

Behavioral Health Administration

Department of Social and Health
Services

Strategic Plan Metrics 2023-2024

Behavioral Health Administration

Success Measure

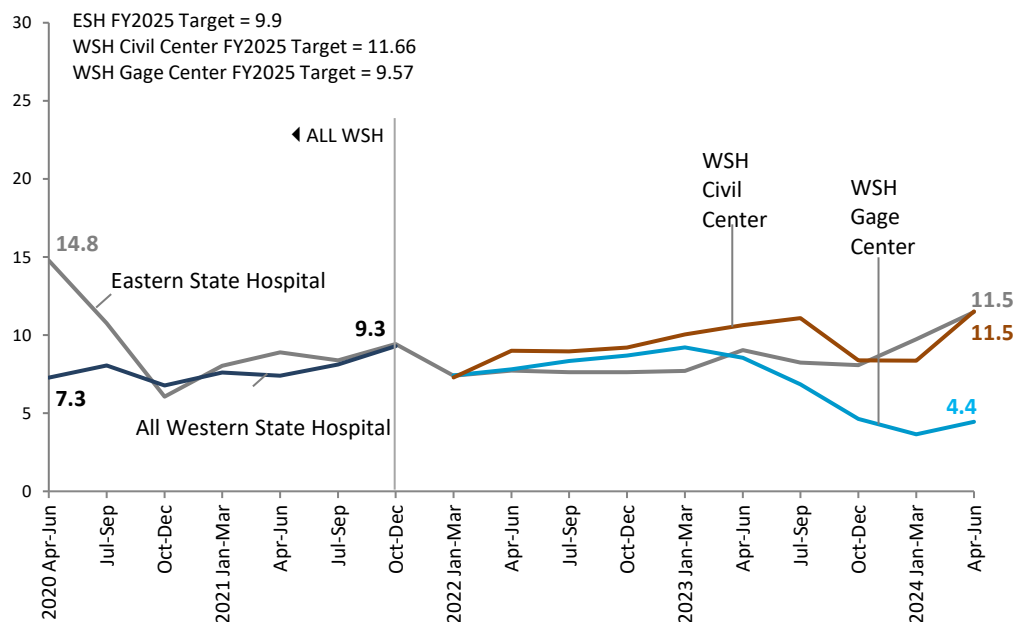
ABX.5	Quarterly rates of active treatment hours delivered at Eastern State Hospital and Western State Hospital	1.1a
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Behavioral Health Administration

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

Average number of treatment hours per 7 patient days



SUMMARY

Success Measure 1.1: By July 2025, BHA facilities will increase the rate of treatment hours provided per patient days by 10%.

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 It's important to note that WSH's and ESH's treatment malls continue to be ward-based and in small groups due to the COVID-19 pandemic, which is largely responsible for the reduction in active treatment hours since SFQ 2020/3. They are working toward a safe treatment mall reopening that will be in line with the Governor's Safe Start proclamation. *Click on link below for detailed data notes.*

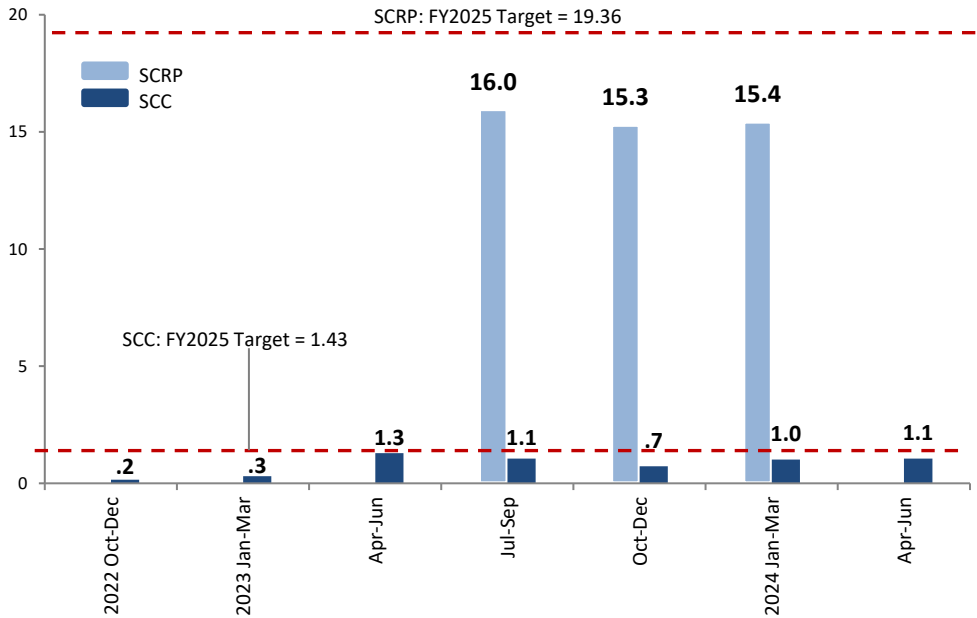
TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.5.xlsx>

Behavioral Health Administration

Improve access to behavioral health care

Quarterly rates of active treatment hours delivered per 7 patient days at SCRP and SCC

Average number of treatment hours per 7 patient days



DATA SOURCE: Reports from Steilacoom Competency Restoration Program (SCRP); Therap; supplied by Madison Swanson, Special Commitment Center (SCC).

MEASURE DEFINITION: Active treatment hours delivered (per 7 patient days) during the reporting quarter, at Steilacoom Competency Restoration Program (SCRP) and SCC (Special Commitment Center).

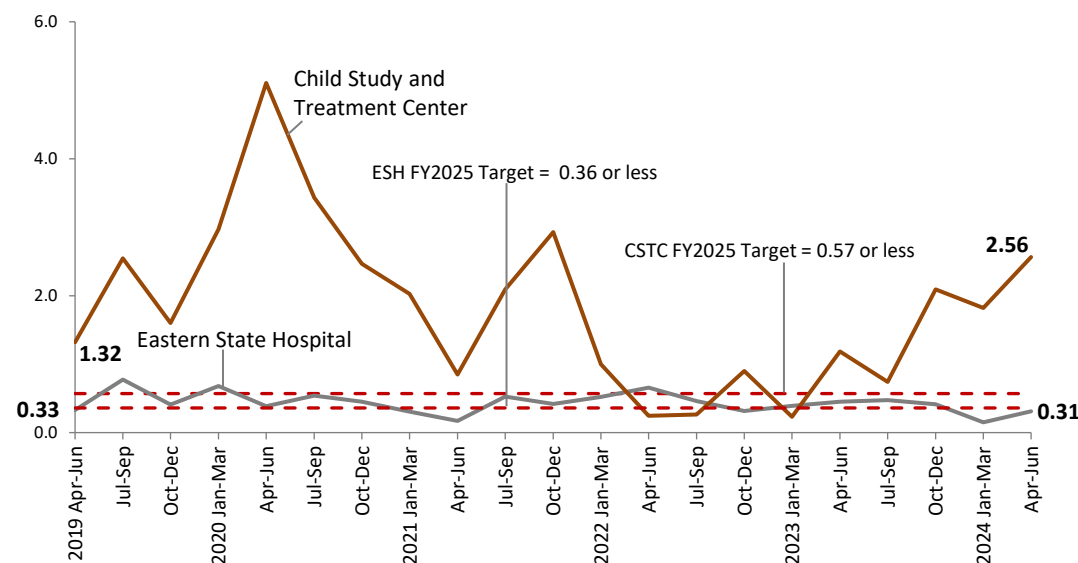
DATA NOTES: 1

TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.29.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 2.1a: Decrease the rate of staff assault claims filed at ESH and CSTC by 10% by June 2025.

- Decrease the rate of staff assault claims filed at ESH by 10% from 0.40 per 1,000 patient days in FY2023 to 0.36 in FY2025.
- Decrease the rate of staff assault claims filed at CSTC by 10% from 0.64 per 1,000 patient days in FY2023 to 0.57 in FY2025.

ACTION PLAN

Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 2.

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

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.

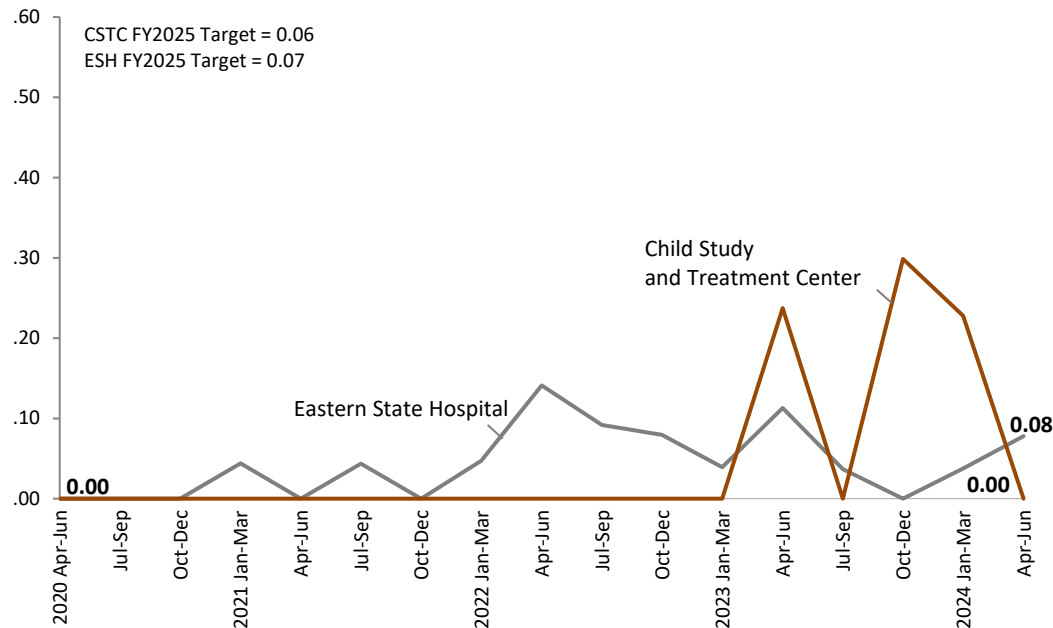
DATA NOTES: 1 Claims data has a minimum lag of 3 months. 2 The rate is calculated by dividing the number of assault claims filed in a given quarter by the number of in-residence days utilized by the state psychiatric hospitals in that quarter; and then multiplying the quotient by 1,000. *Click on link 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 2.1c: Decrease the rate of severe assault-related patient injuries by 10% from FY2023 to FY2025.

ACTION PLAN

Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 2.

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

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.

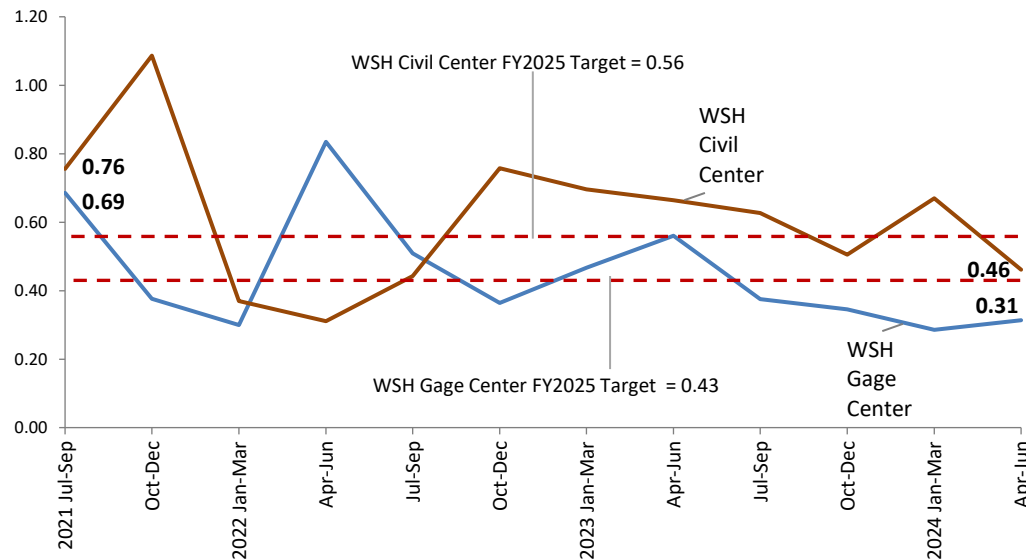
DATA NOTES: 1 Incidents are distinctly tracked for each of the state hospitals, for purposes of calculating rates by facility.
2 An injury occurs when a patient suffers physical harm or damage, excluding the result of a disease process. Severe patient injuries include all patient injuries with a severity 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 2.1b: Decrease the rate of staff assault claims at WSH by 10% from FY2023 to FY2025.

- Decrease the rate of staff assault claims filed at WSH Civil Center by 10% from 0.62 per 1,000 patient days in FY2023 to 0.56 in FY2025.
- Decrease the rate of staff assault claims filed at WSH Gage Center by 10% from 0.48 per 1,000 patient days in FY2023 to 0.43 in FY2025.

ACTION PLAN

Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 2.

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

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

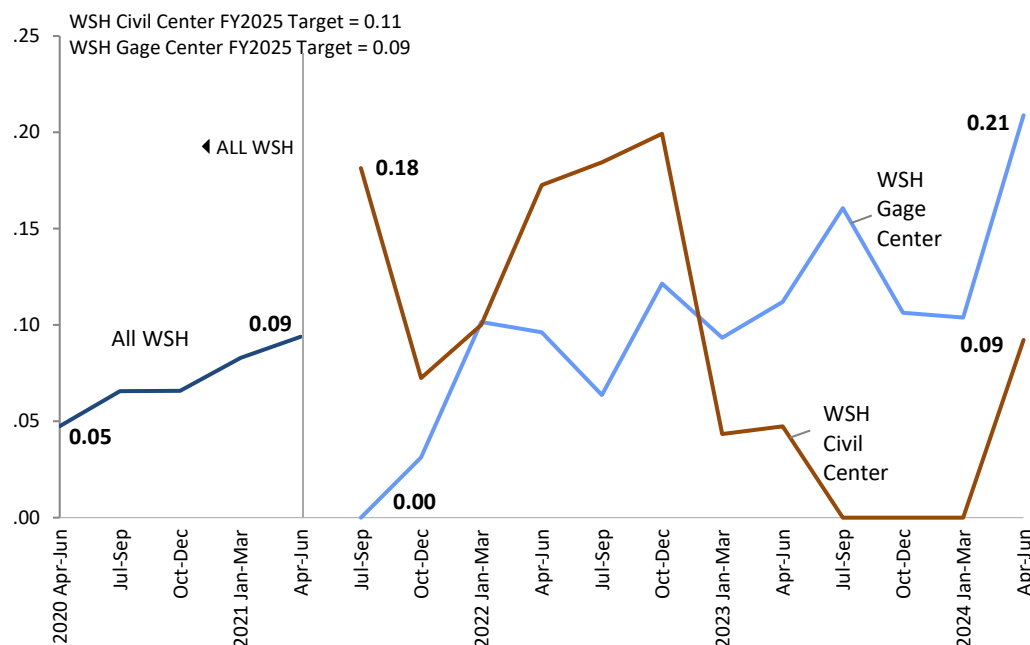
DATA NOTES: 1 Claims data has a minimum lag of 3 months. 2 The rate is calculated by dividing the number of assault claims filed in a given quarter by the number of in-residence days utilized by the state psychiatric hospitals in that quarter; and then multiplying the quotient by 1,000. 3 Western State Hospital instituted new reporting procedures as of Oct 2023. Incidents which occurred off-site (in neither the Gage or Civil center) are categorized as "other." This results in a stark reduction in the number of incidents reported for each 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 2.1d: Decrease the rate of severe assault-related patient injuries at WSH by 10% from FY2023 to FY2025.

- Decrease the rate of severe assault-related patient injuries at WSH Civil Center by 10% from 0.12 per 1,000 patient days in FY2023 to 0.11 in FY2025.
- Decrease the rate of severe assault-related patient injuries at WSH Gage Center by 10% from 0.10 per 1,000 patient days in FY2023 to 0.09 in FY2025.

ACTION PLAN

Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 2.

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.

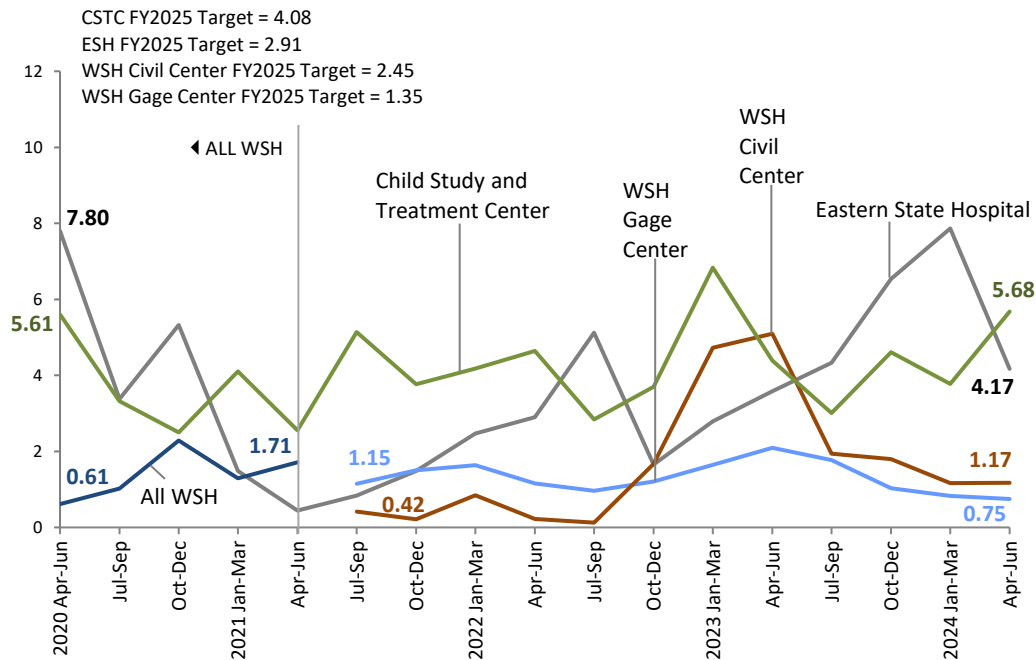
TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.16.xlsx>

Behavioral Health Administration

Quality assurance and improvement increases client safety

Quarterly rates of seclusion hours at the Child Study and Treatment Center, Eastern State Hospital and Western State Hospital

Rate per 1,000 patient hours



DATA SOURCE: Reports from Western State Hospital and Eastern State Hospital; supplied by Julie Klingbeil and Yaroslav Trusevich. Reports from the Child Study and Treatment center; supplied by Lisa Davis.

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>

SUMMARY

Success Measure 2.2a: Reduce the use of patient seclusion by 10% from FY2023 to FY2025.

- Decrease the rate of seclusion hours at CSTC from 4.53 per 1000 patient hours in FY2023 to 4.08 in FY2025.
- Decrease the rate of seclusion hours at ESH from 3.23 per 1000 patient hours in FY2023 to 2.91 in FY2025.
- Decrease the rate of seclusion hours per at WSH Civil Center by 10% from 2.72 per 1000 patient hours in FY2023 to 2.45 in FY2025.
- Decrease the rate of seclusion hours at WSH Gage Center from 1.50 per 1000 patient hours in FY2023 to 1.35 in FY2025.

ACTION PLAN

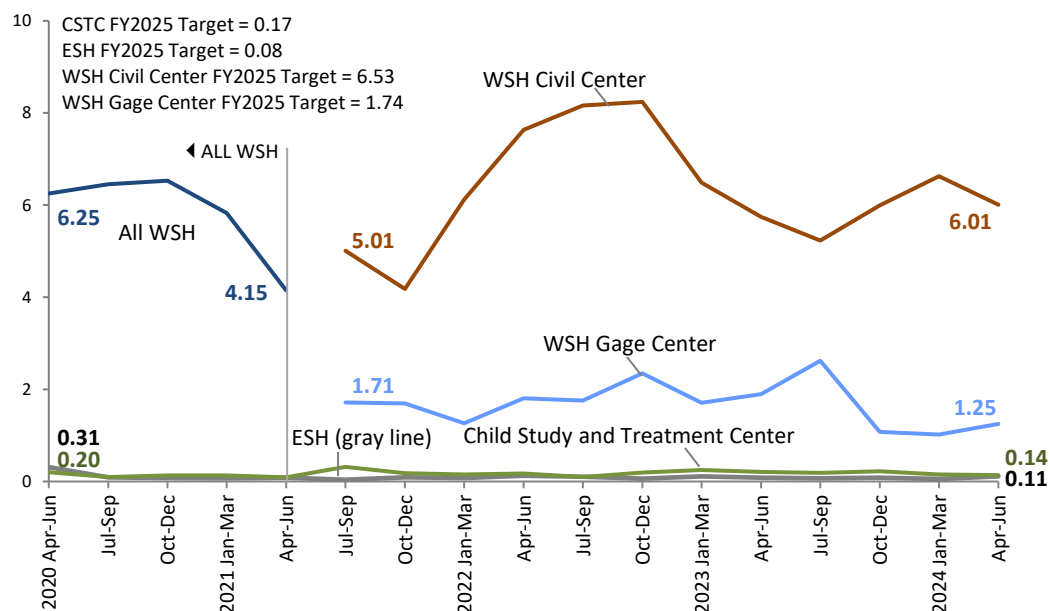
Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 2.

Behavioral Health Administration

Quality assurance and improvement increases client safety

Quarterly rates of restraint hours at the Child Study and Treatment Center, Eastern State Hospital and Western State Hospital

Rate per 1,000 patient hours



SUMMARY

Success Measure 2.2b: Reduce the use of patient restraint by 10% from FY2023 to FY2025.

- Decrease the rates of restraint hours at CSTC from 0.19 per 1000 patient hours in FY2023 to 0.17 by FY2025.
- Decrease the rates of restraint hours at ESH from 0.09 per 1000 patient hours in FY2023 to 0.08 by FY2025.
- Decrease the rates of restraint hours at WSH Civil Center by 10% from 7.25 per 1000 patient hours in FY2023 to 6.53 in FY2025.
- Decrease the rates of restraint hours at WSH Gage Center from 1.93 per 1000 patient hours in FY2023 to 1.74 in FY2025.

ACTION PLAN

Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 2.2.

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

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

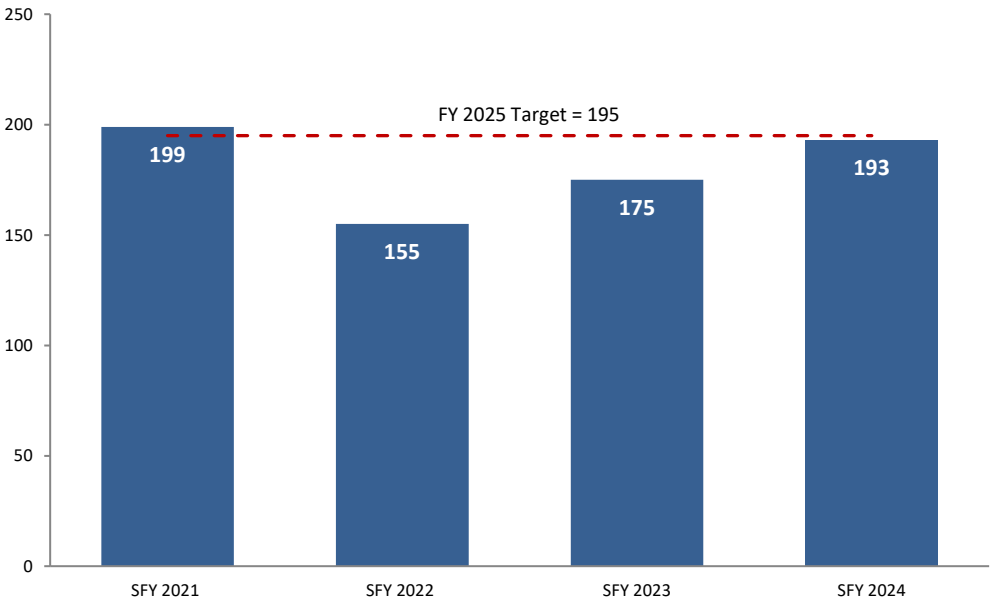
DATA NOTES: 1 Beginning July 2021 data is shown separately for the two WSH centers, the Gage Center (Forensic) and the Civil Center. [Click on link below for detailed data notes.](#)

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

Behavioral Health Administration

Create an effective continuum of care through BHA supports and services

Number of yearly participants in state funded Prosecutorial Diversion Programs



SUMMARY

Success Measure 3.1: Increase the number of yearly participants in state-funded Prosecutorial Diversion Programs by 10% from FY2023 to FY2025.

ACTION PLAN

Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Goal 3.

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.

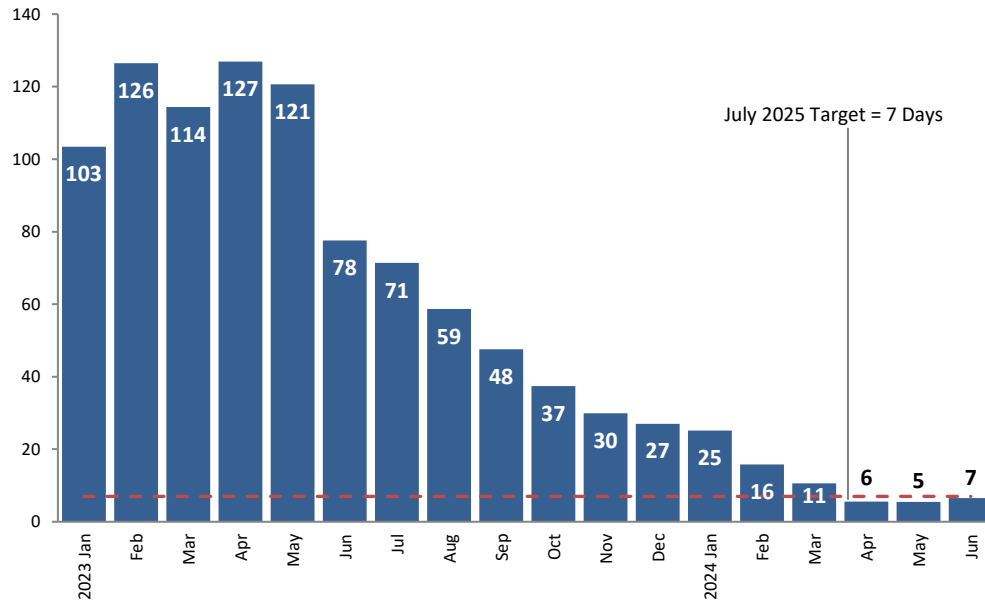
DATA NOTES: 1 The data on which these figures are based are dynamic, as the data in the spreadsheets/databases are updated on a regular basis. Therefore, numbers may differ from one report to the next and/or across different reports.

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

Behavioral Health Administration

Create an effective continuum of care through BHA supports and services

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



SUMMARY

Success Measure 3.2: Maintain the time from court order to admission for inpatient competency restoration at 7 days or less indefinitely.

ACTION PLAN

Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Goal 3.

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.

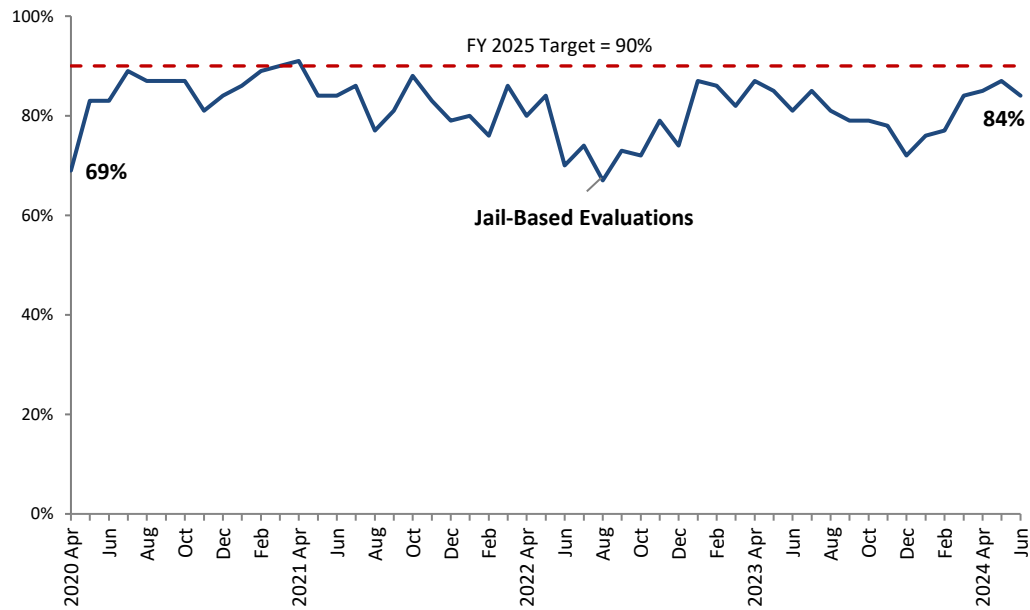
TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.18.xlsx>

Behavioral Health Administration



Support People In Our Care And Custody

Percent of timely court-ordered jail-based competency evaluations



SUMMARY

Success Measure 3.3: Increase the number of jail-based evaluations completed within 14 days to 90% in FY2025.

ACTION PLAN

Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 3.

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.*

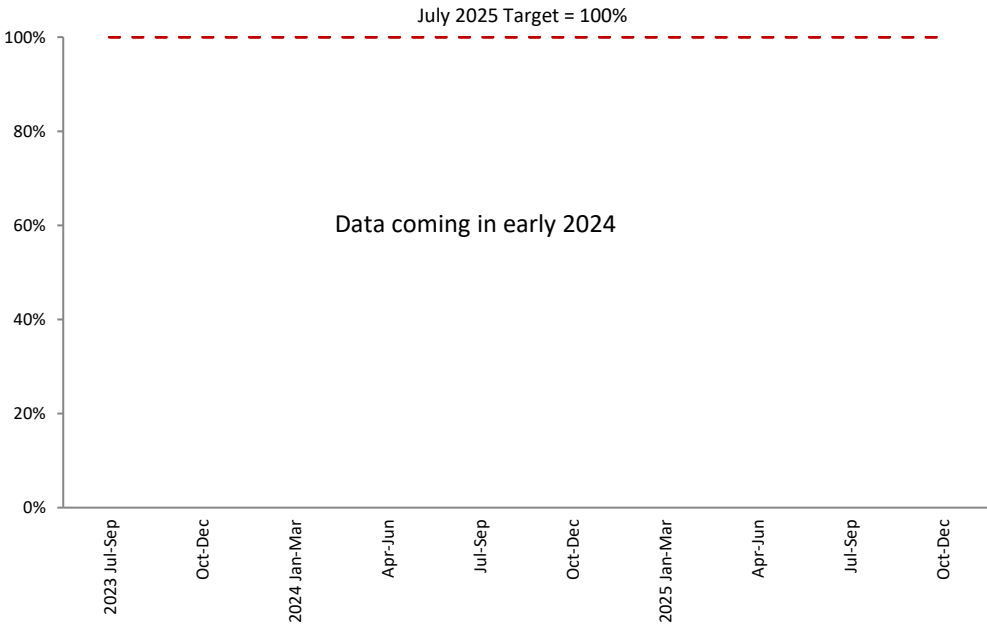
TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.9.xlsx>

Behavioral Health Administration

Support People In Our Care And Custody

Percent of Native American patients who have been offered cultural services

Cumulative



SUMMARY

Success Measure 4.1: Offer contracted cultural services to 100% of Native American patients within each BHA facility by July 2025.

ACTION PLAN

- Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 4.

DATA SOURCE: Reports from BHA HQ; supplied by Marie Natrall-Ackles.

MEASURE DEFINITION: Cumulative percent of Native American patients who have been offered contracted cultural services.

DATA NOTES: **1** Percent is calculated by dividing the number of BHA patients who have been offered cultural services by the total number of BHA patients who identify as Native American. Native American patients are identified based on self-reported race/ethnicity data. Patients are counted as being offered services, even if they decline the offer. **2** Total # of Native American patients in BHA facilities is based on patients self-reporting their race/ethnicity.

TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.27.xlsx>

Behavioral Health Administration



Support People In Our Care And Custody

Total number of EDAI educational events and opportunities offered at BHA facilities.

Cumulative



SUMMARY

Success Measure 6.1: By July 2025, increase the number of EDAI engagement events and opportunities offered at BHA facilities by 20%.

ACTION PLAN

- Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 6.

DATA SOURCE: Reports from the OEDAI; supplied by Lolo Arevalo.

MEASURE DEFINITION: Cumulative number of EDAI educational events and opportunities offered at BHA each fiscal year.

DATA NOTES: 1 Events are considered EDAI educational events or opportunities if they meet the BHA Community of Practice's definition of an EDAI educational event. Although participation in these events may be tracked separately, there is no participation minimum requirement for an event to count as being offered.

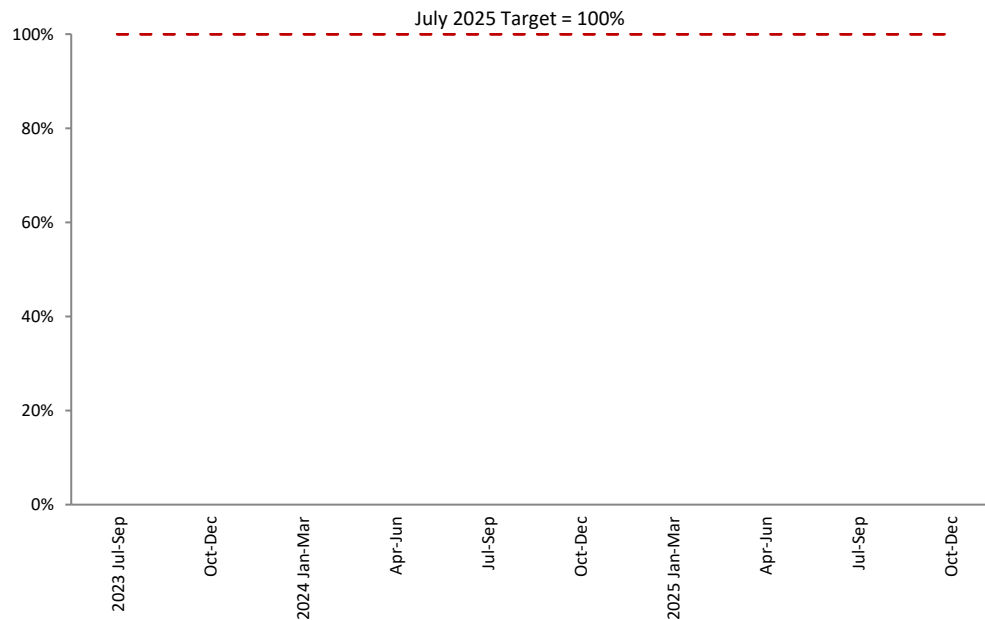
TO DATA: [will link to data](#)

Behavioral Health Administration

Increase organization efficiency, performance and effectiveness

Percent of departing staff who were offered an exit interview within 14 days of notice of separation

Cumulative



SUMMARY

Success Measure 8.1: Exit interviews will be offered to all departing staff within 14 days of notice of separation by July 2025.

ACTION PLAN

- Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 8.

DATA SOURCE: Reports from BHA HQ; supplied by Yasmin Michaels.

MEASURE DEFINITION: Quarterly percent of departing staff who were offered an exit interview within 14 days of their notice of separation.

DATA NOTES: 1 Percent is calculated by dividing the number who were offered an exit interview in the quarter by the total number of BHA staff who put in a notice of separation in the quarter. 2 Data is lagged by two weeks to allow for exit interviews to be offered to those who leave in the final two weeks of a quarter.

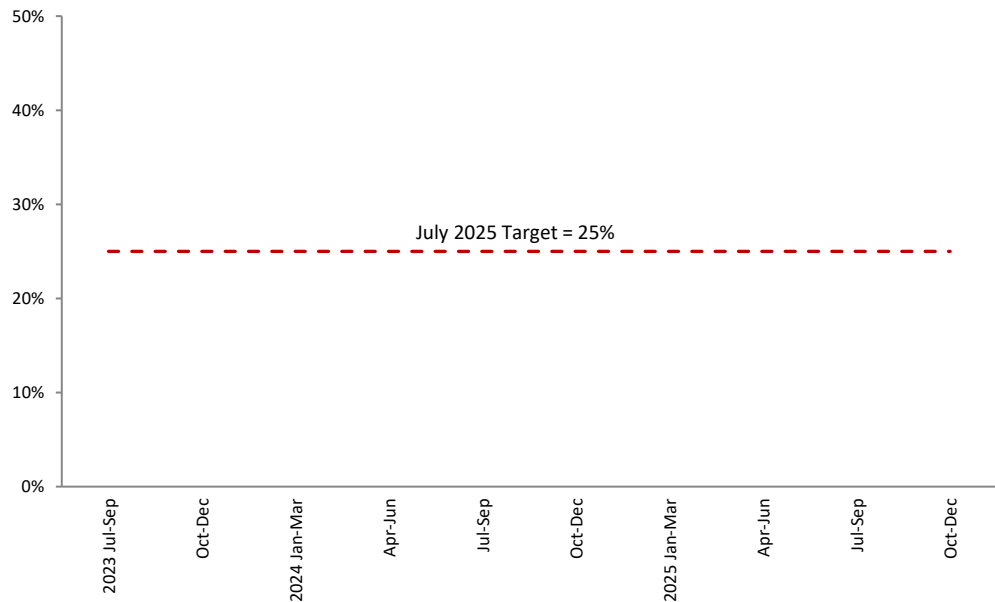
TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.26.xlsx>

Behavioral Health Administration

Increase organization efficiency, performance and effectiveness

Percent of BHA employees who have had a stay interview

Cumulative



DATA SOURCE: Reports from BHA HQ; supplied by Yasmin Michaels.

MEASURE DEFINITION: Cumulative percent of BHA staff who have had a stay interview at their annual review.

DATA NOTES: Percent is calculated by dividing the number of BHA staff who have had a stay interview by the average number of total BHA staff in the time period. Annual reviews are only performed once a year, so data will only change in the fall of each calendar year.

TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.24.xlsx>

SUMMARY

Success Measure 8.2: Stay Interviews will be completed as part of annual reviews for 25% of staff by July 2025.

ACTION PLAN

- Updated discussion and Action Plans for this measure are located in the Behavioral Health Administration's Strategic Plan, Strategic Objective 8.