

Behavioral Health Administration

Department of Social and Health
Services

Strategic Plan Metrics

Behavioral Health Administration

Provide successful mental health services in state psychiatric hospitals,

| | 2012 | 2013 | 2014 |
|---|--------|----------|--------|
| Decreased state psychiatric hospital assault rates | RED | ↑ RED | YELLOW |
| Increased state psychiatric hospital treatment hours | YELLOW | YELLOW | YELLOW |
| Staff competency in principles of safe, high-quality patient care | | | |
| Implement Electronic Health Record | | | |
| Timely competency evaluations | RED | RED | RED |
| Reduce overtime at state psychiatric hospitals | | | |

And community settings, and

| | 2012 | 2013 | 2014 |
|--|--------|-------------|--------|
| Availability of outpatient mental health services for children | YELLOW | ↑ YELLOW | GREEN |
| Timely outpatient mental health services  | YELLOW | YELLOW | YELLOW |
| Availability of outpatient mental health services for adults  | YELLOW | YELLOW | GREEN |

Successful chemical dependency treatment, recovery, and prevention services.

| | 2012 | 2013 | 2014 |
|---|--------|--------|-------------|
| Contain teen marijuana use  | YELLOW | YELLOW | GREEN |
| Reduce teen alcohol use  | YELLOW | YELLOW | ↑ YELLOW |
| Outpatient chemical dependency retention for adults  | GREEN | GREEN | GREEN |
| Outpatient chemical dependency retention for children  | GREEN | GREEN | GREEN |
| Increase employment for individuals receiving Substance Use Disorder treatment | GREEN | GREEN | GREEN |

Other mission critical goals

| | 2012 | 2013 | 2014 |
|---|------|------|------|
| Partner with DSHS and other state agencies on health system transformation | | | |
| Increase the number of licensed behavioral health agencies that receive an on-site survey at least once every three years | | | |
| Implement managed care behavior health integration contracts in April 2016 | | | |
| Increase the skills, awareness and engagement of BHA leadership in equity, diversity and inclusion | | | |

Behavioral Health Administration

Strategic Plan
& Results WA #

Provide successful mental health services in state psychiatric hospitals

| | | |
|---|---|----------|
|  | AB3.2 Rate of patient-to-staff assault claims filed at the state psychiatric hospitals | SP 1.1 |
| | ABX3.2 Quarterly rates of seclusion hours at the State Psychiatric Hospitals | SP 1.1.1 |
| | ABX4.2 Quarterly rates of restraint hours at the State Psychiatric Hospitals | SP 1.1.2 |
|  | ABX.5 Quarterly rates of active treatment hours delivered at Eastern State Hospital and Western State Hospital | SP 1.2 |
| New* | ABX.13 Percentage of overtime use at Western State Hospital, Eastern State Hospital, and the Child Study and Treatment Center | SP 1.6 |

And community settings, and

| | | |
|---|--|--|
|  | AB1.1 Percent of mental health consumers receiving a service within 7 days after discharge from inpatient settings |  SP 2.2; RW 1.2.A.a |
|  | ABX.2 Number of adults (18 and older) receiving outpatient and inpatient mental health services |  SP 2.3; RW 1.2.A.b |
|  | ABX.6 Number of youth (under age 18) receiving outpatient mental health services | SP 2.1 |

Successful chemical dependency treatment, recovery, and prevention services.

| | | |
|---|--|--|
|  | AR1.1 Percent of 10th graders who report using marijuana in past 30 days |  SP 3.1.1; RW 1.2.Y.e |
|  | AR1.2 Percent of 10th graders who report drinking alcohol in last 30 days |  SP 3.1.2; RW 1.2.Y.f |
|  | ABX1.1 Outpatient Substance Use Disorder treatment retention for adults |  SP 3.2; RW 1.2.A.c |
|  | ABX1.2 Outpatient Substance Use Disorder treatment retention for youth |  SP 3.3; RW 1.2.Y.g |
| | AB2.1 Rate of employment for those individuals receiving BHA-funded Substance Use Disorder treatment | SP 3.4 |

Note: Colored markers in left margin denote related 2015 progress markers. Progress marker is not necessarily based only on the Performance metric. It may include consideration of national comparisons and additional factors.

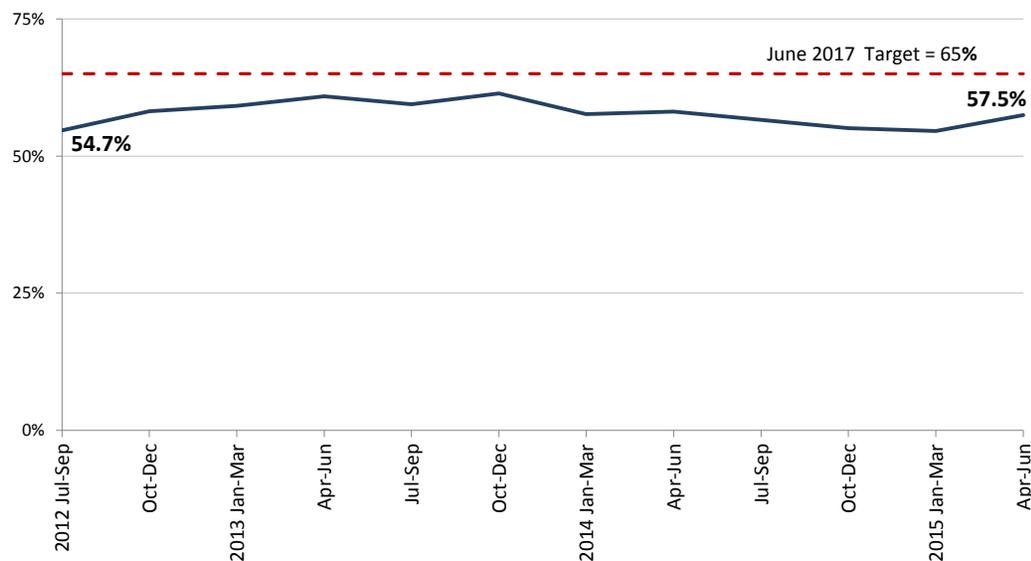
Behavioral Health Administration



Improve access to behavioral health care

Percent of mental health consumers receiving a service within 7 days after discharge from inpatient settings

Statewide Average



DATA SOURCE: Mental Health Consumer Information System (CIS), via the System for Communicating Outcomes, Performance & Evaluation (SCOPE-WA), provided by Looking Glass Analytics; data supplied by Ted Lamb.

MEASURE DEFINITION: The percentage of Medicaid mental health consumers receiving the first non-crisis routine outpatient service within 7 days of discharge from inpatient mental health services.

DATA NOTES: 1 The original statewide target for this metric became effective starting July 1, 2013. *Click below for additional data notes.*

TO DATA: <http://www.dshs.wa.gov/data/metrics/AB1.1.xlsx>

SUMMARY

- The rate of timely transitions increased to 57% in SFQ 2015/4. Although the average time between inpatient discharge and outpatient services significantly decreased between SFQ 2013/1 and SFQ 2015/4 (from 67 days to 13 days), the percentage of those receiving no service increased (from 14.1% to 21.1%).

- The formal A3 process conducted in September 2014 revealed factors impacting performance: A communication gap between the hospital and outpatient treatment provider; a lack of outpatient engagement, at both the service delivery level and at the client level; the client doesn't receive immediate help when in outpatient treatment; or insufficient training on how to engage clients during the intake process.

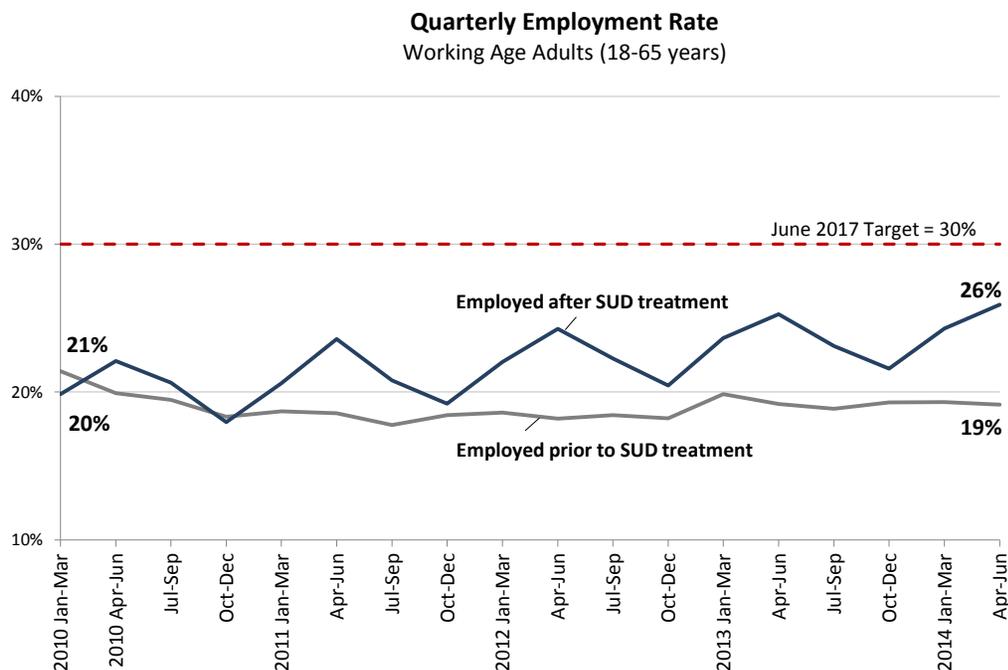
ACTION PLAN

- Monitor RSN performance in increasing the percentage toward individual targets; and use a combination of corrective action and statewide process improvement to impact the percentage of consumers seen within 7 days of discharge from inpatient settings.

- The formal A3 process outlined the following countermeasures:
 - *Replace the current measure by a 30-day psychiatric hospital readmission measure, to place in RSN contracts by July 2015; and to enter in the BHA Strategic Plan by January 2016.*
 - *Improve communication between community hospitals and RSNs on notifications of hospital admissions, and planned/unplanned discharges.*
 - *Provide training to providers on intake, Rehabilitation Case Management and Crisis Stabilization.*

Increase employment of clients served by DSHS

Rate of employment for those individuals receiving BHA-funded Substance Use Disorder treatment



DATA SOURCE: Quarterly client extracts from DSHS, Behavioral Health Administration TARGET Database; Employment Security Department Unemployment Insurance wage file; supplied by Kevin Campbell and extracted by Ted Lamb.

MEASURE DEFINITION: Percent Employed: The employment rate of a cohort of DBHR clients age 18-65 in the fiscal quarter immediately after the end of their SUD treatment episode, compared to the employment rate of the cohort prior to the start of their SUD treatment episode.

DATA NOTES: Click below for specific data notes.

TO DATA: <http://www.dshs.wa.gov/data/metrics/AB2.1.xlsx>

SUMMARY

- Having a behavioral health problem increases the risk of unemployment. Studies indicate that unemployment itself increases the risk for mental health and substance use disorders. A focus on employment is a strong prevention/intervention strategy.
- Employment rates declined during the worst of the 2008 national recession; although there has been some recent improvement, the employment rate is still low.
- Among employed clients, the median quarterly earnings after Substance Use Disorder (SUD) treatment is higher than the earnings prior to SUD treatment (ranging from \$380 to \$1,072 higher). This indicates that people are employed in jobs with higher wages, paralleling the increase in the minimum wage.

ACTION PLAN

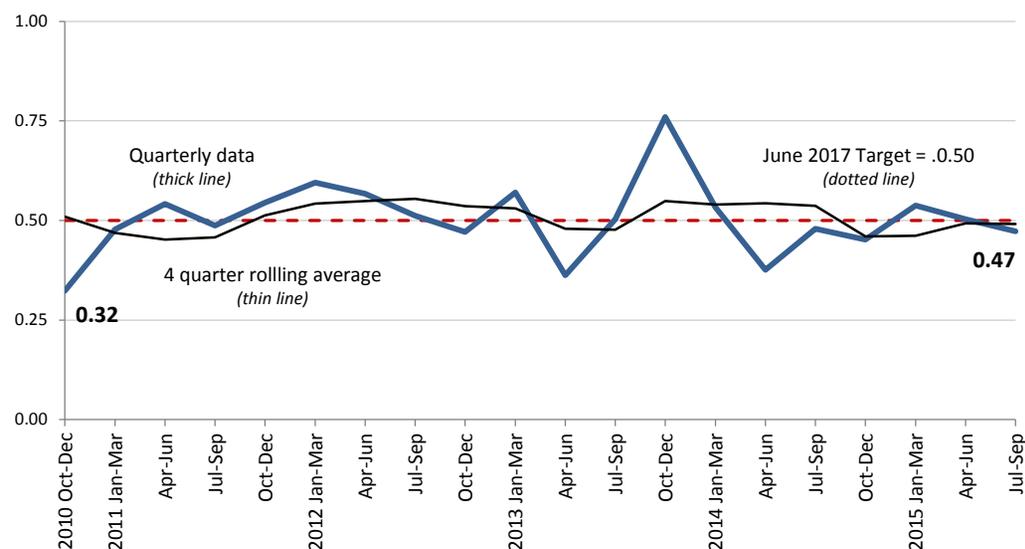
- Continue efforts to improve employment among persons with SUD issues:
 - Federal grant-funded recovery support programs (WA-CARES Recovery Support Services and Access to Recovery) that support employment goals of SUD clients in participating counties.
 - Incorporate vocational strategies into treatment plans in Pregnant and Parenting Women (PPW) programs.
 - Implement the BHA Employment Network contract to support the Ticket to Work program. Deploy three pilot sites in partnership with counties and RSNs.
 - With funds from a SAMHSA demonstration grant, implement Evidence-Based Supported Employment activities in two communities, to serve individuals with co-occurring mental health and SUD issues.
 - Support the Governor's Disability Employment Task Force priorities in accordance with Executive Order 13-02.

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: <http://www.dshs.wa.gov/data/metrics/AB3.2.xlsx>

SUMMARY

- This is a measure of progress by the state hospitals to increase staff safety by promoting a safe work environment. The rate of patient-to-staff assault claims filed decreased to .47 per 1,000 patient days in SFQ 2016/1, below the target of 0.50.

ACTION PLAN

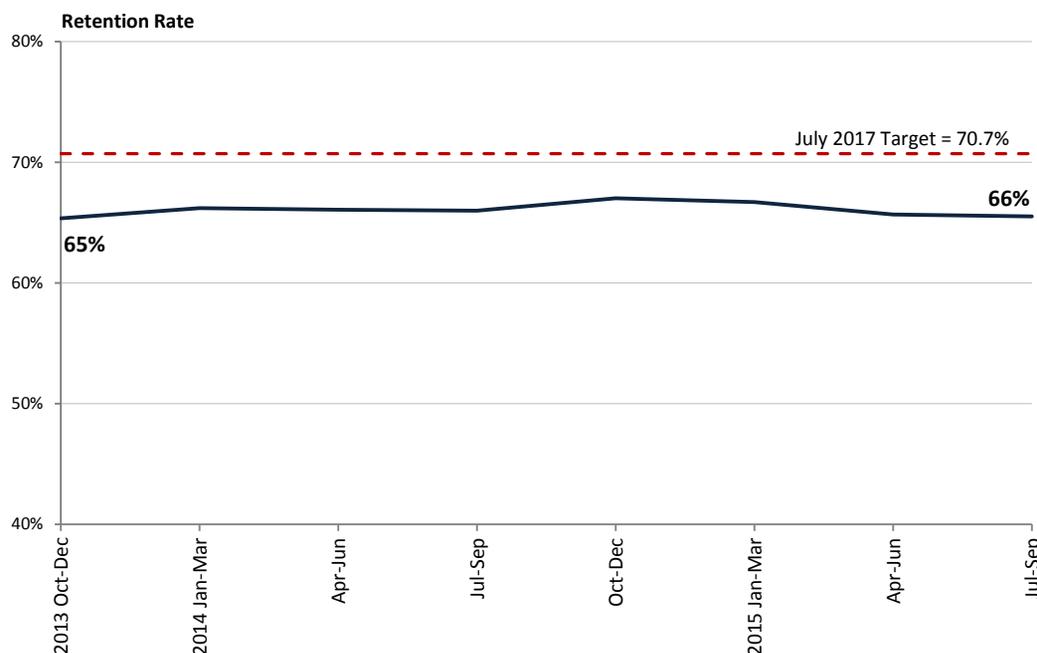
- Continue to implement the Workplace Safety Plan.
- Raise awareness of the “culture of safety” through discussion during new employee orientation and the continuation of daily safety huddles to review concerns and safety events.
- Continue to mitigate unsafe items in the hospital environment.
- Continue to provide Safe Alternatives for Everyone (SAFE) team training to assist staff with clinical interventions.
- Implement the Psychiatric Emergency Response Team (PERT) in the Western State Hospital Center for Forensic Services.
- Continue staff training on (1) managing patients who may be assaultive; and (2) treatment interventions that can help patients resolve situations that might otherwise lead to assaults.
- Reinvigorate a Transitional Return to Work (TRTW) program to help employees injured in the workplace stay connected to the work environment and return to work more quickly.
- Conduct the 2015 CSTC biannual Direct-Care Safety Survey, to elicit staff feedback for enhancing safety. Patient units shall review findings for their cottage in annual retreats, to tailor action plans to specific risks and needs.
- The CSTC Workplace Safety Workgroup shall meet twice monthly, and recommend action based on cottage discussion and data review.
- Maintain the 2 FTE's (floats) added at CSTC in 2014, and the Rover position, to allow for greater flexibility to reallocate staff as needed.
- "Train-the-Trainer" will be utilized to increase crisis intervention training capacity (+1) and enhance CSTC staff skills in de-escalation through training in Life Space Crisis Intervention.

Behavioral Health Administration



Improve patient engagement and retention in treatment services

Outpatient Substance Use Disorder treatment retention for adults



DATA SOURCE: Treatment Assessment and Report Generation Tool (TARGET). Data are through September 2015; supplied by Ted Lamb.

MEASURE DEFINITION: The increase in the statewide percentages of adult outpatient SUD treatment (contract) retention. Treatment retention (per Performance-Based Contract definition) equals 1 visit every 30 days for 90 days, or a length of stay of less than 90 days, with treatment completion.

DATA NOTES: *Click below for data notes.*

TO DATA: <http://www.dshs.wa.gov/data/metrics/ABX1.1.xlsx>

SUMMARY

- The adult outpatient treatment retention rate has been relatively stable for the past 8 reporting periods. The rate for SFQ 2016/1 is below the June 2015 target of 70.7%.

- Factors influencing the retention rate include a positive and consistent therapeutic relationship between the treatment professional and patient; motivational interviewing; Recovery Support Services; flexibility in treatment schedules; and patient appointment reminders.

- Barriers for treatment retention include low patient internal motivation; limited funding to support outreach, engagement and retention strategies; varied transportation options and availability; challenges with engaging young adult patients; and difficulties in navigating the treatment service system.

ACTION PLAN

- Contracted outpatient treatment providers were randomly selected to design a Quality Improvement project, based on their unique needs, to increase engagement and retention. Using strategies from the ADAI Retention Toolkit and NIATx (Network for the Improvement of Addiction Treatment), providers will:

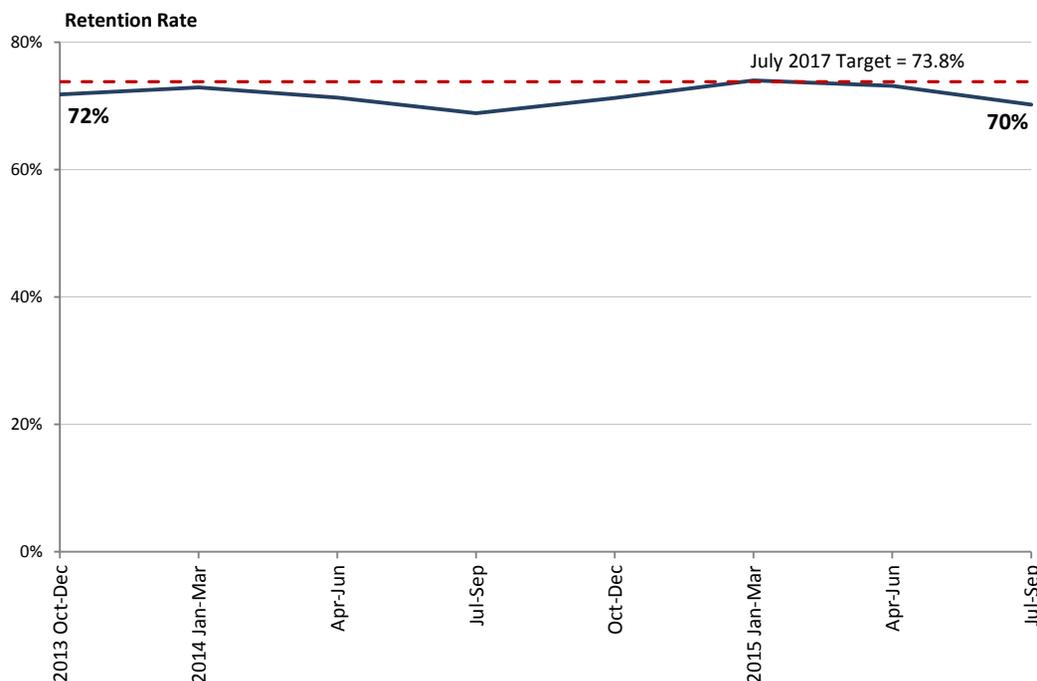
- *participate in monthly conference calls with a small group of other agencies also involved in the collaborative;*
- *develop and implement a change plan for their agency;*
- *share information with other agencies to support co-learning;*
- and
- *review results and revise the change plan as needed.*

Behavioral Health Administration



Improve patient engagement and retention in treatment services

Outpatient Substance Use Disorder treatment retention for youth



DATA SOURCE: Treatment Assessment and Report Generation Tool (TARGET). Data are through September 2015; supplied by Ted Lamb.

MEASURE DEFINITION: The increase in the statewide percentages of youth outpatient SUD treatment (contract) retention. Treatment retention (per Performance-Based Contract definition) equals 1 visit every 30 days for 90 days, or a length of stay of less than 90 days, with treatment completion.

DATA NOTES: *Click below for data notes.*

TO DATA: <http://www.dshs.wa.gov/data/metrics/ABX1.2.xlsx>

SUMMARY

- The youth outpatient retention rate has moderated slightly downward over the 8-quarter reporting period. The rate for SFQ 2016/1 is below the target of 73.8%.
- Factors influencing the retention rate include a positive and consistent therapeutic relationship between the treatment professional and patient; motivational interviewing; Recovery Support Services; flexibility in treatment schedules; and patient appointment reminders.
- Barriers for treatment retention include low patient internal motivation; limited funding to support outreach, engagement and retention strategies; varied transportation options and availability; challenges with engaging young adult patients; and difficulties in navigating the treatment service system.

ACTION PLAN

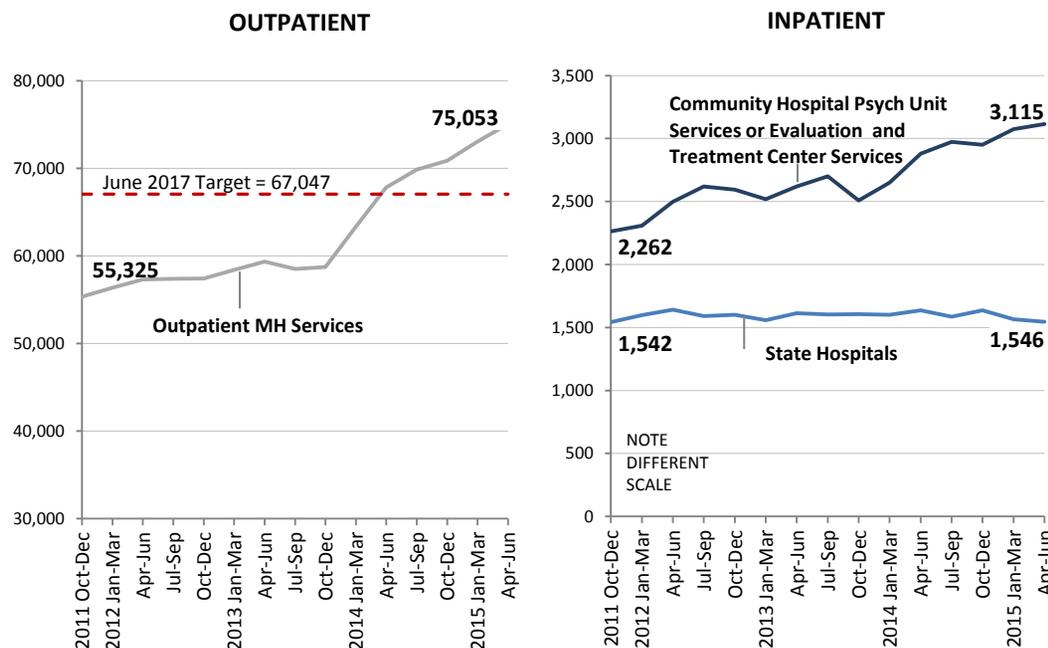
- Contracted outpatient treatment providers were randomly selected to design a Quality Improvement project, based on their unique needs, to increase engagement and retention. Using strategies from the ADAI Retention Toolkit and NIATx (Network for the Improvement of Addiction Treatment), providers will:
 - *participate in monthly conference calls with a small group of other agencies also involved in the collaborative;*
 - *develop and implement a change plan for their agency;*
 - *share information with other agencies to support co-learning;*
- and
- *review results and revise the change plan as needed.*
- Update and issue DBHR Youth Resource Guides to stakeholders.
- Provide the resource “Top Ten Ways to Engage Families in Service,” via the ADAI Retention Toolkit.
- By June 2017, increase youth outpatient chemical dependency treatment retention from the SFQ 2015/1 average of 68.9% to 73.8%.

Behavioral Health Administration

Improve access to behavioral health care

Number of adults (18 and older) receiving outpatient and inpatient mental health services

Adults Receiving Mental Health Treatment from RSNs



DATA SOURCE: Mental Health Consumer Information System (CIS), via the System for Communicating Outcomes, Performance & Evaluation (SCOPE-WA), provided by Looking Glass Analytics; supplied by Ted Lamb.

MEASURE DEFINITION: Number of Medicaid and Non-Medicaid adults (ages 18 and older) receiving (1) outpatient services and (2) inpatient (i.e., Community Hospital Psychiatric Unit services or Evaluation and Treatment [E&T] Center) services from RSNs; and (3) forensic and non-forensic inpatient services from the state psychiatric hospitals (including ESH and WSH).

DATA NOTES: Click below for additional data notes.

TO DATA: <http://www.dshs.wa.gov/data/metrics/ABX.2.xlsx>

SUMMARY

• The counts of persons ages 18 and older served in outpatient and inpatient community mental health (MH) services have increased over time, while the numbers of adults served in state hospital MH services have been relatively stable over time. It is thought that the increase in outpatient clients is attributed in part to the influx of newly eligible Medicaid clients. In State Fiscal Quarter 2015/4 (as compared to SFQ 2015/3):

- 75,053 adults were served in outpatient MH services, above the target of 67,047, and a 3% increase from SFQ 2015/3.
- 3,115 adults were served in Community Hospital psychiatric unit services or E&T inpatient MH services, a 1% increase.
- 1,546 adults were served in state psychiatric hospital inpatient MH services, a 1% decrease from the previous quarter.

ACTION PLAN

- Collaborate with other DSHS administrations, the Health Care Authority and the Washington Health Benefits Exchange on a comprehensive information campaign to enroll persons previously Medicaid-ineligible, to increase access to MH services.
- Provide funding appropriated in the 2015-17 operating budget to RSNs to serve adults newly eligible for Medicaid, including the expansion of community-based crisis intervention and diversion services.
- Require RSNs to submit quarterly reports detailing their actions to encourage enrollment of the new Medicaid expansion population. BHSIA will use RSN monthly meetings to problem solve with RSNs and develop strategies to increase enrollment. RSN targets for enrollment will be developed for future contract amendments.

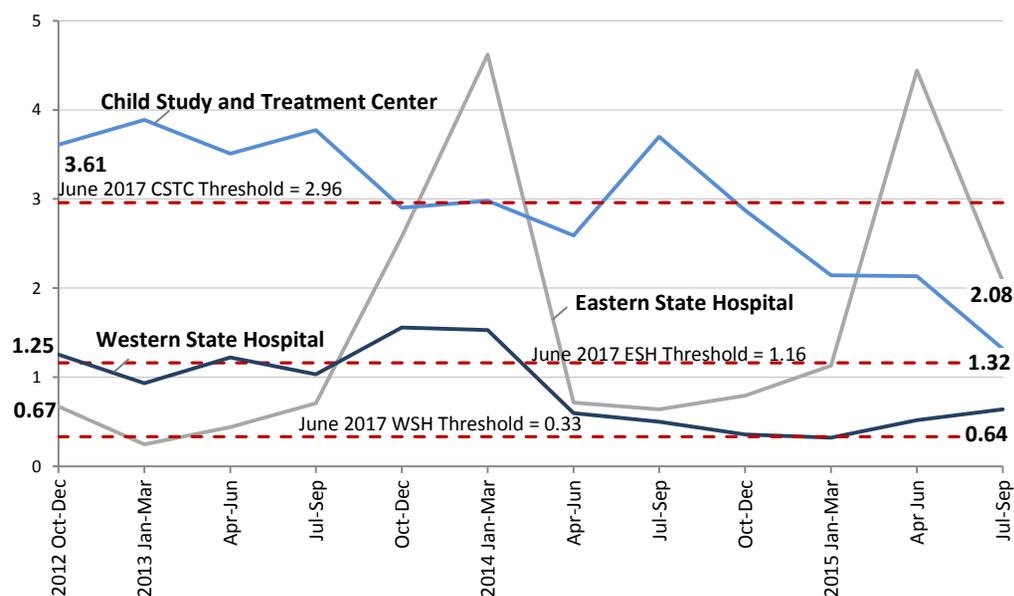
Behavioral Health Administration



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, 2017. *Click below for additional data notes.*

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

SUMMARY

• Rates of seclusion* across the state hospitals were mixed during SFQ 2016/1: Western State Hospital (WSH) was at 0.64, a small increase from SFQ 2015/4, but under the target of 0.76. The seclusion rate for Eastern State Hospital (ESH) was at 2.08, a 53% decline from the previous quarter, but over the target of 0.15. The Child Study and Treatment Center (CSTC) decreased to 1.32.

ACTION PLAN

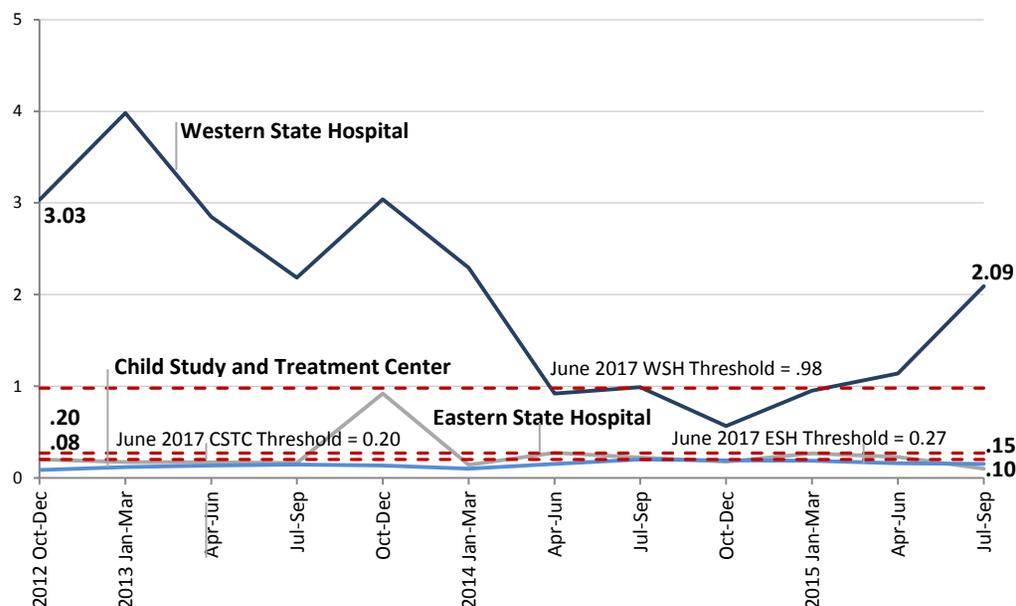
- Identify treatment options to reduce use of seclusion that are consistent with the patient's safety plan, developed by the patient and his/her treatment team.
- Require daily review by clinical leadership of patients that have been in seclusion during the past 24 hours.
- Employ the National Association of State Mental Health Program Directors Six Core Strategies to target interventions to the needs and challenges of specific areas of the hospitals
- Deploy the comprehensive patient care manual that includes a best practice guide to aggression management
- Maintain a BPRT (Best Practice Review Team) in the WSH Center for Forensic Services (CFS), with daily meetings to review seclusion incidents and prevention strategies.
- Continue evidence-based practices to decrease restrictive interventions at CSTC (e.g., Motivational Interviewing, Collaborative Problem Solving, Dialectical Behavior Therapy)
- Continue to advance skills in verbal de-escalation through training CSTC's Crisis Prevention (CPI) certified trainers in Life Space Crisis Intervention (LSCI). Continue training in re-education, Positive Behavioral Support, and LSCI, via the "Therapeutic Classroom."

Behavioral Health Administration

Quality assurance and improvement increases client safety

Quarterly rates of restraint hours at the State Psychiatric Hospitals

Rate per 1,000 patient hours



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, 2017. *Click below for additional data notes.*

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

SUMMARY

- The rates (per 1,000 patient hours) of quarterly restraint hours at the state hospitals were mixed during SFQ 2016/1: Western State Hospital (WSH) increased to 2.09, while the rates for Eastern State Hospital (ESH) and the Child Study and Treatment Center (CSTC) decreased slightly (to 0.10 and 0.15, respectively).

ACTION PLAN

- Identify treatment options to reduce use of restraint that are consistent with the patient's safety plan, developed by the patient and his/her treatment team.
- Require daily review by clinical leadership of patients that have been in restraint during the past 24 hours.
- Employ the National Association of State Mental Health Program Directors Six Core Strategies to target interventions to the needs and challenges of specific areas of the hospitals
- Deploy the comprehensive patient care manual that includes a best practice guide to aggression management.
- Maintain a BPRT (Best Practice Review Team) in the WSH Center for Forensic Services (CFS), with daily meetings to review restraint incidents and prevention strategies
- Continue evidence-based practices to decrease restrictive interventions at CSTC (e.g., Motivational Interviewing, Collaborative Problem Solving, Dialectical Behavior Therapy).
- Continue to advance skills in verbal de-escalation through training CSTC's Crisis Prevention (CPI) certified trainers in Life Space Crisis Intervention (LSCI). Continue training in re-education, Positive Behavioral Support, and LSCI, via the "Therapeutic Classroom."

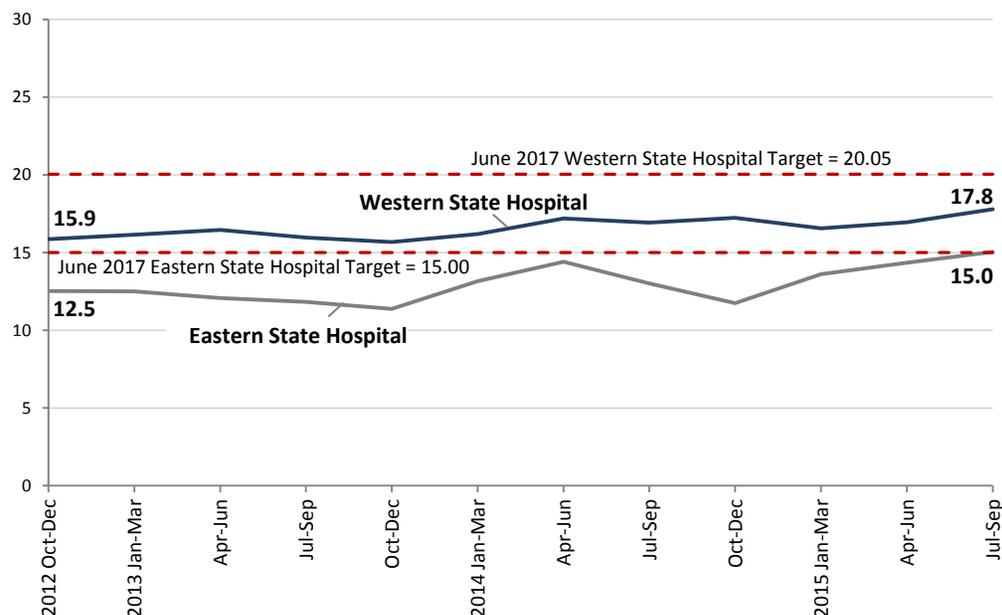
Behavioral Health Administration



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



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 rate (per 7 patient days) of quarterly active treatment hours at WSH has gradually increased over time, and the rate at ESH has been trending upward. In SFQ 2016/1 the rates (per 7 patient days) were 17.8 at WSH; and 15.0 at ESH.

ACTION PLAN

- Continue to assess current treatment programming and revise it as necessary to enhance participation and meet patients needs.
- Improve the documentation of treatment provided outside of the Treatment Malls to account for all treatment activities. With the hiring of a permanent treatment mall manager, ESH implemented an active treatment planning council to develop needs and strengths-based active treatment; defined a list of core classes; and conducted a Lean A3 project on the completion of active treatment rosters. This redesign should help to increase patient participation in groups, and expand patient activity choices.
- Continue Management Team (both civil and forensic) and supervisor review of weekly active treatment data. The Management Team will review, plan with, and support wards that require a written improvement plan. Recognize staff who achieve weekly goals with awards and/or low cost incentives.
- Follow up individually with patients when more than five consecutive groups are missed in order to ascertain the nature of the absence and encourage the patients to attend.

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, 2017. 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: <http://www.dshs.wa.gov/data/metrics/ABX.5.xlsx>

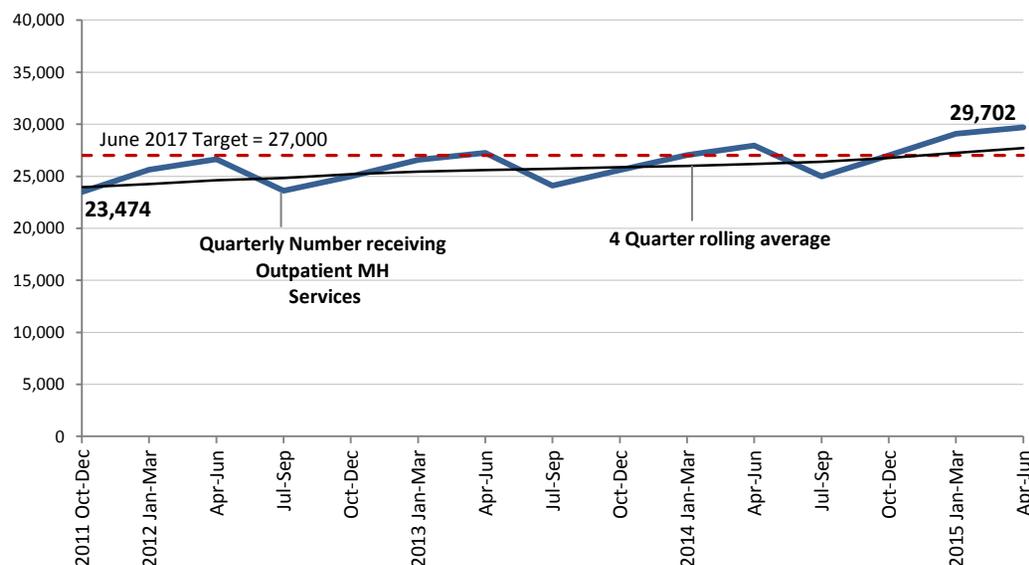
Behavioral Health Administration



Improve access to behavioral health care

Number of youth (under age 18) receiving outpatient mental health services

Youth Receiving Outpatient Mental Health Treatment from RSNs



DATA SOURCE: Mental Health Consumer Information System (CIS), via the System for Communicating Outcomes, Performance & Evaluation (SCOPE-WA), provided by Looking Glass Analytics; supplied by Ted Lamb.

MEASURE DEFINITION: Number of Medicaid and Non-Medicaid youth (under age 18) receiving (1) outpatient mental health services and (2) inpatient (i.e., Community Hospital Psychiatric Unit services or Evaluation and Treatment [E&T] Center) services from RSNs; and (3) inpatient services from the Child Study and Treatment Center (CSTC) and the Children's Long-Term Inpatient Program (CLIP).

DATA NOTES: 1 * 6,933 patient days were utilized at CSTC and CLIP facilities in SFQ 2015/4, v. 6,969 days in SFQ 2015/3, a 0.5% decrease. *Click below for additional data notes.*

TO DATA: <http://www.dshs.wa.gov/data/metrics/ABX.6.xlsx>

SUMMARY

- The counts of youth receiving outpatient mental health (MH) services had increased over time, in part attributed to increasing numbers of newly eligible Medicaid clients. A total of 29,702 youth were served in SFQ 2015/4, 2% up from the number served in the previous quarter - and above the target of 27,000.
- The counts of youth served in Community Hospital Psychiatric Unit services or Evaluation and Treatment Center inpatient MH services have increased over the past 9 months - in SFQ 2015/4, 450 youth were served, up 1.8% from the previous quarter.
- Numbers of youth served (and the number of patient days) in inpatient state hospital (Child Study and Treatment Center [CSTC]) and community CLIP mental health services have decreased.* In SFQ 2015/4, 97 youth were served, a 7% decrease from the previous quarter.

ACTION PLAN

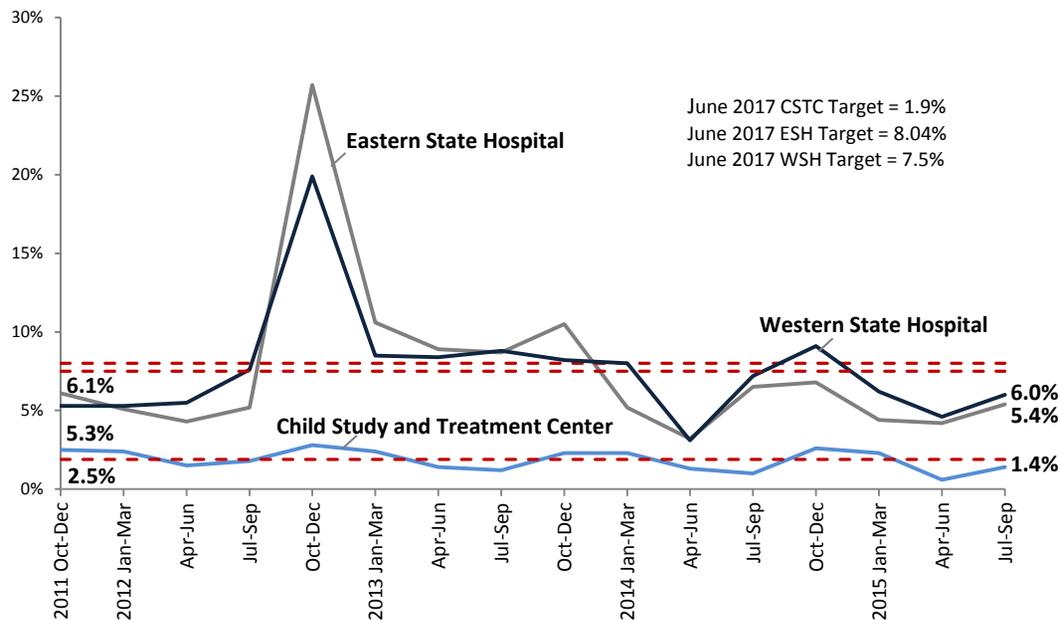
- Utilize the key Children's Mental Health Improvement Strategies identified in the System of Care initiative and the Children's Mental Health Redesign plan, to work toward:
 - Increasing the use of intensive, Wraparound-based community mental health services and supports, and other services that research has shown to be effective.
 - Focusing strategies to use inpatient care more efficiently (e.g., CLIP Improvement Team), via enhanced transitional planning to reduce the inpatient length of stay.
 - Increasing youth and family leadership on all levels of system change efforts.
- By June 2017, increase the use of evidence and research-based practices within Community Mental Health Agencies.

Behavioral Health Administration



Control overtime use

Percentage of overtime use at Western State Hospital, Eastern State Hospital, and the Child Study and Treatment Center



SUMMARY

- The rates of overtime use at the State Psychiatric Hospitals have gradually declined since the peaks recorded in SFQ 2013/2, with all hospitals registering rates at or below their targets during SFQ 2016/1.

ACTION PLAN

- Continue multiple position recruitment for overtime eligible positions at the State Psychiatric Hospitals.
- Enhance recruitment efforts by improving job descriptions, holding periodic hiring fairs and posting available positions in multiple locations (both physical and online).
- Streamline posting, interviewing, reference checking and hiring practices to fill vacancies as they occur.
- Scheduling managers will utilize scheduling data bases at the hospitals to help manage staffing based on need, to approve planned leave, schedule on-call staff as needed and predict the need to schedule additional staff to avoid unanticipated overtime.
- All overtime is approved by the hospital Chief Executive Officers or their designees.
- Work to develop a metric to track unscheduled leave and set strategic achievable goals to reduce unscheduled leave.
- Engage the executive leadership, hospital management teams and labor in achieving this goal.

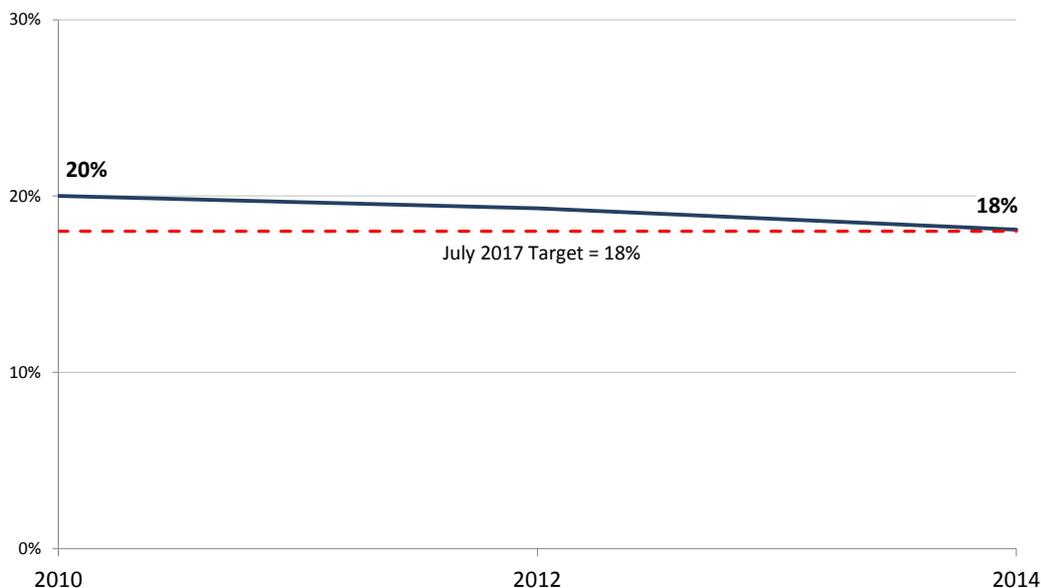
DATA SOURCE: Financial Services Administration's Overtime Report Summary; supplied by Ted Lamb.
MEASURE DEFINITION: Average percentage of overtime use at Western State Hospital, Eastern State Hospital, and the Child Study and Treatment Center.
DATA NOTES: 1 Each data point represents a quarterly percentage (e.g., SFQ 2016/1 is the sum of total overtime expenditures for SFQ 2016/1, divided by the sum of Object A (employee salary) expenditures for SFQ 2016/1). 2 Includes only Budget Units for Eastern State Hospital, Western State Hospital, and the Child Study and Treatment Center. 3 Negative amounts in total overtime expenditures and/or total employee salary expenditures are included in the calculation. 4 Zeros are included in the denominator. 5 Includes both disbursements and accruals.

TO DATA: <http://www.dshs.wa.gov/data/metrics/ABX.13.xlsx>

Healthy Youth

Percent of 10th graders who report using marijuana in past 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 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: <http://www.dshs.wa.gov/data/metrics/AR1.1.xlsx>

SUMMARY

- Reported use of marijuana had decreased since its high in 1998.
- Starting in 2006, however, reported use in 10th graders began climbing slightly. The reported use in 2014 was 18.1%, just above the target.
- These increases coincided with a decrease in the perception of harm of marijuana and an increase in the social acceptance of marijuana use and the reported availability of marijuana.
- Additional questions have been added to the Healthy Youth Survey to determine the source and the method of consumption of marijuana by youth.
- A 6% net reduction was realized from 2012 to 2014.

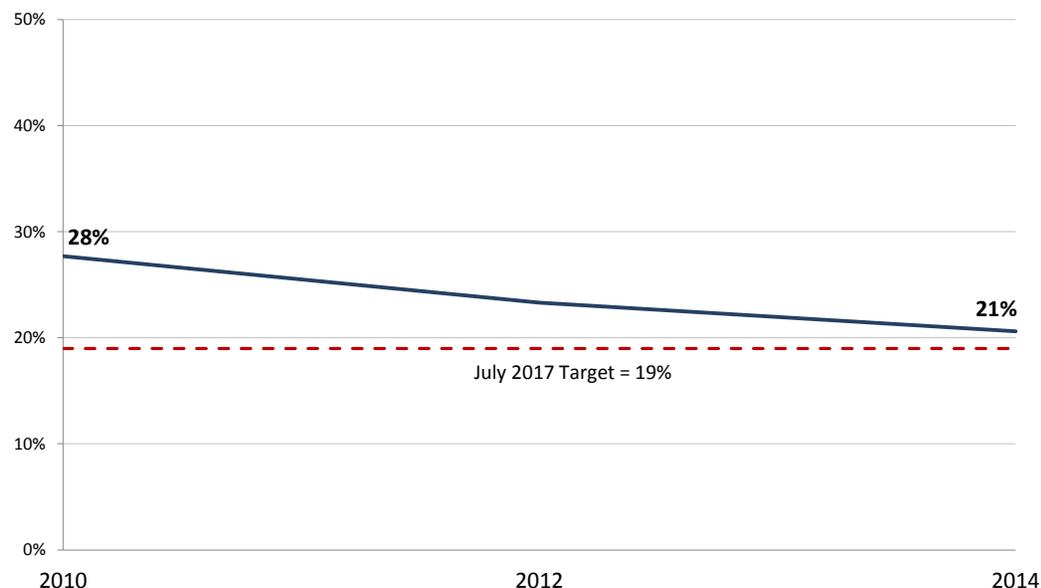
ACTION PLAN

- The Behavioral Health and Service Integration Administration (BHSIA) is prioritizing implementation of Evidence Based Practices with marijuana outcomes by funded community coalitions.
- BHSIA participates in an interagency workgroup with other state agencies to provide a consistent public education message.

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: <http://www.dshs.wa.gov/data/metrics/AR1.2.xlsx>

SUMMARY

- Alcohol use by 10th graders has shown a progressive decline since 1990, decreasing 53% from 1990 to 2014.
- The latest survey results show that Washington continues to be under the national average of 24.8%, but above the newly established target of 19% (by 2017).
- A 12% net reduction was realized from 2012 to 2014.

ACTION PLAN

- Since 1998, the Washington State Department of Social and Health Services, Behavioral Health and Service Integration Administration (BHSIA), has received support from the federal Enforcing Underage Drinking Laws (EUDL) funding for community and statewide programs. As part of that effort, the Washington State Coalition to Reduce Underage Drinking support youth influencers (such as parents, caregivers, coaches, religious leaders, educators, other youth) by:
 - *Expanding and enhancing efforts and the website to promote discussions about alcohol. (Start Talking Now).*
 - *Assisting communities in continuing to reduce underage drinking locally. (Let’s Draw the Line).*
 - *Developing and distributing toolkits for the implementation of social host ordinances in WA communities to increase criminal and civil sanctions on adults who serve alcohol to minors in private settings.*