

# Annual Update on State Hospital Efforts to Reduce Violence

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RCW 72.23.451

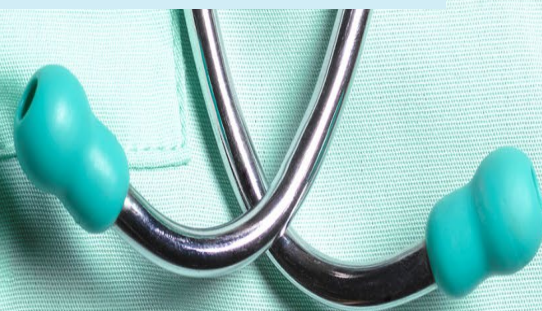
September 1, 2025

**Washington State Department of  
Social and Health Services**

Behavioral Health & Habilitative Administration / Risk  
Management / Headquarters

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## Table of Contents

<b>Executive Summary .....</b>	<b>3</b>
<b>Western State Hospital (WSH) .....</b>	<b>4</b>
General Staffing and Training .....	4
Security.....	6
Specialized Staffing and Training.....	7
Environment of Care .....	10
Data Reporting .....	11
Communications.....	13
Nursing Services .....	13
<b>Eastern State Hospital (ESH) .....</b>	<b>15</b>
General Staff Training.....	15
Security.....	15
Specialized Staffing and Training.....	16
Environment of Care .....	16
General Staffing.....	17
Data Reporting .....	17
<b>Child Study &amp; Treatment Center (CSTC).....</b>	<b>19</b>
General Staff Training.....	19
Security.....	20
Environment of Care .....	21
General Staffing.....	21
Data Reporting .....	22
<b>Annual Report Summary.....</b>	<b>25</b>
<b>Contact Information .....</b>	<b>26</b>

## Executive Summary

Pursuant to RCW 72.23.451, this report provides the Washington State Legislature with a comprehensive review of the operations, performance, and progress as it relates to violence for our state hospitals and is due by September 1 of each year.

Western State Hospital (WSH), located in Lakewood, WA, is one of two Washington adult state psychiatric hospitals. WSH is comprised of a Civil Center for civilly committed patients and Gage Center for forensic patients. WSH has a capacity of 745 patient beds.<sup>1</sup>

Eastern State Hospital (ESH), located in Medical Lake, WA, is the second Washington state psychiatric hospital for adults. It has a total capacity of 375 patient beds.<sup>2</sup>

The Child Study and Treatment Center (CSTC), located in Lakewood, WA, is the only Washington state psychiatric hospital for children. CSTC has a capacity of 65 patient beds.<sup>3</sup>

This report confirms the commitment of the Department of Social and Health Services (DSHS) to create a safer workplace for our employees and a safer environment to care for our patients. Department-wide strategies include Workplace Safety Plans, safety committees, violence prevention training, incident reporting, trend monitoring, risk-reducing infrastructures, enhanced communication and collaboration, trauma-informed treatment, and specialized pilot projects. Recruitment and retention of staff remains a critical priority for all three state hospitals.

The three hospitals continue to implement multi-faceted methods which have resulted in improvements in reducing violence. Progress has been made in reducing workplace injuries and patient assaults. Investments in additional safety measures such as new security cameras have continued to create a safer environment for patients and staff.

Planned initiatives for the upcoming year include identifying training programs to enhance staff competencies in de-escalation, trauma-informed care, and cultural responsiveness. As well as cross-hospital collaboration for a more holistic approach to violence reduction.

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<sup>1</sup> (Western State Hospital)

<sup>2</sup> (Eastern State Hospital)

<sup>3</sup> (Child Study and Treatment Center)

## Changes to the Administration

Effective May 1, 2025, as part of the Reimagine DSHS initiative, the Behavioral Health Administration (BHA) was renamed the Behavioral Health and Habilitation Administration (BHHA) to reflect the integration with units and facilities from other DSHS administrations. As this report covers a period prior to the name change, it refers to BHA and future reports will reference BHHA.

# Western State Hospital (WSH)

## General Staffing and Training

### Hospital Staffing

Nationally, behavioral health nursing positions are difficult to fill.<sup>4</sup> Exacerbated by COVID-19, recruitment is an ongoing challenge to address nursing shortages at WSH. The hospital has or continues to use several strategies to increase hiring which include:

- Reaching applicant nurses via a third-party employment agency. *State contracts ended in April 2025 due to budget restrictions.*
- Hosting and/or attending local job fairs and WorkSource sites.
- Working with DSHS Talent Acquisition to improve recruitment efforts, using social media platforms including LinkedIn, Indeed.com, Handshake, and popular social media sites.
- Using Nurse Employment Navigators to conduct outreach to schools with nursing programs to reach nursing students, WorkSource sites, and career fairs to educate individuals about working at WSH and the benefits of state employment.
- Working with the Director of Organizational Development to open spots as needed in the New Employee Orientation to prevent applicants from waiting weeks for employment.

The Workforce Administration team has joined the BHA workgroup on Stay Surveys to improve retention across the hospital. The Workforce program conducts interviews three to five days a week to increase the number of applicants being processed for vacant positions across both centers of the hospital.

### Staff Training

The Civil Center currently offers safety training to new and existing direct care staff and Security, which includes Non-Violent Crisis Intervention (NCI), Advanced Physical Skills (APS), Advanced Crisis Intervention Techniques (ACIT), and situational awareness. In addition to these training courses, the Gage Center includes Defensive Physical Intervention Training (PIT). The nationally recognized Crisis Prevention Institute (CPI) Part I and Non-Violent Crisis Intervention (NCI) is required of direct care staff on a bi-annual basis. Advanced Crisis Intervention Training (ACIT) is required of direct care staff and must be renewed annually. Since March 2023,

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<sup>4</sup> (National Conference of State Legislators, 2024)

CPI Part II - Advanced Physical Skills (APS) must be renewed every two years for Civil Center staff. These programs provide employees with effective skills to safely manage and prevent difficult behaviors while using safe patient handling, if needed.

In addition, direct care staff are trained in safety interventions such as manual holding techniques and disengagement skills during Non-Violent Crisis Intervention (NCI) and Advanced Physical Skills (APS) training. All new direct care employees are trained in the safe application of patient restraint and understanding of the risk of physical restraints. The wheeled restraint chair and the belt sequence are also required for direct care staff. This training is implemented in the New Employee Orientation (NEO) curriculum, as well as annual in-service training to ensure staff competency. General NEO includes training such as Trauma Informed Care, workplace and domestic violence, professional boundaries, and Equity, Diversity, Access, Inclusion, and Belonging (EDAIB).

Gage Center training staff currently offer Safety Orientation to students from local colleges who come to Western State Hospital as part of their clinical rotations. In response to ongoing safety needs, the Organizational Development Team also partnered with the Security Department at the Gage Center to launch a Security Academy in August of 2024, with the aim to provide a holistic training curriculum for new and existing security guards with standardized, best-practice competencies. The competencies focus on violence reduction practices such as shield training, room extraction techniques, scenario-based complex verbal de-escalation, manual support and floor holds, Physical Intervention Training (PIT), restraint application, room and ward searches, and wand and pat searches. All security guards, onboarded since August 2024, have completed this training and the Security Department is working to have all Security Guards attend the Security Academy by August of 2026.

Western State Hospital also requires Situational Awareness Training, Physical Intervention Training (PIT) (specific to Gage Center), restraint bed, application of restraints, and safety and evasion techniques for direct care staff as a safety measure. These training courses are part of the New Employee Orientation curriculum, as well as annual in-service training to increase training compliance.

In 2024, after reviewing staff assault-related incident footage with the BHA HQ Safety & Incident Review Team (SIRT), Organizational Development's New Employee Orientation implemented patient engagement and additional situational awareness content training. Patient engagement and situational awareness training helps employees better understand the importance of engagement and being more aware of their surroundings, which increases safety for patients and staff. In addition, because of this collaborative work, the Gage Center implemented an additional site-based New Employee Orientation Day, called "Gage Basics" to provide additional skills and practice in Physical Intervention Training (PIT), advanced restraint training with nursing, and patient engagement. Gage Basics helps employees better understand the importance of building rapport with patients and situational awareness, which is intended to help prevent potentially avoidable safety incidents for patients and staff. The Gage Basics class has provided a venue for implementing additional recommendations born of collaborations with SIRT.

Organizational Development's Civil Center also offers the following orientation for contractors, interns, volunteers and telehealth providers:

**Affiliated Partner Orientation (APO) – Telehealth**

The purpose is to provide paid time orientation for contractors that provide only virtual medical consultation. The virtual four-to-six-hour class, offered three times a month, is led by the Instructional Operations Administrator.

**Affiliated Partner Orientation (APO) (non-paid positions)**

The purpose is to provide a one day, in-person orientation for contracted professional visitors or contractors (such as volunteers, Peer Bridgers, Administrative Service Organizations (ACO) and Managed Care Organizations (MCO), interns/practicums), who rarely or intermittently come on site and have minimal supervised interaction with patients.

**Contractor Training**

The purpose is to provide one-hour training on-line for 'trades' contractors (such as installers, service technicians, and construction crews), who come on site and work around patients, but not directly with patients. Training is coordinated through the Civil Center's Organizational Development Department.

*Contract language has been updated requiring contractors to complete the required facility orientation training, which may include a period of shadowing before providing direct clinical care to patients.*

## Security

**Campus Patrols**

The hospital employs two dedicated campus patrols to provide 24/7 presence on WSH grounds. One patrol covers three facilities: The Civil Center of Excellence (CCE), Steilacoom Competency Restoration Center, and the Maintenance Operations Department (MOD). The second patrol also covers three facilities: the Gage Center of Forensic Excellence (GFCE), Child Study Treatment Center, and Oakridge Group Home. Both patrols respond to emergent situations on the WSH Campus that include violent events or events that could have escalated to violence.

**Personal Alarm Duress System**

A pendant personal alarm system is operational at WSH and is mandatory per policy for all direct contact staff to carry.

Each employee is provided with their own personal alarm pendant to use in a personal safety and/or security threat situation. Employees can activate their personal alarm pendant whenever they think an immediate/potential violent threat or aggressive situation is present. When activated, the pendant location is triangulated and a “Code Grey” alerts available staff in adjacent areas will respond in addition to security and Psychiatric Emergency Response Team (PERT) team members. If the staff member is moving with their personal alarm pendant, the control center provides security staff with location updates. Personal alarm pendant training and distribution of personal alarm pendants is provided during New Employee Orientation and onboarding.

### **Key Access and Control Department (KACD)**

Over the past fiscal year, KACD continued its collaborative efforts with Civil and Gage leadership to strengthen accountability, security, and key reclamation processes such as GCFE/CCE Policy 04.08 Key/Access Control (Shared) being updated to enhance and promote hospital-wide access control measures.

KACD conducts daily staff audits to identify and eliminate duplicate or secondary key sets, especially for staff who may have transferred between locations. KACD identified access concerns affecting Habilitative Mental Health (HMH) staff and successfully advocated for the issuance of Enterprise Building Access System (EBAS) badges to support their safe navigation throughout the facility.

KACD continues to monitor and elevate concerns regarding access to Building 22, as the main door was not operational, and staff could not access that side of the building or the key watcher boxes in that area. No timeline for repair has been provided at this time. In support of operational readiness, KACD performs ongoing maintenance and repairs on the Key Watcher system and has added an additional unit for Civil Security, ensuring unimpeded access for their duties.

With leadership support, KACD is in active discussion in bringing furniture keys under the access control program, advocating for Consolidated Business Services (CBS) to transfer these keys to our custody, where they can be secured on a locked ring.

Furthermore, multiple access control processes were updated in coordination with the Security Department, including protocols for lost or broken key sets and EBAS badge issuance. KACD remains committed to advocating for the necessary access control infrastructure and Key Watcher equipment to support a robust, hospital-wide system encompassing all Western State Hospital buildings and grounds.

## **Specialized Staffing and Training**

### **Behavior Management Team (BMT)**

The BMT continues to provide consultative services to treatment teams for patients with challenging behaviors, such as aggressive and assaultive behavior toward peers and staff, frequent episodes of seclusion and restraint, and other behavior related to their serious mental illness. For context in understanding efforts

at reducing violence with BMT, the BMT was established in January 2023 as a component of resources directed to address individual patients with repeated incidents of aggression and assaultive behavior in both WSH Centers to control the behavior and improve safety for patients and staff. These patients with challenging behaviors are referred to the BMT, which is a multidisciplinary team that addresses violence by working with the referring treatment team to clarify diagnoses, evaluate the medication regimen, and works with nurses, floor staff and other members of the Treatment Team to develop specialized skills so that they are able work with the patient to lower their overall acuity and improve stability and safety.

The BMT recommends multidisciplinary approach to interventions after meeting with the treatment team and patient to develop strategies to address the identified concerns. The BMT then helps the Treatment Team implement the recommended intervention by working directly with the patient and training the Treatment Team. As the Treatment Teams become proficient with the intervention, the BMT transitions out of the process, allowing the Treatment Team to assume the care of their patient. In addition to looking at ways to reduce violence, the BMT's Registered Nurses can work with Treatment Teams to reduce restraints by focusing on the least restrictive alternatives, needed changes in the ward environment, and de-escalation skills to help the patient avoid escalating, aggressive behavior, helping to reduce violence on WSH wards. The BMT also provides treatment teams with micro-trainings to assist with reducing violence in areas that include situational awareness, patient engagement strategies and de-escalation skills.

Over the past year, the BMT program consulted with treatment teams on 39 new cases and continued working closely on more complex cases. As a result of a violent episode on a ward, the CCE began a zone monitoring pilot on February 1, 2025. This pilot has now moved onto another ward, which also had high rates of patient aggressive and assaultive behavior. The wards removed monitors from patients, who were being monitored for aggressive and assaultive behavior, and assigned staff to two or three zones in areas of the ward. Staff in the zones engage with patients when they come out of their rooms in an effort to assist patients with any needs before they become agitated and alerting other staff that the patient is in the milieu. The BMT has been leading the effort in the Zone Monitoring pilot with the BMT director guiding milieu management, along with other BMT members helping ward staff enhance skills in patient engagement and de-escalation.

### **Social Work Management**

Social Work Management is a clinical leader in the ongoing treatment planning performance improvement project. The project helps reduce patient threats and acts of violence by helping patients develop and use skills to manage their symptoms and behavior. This helps them make the connection between improving behavior on the ward and discharge. Patients are eager to discharge and when social work can help expedite discharge by patients engaging in safe behavior, this reduces risk of violence incidents for all staff. Social Work has been almost completely staffed with only one current vacancy. This has allowed improved collaboration and communication between ward social work, treatment teams and patients; helping reduce violent behavior and improving strategies to engage in safe behavior.

## Trauma Informed Care

In 2024, WSH's Gage Center closed out the operational phase of the Trauma Informed Care project. Gage Center Leadership approved dozens of deliverables recommended by the project team. After approval, the team prioritized which deliverables they would implement at the facility level. The quality team developed an ongoing effort to track the deliverables and their implementation progress.

## Clinical Risk Management

The Clinical Risk Management Department at Western State Hospital contributes to The Joint Commission standards for workplace violence prevention by means of systematic review, data collection, and analysis of reported assault incidents and adverse health and safety events.

Western State Hospital's Clinical Risk Management (CRM) program reviews administrative reports of incidents related to adverse health and safety events. Adverse health and safety events include assaults resulting in injury requiring care beyond first aid, as reported through our electronic Administrative Report of Incident system (eAROI). CRM reviews all Administrative Reports of Incidents (eAROI), Nurse Manager Reports (NMRs), and Security Incident Reports (SIRs) daily (Monday through Friday) for initial screening and review by the Risk Management Committee (RMC). The RMC is a multidisciplinary and cross-functional quality committee, whereby events meeting threshold criteria listed above are reviewed and dispositioned in accordance with the specific circumstances of events.

Adverse health and safety events, such as physical assaults resulting in serious injuries of a patient or staff member, are also subject to potential Sentinel Event declaration by the Chief Medical Office, and a multidisciplinary Root Cause Analysis (RCA) lead by CRM. Any member of the Executive Leadership team may also request a review of an adverse health event by Clinical Risk Management by means of either an Intensive Assessment (IA) or RCA. Final reports for both IAs and RCAs yield recommendations to mitigate risks, which are presented to Executive Leadership for consideration and corrective action.

A root cause analysis (RCA) is completed on incidents that meet the definition of an adverse event or sentinel event and are reportable to the Department of Health per [Chapter 70.56 RCW: Adverse Health Events and Incident Reporting System](#).

For the past year, WSH Civil CRM continued to support and promote a culture of safety. They work with multidisciplinary teams to recommend considerations in proactively informing foreseen risks and compliance with regulations and policies, procedures, and standards through roughly 200 CRMT Reports, eight Root Cause Analyses. And one Intensive Assessment.

Between March of 2024 and March of 2025, the Gage CRM team reviewed a total of 4,266 eAROI, 1,127 of which were Assault Incidents. The CRM team completed 579 CRM Reports, 30 of which were Assault Reviews and 49 Pattern-of-Assault Reviews with subsequent treatment team and/or administrative recommendations.

A total of 32 cases were referred from the Gage Risk Management Committee to BHA HQ Investigations Team and the Human Resources Department for follow-up on potential allegations of abuse and neglect.

Throughout the past year, CRM has also been working in collaboration with the Gage Clinical Consultation Committee to refer those patients with complex behavioral and/or psychiatric medical needs for review. The Clinical Case Consultation Committee serves to support Gage treatment teams with additional recommendations on challenging cases.

Furthermore, the CRM Director is working in multidisciplinary collaboration around Workplace Violence with Gage's Safety, Training (Organizational Development), Nursing, and Quality team to validate and collect, as well as conduct circumstantial review and analysis. The Safety and Quality teams subsequently follow up to conduct real-time process improvement interventions to help support occupational safety.

## Environment of Care

### **Environment of Care**

The hospital established a joint Environment of Care Committee with membership from both Gage and Civil centers that is compliant with The Joint Commission (TJC) Environment of Care Standards. The purpose of the committee is to establish a multidisciplinary group focused on maintaining a hospital environment that is functionally safe for all patients, staff, and visitors.

### **Civil Camera Installation on Wards**

Over the past year, WSH Civil has been installing new ward cameras, Wi-Fi access, and reader boards. These upgrades will allow for teams to review incidents that adversely affect patient and staff safety. They will also help in developing mitigation strategies and quality improvement initiatives.

### **Gage East Campus Treatment and Recovery Center**

The design of a new Gage Center Treatment and Recovery Center began in early 2021. This project adds treatment space for East Campus wards, a gymnasium, and a remodeled section on the second floor of the E wing to provide support staff workstations. Construction is underway currently with an anticipated completion date of June 2025.

Patients are currently receiving therapy treatment in active ward spaces, which minimizes therapy options and disrupts the ward milieu. The new Treatment and Recovery Center will allow patients to receive therapy in a location off their home ward. This will decrease active ward milieu agitation and provide more comprehensive treatment options for re-integration into the community.

### **Gage Green House Replacement**

The footprint of the new hospital removed a large greenhouse on campus that provided valuable treatment opportunities for patients. Design for a new greenhouse in the Gage Center began in FY 2023 and is anticipated to start construction mid-year FY 2025. This project will add therapy and treatment options back into hospital programming in an area that is more secure than the previous setting.

### **Gage Patient Dining Table Replacement Wards F1 and F2**

Patient dining room tables on wards F1 and F2 reached their end-of-life cycle. Welds were failing on the seat tops which could have been weaponized. Tables were replaced on these wards in FY 2025.

### **Civil Vision Panel Addition on Doors**

To increase staff's ability to observe patients, vision panels have been added on multiple doors on multiple wards to remedy this safety issue. Additionally, more vision panels have been ordered to continue this project as necessary throughout the Civil Center. These provide staff with another tool in monitoring patient behavior in a safer way.

## **Data Reporting**

### **Tableau: Tracking and Trending Data for Decision Making**

Western State Hospital has used Tableau as a data and visualization tool since 2018. The REDA (Research, Evaluation, & Data Analysis) Department has moved to a cloud server, which will double user access, while increasing the speed of data retrieval. With over 450 dashboards available, cabinet members and staff have licenses to access Tableau, providing data by ward and center. Tableau helps identify patterns and mitigation measures.

Data reports are created and posted on DSHS' Research, Evaluation, & Data Analysis (REDA) Office's SharePoint page, available to all WSH employees. The REDA Office focuses on increasing the availability and transparency of data at the hospital to ensure staff are making data-driven decisions that improve patient and staff outcomes. Hospital-wide data trends for assaults and injuries are available to inform discussions on safety mitigation. Tableau is also used to monitor individual patient trends and patterns to determine if interventions are effective. The REDA Office works closely with both the Civil and Gage Safety departments to ensure accuracy of staff injury data, and with BHA investigations staff to ensure they have the information needed to investigate safety-related incidents.

### **Staff Reported Assaults Claims**

From 2023 to March 2025, there has been an 11.8% increase in the Staff Reported Assault Claim Rate. In 2023, the patient population became more acute as long-term stable Civil patients were moved to the newly opened Maple Lane and Olympic Heritage Behavioral Health (see Figure 1).

Five wards (C3, F2, C6, C8 and F1) accounted for 40.5% of reported staff assault claims. 44.4% of these claims were perpetrated by the top ten patient assaulters. 46% occurred on the day shift and 18.6% occurred on a Friday.

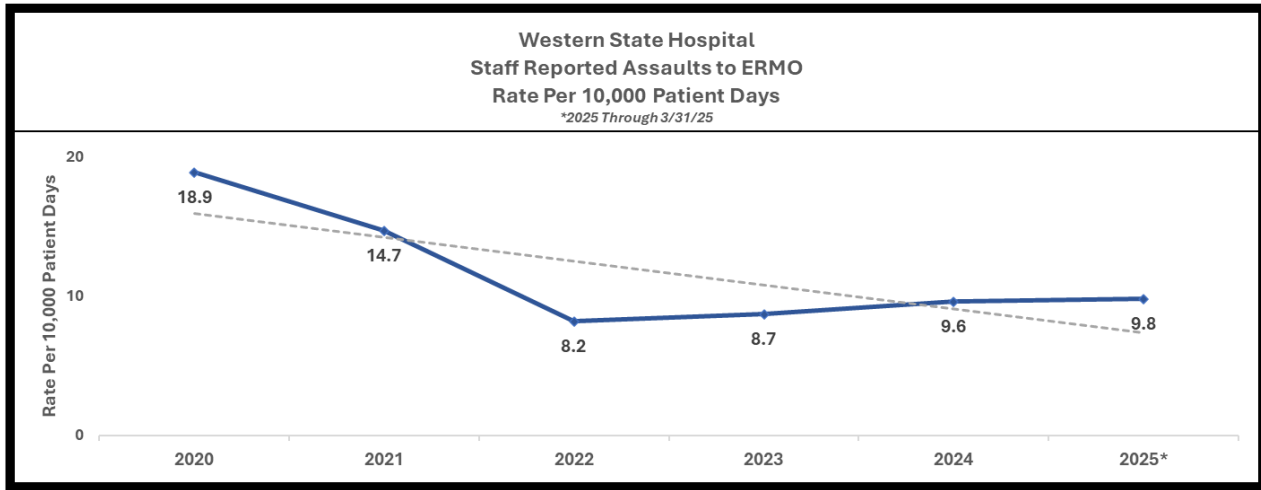


Figure 1 –

**WSH Staff Reported Assaults**

**Staff Reported Assault Claims Filed, Compensable, and Non-Compensable Rates**

WSH Staff Reported Assault Claims Filed, Compensable, and Non-Compensable rates have increased by .2% since 2024. Individual incidents are continually monitored by SIRT and WSH safety teams where they are reviewed for contributing factors and needed corrective action plans.

Reported assaults where L&I claims were filed showed rates fell from 4.9 in 2024 to 4.54 in 2025 (Jan-Mar). Of the staff reported assault injuries in 2024-25, 50.2% resulted in claims filed and 36.5% were compensable. The compensable claims rate has decreased; from 4.08 to 3.53 (13.5%).

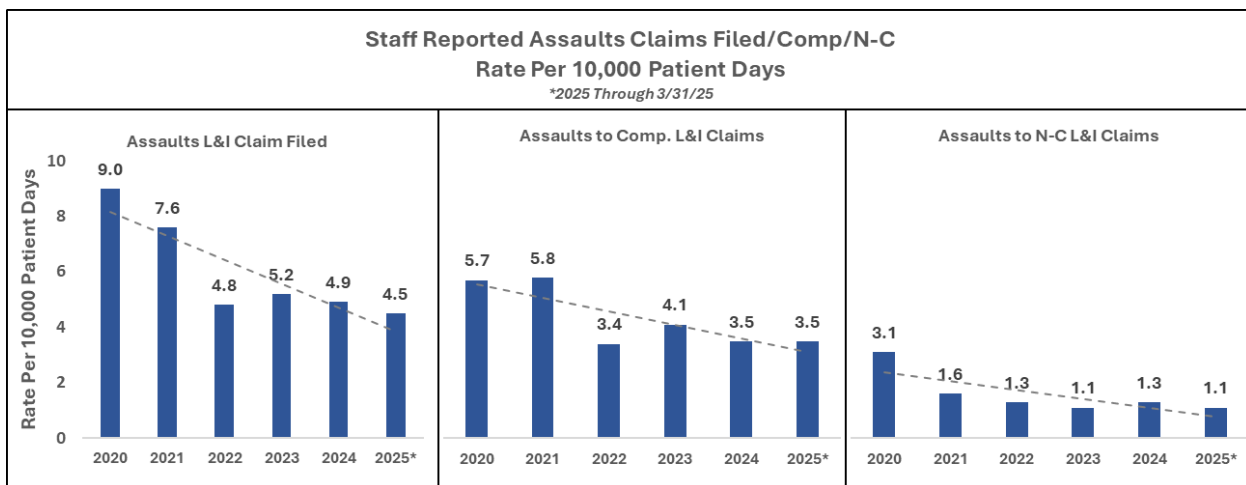


Figure 1 –

**WSH Compensable Claims Rate**

### Time Loss of Staff Reported Assaults Rate

The WSH Time Loss Ratio per 10,000 Patient Days decreased since 2024. Time Loss Days Associated with Assault Claims rate increased from 387.9 in 2024 to 459.8 days in 2025 (Jan-Mar). See Figure 3.

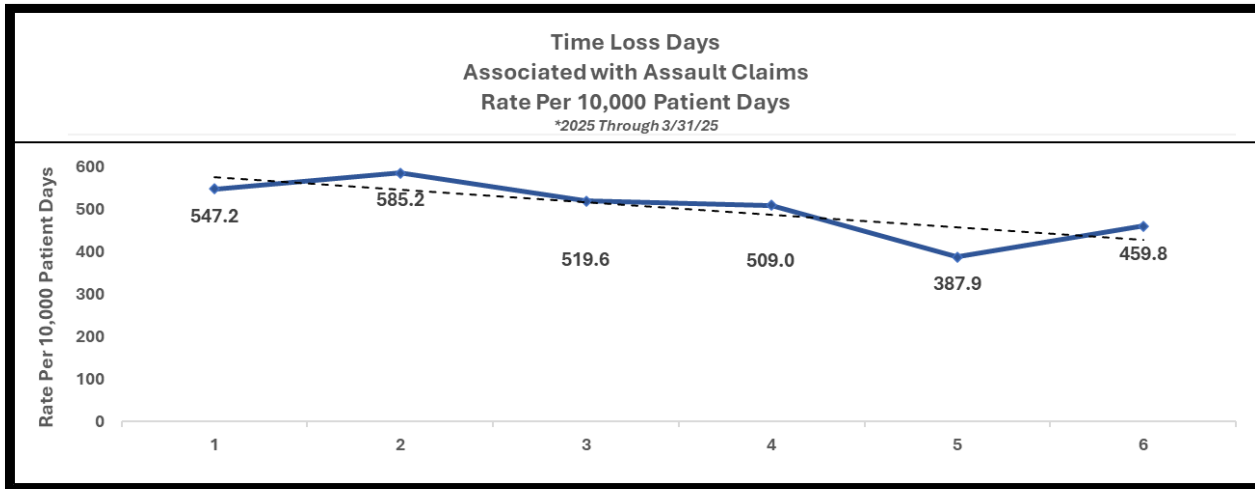


Figure 2 – WSH Time Loss Ratio

## Communications

### Communication Methods

Western State Hospital communicates regularly to staff regarding efforts to reduce violence including in the WSH SharePoint Site, all staff messages and daily emails, monthly town halls and quarterly leadership “meet and greets”, among others.

The communications department employs two-way communications. Staff can share their comments, questions, and suggestions in these and other avenues.

## Nursing Services

### WSH Patient Information

All WSH wards have a 24-hour client information sheet that is updated by the night shift. This sheet contains pertinent information to help the staff recognize patient triggers and coping skills when they are agitated or have a medical issue. The sheet was updated to include court information and Forced Medication Order (FMO) information to ensure the patients did not have the FMO expired.

Nursing is also looking at ways to streamline the nursing reports to ensure all staff receive reports and pertinent information about the ward and patients that could reduce violence before their shift starts.

### Patient Leisure Time

Having more patients off the ward helps the patients utilize their levels and free time, plus helps bring a calmer milieu having less patients left on the ward.

- The Civil Center implemented longer hours in the quad for increased time off the wards.
- There is a variable curfew for longer and shorter daylight times throughout the year.
- There is a new visitor center in Civil with tables and vending machines. This will help the patients have more visits from family and friends where they can enjoy time together off the ward.
- The Gage Center continues to evaluate and re-assess schedules that optimally support the individuals off of the ward for leisure activities.

### **WSH Nursing Staffing**

- In both Civil and Gage centers, Registered Nurse 3 (RN3s) have been deployed to the wards to better provide clinical supervision and direct care alongside their staff and provide support for clinical operations for 12-hour shifts.
- In the Gage Center, Psychiatric Security Nurses are moving to 12-hour shifts to better move and address the desires of employees for these types of shifts.
- At both Civil and Gage centers, reducing the reliance on contracted staff enhancing continuity. Both Gage and Civil Centers are starting the development of staffing software with superior analytic processes to capture and use data to enhance staff processes and optimizations.

### **WSH Nursing Training**

- The Civil Center nursing staff competency fair continues in 2025. The nursing department has a designated training area and multiple educational subject experts who will help reduce violence through training.

### **Nursing Quality – Civil Center**

- The Civil Clinical Nurse Specialist leads quality reviews of nursing care and practice. The top priority is a review of seclusion and restraints. The reviews focused on three areas: (1) justification for seclusion and restraints; (2) earliest release; and (3) order renewals and ensuring patient safety for the entire duration of seclusion and restraint. When gaps in practice are found, just in time training occurs. These quality reviews ensure that seclusion and restraints are implemented safely.
- The RN Quality Coordinators are continuing to do routine reviews on all aspects of nursing that affect the care and overall well-being of the patients. Reviews include immediate follow-up with the person responsible for not meeting the standards of practice. This will improve the quality of patient care, and they will receive better experience in the ward which will lead to less agitated patients.

### **Nursing Quality – Gage**

- The Gage Center is starting data collection processes to better understand treatment variables that potentially contribute to violence.
- The Gage Center is enhancing the review and follow-up with seclusion and restraint documentation to provide better clinical guidance to address the use of restraints and its documentation.

- The Gage Center is adding a focus on the forensic care associates to better build them into the process and fidelity to best practices in documentation and use of restrictive alternatives interventions.

## Eastern State Hospital (ESH)

### General Staff Training

All direct care (milieu) staff are trained at hire and identified intervals in violence prevention practices that range from situational awareness of the environment and milieu dynamics, ongoing risk assessment, and effective documentation to a formal non-violent crisis intervention training program.

To meet regulatory and statutory requirements for annual violence prevention training, ESH requires all employees to complete an annual e-learning course focused on workplace violence prevention. In addition, all clinical staff, Security, and Environmental Services staff complete a two (2)-day crisis intervention training every two years with a four (4)-hour physical skills/application of restraint refresher 12 months after the completion of the full crisis intervention course.

Staff are trained in approved procedures for physical intervention should a patient become assaultive or engage in self-harm when less restrictive interventions have been unsuccessful. ESH utilizes CPI, Non-Violent Crisis Intervention Training which is evidence based and incorporates modules that cover the crisis development process and responsive strategies, communication skills, responding to defensive behaviors, decision-making, safety interventions, disengagement skills, restrictive intervention/holding skills, and post-crisis strategies.

Additional ESH approved strategies and concepts trained include evasion techniques, hierarchy of physical intervention, physical containment, and application of mechanical and chair restraints. All physical skills require demonstration and documentation of the employee's competency to perform these skills. Following the classroom portion of our New Employee Orientation, nursing staff are assigned to teach on the wards. This is designed to intermix classroom content with coached on the job training and skill practice for different levels of nursing practice.

### Security

The Psychiatric Emergency Response Team (PERT) responded to 3,076 calls: April 2024 through April 2025. PERT provides a safe, effective, and immediate plan of response for patients during a psychiatric crisis or anticipated crisis.

To mitigate risk and ensure a safer environment, the main entrances of the Eastlake and Westlake facilities are now secured at all times and employee entrances have been reduced from seventeen to 7. This change helps mitigate the risk of tailgating/piggybacking at staff entrances as staff enter and leave the building. A Safety

Committee workgroup is developing a video for increased staff awareness of the safety and security risks associated with tailgating/piggybacking at ESH entrances with a target for implementation September 2025.

## Specialized Staffing and Training

A Behavior Management Team was implemented in the third quarter of 2024 as a support mechanism to provide consultation to the ward treatment teams. This team meets with the treatment team to obtain background information on the patient and then conducts a comprehensive patient assessment, offers detailed treatment recommendations, and provides on-site ward staff training for the purpose of improving clinical outcomes, including a reduction in highly disruptive or assaultive behavior. The BMT team includes a Psych Associate, Psychiatrist and Institutional Counselors and reports to the Chief Clinical Officer.

The Psychiatric Emergency Response Team (PERT) responded to 3,076 calls: April 2024 through April 2025. PERT provides a safe, effective, and immediate plan of response for patients during a psychiatric crisis or anticipated crisis.

## Environment of Care

A Physical Security Survey and Vulnerability Assessment was completed for 2025. Results identified ESH's security risk, based on historical data, is within the "Green Zone". The assessment recommends "continuing with the current physical security program, being mindful of changes to the frequency of criminal activity in ESH vicinity and vigilance of possible staff complacency with security measures".

To mitigate potential risks associated with the Environment of Care and high-risk processes that present a threat of physical injury to staff and patients, or a threat to general safety the comprehensive Environmental Proactive Risk Assessment was reviewed and updated in June 2025. Action plans are developed based on assessment and monitored by the Environment of Care and Employee Safety Committee and Quality Council.

A Capital Programs project to install 13 "Emergency Call Boxes" at various locations throughout the campus, primarily parking lots, was completed March 2025. The call stations employ a single, red, "push for help" button in lieu of a full keypad to expedite an emergency call and response.

Nursing implemented a pilot for "Zone monitoring" on the civil Adult Psychiatric Unit in November of 2024 and has expanded it to two more wards as of May 2025 with the goal being better utilization of staffing resources and increased positive staff to patient interactions. Zone monitoring is a nursing model that moves toward monitoring areas of the milieu "zones" for safety rather than the use of 1:1 monitoring. Suicide monitoring will always require 1:1 monitoring and 1:1 monitoring may be necessary for some patient behaviors in the short term. Data will be evaluated to determine whether the implementation will be permanent and across all the wards.

A Discharge Transition Team was established in FY25 to expand supervised community outings which are structured trips outside the facility to support real-world skill development for both forensic and civil patients. A newly funded position within Special Programs will address existing gaps in patient services by focusing on educational technology, enhancing access to digital learning tools and skill-building resources.

Additionally, community providers now offer a range of educational support within the facility including services from Vocational Rehabilitation (job-readiness training), Spiritual Care, faith-based organizations, Alcoholics Anonymous (AA), and Peer Bridgers—individuals with lived experience who support patients in recovery and reintegration.

### General Staffing

Eastern State Hospital’s monthly overtime percentage for April 2025 was 13.8%, compared to 8.1% during the same period in FY24. On a year-to-date basis (full 2025 fiscal year) overtime is at 10.8%, up from 7.6% last year. Increases in overtime are largely attributed to increases in patient monitoring needs. In FY25 ESH hired 278 direct patient care staff and 85 non-clinical staff. Improved labor market conditions and effective advertising by attending hiring events, promoting ESH as employer of choice, contracted staff transitioning to permanent positions and ESH staff’s recommendations encouraging others to work at ESH have reduced the number of vacancies and increased the number of applicants seeking work at ESH. Filling permanent positions reduced the need for contracted staff in FY25.

### Data Reporting

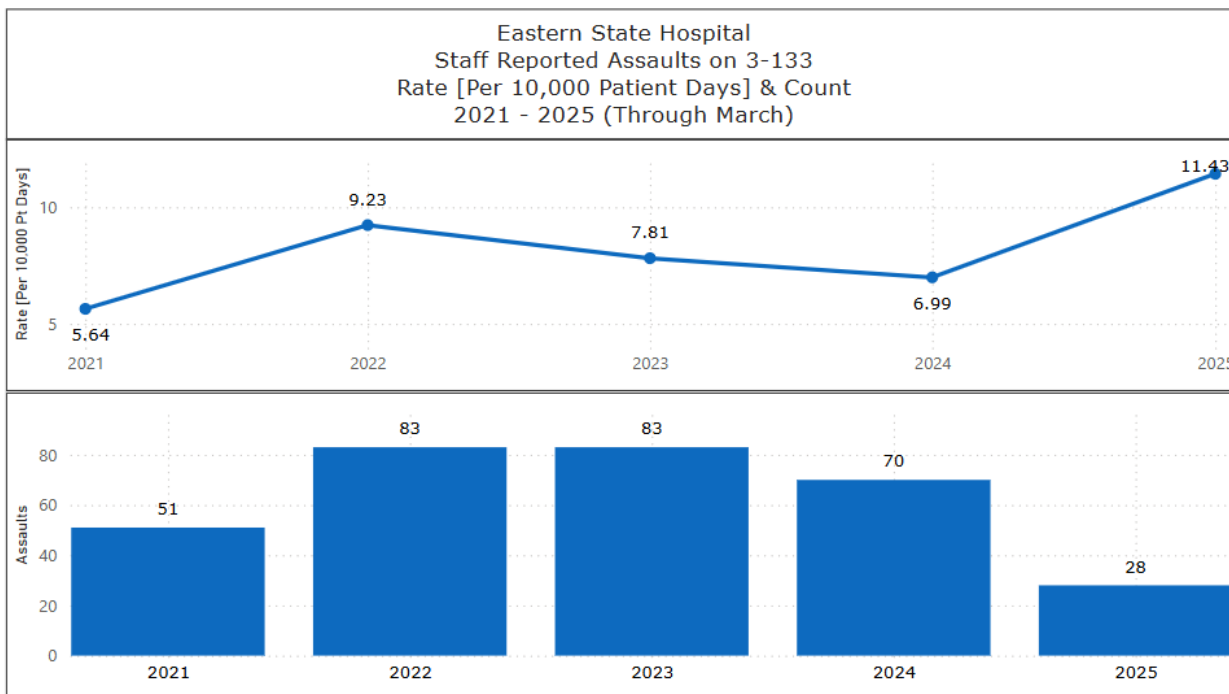


Figure 4 – ESH Staff Reported Assaults

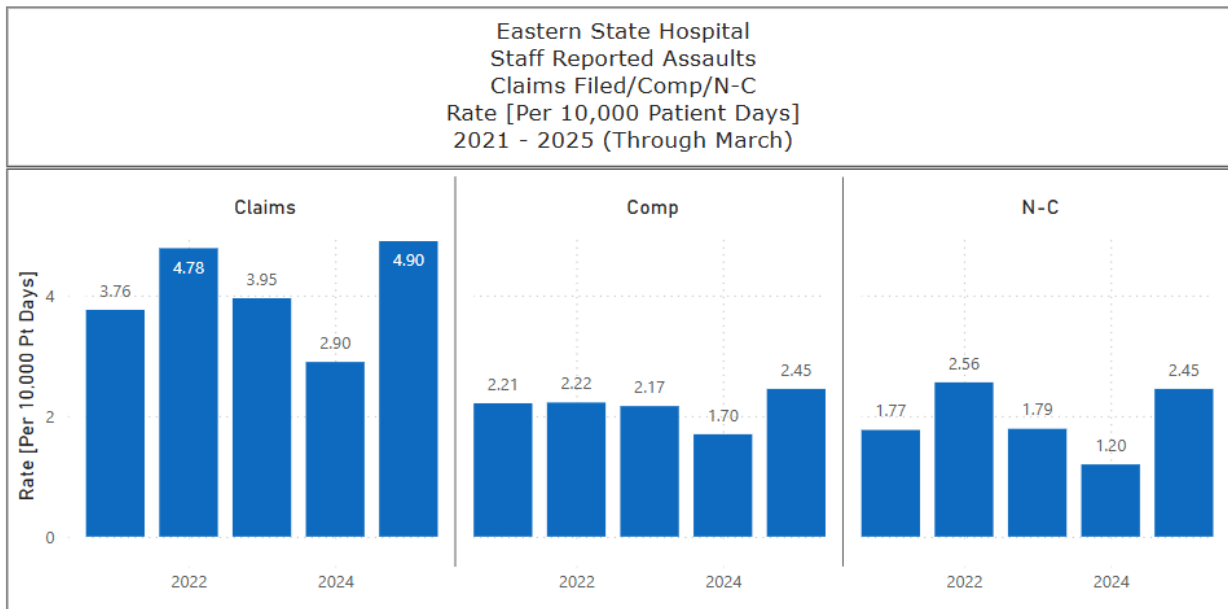


Figure 5 – ESH Staff Reported Assaults Claims Filed

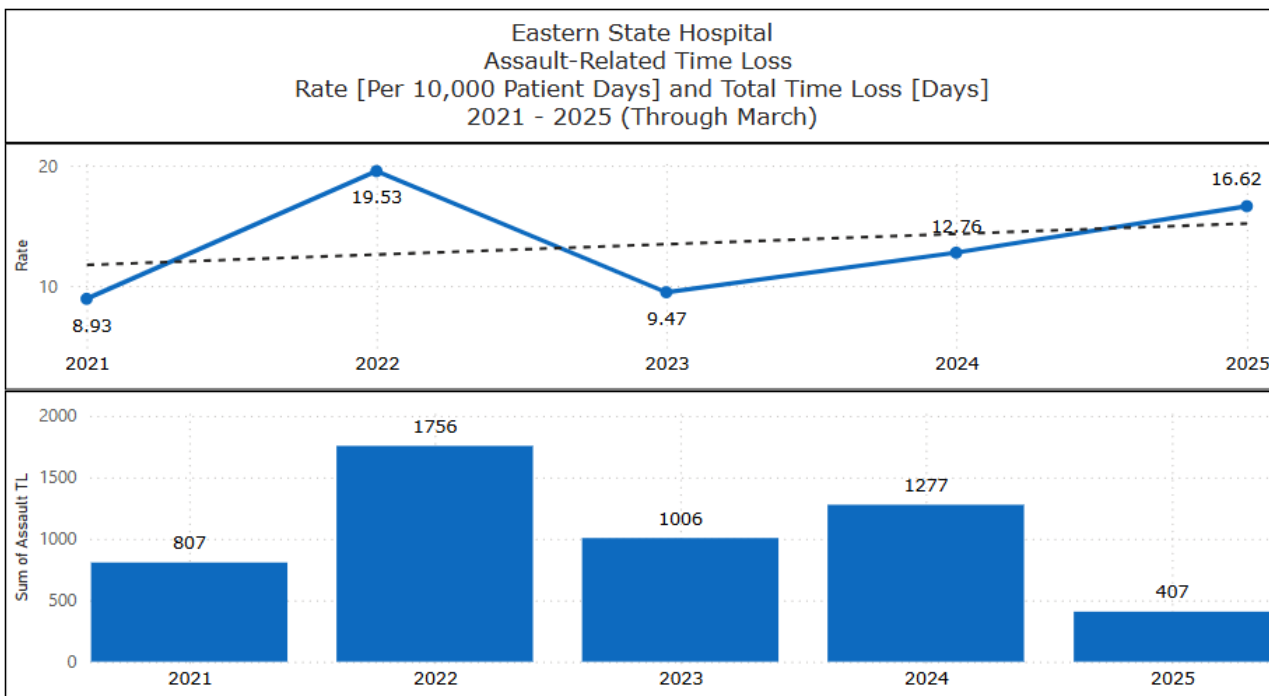


Figure 6 – ESH Assault Related Time Loss

First quarter 2025 staff reported assaults have increased by 87% compared to First Quarter 2024 reporting. In the First Quarter of 2025, 61% of all assault events occurred on two wards: 1N1 and the Habilitative Mental Health (HMH) ward. Fifty percent of all HMH occurrences were the result of two patients.

In 2024, 34% of all assault events occurred on the HMH ward and 29% on two civil Adult Psychiatric wards with ten events each. Overall assaults occurring on 1N1 decreased by 66%. Fifty percent of all Ward 1N1 occurrences were the result of one patient. Eighty percent of all Ward 2N1 occurrences were the result of one patient. Overall assault injuries occurring on HMH doubled from 12 to 24 with 54% of the total occurrences the result of one patient.

47% of all events occurred between 0630 and 1500 and were evenly dispersed throughout the shift. 40% of all reported assaults occurred on the evening shift with 25% occurring between 1800 and 1900 and 29% occurring between 2000 and 2100 hours. The remainder of events were evenly dispersed throughout the shift.

Assault related time loss data indicates that the total number of staff reported assaults for 2025 increased from 2024, an increase of 27%. 42% of the total time loss was associated with 3 of the total claims (see Figure 6).

#### **Compensable VS Non-Compensable Assault Claims:**

Reported assaults where an L&I claim was filed for 2024 decreased by 38%. Fifty-four percent of the total claims filed resulted in time loss and decreased by 35%. Non-compensable claims, medical treatment only, have decreased from the previous year by 38% (see Figure 5).

## Child Study & Treatment Center (CSTC)

### General Staff Training

CSTC continues to streamline and improve the New Employee Orientation (NEO) and Staff Development Training. The CSTC NEO is offered monthly and, depending on position requirements, it is 6-10 days of classroom and 8-9 days of on-the-job training. During the year, several new curriculums were implemented – Dialectical Behavior Therapy (DBT), Milieu Management, Crisis Mitigation, and Response Strategies. Both courses were added to the NEO agenda and provided to all current staff.

In June 2024, DBT Milieu Management was added to the NEO course schedule. This class focuses on DBT foundational concepts and framework. Key concepts taught include self-regulation, how to build positive relationships and provide a validating environment when working with patients. The class covers the CSTC response of AVCR - Attend, Validate, Coach and Reinforce. The class provides skills to shape behavior using coaching and other tools for change.

CSTC supports the use of Dialectical Behavior Therapy (DBT), which is an evidence-based therapy intended to provide patients with practical skills to help manage difficult emotions effectively. DBT has been implemented

into all aspects of treatment including individual, group, and family therapy. To improve milieu management and patient support, CSTC has expanded DBT skills training to include the supervisors and Institutional Counselor 3s as a pilot program that began in May 2024. The pilot program was successful and has been developed into a standard curriculum for new employees. Approximately 140 current and new staff have been trained since the implementation of the program.

Crisis Mitigation and Response Strategies (CMARS) were introduced to CSTC NEO staff in August 2024. The purpose of this training is to put crisis intervention policy and procedure into practical application. The training provides individual strategies and team dynamics to create the framework to build confidence in a team. Training is interactive with simulations to practice de-escalation and intervention strategies from individual to team responses with increasing complexity and difficulty. The class covers the core concept of Scan, Assess, Act and Move.

From April 2024 to March 2025, sixty-four participants completed the CSTC NEO program. The feedback highlighted satisfaction with learning about the processes utilized at CSTC specifically the attendance program, the incident reporting system, and responding to safety issues on campus. Participants' feedback provided high satisfaction with the interactive exercises in the CPI Advanced Physical Skills seclusions and restraint course, and the simulated contraband search of a patient's room which provides new hires with the opportunity to learn skills and receive feedback in a safe contained environment before starting on the job training.

During the same timeframe, 107 participants attended the new DBT Milieu Management course, and 106 participants attended the new CMARS course. Feedback for DBT cited high satisfaction in learning new skills on validation techniques, de-escalation and how to respond rather than react. For CMARS, hands-on practice learning the skills in different scenarios solidified what was learned in the classroom portion. One person wrote, "It put everything we were learning into context. As a visual and applicable learner, I was better able to picture my response and situations through the scenarios." It is expected and anticipated all current CSTC direct care staff will attend both courses by the end of 2025.

## Security

Traka Key Control System (Capital Project 2024-433). Installation of a new system on all four cottages and the administration building will provide security, monitoring and inventory of our campus key system. Construction is in progress and scheduled to be completed by 6/30/25.

CSTC continually improves preparedness for violence through augmenting cottage capacity for facility response and effective communication. Additionally, preparedness efforts include scenarios such as unknown intruders. CSTC invested in security key rings and devices to secure the key rings, Motorola Two Way Radios,

and a Satellite Phone with fixed antenna. CSTC was funded for the TRAKA key watch system which is currently being installed in phases.

## Environment of Care

Environment of Care controls and safety equipment at CSTC include non-recording camera monitoring systems, visibility mirrors, personal protective equipment, behavior-safe furniture, and specially designed rooms for patient de-escalation, seclusion, or restraint as needed. These controls and safety focused equipment contribute to making CSTC safer for staff and patients.

A 2021 risk reduction survey provided guidance regarding ligature-resistant fixture retrofitting, product recommendations, safe design, and recommendations regarding safety and ligature risk mitigation at CSTC. This survey continues to inform prioritization of capital expenditures and environment of care improvements. CSTC Phase 2 of the Patient Safety Risk Reduction Review Project (Capital Project No: 20-461) began in FY21 and is currently ongoing. The scope of the project is to update potential patient safety risks in all patient-accessible areas. CSTC does not use mechanical restraints but does employ a variety of products designed to assist our staff and patients in times of crisis. For example, safety smocks and safety mattresses are used that cannot be torn to hide contraband or fashioned into a ligature device. In addition, CSTC uses leg wraps designed to prevent kicking or tripping staff while a physical hold is being applied, and that can be removed by the patient once secured. CSTC staff also found that providing weighted blankets can be an effective means of helping certain patients feel calm and secure, reducing tension, and contributing to a safer workplace for patients and staff. CSTC needs ligature resistant desks in each patient room to complete the mitigation. CSTC will require additional annual expenditures in FY25 – 26 to purchase and maintain an adequate inventory of these safety devices.

Ketron Cottage Expansion (Capitol Project 2022-432). The design phase of this project began in April of 2022 and included a 1,600-square-foot exterior expansion on the East side of Ketron Cottage. This expansion will contain a new suite with two seclusion rooms, one toilet room with a lavatory and shower. Seclusion rooms are equipped with ligature-resistant fixtures, epoxy wall finish, high security doors, and a camera system. Contractor bids were obtained which were over the allotted amount for the project. Construction plan was amended and will be posted for new bids in June 2025.

## General Staffing

In the past year, the hospital has maintained a strong focus on workforce stabilization and recruitment to support safe, high quality patient care and operational continuity. As of May 12, 2025, total staffing levels include 195 full-time employees and 21 part-time employees. Additionally, there are 42 total on-call positions in the Psychiatric Child Care Counselor and Nursing positions.

Significant progress has been made in reducing vacancy rates in key job classes. The vacancy rate for the Psychiatric Child Care Counselor job classes dropped from 25.2% to 9.7% as of May 12, 2025. Similarly, the vacancy rate for the Nursing job classes decreased from 23.1% in 2024 to 16.3% as of the same date. These improvements are largely attributed to process enhancements that reduced the time duration from application to hire, allowing the hospital to more efficiently fill critical direct care roles.

Strategic hiring initiatives also focused on more difficult to fill clinical roles. In addition to collaborating with the Human Resources Talent Acquisition teams, the hospital expanded the availability of the student-to-professional trainee programs for clinical and social work, successfully identifying and hiring quality candidates from local universities for key vacancies.

As of April 29, 2025, CSTC has 9 staff out due to employee injury.

## Data Reporting

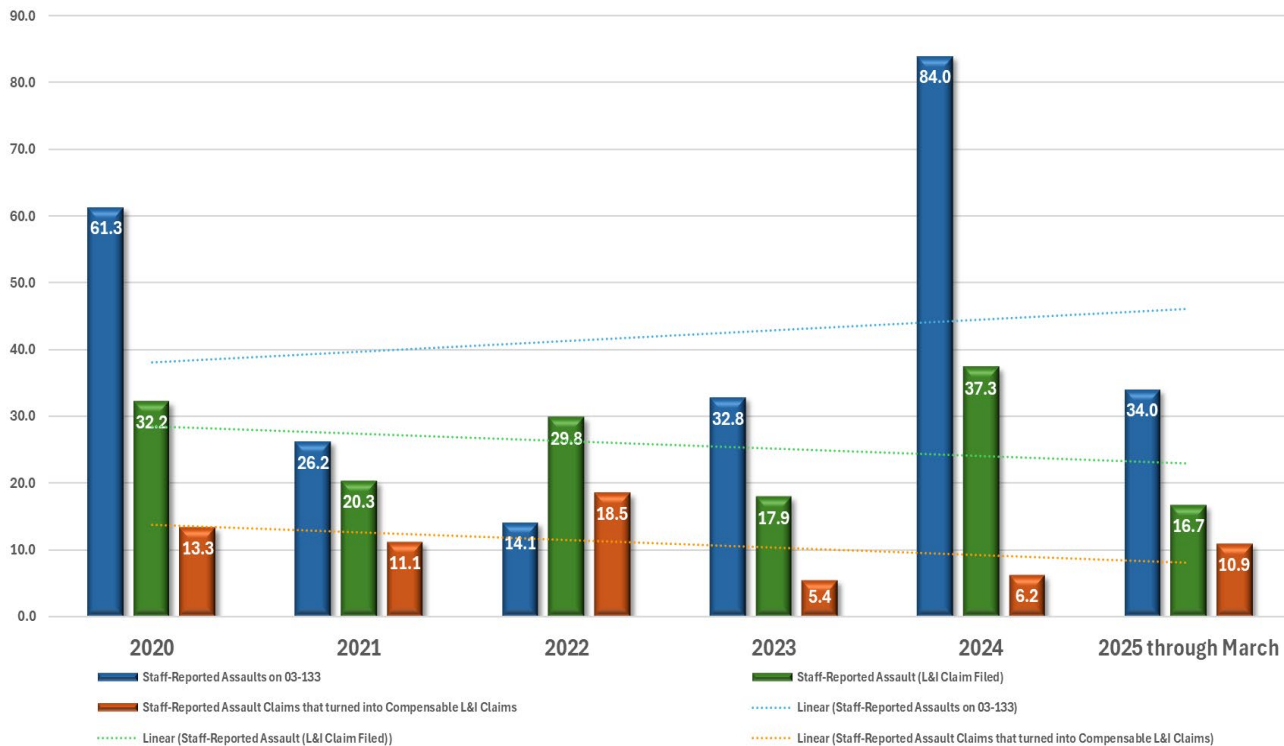
CSTC supports data-informed decision making by tracking key metrics including assault and injury data for all hospital cottages. Data reports are developed that display hospital-wide data trends for assaults and injuries and are presented regularly at our Quality Improvement Committee, Governing Body Committee, and monthly Safety Committee meetings.

Additionally, CSTC has developed an electronic administrative report of incident (eAROI) application to transition from a paper-based incident report process to an electronic incident report system. The eAROI was implemented in September of 2024 and has provided a platform for more efficient data extraction and analysis to allow for data-informed decision making.

Four cottages comprise the CSTC patient population. These cottages are organized by age and developmental needs. Children aged 5 to roughly 12 years old reside on Camano Cottage, young adolescents aged 12 to 16 years old reside on Ketron Cottage, and adolescents typically aged 15 to 17 years old reside on Orcas and San Juan Cottages. Both Orcas and San Juan have self-contained programs for youth who require closer observation due to having a serious mental illness, forensic involvement, and/or histories of violence.

### **CSTC Assault Information per 10,000 Patient Days**

CSTC Staff Assault per 10,000 patient days

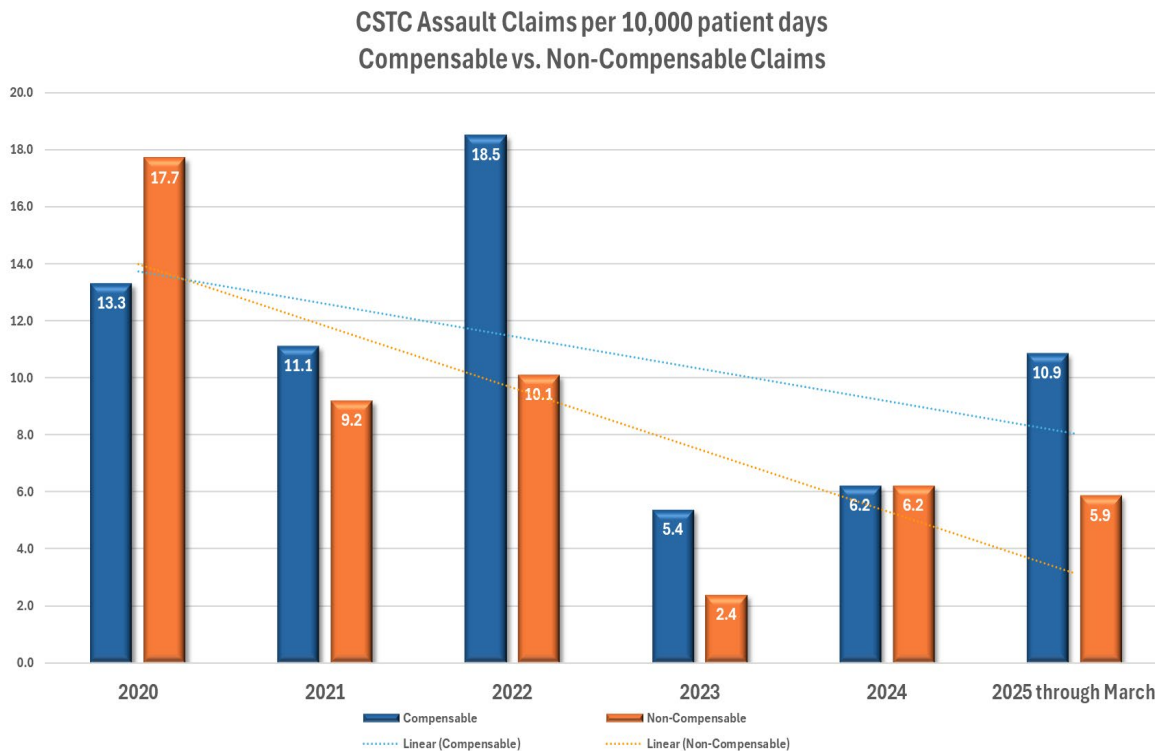


This data shows the **ratio of Staff Reported Assaults vs. L&I Claims filed vs. Compensable L&I Claims**. Early 2025 data show an approximate 60% decrease in the number of staff who have reported assaults compared to 2024. The data indicates an approximate 55% decrease in staff reported assaults that resulted in L&I claims, and an approximate 76% increase in claims that were deemed compensable.

The CSTC patient population continues to be among the most severely psychiatrically impaired youth in the state. These patients have complex histories of problems across one or more domain (e.g., serious emotional/behavioral mental illness, state dependency, criminality, medical and developmental disabilities) along with prior psychiatric hospital admissions, outpatient treatment episodes, and juvenile justice involvement. These youth are admitted to CSTC when programs in the community, including other CLIP facilities, are not able to safely maintain them.

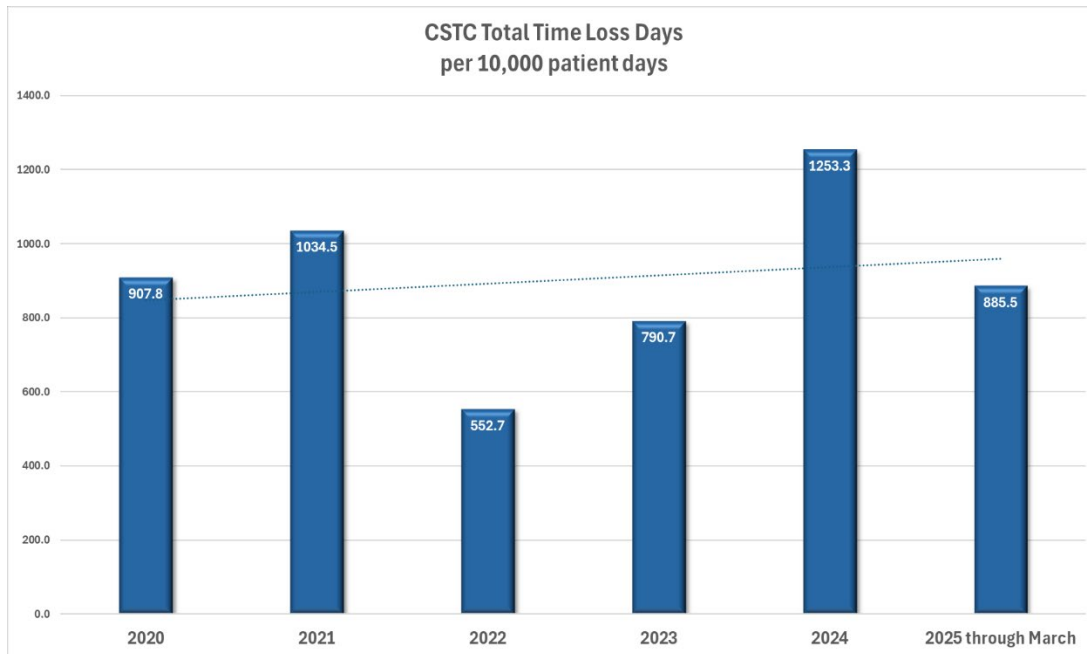
CSTC has made significant efforts to reduce patient assaults on staff. Some of these efforts include Nonviolent Crisis Intervention training, Crisis Prevention with Advanced Physical Skills training, Dialectical Behavior Therapy Milieu Management training, and Crisis Mitigation and Response Strategies. Some of the training was implemented in the latter parts of 2024 and may have contributed to an overall decrease in assaults on staff. CSTC will continue to monitor the trends and will revise strategies as needed.

### CSTC Assault Claims Per 10,000 Patient Days by Compensable vs Non-Compensable



This data shows the **ratio of Compensable vs. Non-Compensable Claims**. The ratio of Compensable to Non-Compensable claims, although showing yearly variations, have continued a downward trend over approximately the last five years. Although assault claims data for CY 2025 is not mature at the time, early data shows an increase in both compensable and non-compensable claims compared to last year. CSTC injury reports continue to be reviewed carefully during Safety Committee meetings. In more extreme situations, CSTC may seek risk consultation from the Enterprise Risk Management Office (ERMO). It is worthwhile noting that CSTC does not use any form of chemical or mechanical restraints. Recognizing that injury is more likely when needing to manually restrain a patient, less intrusive de-escalation strategies are exhausted before resorting to the use of seclusion or non-mechanical restraint.

### CSTC Total Time Loss Days Per 10,000 Patient Days



This data shows the overall trend in **time loss days due to assault**. Although the data for 2025 is not mature at the time of this report, early data shows a decrease in time loss due to assault. CSTC Leadership continues to meet every other week with Enterprise Risk Management Office (ERMO) and Human Resources (HRD) to discuss each individual case of time loss and pursue Transitional Return to Work (TRTW) or Reasonable Accommodations when applicable. Additionally, CSTC remains committed to the Culture of Safety. The Workplace Safety Workgroup and Safety Committee both review employee injuries and trends monthly.

## Annual Report Summary

Hospitals nationwide, including Washington’s state hospitals, face more violent incidents partly due to increased acuity of admitted patients.<sup>5</sup> BHA has worked towards comprehensive strategies that combine training, leadership, and innovation to reverse this trend.

The Department affirms its commitment to sustaining efforts that provide safe, therapeutic environments for both staff and patients, comprehensive violence reduction strategies, environment of care improvements, and dedicated staff training. Continued efforts for recruitment and retention of qualified behavioral health staff, expanding specialized treatment programs, training, modernization of hospital infrastructure, and enhanced data collection will be an ongoing effort to continue reducing violence.

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<sup>5</sup> (National Conference of State Legislators, 2024)

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