Washington State Department of Social and Health Services

Transforming Lives

REPORT TO THE LEGISLATURE

Improving Patient and Staff Safety in State Hospitals – Status Report

Engrossed Substitute Senate Bill 5187, Section 202 (11)

December 1, 2023

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EXECUTIVE SUMMARY

The 2023 Washington State Legislature passed Engrossed Substitute Senate Bill 5187, making the 2023-2025 fiscal biennium operating appropriations. Section 202 (11) established that $4,949,000 of the general fund–state appropriation for fiscal year 2024, $7,535,000 of the general fund–state appropriation for fiscal year 2025, and $672,000 of the general fund--federal appropriations are provided solely for the Department [DSHS] to establish a violence reduction team at Western State Hospital to improve patient and staff safety at Eastern and Western State Hospitals.

The reporting requirement of the bill states:

A report to the legislature is required by December 1, 2023, and December 1, 2024, which includes a description of the violence reduction or safety strategy, a profile of the types of patients being served, the staffing model being used, and outcomes associated with each strategy. The outcomes section should include tracking data on facility-wide metrics related to patient and staff safety as well as individual outcomes related to the patients served.

Last year's status report to the legislature discussed the impact of COVID-19 on the STAR Program (the former primary program to address extremely violent patients) and included the launch of the Consult Liaison Service (CLS), which was later merged with the Violence Reduction Team (VRT), to form the multidisciplinary consultation service, the Behavior Management Team (BMT). The BMT is a consultation service that is available on request from treatment teams, or executive leadership, to assist with patients who are experiencing challenging behaviors, high levels of acuity, aggression or violence toward peers or staff, frequent episodes of seclusion and restraint, or other challenging behaviors that are not improving with their treatment plan. The BMT began as a service in January 2023, offering support to treatment teams during day and evening shifts, seven days a week. In the period between January 1, 2023, and August 31, 2023, the BMT served 21 patients, helping treatment teams to reduce the referred patients' assault rates, and episodes of seclusion and restraint.

The activation of the BMT appears to have the desired impact as assault rates are now lower, improving WSH patient and staff safety.

BACKGROUND AND INTENSIVE CARE MODEL

The December 1, 2022, Report to the Legislature, *Improving Patient and Staff Safety in State Hospitals – Status Report* for Western State Hospital's (WSH) Civil Center of Excellence reported many changes that occurred at WSH. In the first biennium, 2021, the legislature provided funding to address the causes of violence and aggression of patients at WSH. To address violence, WSH established a Specialized Treatment and Recovery (STAR) Program in February 2020, which was a ward where the 10 most violent patients were served with intensive treatment to reduce violent episodes. Patients on the STAR Ward would transition to a Step-up Ward, where they could continue their treatment, and from there, either be discharged to a less restrictive setting in the community or be transferred to another Civil Center of Excellence ward to await discharge.

The STAR Program, housed on a WSH ward, was designed with an increased staffing model and a reduced patient census of 10 patients, compared to 30 on other Civil wards. The program's focus was to provide intensive treatment to the patients with the most acutely assaultive behavior in an aim to steadily decrease aggressive conduct. However, within a month of beginning the STAR Program, the COVID-19 pandemic began and severely impacted WSH, including disrupting processes and procedures, and negatively impacting many patients and staff members. It also caused residential providers, who would provide discharge options for patients, to refuse new referrals out of concern of COVID-19 communicability for their facilities. During this timeframe, WSH was required to establish a medical isolation ward for patients who became ill with COVID-19. This ward was established on the STAR Program's Step-up Ward location, which effectively stopped the STAR Program from functioning as intended. The medical isolation ward was staffed primarily by locum tenens/traveler nurses, who had been working on the STAR Ward program. During this time, locum tenens nurses were highly sought by hospitals and facilities nationwide in response to COVID-19, and they became a scarce resource. WSH was unable to hire nurses or obtain additional locum tenens nurses to staff the hospital, including for the STAR Program. Since the medical isolation ward was staffed with STAR Ward nurses, WSH was unable to maintain safe staffing levels on the STAR Ward. The patient census was reduced to five to accommodate WSH's staffing ability in August 2021 by transferring the patients who were least assaultive to other Civil Center wards. The remaining STAR Ward Program staff continued their treatment program with the five patients on the ward, and supported the five patients, who had been transferred to other Civil Center wards, and their treatment teams. Within four months, the staffing demands made it completely impossible to maintain the STAR Ward program, which was shuttered, and the remaining five patients were transferred to other wards in the Civil Center of Excellence.

This resulted in a rapid transition for the STAR Ward Program staff to evolve into the Consult Liaison Service in December 2021. While the CLS had primarily focused on supporting treatment teams in addressing patients' challenging aggressive episodes, their role expanded within a few months, to include working with treatment teams with other patients. Their emphasis was consulting on patients with challenging behaviors, which included aggressive behavior, frequent seclusion and restraint episodes, and other concerns. Although there was a hope that the STAR Program would re-open, it became clear by August 2022 that it could not resume due to staffing difficulties, and the STAR Program closed.

As anticipated in the December 1, 2022, Report to the Legislature, *Improving Patient and Staff Safety in State Hospitals – Status Report*, with very few exceptions, the patients being admitted to the Civil Center of Excellence have been transferred from the Gage Center of Forensic Excellence. However, an unanticipated development was that the transfers have increased in frequency due to the July 7, 2023 ruling in the US District Court, Trueblood v. DSHS settlement agreement, which ordered DSHS to transfer or discharge all patients with a civil conversion commitment under RCW 71.05 from the Gage Center within 60 days, and to continue to discharge or transfer patients from the Gage Center so that no patients with civil conversion orders reside there. This resulted in a large influx of patients who were not as psychiatrically stable, to the Civil Center between July 7, 2023 and September 7, 2023. The result was an increase in ward acuity and patient assaults. As noted in the Outcomes section below, the BMT has experienced success in working with referred patients and will continue to be instrumental in

successful efforts to improve patient and staff safety. The Civil Center of Excellence also established an admissions ward, where the majority of transfers from the Gage Center of Forensic Excellence will arrive. The admission ward treatment team will work to stabilize patients as quickly as possible by adjusting medications, including seeking emergency psychotropic medications, and providing treatment that will lead to stabilization and transfer to another Civil Center ward to continue treatment until the patient can be safely discharged.

Preceding and throughout the STAR Ward Program's implementation, WSH utilized the Psychiatric Emergency Response Team (PERT) and Violence Reduction Team (VRT) to respond to patients experiencing episodes of aggressive behavior. The PERT responds immediately to incidents on wards when a patient becomes aggressive or assaultive and assists the ward treatment team with de-escalating the patient, managing other patients on the ward, or, if needed, assisting with containing the aggressive patient in seclusion or restraint. The VRT was composed of a Therapies Supervisor and 5 Institutional Counselor-3 staff who assisted treatment teams on a longer-term basis, providing support to patients with aggressive behaviors to learn and practice skills to manage behavior choices. Despite the best efforts of PERT and VRT, the STAR Program was necessary to work with patients experiencing high levels of aggressive episodes. After the STAR Program was disbanded due to insufficient staffing, the Consult Liaison Service (CLS) was launched to provide multidisciplinary expertise to treatment teams in the Gage Center of Forensic Excellence and the Civil Center of Excellence. The CLS was a multi-disciplinary team comprised of a program director, administrative assistant, psychiatrist, psychologist, pharmacist, registered nurses, psychology associates, psychiatric social worker, and institutional counselors. This provided multidisciplinary expertise that did not exist in the VRT.

In January 2023, VRT and CLS merged to form the Behavior Management Team (BMT), which was reviewed in the December 1, 2022, Report to the Legislature, *Improving Patient and Staff Safety in State Hospitals – Status Report*. The merge was accomplished in January 2023. The BMT is a primary resource for treatment teams in addressing patients' aggressive behavior when their treatment efforts prove to be ineffectual.

The BMT is composed of the program director, administrative assistant, psychiatrist, pharmacist (which was subsequently removed due to staffing), psychologist, psychiatric social worker, 4 psychology associates, 3 therapies supervisors and 20 Institutional Counselor 3s. The therapies supervisors and institutional counselors are divided into 3 teams to provide coverage to all wards during the day (6:30 am to 3:00 pm) and evening (3:00 pm to 11:00 pm) shifts, seven days a week. The BMT's goal is to assist treatment teams with responding to patients with aggressive episodes toward peers or staff, frequent seclusion and/or restraint events, or other challenging behaviors that are not responding to their current treatment plan. The BMT operates as a consulting service to the ward treatment teams in the Gage Center of Forensic Excellence and the Civil Center of Excellence with one goal: to support improved patient care and increased staff safety. Although the BMT is primarily a consultation service requested by treatment teams, the Centers' executive leadership teams may also refer cases to the BMT. The goal is to provide treatment teams with interventions to decrease the patient's challenging behaviors by working with all members of the treatment team to effectively implement treatment recommendations that

aim to decrease the challenging behavior. The BMT's involvement may be brief, from two to three weeks to up to three months, depending on the needs of the patient and treatment team.

To receive services, a treatment team member, usually the psychiatric practitioner, completes a referral request, which is reviewed by the BMT Director and triaged with select team members to determine if the BMT can assist, and what resources might be needed. The BMT intake process involves reviewing the referral request, conducting an extensive patient records review and meeting with the patient and various members of the referring treatment team, to include the psychiatric practitioner, Nursing staff, clinical members of the treatment team (e.g., psychiatric social worker, psychologist, etc.), and line staff working directly with the patient. The BMT develops a list of recommendations which may include suggesting medications, adjusting nursing or other care practices, making changes to the ward environment or routine, and behavioral intervention recommendations. The treatment team may select the BMT recommendations they prefer, and the BMT will work with the treatment team to implement them by working with the patient, and the treatment team to adopt the recommendations by providing coaching, modeling and training. The BMT monitors the treatment team's efforts to utilize the recommended interventions and provides feedback as needed. As the treatment team successfully implements the recommendations, the BMT gradually reduces their support until the treatment team can proceed independently. If the BMT was providing only medication recommendations, the BMT's psychiatrist would work with the treatment team's psychiatric practitioner and pharmacist to adjust the medication regimen, and would be available to the treating psychiatric practitioner as needed. Medication adjustments would be a short-term response, compared to providing a longer course of behavioral interventions for a patient with a complex history of multiple aggressive episodes.

Additionally, the BMT may consult to review diagnoses, make medication recommendations, review behavioral processes that lead to seclusion and restraint (including efforts to first use less restrictive alternatives, review seclusion and restraint paperwork, debrief with the team and patient, etc.), review physical health concerns, provide therapeutic consults to ward psychiatric social workers and psychology associates, provide behavioral analysis and interventions, and make additional recommendations to lower ward acuity. The BMT also provides micro-trainings to treatment teams on various topics such as milieu management, de-escalation skills, situational awareness, intervention strategies, and patient engagement strategies.

The PERT teams in the Gage Center of Forensic Excellence and in the Civil Center of Excellence remain an element of WSH's approach to maintain patient and staff safety through addressing patients' aggressive and violent behaviors in emergent situations. These two teams perform a variety of services for treatment teams. One of PERT's primary activities is to provide an immediate response team for incidents on their Center's wards involving agitated and aggressive patients. The PERT members follow the direction of the ward Charge Nurse to either assist with de-escalation of the patient, help the nursing staff manage the other patients on the ward, engage with other patients to prevent behavior escalation, or assist the ward staff with containing the agitated patient in seclusion or restraint if less restrictive measures have been ineffective in calming the patient and lowering their acuity. PERT responds to medical emergencies for patients and staff on the wards, where they engage the patients to move them from the area of the emergency and to help them remain calm. When the patient is unable to

cooperate with ward staff, Gage Center PERT helps provide support to patients to assist them with activities of daily living (ADLs), e.g., showering, shaving, haircuts, etc., using skills to assist the patient with completing the task while remaining calm. The Civil Center PERT assists ward staff by facilitating communication with the patient to encourage them to complete ADL activities. PERT members in both Centers engage with patients who are experiencing emotional distress, agitation, anxiety, or are responding to internal stimulation, e.g., auditory hallucinations, or are disrupting the ward environment, and help the patient return to their baseline calm state. PERT supports ward staff when COVID positive patients do not want to participate in COVID protocols, such as isolating in their room. PERT assists nursing staff with providing court-ordered or emergent medications to patients by helping them with being cooperative for the safety of the patient and staff. PERT assists wards when the patient receives unwanted or potentially unwelcomed information, such as when a patient's request cannot be met. PERT also goes to wards to meet with patients at their request. As patients develop rapport with PERT members, they may call PERT to help them with remaining calm.

PERT staff in both Centers consists of 14 team members, working day and evening shifts, seven days per week. Information about the number of calls that both Centers' PERT responded to was unavailable, but they are called upon multiple times per day. Between being called to respond to situations on the wards, the PERT members visit their various wards and check-in with staff and patients they had supported in previous deployments.

Another response to patient aggression and violence are adjustments to the treatment plan, including the addition of interventions to assist the patient with developing self-regulation skills to manage their acuity. The treatment team reviews violence episodes and updates the patient's treatment plan to address the underlying concern, and when repeated incidents occur, alternative interventions are implemented. If it appears warranted, the treatment team requests a BMT consult to request their assistance with the patient.

STAFFING MODEL

The staffing model to support the BMT's mission is below. This model allows the BMT to utilize a multi-disciplinary approach to respond to treatment team requests for consultation to support patients experiencing challenging behaviors who are not responding to the treatment plan. The staffing model facilitates the review of diagnosis, medications, nursing interventions related to seclusion and restraint, less restrictive alternatives to seclusion and restraint, physical health concerns, and therapeutic services with the treatment team. The BMT Psychiatrist 4 is shared by two psychiatrists. The BMT engages with the patient and provides coaching to the treatment team on effective interventions with the patient. The BMT also provides micro-trainings to treatment teams in a variety of topics, including de-escalation skills, use of Crisis Prevention Institute (CPI) and Advanced Crisis Intervention Training (ACIT) strategies for de-escalation and containment, seclusion and restraint procedures, situational awareness, using a trauma informed approach, etc., that help ward staff decrease patient aggression by improving staff members' skill levels and efficacy in reducing patient violence. Within this model, there are three teams of Institutional Counselor-3s led by a Therapies Supervisor to work

with the referred patient and treatment team in providing support seven days a week during day and evening shifts.

BMT	
Position	**FTE**
Program Director	1.0
Administrative Assistant-3	1.0
Psychologist-4	1.0
Psychiatrist-4	1.0
Psychology Associate	4.0
Psychiatric Social Worker-3	1.0
Therapies Supervisor	3.0
Institutional Counselor-3	20.0
Registered Nurse-4	1.0
Registered Nurse-3	4.0
Total	37.0

Additionally, the WSH Civil Center of Excellence continues to utilize Safety Proviso funds to add the following FTEs, which contribute directly to the safety of patients and staff through their roles:

Safety Proviso Funded Positions	
Position	**FTE**
Security Guard-2	8.0
Institutional Counselor-3	7.0
Safety Officer 1	2.0
Facilities Planner 2	3.0
BHA Safety/Risk Administrator	1.0

PATIENT PROFILE

From the establishment of the BMT in January 2023 to August 31, 2023, the BMT has worked with 21 patients, which includes current active consultation with 11 patients and 10 closed consultations. When compared to the prior STAR Program, which served 10 patients on one ward, they have served 21 patients.

The 10 closed consultations were all males with BMT average consultation time of 137 days (about 4.5 months, range from 3 to 43 weeks), with referrals primarily due to verbal and physical aggression/assault toward peers and staff and repeated episodes of seclusion and restraint. There were three patients referred to the BMT from the Gage Center of Forensic Excellence and seven referred from the Civil Center of Excellence. The most common diagnoses for referred patients were Schizoaffective Disorder, one of various Substance Use Disorders, personality disorder, Schizophrenia, and a Substance Induced Psychotic Disorder. Commonly, the BMT referrals involved incidents of assault toward peers (Patient-to-Patient) and staff (Patient-to-Staff), ranging from one to as many as five in a month. By the time BMT closed their consultation for a

patient, the number was greatly reduced, most often to zero assaults. Similarly, the BMT was able to significantly reduce the time the referred patients spent in Seclusion or Restraint.

Although some referred patients had a low number of hours in seclusion or restraint, some had a high number of hours, such as one with 92 hours in restraint and 140 hours in seclusion in a month, which was reduced to 4 and 5 hours, respectively. In another case, the patient was in constant restraint, with an average of approximately 730 hours in restraint per month. The BMT worked with the patient and staff extensively to help the patient out of restraint. As they did so, the number of hours in restraint decreased, while the number of hours in seclusion increased, as seclusion was a less restrictive alternative to restraint. The BMT continued to work with the patient and when the case was closed, the patient had six hours in restraint and zero hours in seclusion in the time prior to conclusion. Another referred patient had 46 hours in restraint and seven hours in seclusion in a month, which the BMT helped the treatment team reduce to two hours in a month in restraint and 0 hours in seclusion. Some of the referred patients were receiving monitoring by two-to-one staff members around the clock for safety due to assaultive behavior, and in most cases this was either reduced to 1 monitoring staff or completely discontinued. The BMT provided coaching and modeling to the treatment teams regarding communication with the patient and illustrated ways to establish and build rapport. They provided the referred patient psychoeducation in emotional self-regulation, mindfulness techniques, distress tolerance, problem solving, coping skills for anxiety, stress and frustration. The BMT was able to help the patient become involved in activities on and off their ward, representing a significant improvement in the patient's engagement with treatment. Two of the referred cases also involved medication consultation with the referring psychiatric practitioner.

For the 11 current cases that the BMT supports, 10 of the 11 are males. Four of the referrals originated from the Gage Center of Forensic Excellence and seven came from the Civil Center of Excellence, and the average BMT consultation period lasted approximately 163 days as of August 31, 2023. The primary reason for the referrals was verbal aggression, including threats and intimidation of peers and staff, and physical aggression/assault toward peers (Patient-to-Patient assault) and staff (Patient-to-Staff), accompanied by repeated episodes of seclusion and restraint. The Patient-to-Patient assaults ranged from one to eight assaults in a month and Patient-to-Staff assaults ranged from one to five in a month. Efforts to reduce assaults toward peers and staff is ongoing as the consultations are still active, but good progress is generally reported. The most common diagnosis for the referred patients was Schizophrenia, followed by a Substance Use Disorder, a personality disorder, Schizoaffective Disorder, and Posttraumatic Stress Disorder. Restraint and seclusion hours per month varied among the referred patients, but good progress was reported as this is an ongoing consultation target. The BMT worked with two patients in near-constant restraint due to aggressive behavior and have been working with the treatment team to engage the patient in treatment so that the patient has remained out of restraint with sizeable reductions in restraint hours from about 583 hours per month to zero hours; consultation with the patient and their treatment team continues. That patient also showed a reduction in assaults toward peers and staff from two to five assaults in a month toward peers and one to three assaults of staff to zero assaults on peers or staff over the last three months. The efforts of the BMT have included working with the referred patients to build rapport and trust, identify triggers to stressors and assaults, improve social skills, develop self-regulation skills, use mindfulness strategies, improve coping skills for anxiety, stress and

frustration, and manage behavioral health symptoms. The BMT worked with treatment teams to improve engagement with patients, enhance communication skills, and improve situational awareness by modeling and coaching the treatment team staff. Although these 11 cases are active and ongoing, the BMT is showing good progress and leading WSH's treatment teams in improving patient and staff safety.

OUTCOMES

Table 1, below, reports the WSH Civil Center Patient-to-Patient (Pt Pt) and Patient-to-Staff (Pt St) assault data for the fiscal year from July 1, 2022 through August 31, 2023 (latest available data). It includes the number of assaults each month and the assault rate per 1,000 Patient Days, which allows for standardized comparisons (captured in the columns labeled Patient-to-Patient Rate [Pt Pt R] and Patient-to-Staff Rate (Pt St R). The table also captures Fiscal Year data to allow Fiscal Year comparisons for Fiscal Year (FY) 2020, FY2021 and FY2022. There has been a trend of decreasing Patient-to-Patient assaults over the past 3 fiscal years, which is reflected in the standardized comparison assault rates, and during FY2022, the Civil Center Patient-to-Patient assault rate met the BHA target, noted by the green chart cell highlight. Similarly, there have been reductions in the past 3 fiscal years in the Patient-to-Staff Assault rate, with a marked decrease when FY2023 is compared to FY2021, and FY 2020. Although the closure of some Civil Center wards occurred in FY2023, residential providers in the community decline to accept assaultive patients, so the Civil Center focuses on helping those patients decrease their aggressive behavior, including consulting with the BMT for some of the most assaultive patients. The BMT complemented ongoing efforts by treatment teams in addressing acuity on their wards and offering additional interventions. This finding suggests that the BMT continues to support violence reduction, as it was the primary resource provided by the Civil Center to support treatment teams in addressing patient violence.

Table 1. Civil Center of Excellence, Fiscal Year to Date Comparisons FY 2020, FY 2021 & FY 2023, and FY2023 – FY2024 Assaults per 1,000 Patient Days by Month with Prior Year Comparisons

Year	Month	Pt Days	Pt Pt	Pt Pt R	Pt St	Pt St R
FTYD 2020 Comparison		23,677	173	7.31	127	5.36
FY 2020 TOTAL		142,633	742	5.20	683	4.79

Year	Month	Pt Days	Pt Pt	Pt Pt R	Pt St	Pt St R
FTYD 2021 Comparison		22,411	114	5.09	126	5.62
FY 2021 TOTAL		133,620	652	4.88	682	5.10

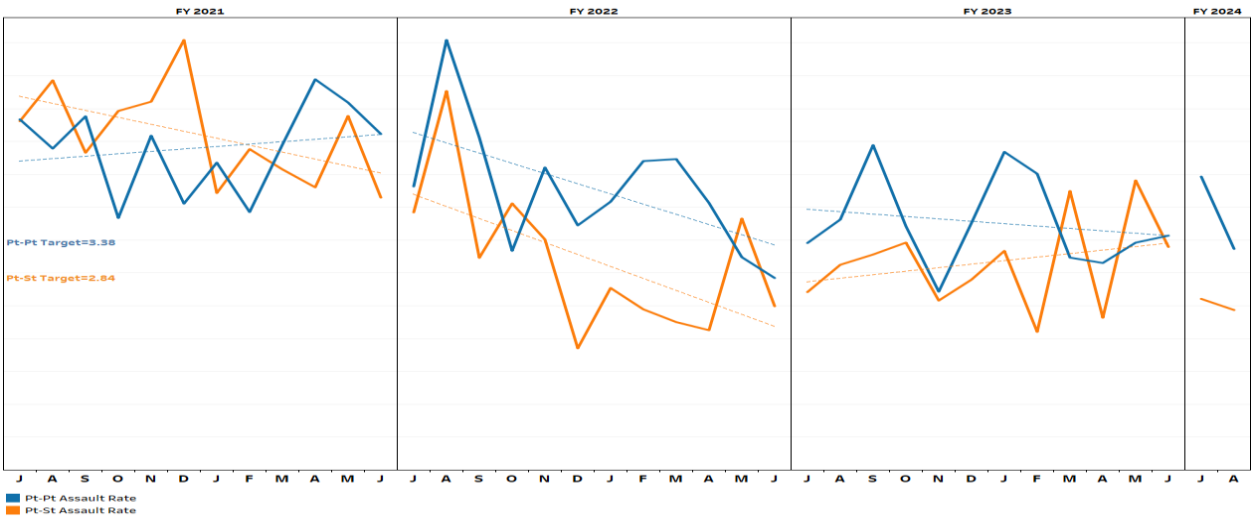
Year	Month	Pt Days	Pt Pt	Pt Pt R	Pt St	Pt St R
FTYD 2022 Comparison		21,459	116	5.41	104	4.85
FY 2022 TOTAL		122,838	524	4.27	395	3.22

Year	Month	Pt Days	Pt Pt	Pt Pt R	Pt St	Pt St R
2022	**Jul**	9,598	33	3.44	26	2.71
2022	**Aug**	8,963	34	3.79	28	3.12
2022	**Sep**	8,536	42	4.92	28	3.28
2022	**Oct**	8,667	32	3.69	30	3.46
2022	**Nov**	8,142	22	2.70	21	2.58
2022	**Dec**	8,280	31	3.74	24	2.90
2023	**Jan**	8,095	39	4.82	27	3.34
2023	**Feb**	7,132	32	4.49	15	2.10
2023	**Mar**	7,771	25	3.22	33	4.25
2023	**Apr**	7,335	23	3.14	17	2.32
2023	**May**	7,260	25	3.44	32	4.41
2023	**Jun**	6,479	23	3.55	22	3.40
FTYD 2023 Comparison		**18,561**	**67**	**3.61**	**54**	**2.91**
FY 2023 TOTAL		**96,258**	**361**	**3.75**	**303**	**3.15**

Year	Month	Pt Days	Pt Pt	Pt Pt R	Pt St	Pt St R
2023	**Jul**	6,526	29	4.44	17	2.60
2023	**Aug**	6,569	22	3.35	16	2.44
FTYD 2024 Comparison		**13,095**	**51**	**3.89**	**33**	**2.52**
FY 2024 TOTAL		**13,095**	**51**	**3.89**	**33**	**2.52**

Figure 1, below, on the next page, graphically reports Patient-to-Patient (Pt Pt) and Patient-to-Staff (Pt St) assault data across the 3 fiscal years. During FY2023 Patient-to-Patient (Pt Pt) assaults trended downward, Patient-to-Staff (Pt St) assaults experienced a slight upward trend, and to date, a decrease has been observed in the FY2024 data.

Figure 1. Civil Center of Excellence, Patient to Patient & Patient to Staff Assault Rates, FY2021 – FY2024



The data in Table 2, below, reports Assault-Related Injuries, comparing FY2020, FY2021 and FY2022, followed by monthly data for FY2022 and FY2023, in the categories of Patient-to-Patient and Patient-to-Staff, using the same abbreviations as above. Patient-to-Patient assaults have been trending downward and have been relatively unchanged. The Patient-to-Staff injuries have been trending downward.

Table 2. Civil Center of Excellence, FY2023 – FY2024 Assault-Related Injuries per 1,000 Patient Days by Month with Prior Year Comparisons

Year	Month	Pt Days	Pt Pt	Pt Pt R	Pt St	Pt St R
FTYD 2020 Comparison		23,677	57	2.41	35	1.48
FY 2020 TOTAL		142,633	278	1.95	236	1.65

Year	Month	Pt Days	Pt Pt	Pt Pt R	Pt St	Pt St R
FTYD 2021 Comparison		22,411	37	1.65	58	2.59
FY 2021 TOTAL		133,620	243	1.82	262	1.96

Year	Month	Pt Days	Pt Pt	Pt Pt R	Pt St	Pt St R
FTYD 2022 Comparison		21,459	40	1.86	27	1.26
FY 2022 TOTAL		122,838	217	1.77	96	0.78

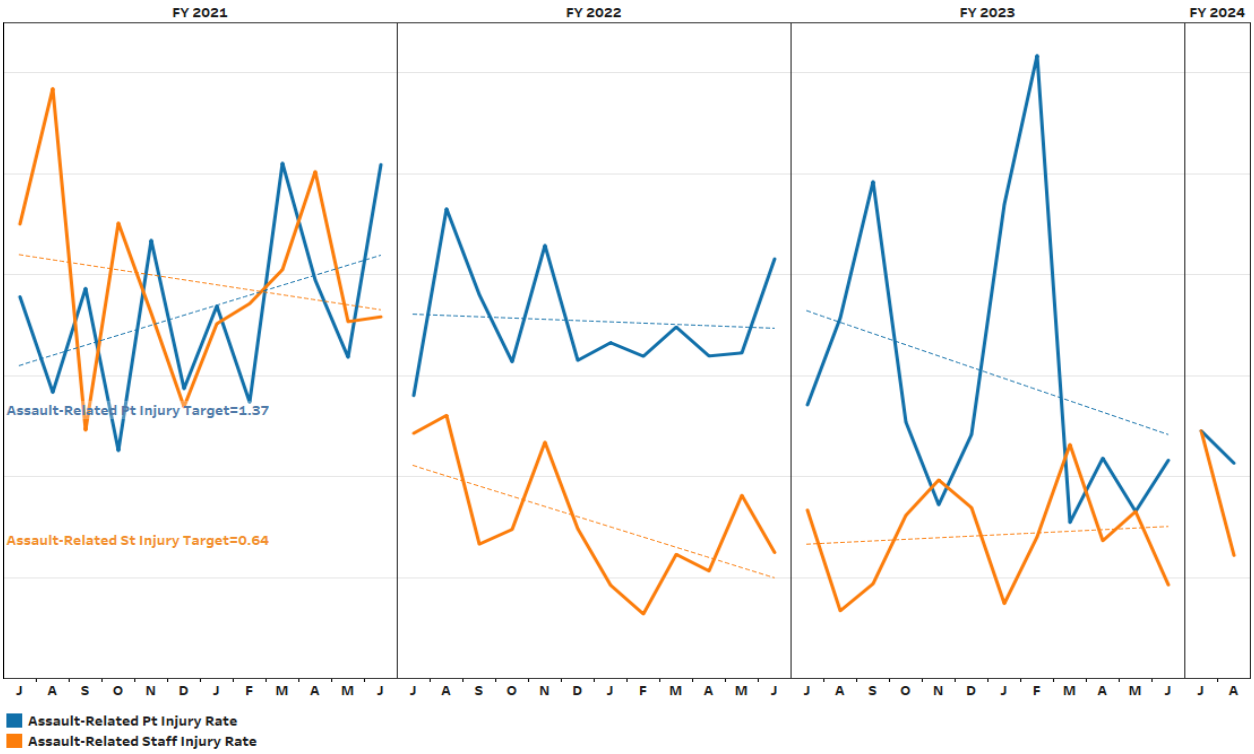
Year	Month	Pt Days	Pt Pt	Pt Pt R	Pt St	Pt St R
2022	Jul	9,598	13	1.35	8	0.83

2022	**Aug**	8,963	16	1.79	3	0.33
2022	**Sep**	8,536	21	2.46	4	0.47
2022	**Oct**	8,667	11	1.27	7	0.81
2022	**Nov**	8,142	7	0.86	8	0.98
2022	**Dec**	8,280	10	1.21	7	0.85
2023	**Jan**	8,095	19	2.35	3	0.37
2023	**Feb**	7,132	22	3.08	5	0.70
2023	**Mar**	7,771	6	0.77	9	1.16
2023	**Apr**	7,335	8	1.09	5	0.68
2023	**May**	7,260	6	0.83	6	0.83
2023	**Jun**	6,479	7	1.08	3	0.46
FTYD 2023 Comparison		**18,561**	**29**	**1.56**	**11**	**0.59**
FY 2023 TOTAL		**96,258**	**146**	**1.52**	**68**	**0.71**

Year	Month	Pt Days	Pt Pt	Pt Pt R	Pt St	Pt St R
2023	**Jul**	6,526	8	1.23	8	1.23
2023	**Aug**	6,569	7	1.07	4	0.61
FTYD 2024 Comparison		**13,095**	**15**	**1.15**	**12**	**0.92**
FY 2024 TOTAL		**13,095**	**15**	**1.15**	**12**	**0.92**

Figure 2, below, on the next page graphically summarizes Assault-Related Injuries per 1,000 Patient Days by month for FY2021-FY2022 and shows variability that is consistent with assault trends above.

Figure 2. Civil Center of Excellence, Patient to Patient & Patient to Staff Assault-Related Injuries, FY2021 – FY2023



The BMT has received notes of appreciation from many treatment teams in recent months. In May 2023, a Ward Charge Registered Nurse wrote, "When I met BMT in action, I felt even safer. They are very professional, calm under stressful situations and very resourceful…praise for a job well done…" She added, "As a nurse working in several hospitals and facilities, I have not seen such dedication for safety, humanity, respect, and care of staff and patients." Several staff from various disciplines were praised. More recently, staff in the Civil Center wrote that BMT had been referred to their patient in late-Spring 2023 for assaultive behavior toward peers and staff, which required staff monitoring the patient. The BMT had recommended some ward process and staff communication style changes with the patient, which helped to rapidly transition to a lower level of monitoring, only during evening shift, and the patient became engaged in activities on the ward, including eating meals with their peers. The staff commented, "Because BMT and ward staff partnered together, they were able to build rapport and create a feeling of safety for staff as they worked with the patient. Ward staff continue to notice the positive change in the patient." As anticipated, the BMT is making a positive difference in the patients they are working with and for the referring treatment teams.

FUTURE DIRECTIONS

The December 1, 2022, Report to the Legislature, *Improving Patient and Staff Safety in State Hospitals – Status Report* for Western State Hospital's (WSH) Civil Center of Excellence, noted that the Civil Center was then experiencing higher levels of acuity and patient aggression/violence due to the characteristics of patients transferring from the Gage Center of Forensic Excellence, who were involved in the legal process and tended to have higher levels of acuity, aggressiveness and violence. Patients who remained in the Gage Center until they were psychiatrically stabilized and then transferred to the Civil Center of Excellence for further

treatment remained at high acuity. On July 7, 2023, the Federal court issued a ruling in Trueblood v. DSHS to discharge or transfer all patients civilly committed under RCW 71.05, *Behavioral Health Disorders*, from the Gage Center. The agreement also prevented the Civil Center from admitting patients civilly committed under RCW 71.05 from community hospitals, and evaluation and treatment centers (patients with lower acuity and levels of aggression/violence compared to Gage Center patients), essentially limiting Civil Center admissions to transfers from the Gage Center, with rare exceptions.

To accommodate the court's order, patients were discharged from the Gage Center and the Civil Center at an unprecedented rate to make room for patient transfers from the Gage Center to the Civil Center. This opened bedspace in the Gage Center for admissions from jails for patients awaiting competency evaluations and restoration, when indicated. A consequence of the Federal court agreement's impact to the Civil Center of Excellence is that the main patients being received are those who have been involved in the legal process and who have higher levels of aggression and violence, which has a negative impact on ward safety. The patients transferring from the Gage Center are being transferred when their commitment converts from RCW 10.77 to RCW 71.05 before they have stabilized, increasing the Civil Center of Excellence's ward acuity and aggression/violence rates.

To address the increased levels of acuity and aggression/violence, the first line of intervention is provided by the Civil Center of Excellence's ward treatment teams through medications and other therapies. Secondly, with the involvement of the Center's Psychiatric Emergency Response Team (PERT) and Security as needed. Beginning in January 2023, the treatment teams also have had the availability of a multidisciplinary consultation team, the Behavior Management Team (BMT), to assist the teams with patients with high levels of aggression/violence and frequent episodes of seclusion and restraint. In the first eight months of this year (the period of the most recent available data), the BMT has collaborated with treatment teams and served 21 patients and made significant contributions to reducing aggression, violence, and the episodes of seclusion and restraint for all 21 referred patients. The BMT has proven to be a highly valuable resource for WSH to address patient acuity, aggression/assaults, and seclusion and restraint episodes, and is a service that is appreciated by treatment teams struggling with high acuity patients. Given the success of the BMT pilot at WSH, Eastern State Hospital is in the early stages of establishing a BMT as well. Related position establishment and recruitment are underway.

It is anticipated that patients from the Gage Center of Forensic of Excellence will persistently have high levels of acuity, aggression and violence on transfer to the Civil Center of Excellence. The BMT will continue to respond to referral requests for patients who engage in aggression or other challenging behaviors and work primarily with the treatment teams to review the diagnoses, medications, and interventions in use, then provide appropriate recommendations to the team. The BMT has improved patient care and staff safety in both the Gage Center of Forensic Excellence and in the Civil Center of Excellence. The BMT in combination with PERT and other therapeutic activities will continue to provide services to reduce the ward acuity through effectively addressing aggressive and violent patient behaviors.