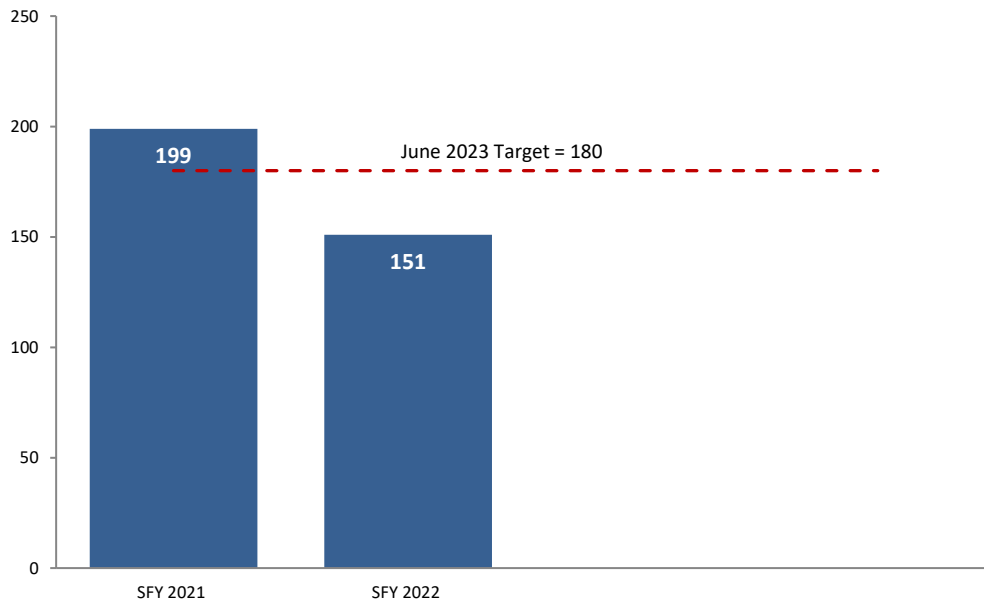
ABX.17	Number of yearly participants in state funded Prosecutorial Diversion Programs	<a href="#">1.2.1</a>
ABX.18	Number of days from court order signature for inpatient competency restoration to order completion, for individuals waiting for services in jail	<a href="#">1.2.2</a>
ABX.9	Percent of timely court-ordered competency jail-based evaluations	<a href="#">1.2.3</a>
ABX.19	Number of days to complete personal recognizance/ community based evaluations	<a href="#">1.2.4</a>
AB3.3	Rate of staff assault claims filed at Eastern State Hospital and the Child Study and Treatment Center	<a href="#">1.4.1a</a>
ABX.15	Rate of severe assault-related patient injuries at Eastern State Hospital and the Child Study and Treatment Center	<a href="#">1.4.1b</a>
AB3.4	Rate of staff assault claims filed at Western State Hospital	<a href="#">1.4.2a</a>
ABX.16	Rate of severe assault-related patient injuries at Western State Hospital	<a href="#">1.4.2b</a>
ABX3.1	Quarterly rates of seclusion hours at Eastern State Hospital and Western State Hospital	<a href="#">1.5.1a</a>
ABX4.1	Quarterly rates of restraint hours at Eastern State Hospital and Western State Hospital	<a href="#">1.5.1b</a>
SC2.3	Percent of Special Commitment Center staff who complete the Crisis Prevention Institute's Nonviolent Crisis Intervention program	<a href="#">1.4.3</a>
SC2.4	Percent of Special Commitment Center residents who have been conditionally or unconditionally released who have participated in Transition programming	<a href="#">1.6.1</a>

# Behavioral Health Administration



## Support People in our Care and Custody

### Number of yearly participants in state funded Prosecutorial Diversion Programs



#### SUMMARY

**Success Measure 1.2.1:** Increase the number of yearly participants in state funded Prosecutorial Diversion Programs from 151 per year to 180 per year, by June 2023.

#### ACTION PLAN

Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 1.2.

**DATA SOURCE:** Reports from RDA; supplied by Theresa Becker.

**MEASURE DEFINITION:** Total count of participants in state-funded Prosecutorial Diversion Programs with a program start date within the specified state or calendar fiscal year or within the specified quarter.

**DATA NOTES:** 1 The data on which these figures are based are dynamic, as the data in the spreadsheets/databases are updated on a regular basis. Therefore, numbers may differ from one report to the next and/or across different reports.

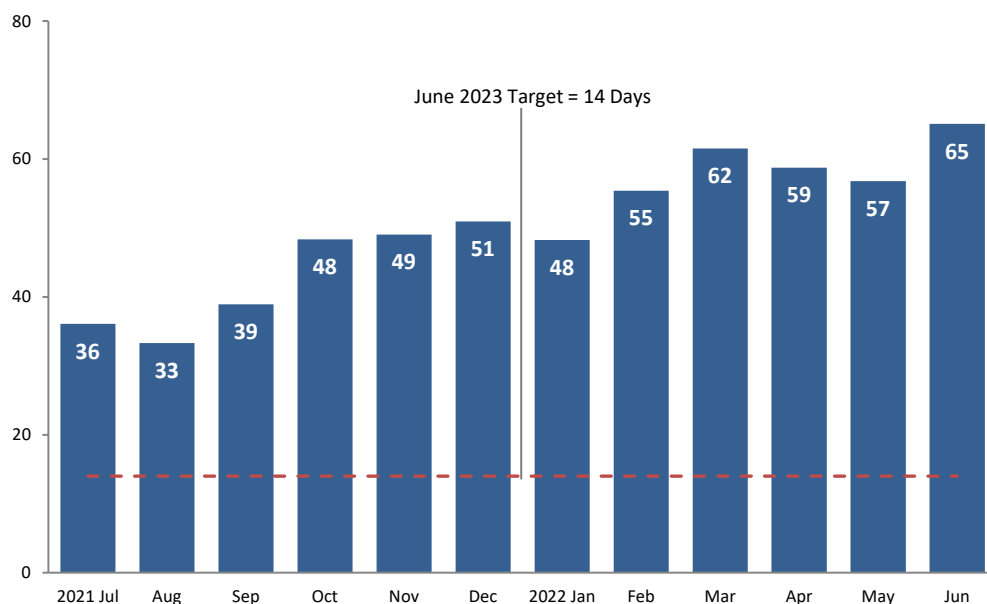
TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.17.xlsx>

# Behavioral Health Administration



## Support People in our Care and Custody

### Number of days from court order signature for inpatient competency restoration to order completion, for individuals waiting for services in jail



#### SUMMARY

Success Measure 1.2.2: Decrease the number of days to treatment from court order to admission from 63.8 days to 14 days, by June 2023.

#### ACTION PLAN

Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 1.2.

**DATA SOURCE:** Reports from RDA (the monthly Court Monitor report in Table 10 column "Days from order signed to completion – Average"); supplied by Theresa Becker.

**MEASURE DEFINITION:** Average days from the beginning of a period of waiting in jail for inpatient competency restoration services to order completion among orders completed in the specified month. The order is completed when the individual is admitted to a BHA facility, or when the order is dismissed, withdrawn or the individual is physically released from jail (e.g. on personal recognizance or work release).

**DATA NOTES:** 1 The data on which these figures are based are dynamic, as the data in the spreadsheets/databases are updated on a regular basis. Therefore, numbers may differ from one report to the next and/or across different reports. *Click link below for additional data notes.*

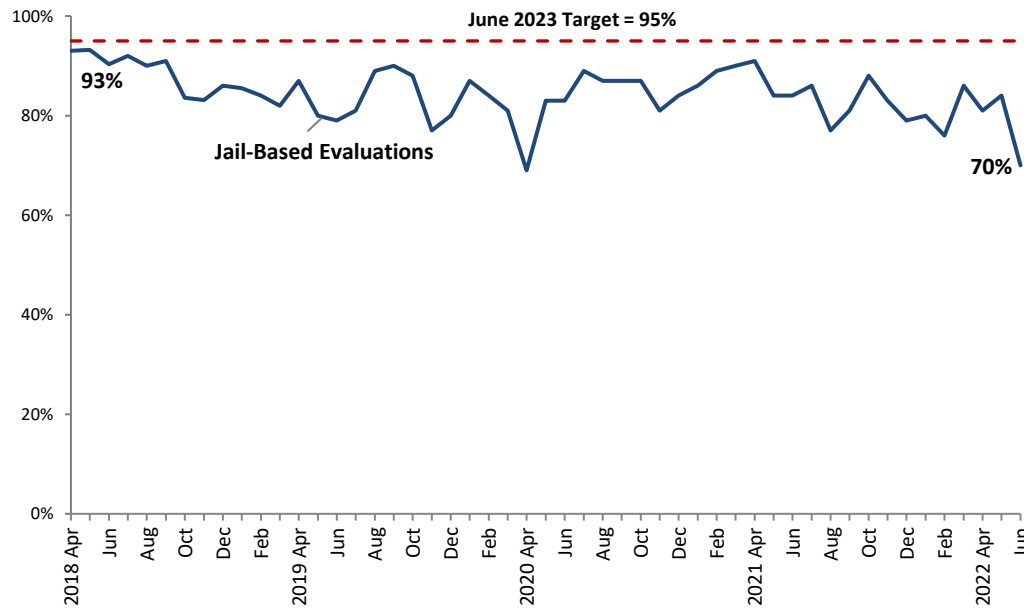
TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.18.xlsx>

# Behavioral Health Administration



## Support People In Our Care And Custody

### Percent of timely court-ordered jail-based competency evaluations



#### SUMMARY

Success Measure 1.2.3: Increase the number of jail-based evaluations completed within 14 days from 84% to 95% by June 2023.

#### ACTION PLAN

Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 1.2.

**DATA SOURCE:** Trueblood Monthly Report, Table 5; supplied by Alfred Bouvier.

**MEASURE DEFINITION:** Percentages of all jail-based competency evaluation orders completed within either of the two court-ordered compliance deadlines beginning in May 2017: 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:** *Click on link below for detailed data notes.*

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

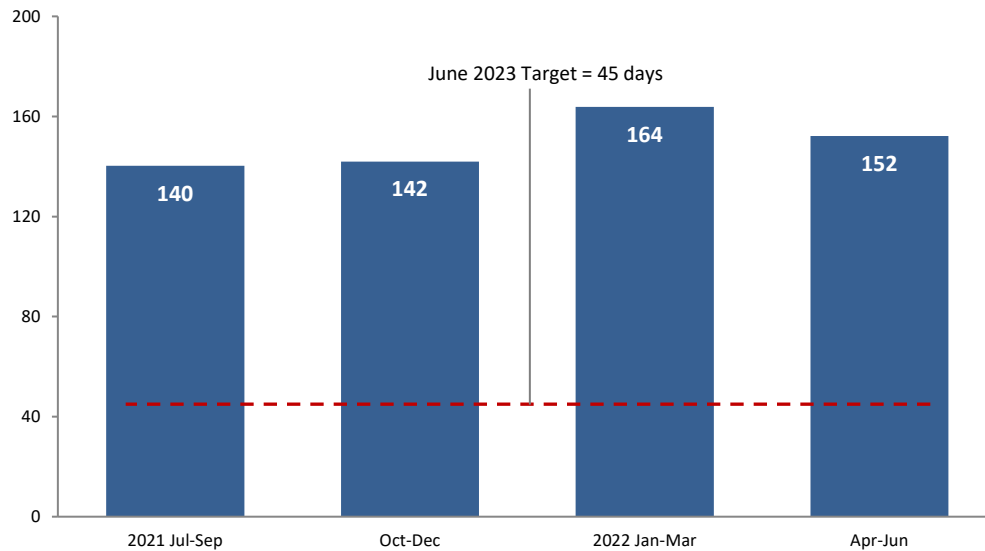
# Behavioral Health Administration



## Support People in our Care and Custody

### Number of days to complete personal recognizance/community-based evaluations

Average days per quarter



#### SUMMARY

**Success Measure 1.2.4: Decrease the number of days to complete personal recognizance/ community based evaluations from 152.1 days to 45 days by June 2023.**

#### ACTION PLAN

**Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 1.2.**

**DATA SOURCE:** Reports from RDA (6492 report data); supplied by Theresa Becker.

**MEASURE DEFINITION:** Average days elapsed from the date all discovery is received to completion of evaluation for clients who are not in custody and whose evaluations are completed in a non-secure community-based setting.

**DATA NOTES: 1** The data on which these figures are based are dynamic, as the data in the spreadsheets/databases are updated on a regular basis. Therefore, numbers may differ from one report to the next and/or across different reports.

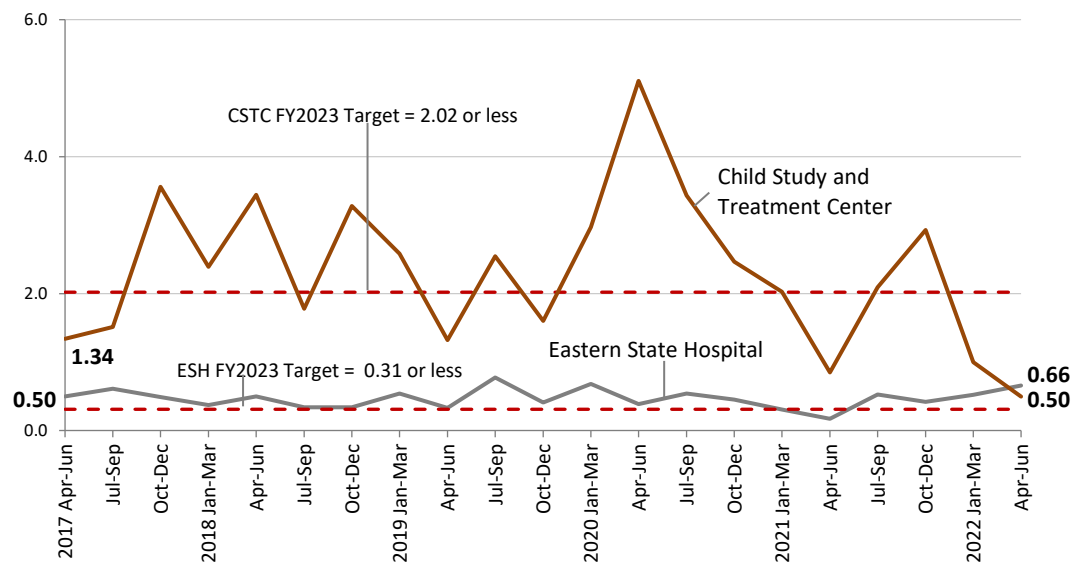
TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.19.xlsx>

# Behavioral Health Administration



## Support People In Our Care And Custody

### Rate of staff assault claims filed at Eastern State Hospital and the Child Study and Treatment Center



#### SUMMARY

**Success Measure 1.4.1: Decrease the rate of staff assault claims filed at ESH and CSTC by 10% by June 2023.**

- Decrease the rate of staff assault claims filed at ESH by 10% from 0.34 per 1,000 patient days in FY2021 to 0.31 in FY2023.
- Decrease the rate of staff assault claims filed at CSTC by 10% from 2.24 per 1,000 patient days in FY2021 to 2.02 in FY2023.

#### ACTION PLAN

Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 1.4.

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

**MEASURE DEFINITION:** L&I assault-related claims filed per 1,000 patient days during the reporting quarter, at Eastern State Hospital and the Child Study and Treatment Center.

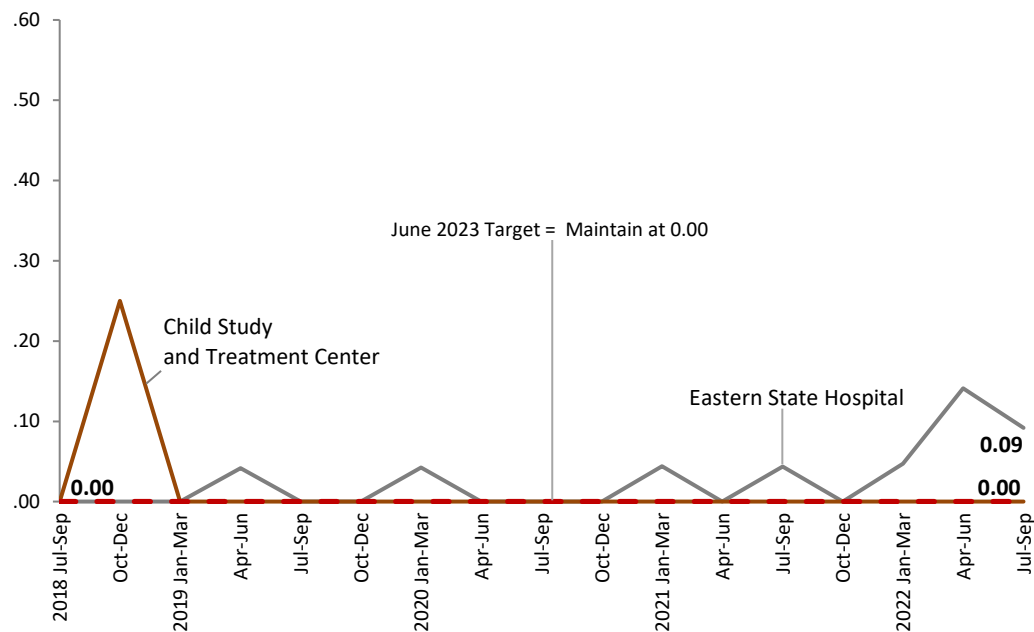
**DATA NOTES:** 1 Claims data has a minimum lag of 3 months. 2 The rate is calculated by dividing the number of assault claims filed in a given quarter by the number of in-residence days utilized by the state psychiatric hospitals in that quarter; and then multiplying the quotient by 1,000. *Click on link below for detailed data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/AB3.3.xlsx>

# Behavioral Health Administration

## Support People In Our Care And Custody

### Rate of severe assault-related patient injuries at Eastern State Hospital and the Child Study and Treatment Center



#### SUMMARY

Success Measure 1.4.1: Maintain the rate of severe assault-related patient injuries at ESH and CSTC at 0.00 through June 2023.

#### ACTION PLAN

Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 1.4.

**DATA SOURCE:** Reports from Eastern State Hospital and the Child Study and Treatment Center; supplied by Yaroslav Trusevich and Kristi Sigafoos.

**MEASURE DEFINITION:** Rate of severe assault-related patient injuries (reported during the reporting quarter) per 1,000 patient days, at Eastern State Hospital and the Child Study and Treatment Center.

**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).

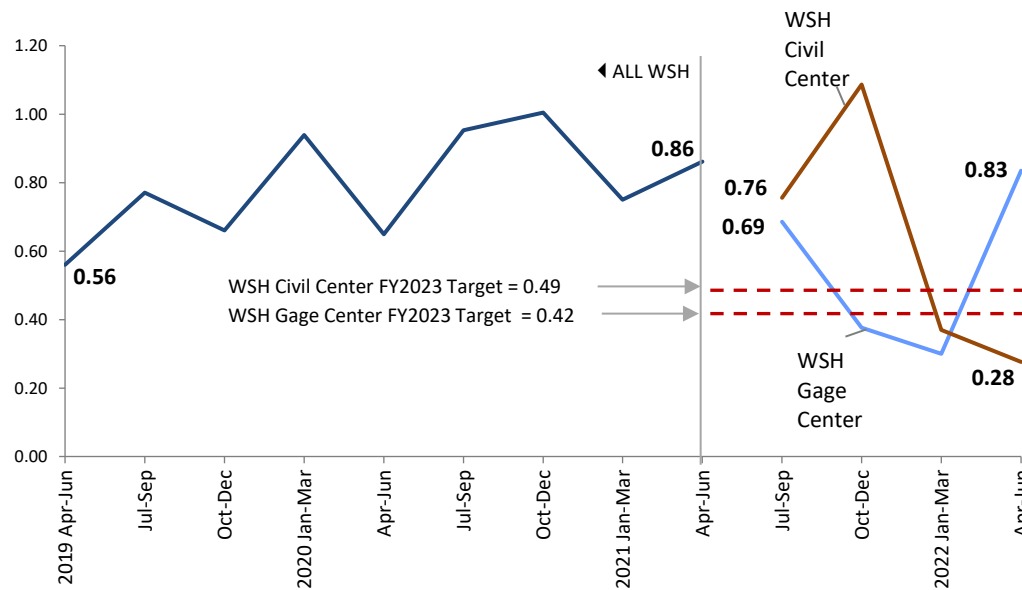
TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.15.xlsx>



# Behavioral Health Administration

## Support People In Our Care And Custody

### Rate of staff assault claims filed at Western State Hospital



#### SUMMARY

**Success Measure 1.4.2: Decrease the rate of staff assault claims at WSH by 50% from FY2021 to FY2023.**

- Decrease the rate of staff assault claims filed at WSH Gage Center by 50% from .83 per 1,000 patient days in FY2021 to 0.42 in FY2023.
- Decrease the rate of staff assault claims filed at WSH Civil Center by 50% from 0.98 per 1,000 patient days in FY2021 to 0.49 in FY2023.

#### ACTION PLAN

Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 1.4.

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

**MEASURE DEFINITION:** L&I assault-related claims filed per 1,000 patient days during the reporting quarter, at Western State Hospital.

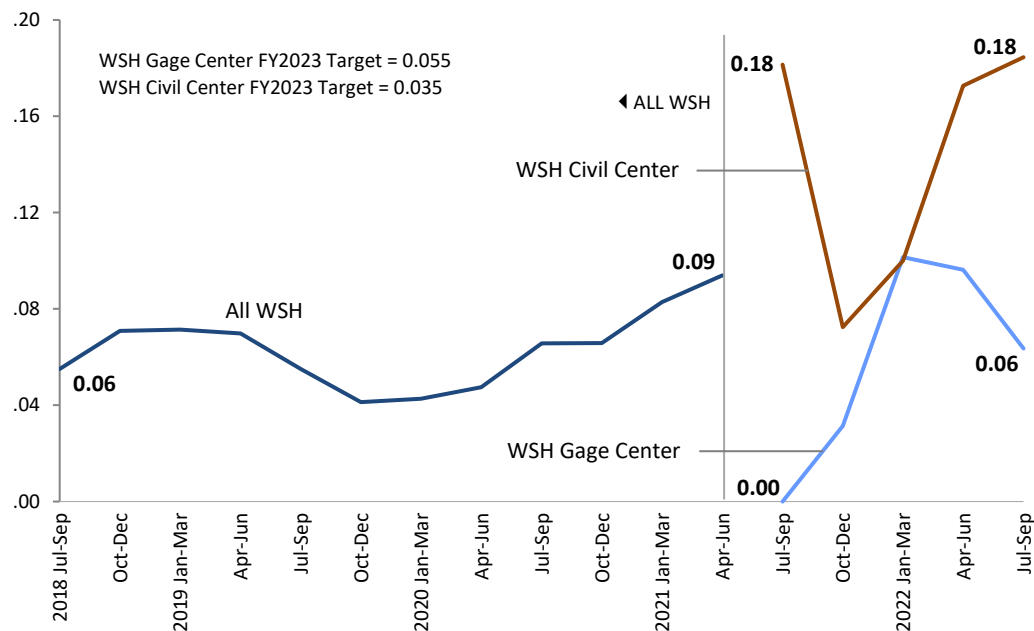
**DATA NOTES:** 1 Claims data has a minimum lag of 3 months. 2 The rate is calculated by dividing the number of assault claims filed in a given quarter by the number of in-residence days utilized by the state psychiatric hospitals in that quarter; and then multiplying the quotient by 1,000. 3 Beginning July 2021 data is shown separately for the two WSH centers, the Gage Center (Forensic) and the Civil Center. *Click on link below for additional data notes.*

TO DATA: <https://www.dshs.wa.gov/data/metrics/AB3.4.xlsx>

# Behavioral Health Administration

## Support People In Our Care And Custody

### Rate of severe assault-related patient injuries at Western State Hospital



#### SUMMARY

**Success Measure 1.4.2: Decrease the rate of severe assault-related patient injuries at WSH by 50% from FY2021 to FY2023.**

- Decrease the rate of severe assault-related patient injuries at WSH Gage Center by 50% from 0.11 per 1,000 patient days in FY2021 to 0.055 in FY2023.
- Decrease the rate of severe assault-related patient injuries at WSH Civil Center by 50% from 0.07 per 1,000 patient days in FY2021 to 0.035 in FY2023.

#### ACTION PLAN

Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 1.4.

**DATA SOURCE:** Reports from Western State Hospital; supplied by Julie Klingbeil.

**MEASURE DEFINITION:** Rate of severe assault-related patient injuries (reported during the reporting quarter) per 1,000 patient days at Western State Hospital.

**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). **3** Beginning July 2021 data is shown separately for the two WSH centers, the Gage Center (Forensic) and the Civil Center.

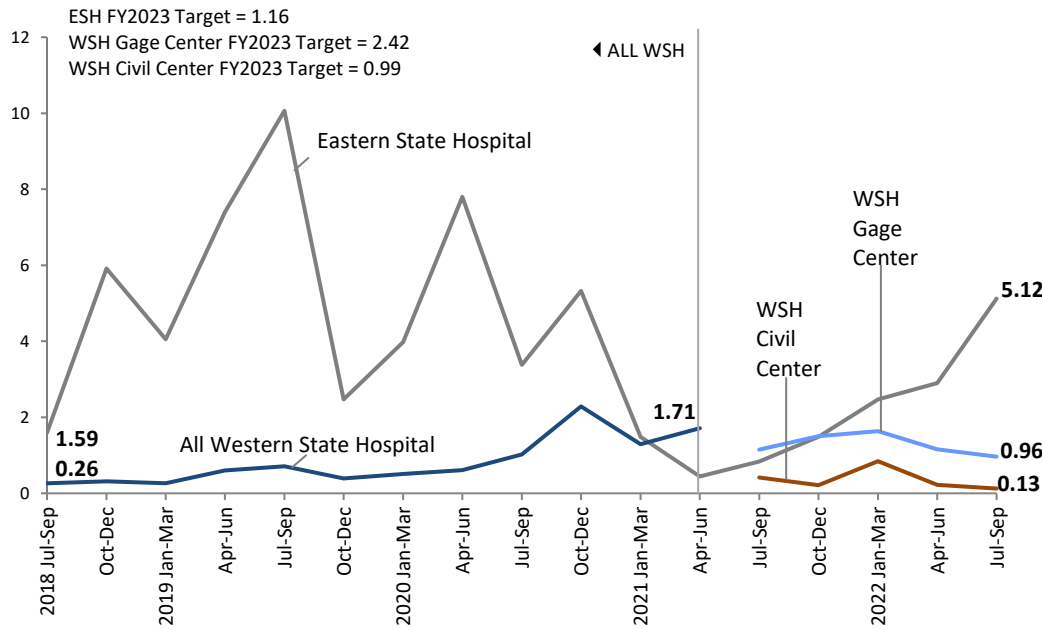
TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.16.xlsx>

# Behavioral Health Administration

## Quality assurance and improvement increases client safety

### Quarterly rates of seclusion hours at Eastern State Hospital and Western State Hospital

Rate per 1,000 patient hours



#### SUMMARY

Success Measure 1.5.1: By FY2023, reduce the use of seclusion and restraint at ESH and WSH.

- Decrease the rate of seclusion hours at ESH from 2.67 per 1000 patient hours in FY2021 to 1.16 in FY2023.
- Decrease the rate of seclusion hours at WSH Gage Center from 2.49 per 1000 patient hours in FY2021 to 2.42 in FY2023.
- Decrease the rate of seclusion hours per at WSH Civil Center by 10% from 1.10 per 1000 patient hours in FY2021 to 0.99 in FY2023.

#### ACTION PLAN

Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 1.5.

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

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

**DATA NOTES:** 1 Beginning July 2021 data is shown separately for the two WSH centers, the Gage Center (Forensic) and the Civil Center. [Click on link below for detailed data notes.](#)

TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX3.1.xlsx>

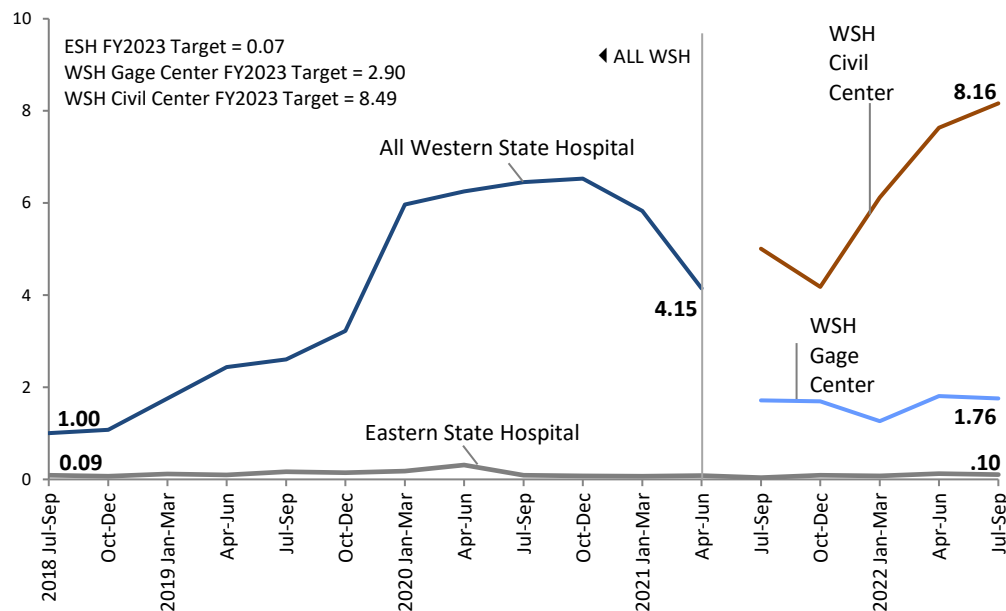
# Behavioral Health Administration



## Quality assurance and improvement increases client safety

### Quarterly rates of restraint hours at Eastern State Hospital and Western State Hospital

Rate per 1,000 patient hours



#### SUMMARY

Success Measure 1.5.1: By FY2023, reduce the use of seclusion and restraint at ESH and WSH.

- Decrease the rates of restraint hours at ESH from 0.08 per 1000 patient hours in FY2021 to 0.07 by FY2023.
- Decrease the rates of restraint hours at WSH Gage Center from 2.99 per 1000 patient hours in FY2021 to 2.90 in FY2023.
- Decrease the rates of restraint hours at WSH Civil Center by 10% from 9.43 per 1000 patient hours in FY2021 to 8.49 in FY2023.

#### ACTION PLAN

Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 1.5.

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

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

**DATA NOTES:** 1 Beginning July 2021 data is shown separately for the two WSH centers, the Gage Center (Forensic) and the Civil Center. *Click on link below for detailed data notes.*

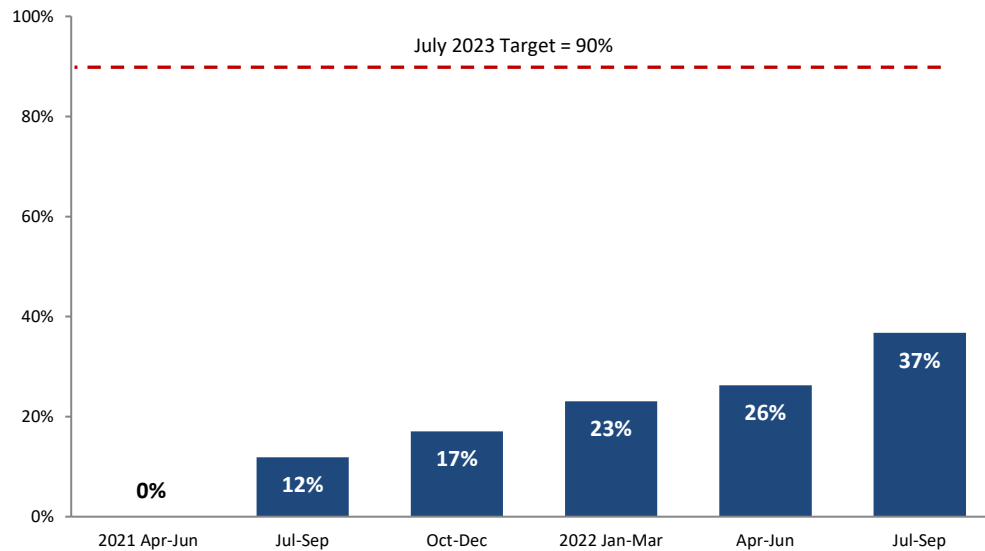
TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX4.1.xlsx>

# Behavioral Health Administration



## Support People In Our Care and Custody

### Percent of Special Commitment Center staff who complete the Crisis Prevention Institute's Nonviolent Crisis Intervention program.



#### SUMMARY

Success Measure 1.4.3: By July 2023, 90% of staff at SCC will have completed the Crisis Prevention Institute's Nonviolent Crisis Intervention program.

#### ACTION PLAN

Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 1.4.

**DATA SOURCE:** HRIS Movement History Tracking, MA3 and NEO training completion; supplied by MA3 and the Training Manager.

**MEASURE DEFINITION:** Percent of current Special Commitment Center staff who have completed CPI training.

**DATA NOTES:** 1 Measure is calculated by dividing the total number of current Special Commitment Center staff who have completed CPI training by the number of current staff whose job descriptions require CPI training. 2 Data reflects that the training manager was just made aware of this training requirement the first part of 2021 and is in progress with implementing this and getting a trainer on-boarded, etc. *Click on link below for additional data notes.*

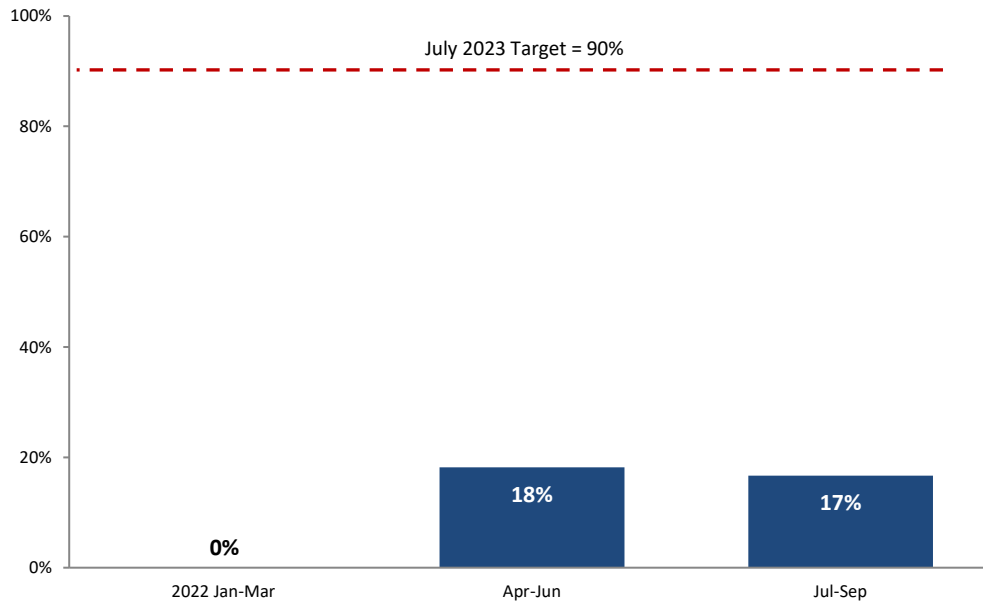
TO DATA: <https://www.dshs.wa.gov/data/metrics/SC2.3.xlsx>

# Behavioral Health Administration



## Support People In Our Care and Custody

### Percent of Special Commitment Center residents who have been conditionally or unconditionally released who have participated in Transition programming



#### SUMMARY

Success Measure 1.6.1: By July 2023, 90% of conditionally and unconditionally released residents will have participated in transitional programming while at SCC.

#### ACTION PLAN

Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 1.6.

**DATA SOURCE:** Attendance and placement reports from the Special Commitment Center; supplied by Timothy Edgren.

**MEASURE DEFINITION:** Cumulative percent of Special Commitment Center residents who have been conditionally or unconditionally released who have participated in Transition programming.

**DATA NOTES:** 1 Measure is calculated by dividing total number of newly released residents who ever participated in transitional programming by the total number of those residents within the period.

2 Data for residents released more than once will not be duplicated.

TO DATA: <https://www.dshs.wa.gov/data/metrics/SC2.4.xlsx>