



# **Behavioral Health Administration**

**Department of Social and Health Services**

## **Strategic Plan Metrics**

**April 2025**

# Behavioral Health Administration

Success Measures Associated with Charts

Strategic Plan  
Success Measure #

## DSHS Priority: Modernize Behavioral Health

### BHA Goal 1: Modernize and continuously improve behavioral health treatment for Washingtonians in BHA care

ABX3.1	Quarterly rates of seclusion hours at the Child Study and Treatment Center, Eastern State Hospital and Western State Hospital	<a href="#">1.5a</a>
ABX4.1	Quarterly rates of restraint hours at the Child Study and Treatment Center, Eastern State Hospital and Western State Hospital	<a href="#">1.5b</a>

## DSHS Priority: Healthy & Safe Communities

### BHA Goal 2: Promote a culture of safety for staff and patients in our care

AB3.3	Rate of staff assault claims filed at Eastern State Hospital and the Child Study and Treatment Center	<a href="#">2.1a</a>
ABX.15	Rate of severe assault-related patient injuries at Eastern State Hospital and the Child Study and Treatment Center	<a href="#">2.1c</a>
AB3.4	Rate of staff assault claims filed at Western State Hospital	<a href="#">2.1b</a>
ABX.16	Rate of severe assault-related patient injuries at Western State Hospital	<a href="#">2.1d</a>

## DSHS Priority: Efficient, Effective, and Accountable Government

### BHA Goal 3: Create an effective continuum of care through BHA supports and services

ABX.17	Number of yearly participants in state funded Prosecutorial Diversion Programs	<a href="#">3.1</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="#">3.2</a>
ABX.9	Percent of timely court-ordered competency jail-based evaluations	<a href="#">3.3</a>
ABX.31	Percent of court ordered civil evaluations completed	<a href="#">3.4</a>
ABX.32	Percent of clinically eligible civil patients referred to community providers for early engagement	<a href="#">3.5</a>

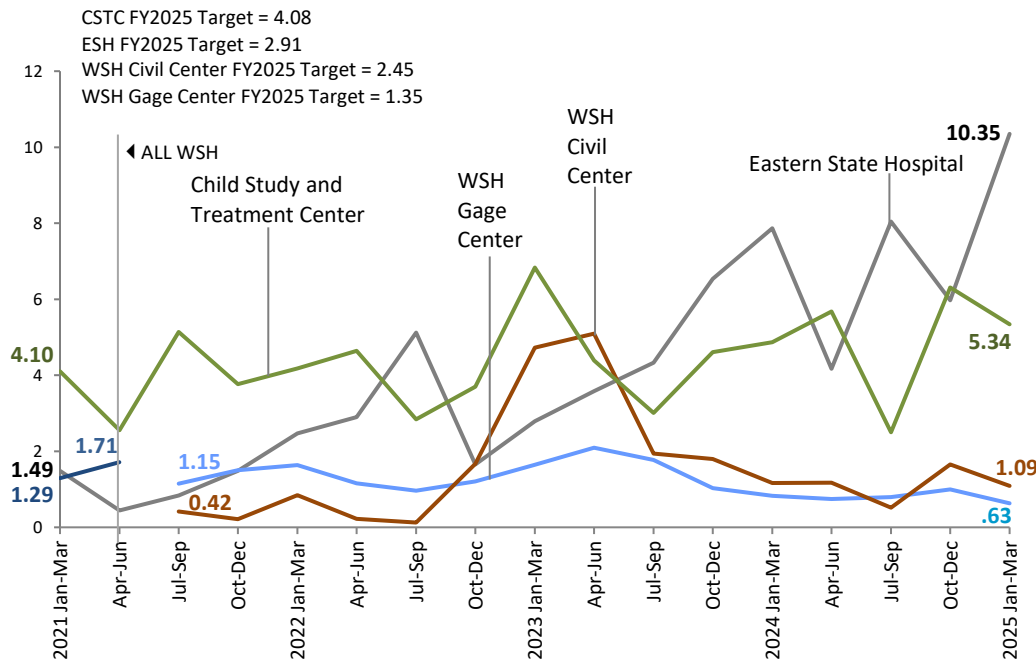
# Behavioral Health Administration

## DSHS Priority: Modernize Behavioral Health

### Modernize and continuously improve behavioral health treatment for Washingtonians in BHA care

#### 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.

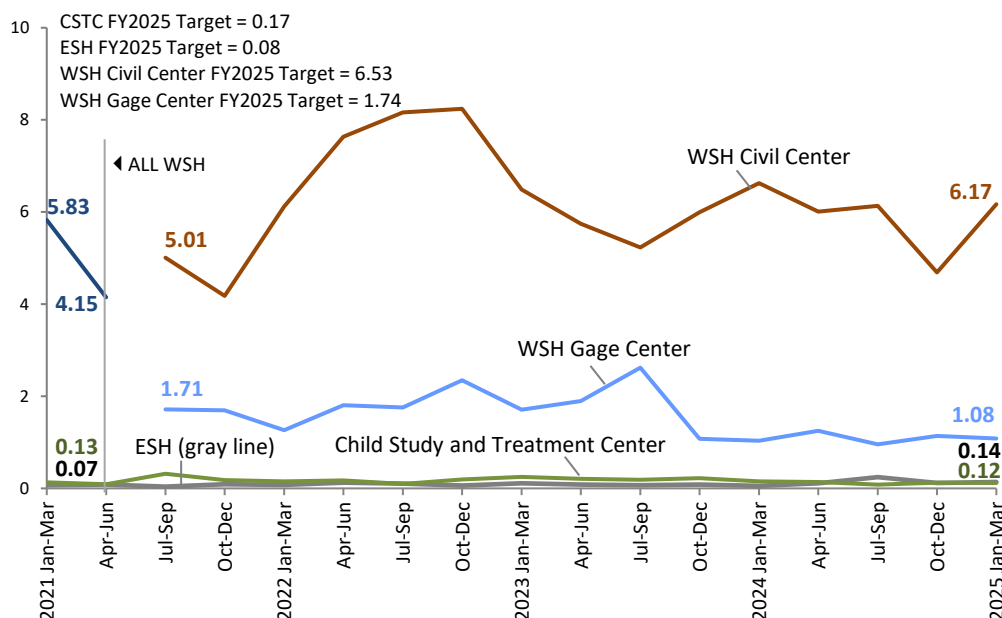
# Behavioral Health Administration

## DSHS Priority: Modernize Behavioral Health

### Modernize and continuously improve behavioral health treatment for Washingtonians in BHA care

#### 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.

**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.*

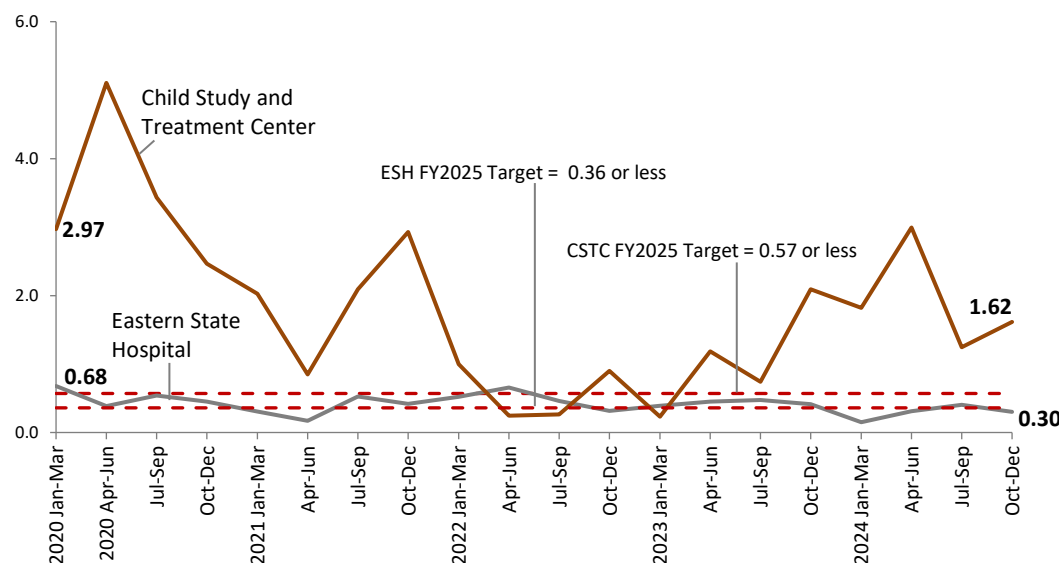
TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX4.1.xlsx>

# Behavioral Health Administration

DSHS Priority: Healthy & Safe Communities

Promote a culture of safety for staff and patients in our care

## 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.*

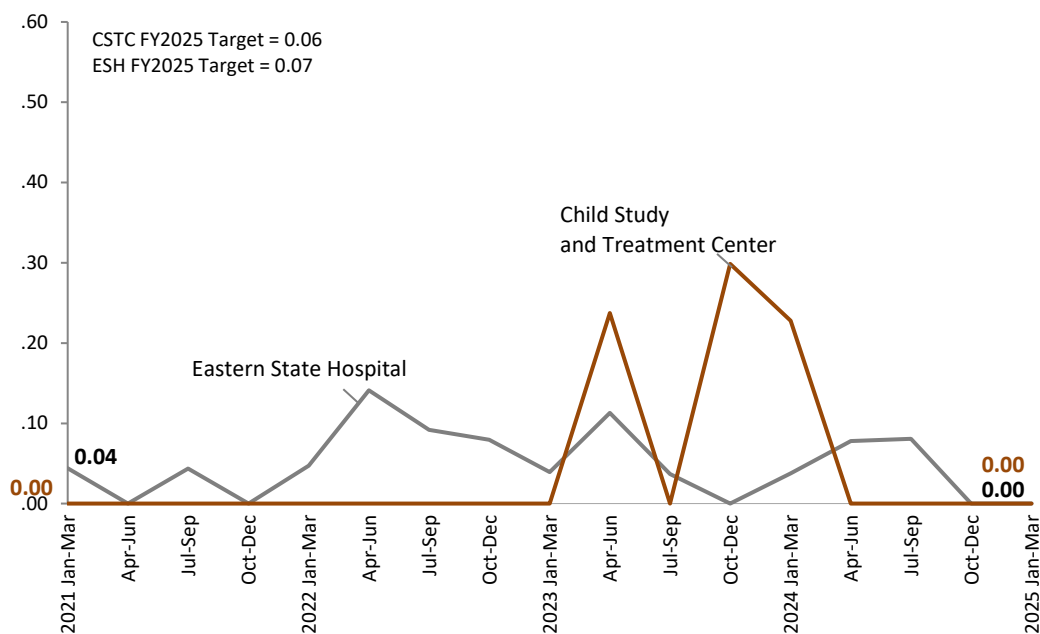
TO DATA: <https://www.dshs.wa.gov/data/metrics/AB3.3.xlsx>

# Behavioral Health Administration

DSHS Priority: Healthy & Safe Communities

Promote a culture of safety for staff and patients in our care

## 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).

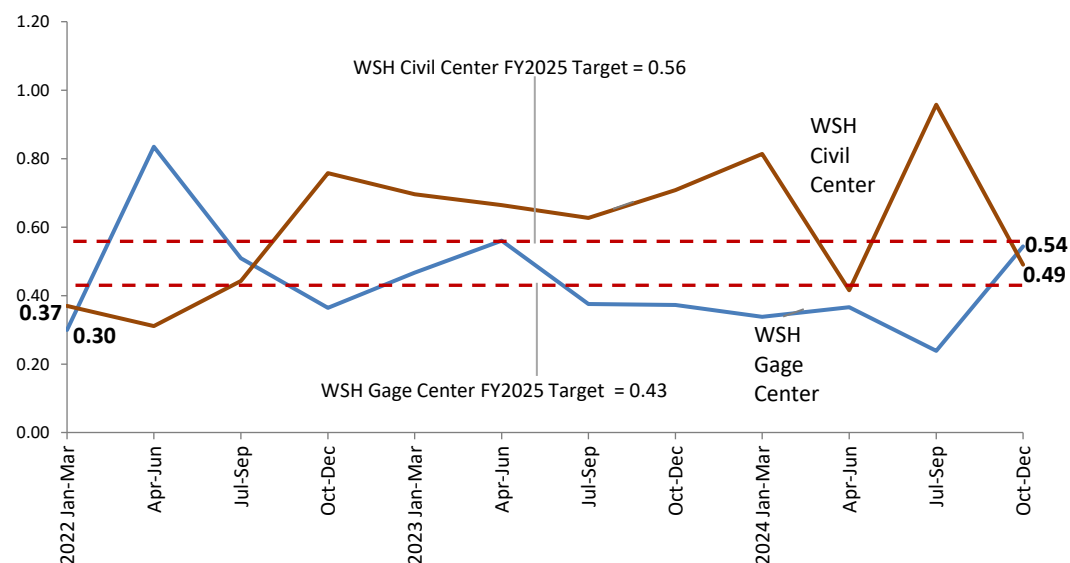
TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.15.xlsx>

# Behavioral Health Administration

## DSHS Priority: Healthy & Safe Communities

### Promote a culture of safety for staff and patients in our care

#### 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.

**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.*

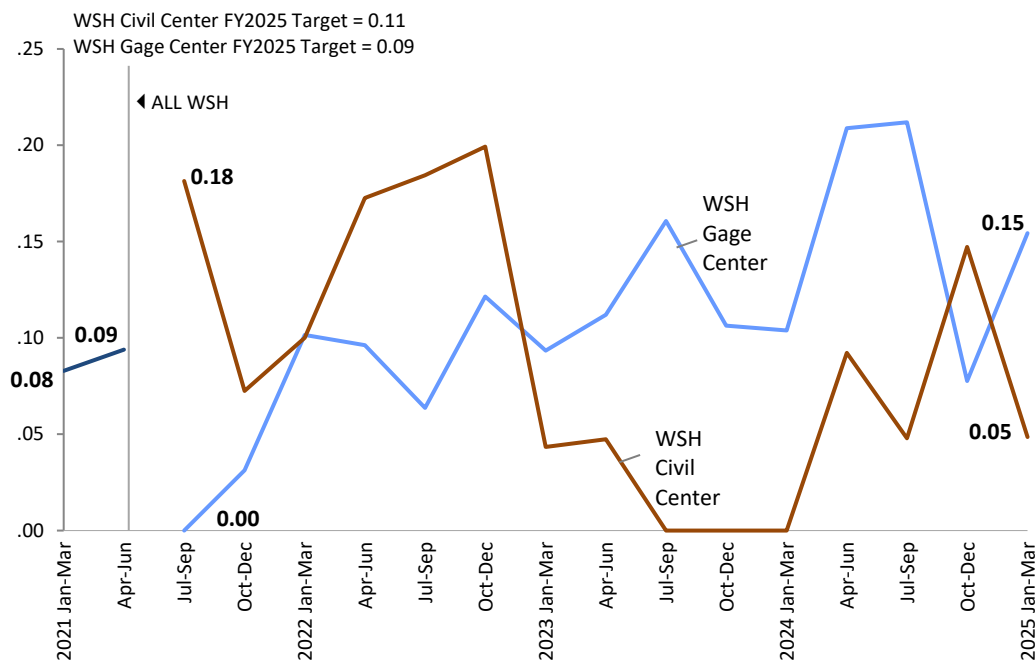
TO DATA: <https://www.dshs.wa.gov/data/metrics/AB3.4.xlsx>

# Behavioral Health Administration

DSHS Priority: Healthy & Safe Communities

Promote a culture of safety for staff and patients in our care

## 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.

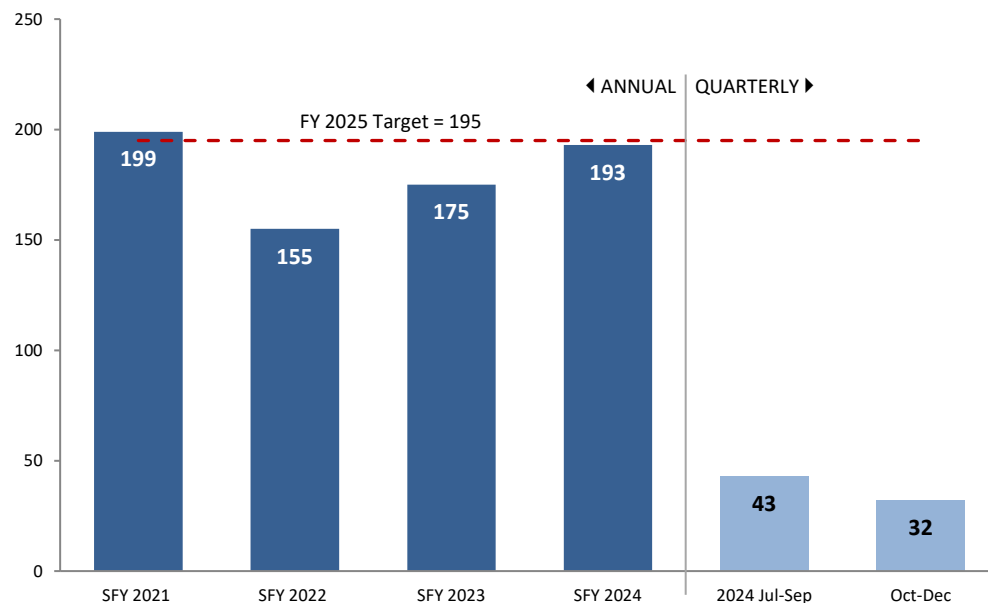
TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.16.xlsx>

# Behavioral Health Administration

DSHS Priority: Efficient, Effective, and Accountable Government

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. 2 The yearly counts may include a person more than once if they enter the program in more than 1 quarter in the same year.

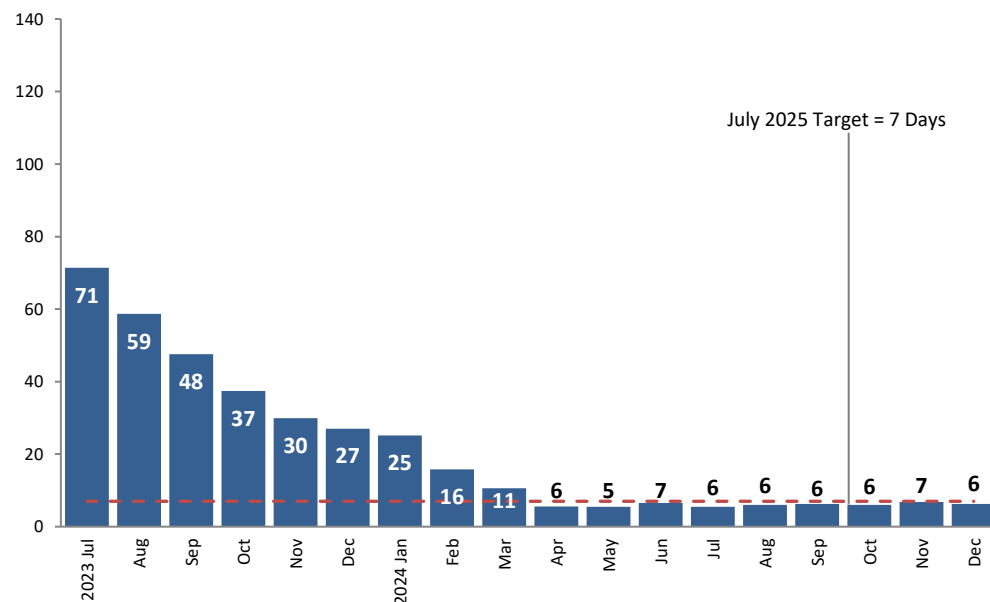
TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.17.xlsx>

# Behavioral Health Administration

DSHS Priority: Efficient, Effective, and Accountable Government

## 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.

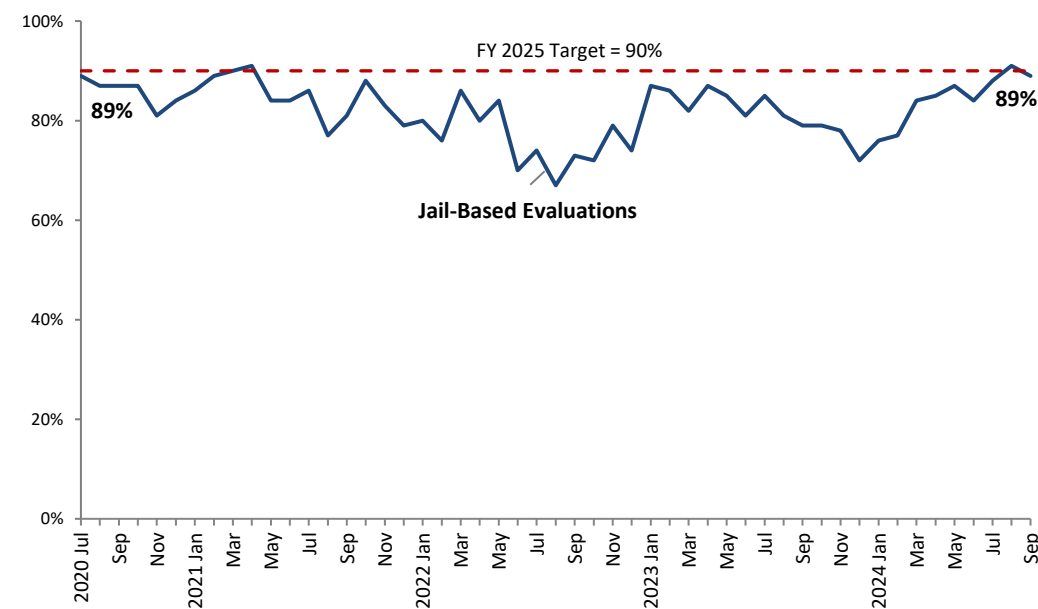
TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.18.xlsx>

# Behavioral Health Administration

DSHS Priority: Efficient, Effective, and Accountable Government

Create an effective continuum of care through BHA supports and services

## 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

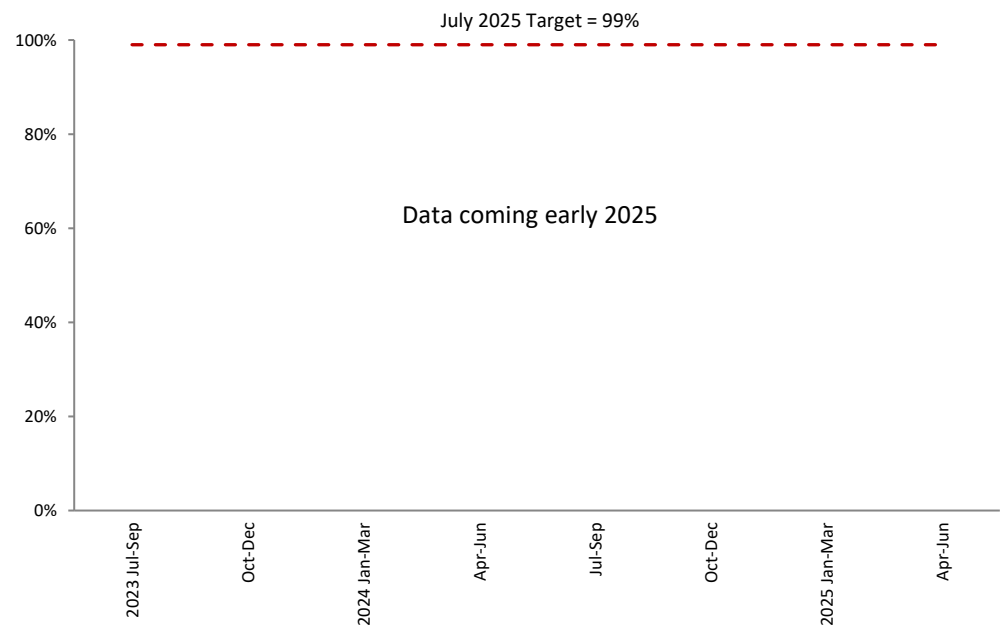
DSHS Priority: Efficient, Effective, and Accountable Government

Create an effective continuum of care through BHA supports and services

## Percent of court ordered civil evaluations completed

### SUMMARY

Success Measure 3.4: Complete court ordered civil evaluations at 99% by July 2025.



**DATA SOURCE:** Reports from Court Order Tracking System (COTS).

**MEASURE DEFINITION:** Percent of court ordered civil evaluations completed each quarter.

**DATA NOTES:** Percent is calculated by dividing the number of court ordered evaluations that are completed by the total number ordered during that quarter.

TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.31.xlsx>

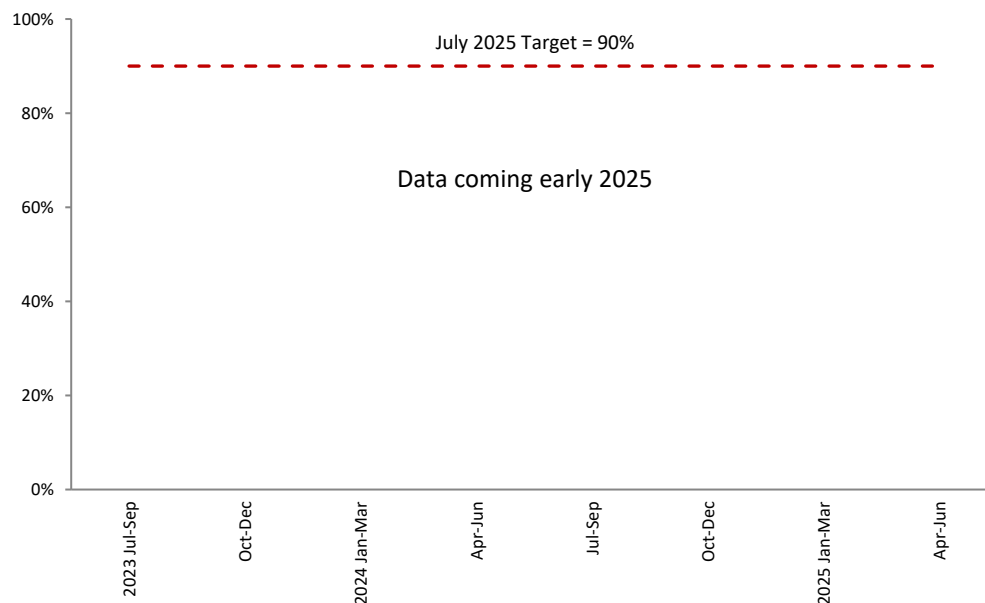
# Behavioral Health Administration

DSHS Priority: Efficient, Effective, and Accountable Government

Create an effective continuum of care through BHA supports and services

## Percent of eligible civil patients referred to community providers

Cumulative



### SUMMARY

Success Measure 3.5: 90% of clinically eligible civilly committed individuals at the state hospitals will be referred to community providers for early engagement and education on available discharge options and community resources.

**DATA SOURCE:** Reports from Court Order Tracking System (COTS).

**MEASURE DEFINITION:** Percent of civil patients who have been referred to a community provider.

**DATA NOTES:** Percent is calculated by dividing the number of eligible civil patients with a referral to a community provider divided by the total number of eligible civil patients.

TO DATA: <https://www.dshs.wa.gov/data/metrics/ABX.32.xlsx>