



BEHAVIORAL HEALTH ADMINISTRATION

Strategic Plan 2021-2023

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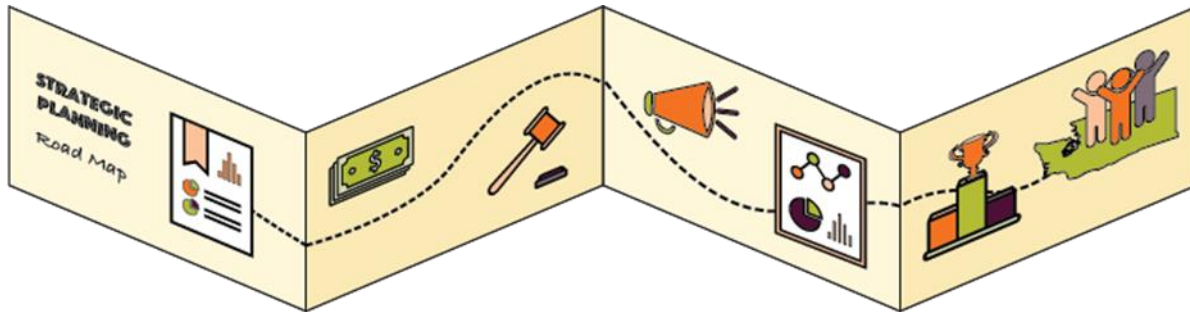
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STRATEGIC PLANNING IN DSHS

DSHS' goal and commitment is to be a national leader in every aspect of client service. The DSHS strategic plans are a roadmap to the future. They identify where we currently are with our performance, where we want to be and how we're going to get there. The plans are used to guide our day-to-day efforts and focus our resources. They are integral to the work we do every day.



To that end, a strategic plan is crucial for making informed budget decisions. The Legislature requires each agency's budget recommendations be directly linked to the agency's strategic plan. Our plan articulates our mission, programs, goals and objectives. The strategic plan itself links budget requests to specific efforts in order to achieve statewide goals.

While the primary purpose of a strategic plan is to guide the agency's activities, it also provides a helpful means to communicate with clients, partners and stakeholders outside the agency. In addition, state law (RCW 43.88.090) directs each state agency to define its mission and to establish measurable goals to achieve desirable results for customers, and to develop clear strategies and time lines for achieving these goals.

Given the historic times we are living in with the COVID-19 pandemic, the 2021-2023 biennium will be a dramatically different strategic planning and budget season. DSHS doesn't know yet what our new normal will be. However, we will take this opportunity to think about the fundamental changes to how we serve people and focus on the strategic priorities that support our core mission of transforming lives.

For the 2021-23 Strategic Plan, DSHS has an overarching executive summary that encompasses the many services and administrations within DSHS. Additionally, each administration has a more specific strategic plan, with objectives and action plans related to their vast and diverse programs. Lastly, the plans have metrics that are monitored quarterly to ensure we are meeting our goals and objectives. The DSHS strategic plans are developed on a two-year cycle and are annually updated.



DSHS PRIORITIES AND GOALS

This agency-wide strategic plan addresses the priorities for all of DSHS and sets measurable objectives and goals. Using data, we monitor our progress in order to ensure DSHS serves our clients in a meaningful way and to the best of our ability within our funding. Every DSHS employee contributes to the mission of Transforming Lives by addressing the priorities and accomplishing the objectives within our agency-wide strategic plan.



DSHS has articulated broad over-arching priorities for the agency based on discussions with clients, stakeholders, the Governor’s Office, legislators, staff and others. These priorities directly address current needs and anticipate future needs. By working together across administrations, stakeholders, vendors, community partners, agencies, and others, DSHS will be able to deliver a range of quality of services to Washington residents, work efficiently and effectively, and be an employer of choice for our staff.

In addition, each strategic objective within the DSHS Strategic Plan supports the five broad goals for DSHS.

PUBLIC TRUST	HEALTH	PROTECTION	QUALITY OF LIFE	SAFETY
Strong management practices will ensure quality and efficiency.	Each individual and each community will be healthy.	Each individual who is vulnerable will be protected.	Each individual in need will be supported to attain the highest possible quality of life.	Each individual and each community will be safe.

These DSHS goals align with the Governor’s goals of:

- Healthy and Safe Communities.
- Efficient, Effective and Accountable Government.

BEHAVIORAL HEALTH ADMINISTRATION EXECUTIVE SUMMARY



“One in five people experience mental illness in this country. Our Behavioral Health Administration is working tirelessly to ensure people in Washington state get the right care at the right time and in the right setting. I'm proud of BHA's effort to make our facilities and services safe and effective to all who come to us for help.”

Don Clintsman, Interim Secretary
Department of Social and Health Services



“When some of the highest-needs Washingtonians come to us for treatment, care and guidance, we open our doors. We know firsthand the power of the human spirit, and that with the right therapeutic tools and compassionate support provided in our communities, treatment works, and recovery is possible.”

Kevin Bovenkamp, Assistant Secretary
Behavioral Health Administration
[BHA Organizational Chart](#)

The units with the DSHS Behavioral Health Administration include the Child Study and Treatment Center, Eastern State Hospital, Office of Forensic Mental Health Services, Special Commitment Center and Western State Hospital. In addition to supporting these units, the BHA headquarters team focuses on community alternatives and ensuring individuals receive the right array of services to meet their individual behavioral health care needs.

- The Child Study and Treatment Center is Washington’s state psychiatric hospital for children and youth up to the age of 18. The center provides individualized, interdisciplinary treatment for children and youth, using evidence-based and trauma-sensitive therapies successful in achieving outcomes.
- Eastern and Western state hospitals provide evaluations, competency restoration and inpatient treatment for individuals with serious or long-term mental illness. The hospitals deliver evidence-based and effective inpatient treatment programs, interventions and activities that promote patient resilience and recovery.
- The Special Commitment Center provides specialized mental health treatment for individuals who, after completing their prison terms, are detained for further care and treatment.
- The Office of Forensic Mental Health Services is responsible for the management of Washington’s adult forensic behavioral health care system. This includes providing competency services, forensic navigators, managing diversion programs, and working with the not guilty by reason of insanity population.

Mission
To transform lives through dedication to the wellness of individuals, their families and the community through behavioral health intervention, treatment and education.

Vision
People are healthy because we provide safe treatment and recovery resources. Communities are safe because of the services we provide. People in our care and custody are safe and supported. Taxpayer resources are guarded.

Values
Compassion and Hope
Safety and Concern for Others
Teamwork and Stewardship
Transparency, Integrity and Respect
Quality and Innovation

OBJECTIVES

Below are the specific strategic objectives within the Department's priorities. Some objectives refer to decision funding packages. Decision packages are funding requests DSHS submits to the Office of Financial Management as part of the state budget process. DSHS monitors progress in meeting strategic objectives, reports on it quarterly on the [DSHS website](#) and updates objectives as needed.

DSHS STRATEGIC PRIORITY: SUPPORT PEOPLE IN OUR CARE AND CUSTODY

Importance: We must provide top-notch care and support for the individuals in our care and custody, whether they reside in a community-based setting or in one of our nine residential facilities. Equally important is the safety of our employees who provide the care. Well-maintained facilities that have adequate space and staffing are another important element of the care and comfort of their residents.

Based on this, DSHS has established the following strategic objectives to support how we will care for those in our care and custody.

Strategic Objective 1.1: Implement and track programming for patients with the highest needs.

Decision Packages: 030-ML-CQ Disproportionate Share Hospital, 030-ML-CJ HepC Adjustment, 030-ML-3J Direct Care and Essential Staff, 030-PL-CA Implement Trueblood Phase 2

Does this objective have an I.T. component? Yes No

Importance: ESH and the WSH Civil Center are changing the model of intensive treatment from being a single ward-based program that houses the most aggressive patients together to one that provides intensive support through a Consult Liaison Service directly to ward-based treatment teams whose wards have highly assaultive patients. The Consult Liaison Service will work with developing treatment teams' skills for responding to the patients, and with the patients to provide them with coaching to improve self-regulation skills and the ability to work with their treatment team. This will be a superior approach to decreasing violence on the Civil Center wards.

Success Measure 1.1.1: Establish a behavioral Consult Liaison Service at ESH and WSH and communicate the purpose and role of this team to all staff by June 2023.

Action Plan:

- Establish a Consult Liaison Service to assist with development of violence reduction plans and addendums by the ward staff/formulator for highly assaultive patients.
- Provide coaching for highly assaultive patients to improve self-regulation skills and their ability to work with their treatment team.
- Create individualized patient-centered violence reduction plans including a Violence Risk Assessment at admission and discharge.



Strategic Objective 1.2: Reduce the demand for and provide timely competency evaluation and restoration services to forensic behavioral health patients.

Decision Packages: 030-ML-3J Direct Care and Essential Staff, 030-PL-CA Implement Trueblood Phase 2, 030-PL-CP WSH Forensic Ward Expansion

Does this objective have an I.T. component? Yes No

Importance: Delays in admissions for forensic patients impede the ability of individuals with behavioral health needs to constitutionally participate in the criminal court system. Thus, the criminal court system's ability to process in a timely manner those patients for whom a court orders an inpatient competency evaluation and restoration treatment is negatively impacted. In the Trueblood class action lawsuit, a federal court found defendants cannot wait in jail for inpatient competency evaluation and competency restoration services for longer than seven days. Further, a cornerstone in the effort to comply with Trueblood timelines is for the state to lead an effort to "bend the demand curve" for competency services by implementing community-based programs to divert persons with behavioral health needs from becoming involved with the criminal courts.

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:

- Continue to work with King, Benton, Franklin, and Spokane counties to identify funding for expansion of existing programs.
- Identify additional sites where successful Prosecutorial Diversion Programs could be launched in alignment with settlement agreement requirements and request funding to implement.
- Draw from the strengths of existing programs to support the effectiveness of the new or expanded programs.

Success Measure 1.2.2: Decrease the number of days to treatment from court order to admission from 76.2 days to 14 days, by June 2023.

Action Plan:

- Develop a single point within OFMHS to manage inpatient and outpatient competency restoration referrals.
- Develop a statewide queue for all forensic orders within the forensic data system, managed through BHA/OFMHS.
- Implement a periodic review to identify patients who can be transitioned to a less acute level of care.
- Develop a statewide system of competency restoration admissions where a patient is admitted into the next available opening to fit their competency restoration treatment needs.
- Fund medical records and internet technology support staff to meet the demands of OFMHS.
- Develop a statewide strategy to retain and hire additional administrative support personnel.
- Routine review of the OFMHS competency restoration treatment model for consistency and empirical support to retain best practices.
- Assess referral process, data entry and admissions training needs and provide training updates at regular intervals.
- Implement Forensic Navigation in King County based on the settlement agreement.
- Open and staff 2 new inpatient competency restoration wards, as planned.
- Support existing robust forensic training programs at the internship and postdoctoral fellowship levels



to support recruiting efforts.

- Create a pro-active process for periodic review of competency for individuals who are admitted to any level of care within the competency restoration network (Hospital, RTF, Outpatient).

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

See chart ABX.9: Percent of timely court-ordered competency jail-based evaluations

Action Plan:

- Hire administrative staff to ensure scheduling is started on day one for evaluators
- Identify and provide outreach to community partners (jails, attorneys) to build capacity for success in scheduling evaluations
- Support amnesty or immunity statutory changes to encourage best practices for evaluations and increase timely scheduling of evaluations when attorney requires presence, consistent with national averages
- Identify localized and systemic challenges in the evaluation process through increases in data monitoring and analysis and pro-actively responding to challenges through outreach, process changes, and other appropriate measures.
- Support robust training-to-evaluator programs at the internship and postdoctoral fellowship levels to increase qualified candidates for evaluator positions vacant through attrition

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:

- Hire additional evaluators and administrative support staff.

Strategic Objective 1.4: Increase safety for clients and staff at all BHA facilities.

Decision Packages: 030-ML-3D Hospital Revenue Adjustment, 030-ML-CK Contract Rate Increases, 030-ML-CM Leased Vehicles, 030-ML-8U Utility Rate Adjustment, 030-ML-8X Facility Maintenance Costs, 000-ML-9S Equipment Replacement Costs, 000-ML-9T Transfers, 000-ML-WQ Food and Medical Adjustments, 030-ML-3J Direct Care and Essential Staff, 030-ML-3K BHA IT Support Services, 000-ML-L2 Overtime Rule Changes, 030-PL-CZ Continue Safety Initiatives at WSH, 000-PL-L7 Personal Protective Equipment, 135-ML-93 Mandatory Caseload Adjustments, 135-ML-CL Leased PCs, 135-ML-81 Institution Vehicle Replacement, 135-ML-9S Equipment Replacement Costs, 135-ML-8X Facility Maintenance Costs

Does this objective have an I.T. component? Yes No

Importance: The safety of our employees is critical to meeting our mission and to providing quality services to our clients.

At BHA, we recognize that staff are our most valuable resource and safety is a top priority. It is vital that BHA facilities are safe workplaces and environments for treatment and recovery. Reducing client-to-staff and client-to-client assaults indicates increased safety and well-being, reduces expenditures for workplace-related injury claims and increases the quality of care for clients.



BHA will continue to focus on efforts to reduce violence and use data to determine the most effective interventions in keeping clients and staff safe while providing effective care and treatment that leads to successful discharge.

Success Measure 1.4.1: Decrease the rate of staff assault claims filed at ESH and CSTC by 10% and maintain the rate of severe assault-related patient injuries from FY2021 to FY2023.

- 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.
- Maintain the rate severe assault-related patient injuries at ESH and CSTC at 0.00 through June 2023.

See Chart AB3.3: Rate of L&I patient-to-staff assault claims filed at Eastern State Hospital and the Child Study and Treatment Center

See Chart ABX.15: Patient-to-patient aggression incidents resulting in severe patient injury, at Eastern State Hospital and the Child Study and Treatment Center

Action Plan:

- Improve client-to-staff engagement and implement effective early intervention strategies for escalation of dangerous client behavior.
- Maximize preventive approaches to maintain a safe environment for clients and staff.
- Enhance and expand training for new staff on safety practices and intervention.
- Analyze assault-related data at the ward/living unit level by days of the week and times of day within a safety committee structure to identify ways to decrease assaults and develop subsequent action plans.

Success Measure 1.4.2: Decrease the rate of staff assault claims and severe assault-related patient injuries 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.
- 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.

See Chart AB3.4: Rate of L&I patient-to-staff assault claims filed at Western State Hospital

See Chart ABX.16: Patient-to-patient aggression incidents resulting in severe patient injury, at WSH.

Action Plan:

- Increase staffing in the recruitment department to assist with filling critical vacancies quickly.
- Increase data collection/analysis and opportunities for staff training/debriefing to reduce incidents of staff assault and assault-related patient injury.
- Improve facility physical environments to reduce opportunity for staff assaults.
- Implement the Trauma-Informed Care pilot on wards F2 and F3 at the WSH Gage Center.



Success Measure 1.4.3: By July 2023, 90% of SCC’s staff will complete the Crisis Prevention Institute’s Nonviolent Crisis Intervention program.

Action Plan:

- Provide CPI training to new hires during new employee orientation (NEO).
- Schedule existing staff into CPI trainings during NEO until all staff are trained.

Success Measure 1.4.4: By July 2023, 90% of CSTC’s staff will complete Advanced Crisis Intervention Training.

Action Plan:

- Staff responsible for training will complete a train-the-trainer course with WSH.
- Provide ACIT to new hires during NEO.
- Schedule existing staff into ACIT during NEO until all staff are trained.

Strategic Objective 1.5: Reduce the use of seclusion and restraint.

Does this objective have an I.T. component? Yes No

Importance: Seclusion and restraint is used only as a last resort when patients’ behaviors are an immediate threat to themselves or others. If restraint becomes necessary, it is applied using the least-restrictive manner and removed as soon as possible. Safe techniques are used, and patients are released when there is no longer a threat to safety. BHA continues to track and evaluate seclusion and restraint hours and episodes within our facilities so that our programing and operational decisions remain safety focused, and data driven.

The reduction of seclusion and restraint use has been given national priority by The Joint Commission, Centers for Medicare and Medicaid Services and patient advocacy groups. These practices are associated with high rates of patient and staff injuries and can be used in a coercive and potentially traumatizing manner.

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 at WSH Civil Center from 1.10 per 1000 patient hours in FY2021 to 0.99 in FY2023.
- 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 from 9.43 per 1000 patient hours in FY2021 to 8.49 in FY2023.

See Chart ABX3.1: Quarterly rates of seclusion hours at Eastern State Hospital and Western State Hospital

See Chart ABX4.1: Quarterly rates of restraint hours at Eastern State Hospital and Western State



Hospital

Action Plan:

- Evaluate the process of post incident debriefings at each facility to identify and address any gaps in implementation and staff training.
 - Train all direct care staff, patient advocates, and peer specialists on the most current Crisis Prevention Institute (CPI) and Advanced Crisis Intervention (ACIT) Trainings.
 - Include violence intervention strategies within each patient's treatment plan.
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Strategic Objective 1.6: Increase public safety through coordinated rehabilitative services to residents at the Special Commitment Center (SCC).

Decision Packages: 135-ML-MJ Less Restrictive Alternatives, 135-PL-MA Medical Services & Aging Residents, 135-PL-MG Community Program & Discharge Plan

Does this objective have an I.T. component? Yes No

Importance: SCC residents are best prepared for successful community transition and reentry when engaged in comprehensive rehabilitative services. Connecting residents to treatment, habilitation and transition programs increases hope and a greater likelihood of achieving a successful transition to the community.

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:

- SCC will offer programming for transition preparation to residents with a status change supported by the Senior Clinical Team or plan for Less Restrictive Alternative as proposed by the residents' defense attorneys.
 - SCC will track hours of programming per month for Brighter Futures, Accommodated Transitions and Bridging Transitions.
-

Strategic Objective 1.7: Develop tribal relationships and presence at BHA facilities.

Does this objective have an I.T. component? Yes No

Importance: Government-to-government collaboration is vital to providing BHA clients culturally appropriate services.

Success Measure 1.7.1: All BHA programs will have procedures in place to actively engage with Tribes and Tribal providers by June 2023.

Action Plan:

- Hire a full-time BHA Tribal Liaison.
- Establish and maintain government to government relationships between BHA, tribes and American Indian organizations to provide treatment options for tribal clients.
- Work with Tribes to ensure competency restoration services are provided within the service areas



designated by the Trueblood settlement.

DSHS STRATEGIC PRIORITY: INCREASE ORGANIZATIONAL EFFICIENCY, PERFORMANCE AND EFFECTIVENESS

Importance: At DSHS, we strive every day to get even better at what we do, no matter how each of us contributes to our agency mission of Transforming Lives. An important piece of that is transforming ourselves. Our most important resource is our professional, caring, compassionate staff. We need to continue our efforts to be an employer of choice – recruiting and retaining individuals committed to a career in public service. We will keep a laser focus on equity, diversity and inclusion. Those values are foundational to every aspect of our work with clients and in our day-to-day interactions with each other. Data will be used to drive decisions that will ensure our work is effective, efficient and accurate.

Based on this, DSHS has established the following strategic objectives to support how we will increase organizational efficiency, performance and effectiveness.

Strategic Objective 3.1: Develop relevant and sustainable equity, diversity, and inclusion efforts within every unit of BHA.

Does this objective have an I.T. component? Yes No

Importance: BHA strives to be an administration that attracts, develops and retains dedicated employees. Developing a culture that fosters sustainable equity, diversity and inclusion policies and programs is one way BHA achieves this goal. It's important for BHA to engage with all employees, encouraging their participation in developing fair and relevant practices to enhance BHA's workplace where each employee can thrive.

Success Measure 3.1.1: Increase the number of Certified Diversity Executives across BHA from 5 to 10 by July 2022 and to 18 by June 2023.

Success Measure 3.1.2: Increase the number of Certified Diversity Professionals across BHA from 3 to 6 by July 2022 and to 10 by June 2023.

Action Plan:

- Each program will identify staff to attend trainings.
- Participants will attend trainings, complete a project, and must pass the exam.

Success Measure 3.1.3: Establish a Community of Practice (CoP) in each program within BHA that meets quarterly to assess policies, practices, and procedures to ensure effective implementation of equity, diversity and inclusion by June 30, 2023.

Action Plan:

- Each BHA program area will receive consultation on implementation of their CoP from the BHA CoP.
 - Each BHA program area will receive EDI topic-specific resources and support.
 - For those BHA programs with established CoP, EDI will be infused where appropriate.
-



Strategic Objective 3.2: Strengthen and standardize behavioral health data collection and analysis to ensure consistent, reliable data reporting across the behavioral health care continuum.

Decision Packages: 030-ML-CL Leased PCs, 030-ML-3K BHA IT Support Services

Does this objective have an I.T. component? Yes No

Importance: By developing an integrated Research Data and Analysis process, BHA will improve accountability and increase transparency of information, management decisions and policy development. This effort will also strengthen the management of change, monitoring of service delivery quality and outcome analysis for the entire organization.

Success Measure 3.2.1: BHA will have standard and consistent processes for data collection and management across the organization by June 2023.

Action Plan:

In collaboration with DSHS' Research Data and Analysis staff, BHA will:

- Develop an inventory of performance measures, systems, and reports across BHA.
 - Working with primary stakeholders, identify system-wide performance and reporting requirements.
 - Develop an overall accountability framework that outlines performance reporting requirements for key target audiences, including timing, indicators and data collection responsibilities as well as the creation of an action plan to implement the accountability framework and performance measurement system.
-

Strategic Objective 3.3: Provide additional training for incident command staff in order to enhance and strengthen response capabilities.

Does this objective have an I.T. component? Yes No

Importance: Many personnel designated as incident command staff have limited real-world experience and training which may result in ineffective response operations and other severe consequences.

Success Measure 3.3.1: Provide initial trainings to existing incident command staff by December 2022.

Success Measure 3.3.2: Provide train-the-trainer courses by December 2022.

Action Plan:

- Provide on-site training for Federal Emergency Management Agency (FEMA) courses ICS-100, 200 and 700 as well as ICS 800, ICS 300 and 400.
 - Research and seek out training opportunities through FEMA.
 - Provide training to staff who show proficiency with the incident command structure and process. The training will include train-the-trainer courses to provide future training to other staff.
-

Strategic Objective 3.4: Provide site-specific emergency management



equipment to BHA facilities.

Does this objective have an I.T. component? Yes No

Importance: Having consistency in equipment and methods used during incident command activation will improve response, coordination and collaboration capabilities between BHA facilities. This will better enable the administration to resume normal operations in a safe, orderly and expeditious manner.

Success Measure 3.4.1: Equipment is purchased, issued and ready for use at facilities by December 2022.

Action Plan:

- Research various incident command center equipment packages and determine best practices.
- Create a specific equipment list and storage cabinet criteria for the incident command centers at each BHA facility.
- Identify any facility-specific equipment needed.

