



REPORT TO THE LEGISLATURE

Improving Patient and Staff Safety in State Hospitals – Status Report

Engrossed Substitute Senate Bill 5167, Section 202 (11)

December 1, 2025

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Executive Summary

The 2025 Washington State Legislature enacted Engrossed Substitute Senate Bill 5167, and the adopted Operating Budget for fiscal biennium 2025-2027, Section 202 (11) established that \$8,611,000 of the general fund—state appropriation for year 2025 and \$924,000 of the general fund—federal appropriation were provided solely for the department to establish a violence reduction team at Western State Hospital to improve patient and staff safety at Eastern and Western State Hospitals.

The bill directs that a report be submitted annually by December 1. The report is to include a description of the violence reduction or safety strategy, a profile of the types of patients being served, 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 patients served.

The *Trueblood v. DSHS* federal court ruling on July 7, 2023, required the discharge of many patients from the Gage Center of Forensic Excellence, resulting in increased admissions to the Civil Center of Excellence. This has led to increased acuity in the Civil Center wards, as the patients who are moved there sooner are less psychiatrically stable. Additionally, the court has ordered the Civil Center to take in people from jails for civil commitment, thereby increasing the ward's acuity.

The Behavior Management team has remained as a consultative resource for violence reduction to treatment teams to assist them with patients who have high levels of aggression/assaults, repeated episodes of seclusion and restraint, and other challenging behaviors that have not responded to the treatment plan. The Behavior Management team has assisted treatment teams with these patients and has improved patient and staff safety. Additionally, following a serious assault against a psychiatrist and other staff on a ward, the Civil Center began a pilot project of zone monitoring and milieu management. The Behavior Management team has taken a lead role in the pilot, providing training to ward staff and assisting them with the change to the new approach to patient care. This has provided results to suggest that the pilot should be expanded to more Civil Center wards, which will occur during the next reporting period and will be reviewed in the 2026 report.

Background and Intensive Care Model

The 2019 Washington State Legislature enacted Engrossed Substitute House Bill 1109 – the 2019-2021 Operating Budget. Section 202 (1) provided appropriation for the Department of Social and Health Services to implement strategies to improve patient and staff safety at Eastern and Western State Hospitals. The legislation required annual reporting, with the initial report due by December 1, 2019. The report outlines the intensive care model being implemented, a profile of the types of patients served, the staffing model used, and information on the outcomes associated with the program. Reports have been submitted to the legislature on December 1st of each subsequent year in accordance with legislation.

The report to the legislature for December 1, 2024, noted that the federal court ruling in *Trueblood v. DSHS*, July 7, 2023, directed that patients be admitted to the Gage Center of Forensic Excellence in a 60-day timeframe from jails who were awaiting competency evaluations and restoration services. This required that the Civil Center of Excellence discharge a high-volume of patients to have bedspace to accommodate discharges from the Gage Center so that their beds would be available for jail admissions. This resulted in patients arriving at the Civil Center with a higher level of acuity, and behavioral instability that included aggressive/violent behaviors and greater use of seclusion and restraint, compared to the year before. Because these patients were less stable, the Civil Center saw more assaults than before. Since this happened at the end of the period covered by last year's report to the legislature, it is a trend worth watching.

Patient and staff safety are of paramount importance and addressing acuity is an ongoing process. The Behavior Management team proved to be a valuable resource to treatment teams to help address particularly challenging patients.

The 2025 Washington State Legislature enacted Engrossed Substitute Senate Bill 5167, and the adopted operating budget for fiscal biennium 2025-2027, Section 202 (11) established that \$8,611,000 of the general fund—state appropriation for year 2025 and \$924,000 of the general fund—federal appropriation were provided solely for DSHS to establish a violence reduction team at Western State Hospital to improve patient and staff safety at Eastern and Western State Hospitals. The section also indicated that a report must be submitted annually by December 1 and kept the due dates as in the prior ESSB 5187 of December 1, 2023, and December 1, 2024. The report is to include a description of the violence reduction or safety strategy, a profile of the types of patients being served, 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 patients served.

WSH patients' symptoms are treated by the treatment team with a variety of therapies that include pharmacotherapy and other therapies to address symptoms so that the patients can return to their community. The treatment team provides the main intervention for the patients and attempts to remediate symptoms that may include aggressive behavior; however, some patients do not respond to their treatment plan, as desired. When this occurs, patients may demonstrate not only aggressive or violent behavior but require frequent episodes of seclusion and restraint and may show other challenging behaviors. Each patient's treatment plan is reviewed and updated each time an incident of aggression or violence, seclusion or restraint or other behavioral concern occurs.

The centers' Psychiatric Emergency Response and security teams are available when treatment teams need assistance with patients acutely showing challenging behaviors, such as aggression and violence, or the need for seclusion or restraint. For patients with chronic behavioral challenges, such as high levels of aggression/violence, or frequent episodes of seclusion or restraint that have not responded to the treatment plan, the treatment team can request a consultation from the Behavior Management team. The Behavior Management team is a multidisciplinary team that specializes in working with patients with these challenging behaviors.

The Behavior Management team is synonymous with violence reduction team in ESHB 5167, Section 202 (11), provides services to ward treatment teams in the Gage and Civil centers when they request consultation. Additionally, clinical leadership in both centers may make referrals to the Behavior Management team. The goal is to provide treatment teams with interventions to decrease the patient's challenging behavior by working with all members of the treatment team to effectively implement treatment recommendations. The team's involvement is intended to be brief, from two to three weeks to up to three months, depending on the needs of the patient and treatment team.

The Behavior Management team includes a program director, administrative assistant, psychiatrist, psychologist, psychiatric social worker, four psychology associates, three therapies supervisors and 20 behavioral health specialist 3s. The therapies supervisors and behavioral health specialists are divided into three teams that 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 per week. Additionally, two of the BMT RN3s work night shift, providing coverage seven days per week. The team's goal is to assist treatment teams with responding to patients with aggressive behavior toward peers or staff, frequent seclusion and restraint events, or other challenging behaviors that are not responding to their current treatment plan.

To receive services, a treatment team member, usually the psychiatric practitioner, completes a referral request, which is reviewed by the Behavior Management team director and triaged with selected team members to determine if the team can assist, and what resources are indicated. The team's intake process involves reviewing the referral request, conducting an extensive patient records review and meeting with the patient and as many members of the referring treatment team as possible. A multidisciplinary view of the patient's challenging behavior is received from the psychiatric practitioner, nurses, clinical members of the treatment team (e.g., psychiatric social worker, psychologist, etc.), and the mental health technicians. The Behavior Management team develops a list of recommendations in categories such as medication, nursing or other care practices, ward physical environment or routine changes, and behavioral interventions. The treatment team selects the Behavior Management team recommendations they prefer, and the Behavior Management team collaborates with the treatment team to implement them. The Behavior Management team begins by working with the patient, and then with the treatment team to adopt the recommendations by providing coaching, modeling and training. The Behavior Management team monitors the treatment team's efforts to implement the recommended interventions and provides feedback and coaching, as needed. As the treatment team successfully practices the recommendations, the Behavior Management team gradually reduces their support as the treatment team proceeds independently. If the Behavior Management team was providing only medication recommendations, the team's psychiatrist would work with the treatment team's psychiatric practitioner and pharmacist to adjust the medication regimen and remain 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 Behavior Management team 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, the debrief process between the team and patient, etc.), review physical health concerns, provide therapeutic consults to ward psychiatric social worker and psychology associate, provide behavioral analysis and interventions, and make additional recommendations to lower ward acuity. The team also provides micro trainings to ward staff and treatment teams on various topics such as milieu management, de escalation skills, situational awareness, intervention strategies, and patient engagement strategies.

In January 2025, the Behavior Management team was given a special assignment in response to an assault on a Civil Center ward psychiatrist and other staff to launch a Milieu Management and Zone Monitoring pilot project on two wards. This project restructures ward processes, shifting from the usual task centered assignment approach, such as monitoring patients, working the medication line, etc., to assigning two to three staff per area in the ward (zones), where the staff in the zone engage with patients who are in their area. This also helps to remove staff from danger, as the staff who are assigned as monitors, either one or two staff members per patient, are the most frequent targets, and victims, in assaults by patients. This change requires staff in the zones to be situationally aware of the patients who are physically in their zones (exiting or entering their bedrooms), helping their team members in the zone be aware of the patient's presence, and engaging with the patient, such as acknowledging them, asking if they can help them in some manner or conversing with them. This is a major change for staff who are used to being in one place, such as outside a patient's bedroom when they are being monitored, observing a hallway, or being on the medication line to assist with medications being administered.

To launch and sustain this pilot, the Behavior Management team director, two RN3s and four behavioral health specialists provided training to ward staff in zone monitoring, de-escalation strategies, patient engagement, physical intervention, and situational awareness, along with ongoing real-time training and coaching. The Behavior Management team director was selected for this role, as it aligns with the role of the Behavior Management team to improve patient and staff safety. The director provided the initial training and helped the ward staff adapt to the changes in processes. The Behavior Management team staff are experienced in helping treatment teams in both the Gage Center and Civil Center with managing high acuity patients with frequent assaults on other patients and staff, frequent use of seclusion and restraint and managing other challenging behaviors. Standing up the Milieu Management and Zone Monitoring pilot required the Behavior Management team director's full-time attention on the pilot wards, and during their absence, a psychology associate on the team assumed the director's duties. Due to the positive results of the pilot project, it will be expanded to other Civil Center wards.

A continued component of WSH's approach to maintaining patient and staff safety in responding to patients' aggressive and violent behaviors in emergent situations is the Psychiatric Emergency Response teams in both the Gage and the Civil centers. These teams perform a variety of services for treatment teams and patients. One of the Psychiatric Emergency Response team's primary activities is to provide an immediate response team for incidents on their Center's wards involving agitated and aggressive patients. The Psychiatric Emergency Response team 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 when less restrictive measures have been ineffective in calming the patient and lowering their acuity. The Psychiatric Emergency Response team 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, the Gage Center Psychiatric Emergency Response team helps provide support to patients to assist them with activities of daily living, e.g., showering, shaving, haircuts, etc., using skills to assist the patient with completing the task while remaining calm. The Civil Center Psychiatric Emergency Response team assists ward staff by facilitating communication with the patient to encourage them to complete activities of daily living. Psychiatric Emergency Response team 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. The Psychiatric Emergency Response team also supports ward staff when COVID positive patients do not want to participate in COVID protocols, such as self-isolating in their room. The team also assists nursing staff with providing court-ordered or emergent medications to patients by helping the patient with being cooperative for their safety and for staff safety. The team assists wards when the patient receives unwanted or potentially unsettling information, such as when a patient's request cannot be met. The team also goes to wards to meet with patients at their request and makes rounds on all wards. Psychiatric Emergency Response team's presence helps patients develop rapport with team members, which may help with de-escalating situations to help the patient with remaining calm.

Psychiatric Emergency Response team in both centers consists of 14 team members, working day and evening shifts, seven days per week. The team is called upon multiple times per day. The team members visit their center's wards to check-in with staff and patients, who they have supported in previous deployments, when they are not responding to emergent situations. The Psychiatric Emergency Response team is used more preemptively before a behavior crisis develops to avoid escalation and potential violence. As this continues, and expands, it is expected to have a positive impact in reducing patients' aggression/assaultive behavior, along with the need for seclusion and restraint, improving patient and staff safety.

Staffing Model

The Behavior Management team’s staffing model supports their mission of providing consultation to treatment teams in the Gage and Civil centers to improve patient and staff safety, including lowering patient acuity and providing staff with micro-trainings to improve engagement skills with patients. The Behavior Management team micro trainings for ward staff help them decrease patient aggression by improving staff members’ skill levels and efficacy in reducing patient violence before an escalation. These trainings use a trauma informed approach and cover a variety of subjects, including de escalation skills, use of Crisis Prevention Institute and Advanced Crisis Intervention Training strategies for de escalation and containment, seclusion and restraint procedures, situational awareness, etc. The CPI training Behavior Management team has provided to staff has helped them remain certified to use this intervention.

Table 1 below shows the Full Time Equivalent positions allocated to this staffing model that facilitates Behavior Management team’s multi disciplinary approach to respond to treatment team requests for consultation to support patients experiencing behavior challenges who are not responding to the treatment plan. The staffing model provides the broad expertise and capacity necessary for the review of diagnosis, medications, nursing interventions related to seclusion and restraint, less restrictive alternatives to seclusion and restraint, physical health concerns, therapeutic services with the treatment team, and for providing micro-trainings. The Behavior Management team psychiatrist 4 position continues to be shared by two psychiatrists. The Behavior Management team engages with the patient and coaches the treatment team effectively intervening with the patients. This model includes three teams of behavioral health specialists-3s led by a therapies supervisor to work with the referred patient and treatment team, providing support seven days a week during day and evening shifts. Additionally, two of the Behavior Management team RN3s work night shift, providing coverage seven days per week.

Table 1. BMT Staffing Model

Behavior Management team	
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
Behavioral Health Specialist-3	20.0
Registered Nurse-4	1.0
Registered Nurse-3	4.0
Total	39.0

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

Table 2. Additional Positions Funded by Safety Proviso

Safety Proviso Funded Positions	
Position	FTE
Mental Health Technician-2	1.0
Behavioral Health Specialist-3	6.0

Patient Profile

In the interim since last year’s report, the Behavior Management team has worked with 39 patients, receiving six new referrals from the Gage Center of Forensic Excellence and 28 from the Civil Center of Excellence. This included five patients who were being supported by the Behavior Management team. The team has 20 current active consultations, two in Gage Center and 18 in the Civil Center and has closed 18 consultations. Before having the Behavior Management team, the Civil Center managed assaultive patients by collocating 10 of the most aggressive patients on one ward, which was referred to as the STAR Program model. The program’s maximum capacity was 10 patients with aggressive/assaultive behaviors; however, the Behavior Management team has been able to serve more patients and treatment teams than the prior model, making it more effective at enhancing patient and staff safety.

The Behavior Management team closed 18 consultations provided for 13 males and 5 females. Consultation time working with the referred patients has ranged from 3 to 9 months, although two of the more challenging cases have been open with the Behavior Management team for over a year. By comparison, in last year’s report, the Behavior Management team had closed 30 consultations with an average consultation period of 137 days. The table below summarizes Behavior Management team referrals receiving services, active consultation cases, and consultations that have been closed since the last report.

Table 3. BMT Consultation Summary

Behavior Management team Consultation Summary					
New Consultations Delivered		Active Cases		Consultations Closed	
Gage Center	Civil Center	Gage Center	Civil Center	Gage Center	Civil Center
6	28	2	18	3	15
34		20		18	

Consultations received in 2025 were primarily in response to patients with verbal and physical aggression/violence toward peers (Patient to Patient) and toward staff (Patient to Staff), ranging from two to six in a month, being a danger to themselves, with four in the year, and one referral related to repeated episodes of seclusion and restraint. The most common diagnoses for Behavior

Management team referred patients were schizophrenia and schizoaffective disorder. By the time Behavior Management team closed their consultation for aggressive/assaultive behavior, the number of assaults was greatly reduced, most often to zero.

The current referral cases are a work in progress, and for patients with available data, Behavior Management team continues to work with the patients and their treatment teams. The turnover in Behavior Management team referrals with the addition of new referrals with higher level of aggressive behavior and the stabilization and closing of referrals for improved patients, makes it difficult to report interpretable results. Some of the individuals show impressive decreases in assaults over time in the past year, and the number of referred patients having zero Patient-to-Patient or Patient-to-Staff assaults reported for the last month in which data was available was 23 while there were 21 having zero Patient to Staff assaults. For consultation cases that the Behavior Management team closed, hours of restraint and seclusion overall showed reduced time in seclusion and restraint at the end of the consultation.

Some examples of reductions in seclusion and restraint at referral and closure of the consultation include:

- A patient having as high as 301 hours in restraint in a month, was reduced to 17 hours,
- A patient with 147 hours in restraint was reduced to zero within three months,
- A patient had 78 hours in seclusion, was reduced to 25 hours, and
- A patient with eight hours in restraint having five months to no episodes of restraint when the consultation was closed.

These reductions in seclusion and restraint represent a decrease in acuity for the referred patient and the ward, with improved safety for the patients involved, staff and other patients on the ward. Staff spent less time with an agitated or aggressive patient, and being potential targets for violence, and more time engaged with all patients on the ward. Behavior Management team consultations with the patients and their treatment team continue.

The Behavior Management team continues to provide coaching and modeling to the treatment teams on situational awareness, monitoring training, milieu management, zone monitoring, and de-escalation strategies. The Behavior Management team also continues to provide referred patients with psychoeducation in emotional self regulation, mindfulness techniques, distress tolerance, problem solving, and coping skills for anxiety, stress and frustration. The Behavior Management team helped patients with being able to leave the ward for activities whereas before, they had to remain their ward due to behavioral challenges, representing a significant improvement in the patient's engagement with treatment.

The efforts of the Behavior Management team have included working with the referred patients to build rapport and trust, identifying triggers to stressors and assaults, improving social skills, developing self regulation skills, using mindfulness strategies, improving coping skills for anxiety, stress and frustration, and managing behavioral health symptoms. The Behavior Management team worked with treatment teams to improve engagement with patients, model and coach situational awareness, and enhance milieu management skills. The Behavior Management team continues to lead WSH's treatment teams in improving patient and staff safety.

Outcomes

Table 4 provides the Assault Report Scorecard for July 2025 (FY26) showing various assault related data for the month of July, the most recent available data, and includes fiscal year to date (FYTD) information for FY2023, FY2024 and FY2025 for comparison. The assault rate is per 1,000 patient days, which allows for standardized comparisons.

Table 4. Assault Report Scorecard, Fiscal Year to Date Comparisons FY2023, FY2024 and FY2025 - Assaults per 1,000 Patient Days with Prior Fiscal Year Comparisons

Metric /Center	Targets	AUG FY26	2025 FYTD	2024 FYTD	2023 FYTD
Patient to Patient Assault Rate					
WSH	4.46	5.07	4.74	4.76	4.49
Civil	4.85	5.31	5.25	4.98	3.97
Patient to Staff Assault Rate					
WSH	3.44	2.58	3.06	3.89	2.36
Civil	6.26	4.75	5.11	7.86	2.60
Assault-Related Patient Injury Rate					
WSH	1.44	0.93	1.26	1.63	1.66
Civil	1.47	0.56	1.28	1.12	1.15
Assault-Related Staff Injury Rate					
WSH	1.49	1.85	1.98	1.48	0.80
Civil	2.78	3.22	2.91	3.44	1.30
WSH	0.09	0.00	0.07	0.13	0.05
Civil	0.08	0.00	0.07	0.00	0.00
Severe Assault-Related Staff Injury Rate					
WSH	0.56	0.54	0.79	0.65	0.34
Civil	0.77	0.42	0.57	1.33	0.53
Patient to Staff Assault Claims Filed Rate					
WSH	0.44	0.15	0.44	0.50	0.34
Civil	0.58	0.14	0.28	0.98	0.53

The Patient-to-Patient and Patient-to-Staff assault rates show little change across fiscal years. However, for the Civil Center, most of the data showed a decrease for FY2025 to FY2026, demonstrating that Behavior Management team has made a general difference in preventing assault rates from escalating. It is noteworthy that the Patient-to-Staff Assault rate has decreased when FY25 data is compared to FY2026, 8.10 and 5.48, respectively.

The figures 1a and 1b below depict Patient-to-Patient and Patient-to-Staff assaults for FY2025 and FY2026.

Figure 1a. Civil Center, Patient to Patient Assaults per 1,000 Patient Days by Fiscal Year and Month

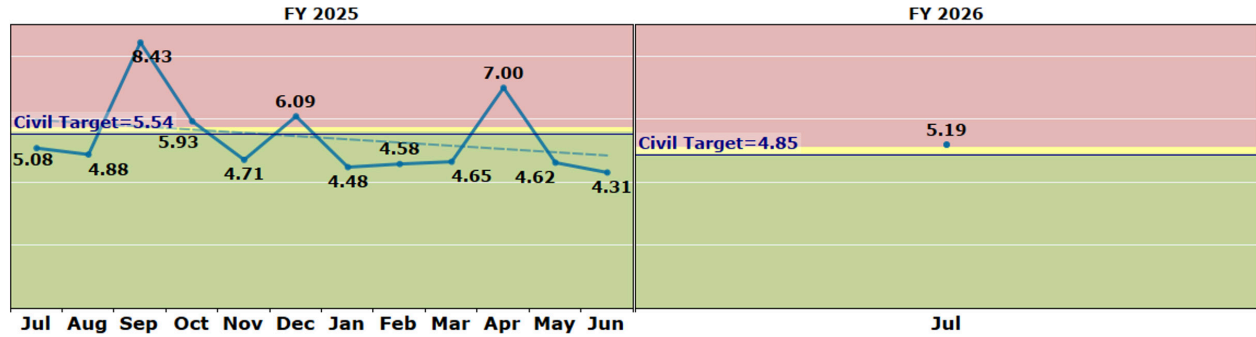
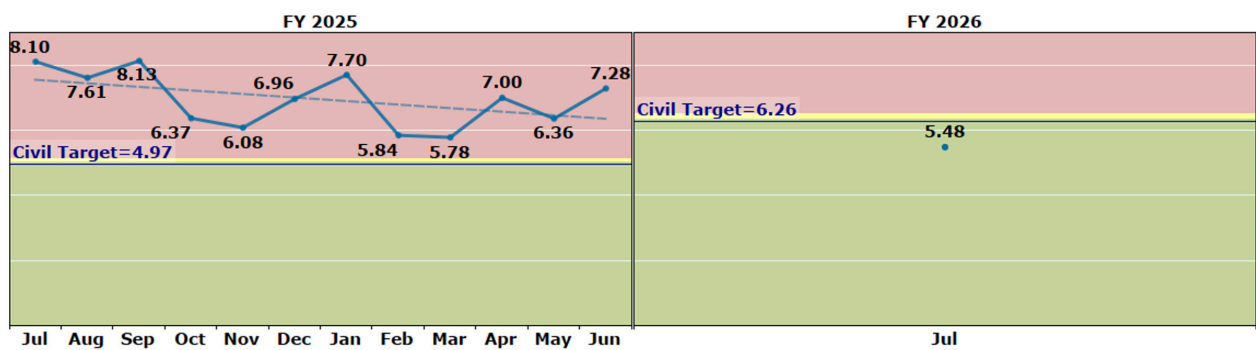


Figure 1b. Civil Center, Patient to Staff Assaults per 1,000 Patient Days by Fiscal Year and Month



The figures 2a and 2b below report Assault-Related Patient Injuries and Assault-Related Staff Injuries per 1,000 patient days for FY2025 and FY2026.

Figure 2a. Civil Center, Assault-Related Patient Injuries per 1,000 Patient Days by Fiscal Year and Month

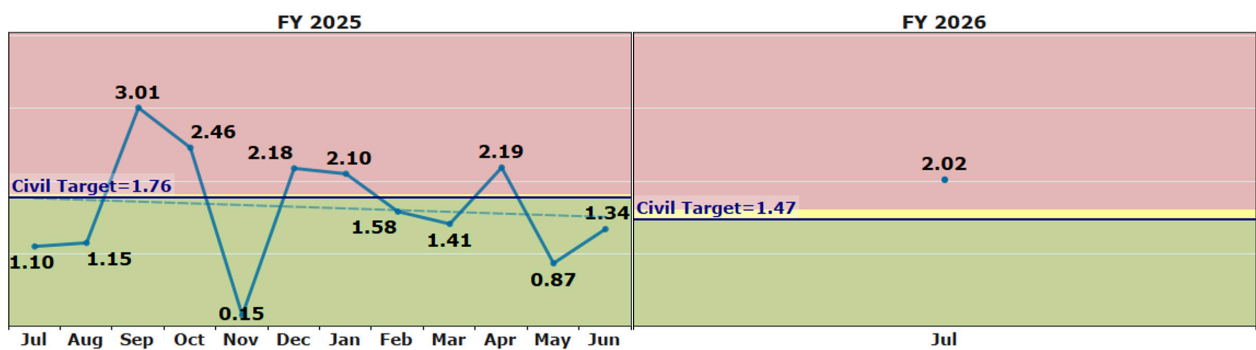
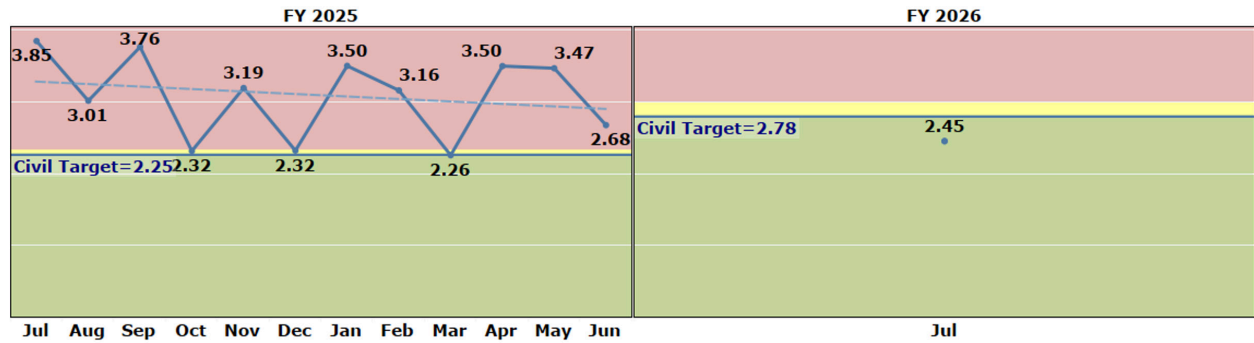


Figure 2b. Civil Center, Assault-Related Staff Injuries per 1,000 Patient Days by Fiscal Year and Month



The above figures show that the downward trend reported in last year’s report for the early available FY2025 data for Patient-to-Patient Assaults and Patient-to-Staff Assaults continued downward throughout the year. There was also a downward trend for Assault Related Patient Injuries and Assault Related Staff Injuries during FY2025.

The referring treatment teams have expressed gratitude for their assistance and continue to recognize the contributions of the BMT toward patient and staff safety.

Future Directions

Past Reports since 2023 to the Legislature, Improving Patient and Staff Safety in State Hospitals – Status Report for Western State Hospital’s Civil Center of Excellence, have highlighted the impact of the Trueblood v. DSHS Federal court ruling on the Civil Center. This has included a higher rate of discharges and admissions from the Gage Center of patients being converted to civil commitment, and an increase in admissions from the Gage Center to the Civil Center. More recently, direct admissions from county jails to the Civil Center have been occurring. The increased and earlier transfers from the Gage Center to Civil Center and direct jail admissions have resulted in higher acuity on Civil Center wards, as patients arriving at the Civil Center are less psychiatrically stable, and more aggressive than patients served prior to the ruling. The Civil Center’s treatment teams have remained a primary resource in treating patients on their wards. When patients are not responding to their treatment plans as anticipated and have been aggressive/violent towards peers and staff, had frequent episodes of seclusion or restraint or other challenging behaviors, the Behavior Management team has remained a consistent resource available to ward treatment teams. The Behavior Management team has improved treatment results and decreased the challenging behaviors for the referred patients.

The Behavior Management team served 34 patients in the past year, has an active caseload of 20, and closed 18 referrals in the past year, which shows that the Behavior Management team continues to contribute to reducing the level of patient aggression, assaults, and episodes of seclusion and restraint for referred patients. During FY2025, the rates of Patient to Patient and Patient to Staff assaults have trended downward, which is attributable to a variety of factors, including the efforts of the Civil Center's treatment teams and those of the Behavior Management team for referred patients.

Following a serious assault on a psychiatrist and other staff in early 2025, the Civil Center began a pilot of zone monitoring on two of their wards, led by the Behavior Management team. This involved the Behavior Management team director and other staff members teaming with nurse managers to change the wards from a task based approach to patient care to a zone monitoring approach of milieu management. The Behavior Management team provided training to ward staff in milieu management, situational awareness and de escalation skills. The prior task-based approach involved assignments being given to staff, such as monitoring aggressive/violent patients, to actively managing the milieu. Monitors are often targets of aggressive/assaultive behavior. The wards are divided into two or three zones where the staff in the zone proactively engage with patients. This meant the Behavior Management team led the training and worked with ward staff to help them learn new skills and change their work practices. This has been well received by treatment teams and patients and has resulted in an expansion of the pilot to other wards. The rollout to other Civil Center wards is an intensive process and the Behavior Management team has been central in leading the pilot while continuing to provide their consultation services to wards in the Civil Center and Gage Center. This approach reduces the number of staff required per shift and offers patients more personalized care.

The Behavior Management team in combination with Psychiatric Emergency Response team, the ward treatment teams, and other staff services, will continue to provide services to reduce the ward acuity through effectively addressing aggressive and violent patient behaviors. The Behavior Management team will continue to lead the zone monitoring milieu management pilot to help with reducing patient acuity. The Behavior Management team continues to be a resource to improve patient care and staff safety in both the Gage and Civil centers.