



*Washington State Department of Social & Health Services*

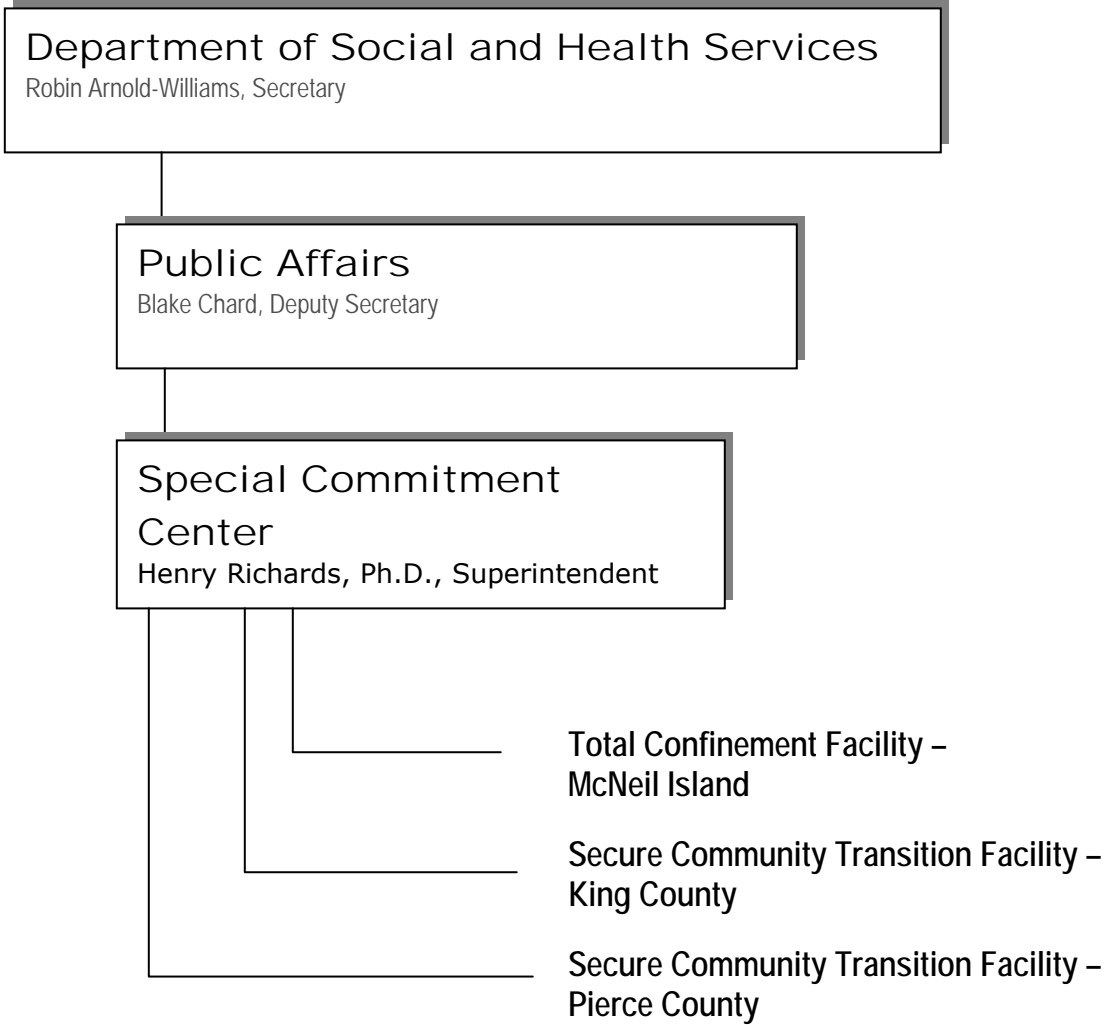
**Safety • Security • Treatment**

Strategic Plan 2009-2013  
**Special Commitment Center**



*Washington State*  
Department of Social  
& Health Services

**Henry Richards, Ph.D.**  
Superintendent  
June 30, 2008



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**Purpose of This Document**

This strategic plan communicates how we will advance our mission and goals in a changing environment and meet our future challenges to better serve and protect the citizens of Washington State. This document is a road map of the business policies and improvement strategies for our organization, employees, and partners.

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# Executive Summary

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The Special Commitment Center (SCC) was established in 1990 under Chapter 71.09 RCW (The Community Protection Act). The SCC's Total Confinement Facility (TCF) is located on McNeil Island in a facility independent of and geographically separated from the Department of Corrections McNeil Island Corrections Center. SCC has grown from a first-year population of six residents to more than 280 sexual offenders and continues to expand at an annual net growth rate of 20 to 24 residents. SCC operates two Secure Community Transition Facilities (SCTFs) on McNeil Island and one in an industrial district of Seattle. SCC also monitors and supervises residents placed in private homes and supervised group homes.

The SCC is fulfilling its public safety responsibility to control, care for, and treat the resident population. The resident treatment program has evolved and advanced the state of the art in addressing the disorders and changeable risk factors of civilly committed sex offenders. Community releases have been successfully managed and several residents have gained the experience of productive, paid work. More importantly, not one SCC resident on less restrictive alternative has sexually re-offended to date. This success is the result of our intensive model of monitoring, supervision, and treatment that involves close collaboration with the Department of Corrections (DOC) Community Corrections officers, treatment professionals, the legal community, and the Courts.

The SCC faces many challenges. The SCC total confinement facility (TCF) is pressing the limits of its current 299 resident housing capacity, with the current projection indicating that the TCF may be full within the 2009 calendar year. Compounding the housing capacity problem, beds currently vacant are not necessarily located within the residential units appropriate to the residents' behavioral management requirements. The need for additional housing capacity is urgent and is being addressed on an interim basis by the conversion of existing office space into bed space for an additional 37 residents.

Eventually, it appears that more capacity will be needed at TCF to support the program's mission of control, care, and treatment of sex offenders. But what kind of capacity will be needed? The SCC population is becoming more complex, with new admissions of very young adults and medically fragile individuals, and an inexorably aging population. Medical services are particularly important for a facility located on an island with limited alternatives to on-site care for emergencies. Additionally, SCC was neither designed nor envisioned as a long-term health care or nursing care facility, although many residents will eventually need this level of care. These considerations guide our current practices and our plans for the design of future added housing capacity.

Recruitment and retention of residential, medical, clinical, and forensic evaluation staff is a continuing challenge, especially considering the stigma of working with sex offenders, the reality of their disorders, and the TCF island location which can be perceived as a nuisance factor affecting commuting and work day flexibility. Nonetheless, if the right incentives are provided, these professionals will discover that SCC presents a rich learning environment, where individuals can gain valuable skills, explore career possibilities, and forge new directions and innovations in their chosen fields.

SCC functions in an environment of influential stakeholders. Legal decisions can have major impacts on program operations, policies, and costs. For example, all legal costs for the defense and prosecution of individuals detained for civil commitment are

paid through the SCC budget, although these legal services are initiated and authorized by other entities, such as the Courts, prosecutors, and defense bar. Gaining greater accountability for such costs is an ongoing concern for SCC management.

Our most important stakeholders are the citizens and communities of Washington. Although SCC experiences strong support for its control and treatment missions, support for community placement is often limited by fears and misperceptions. Placement of residents released by the courts to less restrictive alternatives (LRA) continues to meet heavy opposition from the public. Community resistance is a major factor in providing transitional services, especially in helping LRA residents find and maintain suitable jobs. The program has experienced some successes in community transition. A critical mass of concerned individuals, many who are involved in the criminal justice and mental health fields, is beginning to make inroads into old fears. More advanced assessment methods, monitoring technologies, and supervision practices also provide greater assurance for communities that safety is possible. In the long run, good community management is the best safeguard for sex offenders deemed eligible for release by the courts.

Another stakeholder group that sometimes goes unidentified is comprised of the community and decision makers who depend on changing information and evolving knowledge about sex offenders in Washington and beyond. SCC is contributing to research and treatment innovations regarding its population. An ongoing project to improve sex offender assessment practices, which includes a major study of sexual recidivism, is centered at SCC. SCC has been the site of several of the very few empirical studies of civilly committed sex offenders. This knowledge is useful to the legal community, treatment professionals, and political leaders who depend on current information about the populations they make decisions for.

With the expansion of community transition services and facilities, new and ongoing research, and increasing issues regarding legal and medical services management, the SCC program has entered a new era. Planning and policy for long term needs are now an ongoing concern. Complex operations need the bird's eye view of best practices in civil commitment programs and in other types of residential treatment. An ongoing national dialogue about treatment standards and program practices is picking up momentum as legal scrutiny increases and the bar for performance is raised beyond the startup decade of civil commitment. SCC costs and resident needs are no longer specific to a tiny but growing program; they now have impact across many parts of DSHS and other state agencies, as well as counties and municipalities.

SCC is in need of an enhanced administrative structure commensurate with these responsibilities and complexities. A major accomplishment foreseen in this plan is the evaluation, definition, and establishment of an administrative structure that provides effective management and oversight of the SCC program, encompassing all of SCC's operational units as well as associated executive policy and administrative functions. This step requires a solid staffing plan for the entire program that is built on a clear understanding of current demands and future challenges.

This pervasive theme of challenges and opportunities will be encountered in all of the chapters of this plan. SCC has made a commitment to developing a program culture that is sufficient to the challenges and ready to make the most of the opportunities.

# Chapter 1 • Mission and Statutory Authority

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## A. MISSION

The mission of SCC is to enhance public safety, achieved by:

- Maintaining custody and control over detained and civilly committed sex offenders in a manner that reduces opportunities for re-offenses.
- Treating these individuals, with the goal of their safe return to the community.
- Assessing certain offenders for commitment under Washington State's Sexually Violent Predator Law.
- Researching the causes of sexual violence and the effective treatment of sexually violent predators.
- Working with communities to prevent sexual offending.

## B. STATUTORY AUTHORITY

### **Chapter 71.09 RCW: The Community Protection Act**

The SCC was established in April 1990, under the authority of chapter 71.09 RCW, the Community Protection Act. This statute provides for the detainment and civil commitment of persons found to meet the statutory definition of a sexually violent predator. The purposes of the Community Protection Act are:

- Protect the public from dangerous, predatory sex offenders who have a mental abnormality or personality disorder that makes them more likely than not to re-offend without treatment in a secure facility
- Provide care, control of, and treatment to these individuals in a total confinement facility
- Provide residential, community transition, and continued treatment services to civilly committed residents whom the courts have determined to have made sufficient progress in treatment and who can be safely managed in the community under conditional release

## Chapter 2 • Goals, Objectives, Strategies, and Performance Measures

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SCC has established the following goals for the 2011 – 2013 biennium; each goal articulates objectives, strategies, and performance measures:

### **Facility Preservation and Housing Capacity**

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| Goal 2. Design and build permanent resident housing capacity                            | P. 8 |
| Goal 3. Preservation of current facilities  | P. 8 |
| Goal 4. Centralize McNeil Island infrastructure needs and optimize resource utilization | P. 9 |

### **Resident Assessment and Treatment**

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**Goal 1: Construct temporary resident housing to meet housing capacity needs until FY2011**

**Objective:** Construct and furnish temporary living quarters to provide for adequate and appropriate resident housing through FY2011.

**Strategies:**

- In conjunction with Capital Programs, establish a sequence of construction priorities.

**Action items to be monitored:**

- Appropriation of required funding.
- Acquisition of furniture and equipment necessary to inhabit temporary quarters.

**Performance Measures:**

- The number of resident rooms / bed space temporarily increases from 299 single-occupancy rooms to 337 by the end of FY2009.

**Goal 2: Construct permanent resident housing to meet housing capacity needs past FY2011**

**Objective:** Construct and furnish permanent living quarters to ensure appropriate housing for the projected number of admissions to the Special Commitment Center through calendar year 2017.

**Strategies:**

- Collaborate with SCC department heads to develop a relocation plan for staff offices until permanent residential housing is available.
- Notify staff of relocation plan and develop strategies to continue meeting resident needs during time when offices are made into residential units.
- Develop necessary security monitoring programs while residents reside in non-residential areas.
- Carry out construction plans.

**Action items to be monitored:**

- Completion of required construction.
- Availability of individual living quarters for all current residents and projected resident intake for the next 5 years.
- Availability of adequate housing capacity to provide appropriate living for residents based on need, i.e., geriatric, medical, intensive management, high management, medium management, and low management.

**Performance Measures:**

- The number of permanent resident rooms / bed space increases from 299 to 405 by the end of FY2012.

**Goal 3: Preservation of current facilities through a systems perspective of renewal or replacement**

**Objective-A:** Address unmet facility needs.

**Strategies:**

- Collaborate with DSHS Capital Programs and Budget Office to prepare decision packages for budget request (capital and operating).
- Determine necessary needs in detail and complete purchase requests.
- In conjunction with DSHS Capital Programs and Budget Office, establish a sequence of priorities based on the following areas of focus.
  - Pave an existing dirt road around the facility perimeter
  - Acquire critical software packages to support replacement of obsolete software
  - Acquire electrical systems protection for existing electronics

**Action items to be monitored:**

- Acquisition of necessary funding and resources to serve a growing population and necessary support services.

**Objective-B:** Replace or repair worn out and obsolete facility systems in order to preserve existing capacity and meet the needs of a growing population.

**Strategies:**

- Collaborate with DSHS Capital Programs and Budget Office to prepare decision packages for budget request (capital and operating).
- In conjunction with DSHS Capital Programs and Budget Office, establish a sequence of priorities based on the following areas of focus:
  - Replacement of current resident dining facility and associated systems, projected at \$4M for refurbishment or \$17M for replacement
  - Replacement or expansion of the current facility warehouse, projected at \$2M for replacement
  - Upgrade the current security system, including hardware, projected at \$1M
  - Upgrade the current communication and information technology network services, projected at \$1M
  - Replacement of the current powerhouse, projected at \$17M
  - Replacement of deteriorating surfaces of existing parking lots and roads, projected at \$1M

**Action items to be monitored:**

- Acquisition of necessary funding.
- Identification and completion of renewal and replacement projects.

**Goal 4: Centralize McNeil Island infrastructure needs and optimize resource utilization**

**Objective:** To develop McNeil Island infrastructure through comprehensive, multi-agency planning to address needs, resource use, and problems and potential solutions, in order to ensure an equitable allocation of costs and unified, coherent budget requests.

**Strategies:**

- Formulate and propose to the Deputy Secretary an organizational structure suitable to this task. Possibilities include:
  - McNeil Island Planning Authority, a joint DSHS/ DOC entity with decision making authority
  - A high level standing committee of DSHS and DOC executives with an advisory and coordinating function
- Develop a standing committee of SCC and MICC stakeholders to engage in ongoing work to coordinate and support ongoing shared infrastructure-related activities and meet the informational needs of the higher level planning group.

**Action items to be monitored**

- Establishment of planning authority or similar body.
- Joint standing committee complete needed work products.

**Goal 5: Increase incentives for residents to participate in sex offender treatment**

**Objective-A:** Increase incentives for residents to participate in sex offender-specific treatment.

**Strategies:**

- Implement resident pay schedule with increases in the hourly pay rate associated with progress in sex-offender treatment.
- Implement special events for treatment participants.

- Implement recognition ceremonies for treatment participants during treatment breaks.
- Identify and review additional privileges for treatment participants at Clinical Operations meeting.
- Link computer ownership to treatment progress.

**Action items to be monitored:**

- Residents are paid differential hourly rates according to their treatment phase, as reflected on their vocational records.
- Documentation of special events for treatment participants and number of attendees maintained by the Office of Clinical Director.
- Documentation of ceremony program, awards, and attendees maintained by the Recognition Ceremony Committee.

Discussion/decisions regarding privileges for treatment participants documented in Clinical Operations meeting minutes and action log, as well as policy as appropriate.

**Goal 6: Reallocate case management of non-treatment participating residents from sex offender treatment staff to residential staff**

**Strategies:**

- Case management services for non-participants are provided by residential staff, whereas clinical staff (i.e., Psychological Associates) provides these services for treatment participants.

**Performance Measures:**

- The percentage of residents not participating in sex offender treatment assigned to residential care staff for case-management is 100% by December 2008.
- The percentage of residents participating in sex offender specific treatment assigned to clinical staff for case-management is 100% by December 2008.

**Goal 7: Refine the treatment milieu to improve treatment outcomes**

**Objective-A:** Assign residents to living units according to their treatment status, treatment needs, and behavior management needs.

**Strategy:**

- Interdisciplinary teams routinely assess residents' treatment status, needs, and behavioral management level and forward any recommendations for resident moves to the placement committee for placement decisions.

**Action items to be monitored:**

- The placement committee meeting minutes reflect decision-making consistent with placing residents on living units based on their treatment status, needs, and behavioral management needs.
- Each living unit is populated with residents consistent with the unit mission regarding treatment status, treatment needs, and behavior management level.
- Residents with special needs are housed apart from residents who might disrupt their participation in the accommodated transition program.

**Objective-B:** Train residential staff regarding therapeutic interaction with residents.

**Strategies:**

- Residential staff complete the clinical component of the ARISE training program
- Truthought® is delivered as a part of New Employee Orientation beginning in April 2008.
- Clinical staff collaborate with residential staff on the living units and in interdisciplinary teams.

**Action items to be monitored:**

- Documentation by the Training Department of residential staff completion of the ARISE program.
- Documentation by the Training Department of staff completion of the Truthought® training.
- Interdisciplinary teamwork which includes collaboration with residential staff has been added to the Position Description Form and Professional Development Plan for clinical staff and will be assessed during annual performance reviews.
- Residential staff are paired with mentors from the clinical department to complete the clinical component of the ARISE program.

**Goal 8: Implement a clinical certification process for residential staff**

**Objective-A:** Develop a clinical certification for RRC staff to perform case management and engage in group therapy sessions.

**Strategies:**

- Write the Position Description Form for a clinically certified RRC position.
- Create a training plan for the position to address clinical skills development.
- Assign a designated clinical staff member to carry out the training plan and mentor the designated RRC staff undergoing certification.

**Performance Measure:**

- The number of RRC staff members who undergo certification per annum under this objective is 10 by the close of FY 2009.

**Goal 9: Implement a clinical privileging process for clinical staff performing individual therapy**

**Objective:** Develop a privileging system for clinical staff to engage in individual therapy with residents.

**Strategies:**

- Formulate standards of best practice for sex-offender treatment.
- Develop training curriculum for clinical staff in order to receive privileging to treat residents with in individual therapy.
- Assign a designated (senior) clinical staff member to carryout training and mentoring for those seeking privileges.

**Performance Measure:**

- The percentage of individual therapy sessions conducted by non-privileged clinical staff is 0% by the close of FY2009.
- The number of clinical staff members who undergo privileging per annum under this objective is 10 by the close of FY 2009.

**Goal 10: Sponsor a National Consensus Conference on Sex-Offender Civil Commitment Treatment Standards**

**Objective-A:** Conduct a conference on treatment standards, best practices and community management strategies for civilly committed sexually violent predator programs.

**Strategies:**

- Develop broad-based state and national level support for the conference.
- Plan, coordinate and facilitate the conference in the local King / Pierce County area
- Provide post conference follow-up.

**Action items to be monitored:**

- Conference budget developed.
- Facilitator and documenter in place and active.
- Presentation proposals reviewed and selected.

- Agenda set, with speakers and sessions.

**Goal 11: Expand residential living options for SCC residents on court-ordered conditional release**

**Objective:** Development of additional community residential living options beyond the SCTF Programs.

**Strategies:**

- Research residential opportunities for each qualified resident.
- Identify appropriate community resources.
- Develop a model for subsidized housing with monetary incentives to housing providers.
- Include supported/contracted case management for each housing unit.
- Request legislation, in collaboration with the Department of Corrections, needed to support subsidized housing.

**Action item to be monitored**

- Appropriate financial incentives to support this goal are requested.
- Financial incentives for housing alternatives are approved.

**Performance Measures:**

- The number of non-SCTF/ group home residential living opportunities available for LRA residents without family support increases from 0 to 3 by FY2011.
- The number of residents on conditional release to community LRA settings, other than the SCTF programs, increases to 9 by the end of FY2011 from the current number of 5.

**Goal 12: Manage resident records consistent with nationally recognized standards**

**Objective:** Improve the quality and organization of the clinical and health services medical records.

**Strategies:**

- Reduce the risk of legal challenge by establishing a position for a Registered Health Information Technician (RHIT) certified Records Coordinator.
- Develop structure and organization of the records that are consistent with best practices, to include chart indexes, timely record thinning, and a user-matrix for record navigation.
- Develop records standards utilizing American Health Information Management Association standards, DSHS policies and practices, local Inspection of Care recommendations, and other relevant resources.

**Action items to be monitored:**

- Records consistently meet performance standards set by SCC for record completeness.
- Elimination of legal challenges resulting from untimely production of records requested as part of the discovery process.

**Performance Measures:**

- The number of legal challenges resulting from untimely or inaccurate production of records requested as part of the discovery processes decreases from the FY2007 rate of 6% to 3% by the end of FY2009 and 1% by the end of FY2010.

**Goal 13: Manage an initiative to evaluate and improve sex offender risk assessment in Washington State**

**Objective:** Develop a revised risk assessment instrument useful and valid for Washington adults and adolescents through the work of the Assessment Initiative Committee.

**Strategy:**

- Continue working toward the creation of a revised and more accurate sex offender risk assessment instrument.
- Phase 1 – The Assessment Initiative will coordinate with the new Sex Offender Advisory Board to develop best practice guidelines for treating and evaluating sex offenders.
- Phase 2 – Validate existing sex offender risk assessment instruments through the review of records on 1000 Washington State sex offenders not referred to SCC. This will serve as the initial stage reviewing several variables unique to Washington State.
- Phase 3 – Assuming Phase 2 will extend item to dynamic risk factors and small sample testing. What??
- Review and cross validate adolescent assessment instruments.

**Performance Measures:**

- The percentage of Phase 1 completed by December 2008 is 100%.
- The percentage of Phase 2 completed by March 2011 is 100%.
- The percentage of Phase 3 completed by March 2012 is 100%.
- The review and cross validation of adolescent risk instruments completed by January 2010 is 100%.

**Goal 14: Further specialize internal security staff for response to riot, hostage, and rebellion scenarios**

**Objective:** To enhance capacity for an effective response to riot, hostage situation, or facility take-over in order to protect staff and residents from harm and state property from damage.

**Strategies:**

- Upgrade security force capabilities to address imminent threats within the main perimeter that would likely result in substantial harm or fatality to staff or residents and significant damage to state property.
- Develop policy, procedure, and authorization process for the use of non-lethal impact weapons.
- Reclassify existing security positions to a more appropriate job classification.
- Training certification of new security force to Washington State standards.
- Renovation of existing McNeil Island housing to house 5 security FTEs.

**Action items to be monitored:**

- DSHS approval to proceed.
- Reclassification of existing positions completed.
- Procure non-lethal impact weapon systems.
- Training conducted.

**Performance Measures:**

- The amount of time SCC security staff could contain an escalating rebellion emergency, without assistance from an outside agency, increases from 1 hour to 6-hours by the end of FY2009.
- The number of major crisis response exercises conducted at the SCC total confinement facility increases from its FY2006 level of 1 per year to 6 per year by the end of FY2010.

**Goal 15: Develop an Improved Incident Management Tracking and Follow-up Process**

**Objective:** Create an improved incident management system, which supports alerts to critical events in the Total Confinement Facility and Secure Community Transition Facilities, and which supports incident tracking and data retrieval in the form of analytical reports.

**Strategies:**

- Assign one or more key staff, including technical support staff, to research and develop an improved incident management system.
- Review and revise, as needed, the SCC Incident Report form, to include all required and needed information to support an effective incident management system.
- Refine SCC definition of critical incidents and "signal" or "sentinel" events. Implement a decision-making process and response system for sentinel events and critical events, including root cause analysis.
- Determine incident-related data fields consistent with internal policy, requirements of the Department of Social and Health Services, and other similar state-operated institutions.
- Determine report formats and data analyses capabilities expected from the system.
- Determine budget needs for staff and hardware and software purchases, development, and maintenance.

**Action items to be monitored:**

- Critical incidents and signal/sentinel events identified and appropriate response is conducted.
- Format for data analyses and reports developed and in use.
- Incidents successfully tracked to completion.

**Performance Measures:**

- The percentage of resident abuse complaints addressed within policy timelines increases from its current level of 80% to 100% by the end of FY2009.
- The percentage of signal or sentinel event reviews completed within policy timelines is maintained at a 100% level.

**GOAL 16: Staffing for Critical Services**

**Objective-A:** Recruit and retain qualified Psychologist series staff for the Clinical Department to carry out the sex-offender treatment program.

**Strategies:**

- Work directly with the DSHS Human Resources Division Recruitment Committee as a key resource in meeting the objective.
- Request Governor level GMAP monitoring of this goal.
- Design and implement a comprehensive and specialized recruitment strategy, utilizing the Total Management System, to address Psychologist recruitment and retention on an ongoing basis.
- Identify and implement recruitment and retention strategies targeted to the Psychology series, to include possible employment incentives such relocation options and a program to pay off student loans on a basis of tenure in position.
- Request assignment pay, as determined needed, following a defined and comprehensive recruitment campaign.

**Action items to be monitored:**

- Maintain no greater than an average 10% vacancy rate for the Psychologist 4 positions.
- All critical elements of the offense-specific treatment program are consistently carried out, including group and individual treatment, supervision and mentoring of other Clinical Department staff members and treatment plans.

**Performance measures:**

- The number of Psychologist 4 positions filled in the clinical department will increase from its current number of 1 to 5 by the end of FY2009.
- The percentage of vacant Psychologist 4 positions filled within 90-days of vacancy is 100% by December 2009.

**Objective-B:** Recruit and retain nursing staff in order to reduce utilization of contract agency nursing staff.

**Strategies:**

- Work directly with the DSHS Human Resources Division Recruitment Committee as a key resource in meeting the objective.
- Request Governor level GMAP monitoring of this goal.
- Design and implement a comprehensive and specialized recruitment strategy, utilizing the Total Management System, to address Nursing Care staff recruitment and retention on an ongoing basis.
- Identify and implement recruitment and retention strategies targeted to the Nursing series, to include possible employment incentives such relocation options and a program to pay off student loans on a basis of tenure in position.
- Request assignment pay, as determined needed, following a defined and comprehensive recruitment campaign.

**Performance Measures:**

- The amount paid for contract nursing type care used at SCC is reduced by 40% from its current monthly average rate of \$112K by the close of FY2009.

**Goal 17: Provide training opportunities to support staff performance and development needs**

**Objective:** Develop a Training Academy model that is organized by specialized training tracks to encompass new employees, annual training requirements, and advanced residential, supervisory, security, and clinical training.

**Strategies:**

- Develop curriculums, instructional guides and training plans for all training tracks.

**Action items to be monitored:**

- Provide all new employees with the required training to successfully perform their job duties.
- Provide mandatory training (initial and annual) for all employees.
- Provide opportunities for employees to attend professional development training.

**Goal 18: Staffing the training academy with instructors**

**Objective:** Fully implement the training academy model with professional instructors.

**Strategies:**

- Identify necessary instructor skill sets most needed to support the training academy.

**Action items to be monitored:**

- Approved FTE positions reflect needed instructor pool.
- Positions filled by individuals with appropriate skill sets.
- The training department staffing levels meet anticipated needs by the close FY 2009.

**Goal 19: Optimize reimbursement & cost containment for community medical services**

**Objective:** Effectively manage expenditures for hospitalization and other community based health care needs of SCC residents.

**Strategies:**

- Obtain Medicare (Title XVIII) and Medicaid (Title XIX) benefits for all eligible residents.
- Develop health services contracts with designated providers.

- Explore sharing contracts with DOC for medical providers in order to optimize incentives to reduce costs.
- Establish a staff position to review medical invoices and manage and verify medical care costs.

**Performance Measures:**

- The number of SCC residents currently eligible for Medicare based on age is 22, by the end of FY2009 100% of SCC residents currently eligible for Medicare will have been engaged in the process of enrollment in Medicare.

**Goal 20: Develop community-based, long-term care options for aged and medically compromised SCC residents**

**Objective-A:** Locate viable long-term care living options and personal care services for SCC residents who are aged or who have severe chronic medical conditions and who may be conditionally or unconditionally released from SCC.

**Strategies:**

- Identify long-term care facilities that are appropriate options.
- Work with prosecutors, defense attorneys, DOC, courts and others for appropriate living and care of this group of residents.
- Increase options for escorting of medically infirm and geriatric SCC residents attending medical appointments or community outings who are conditionally released by the court to an adult family home or other assisted living option.

**Performance Measures:**

- The amount of time necessary to find and place an SCC resident in long-term care living option is reduced by 50% from its current average of 11 months by the end of FY2009.

**Objective-B:** Establish a state or contractor-operated facility for the care of SCC residents who are aged and/or have severe chronic health conditions.

**Strategies:**

- Identify and assess the need for long-term care facilities to serve this segment of the SCC population.
- Collaborate with Aging and Disabilities Services Administration and other internal DSHS stakeholders concerning the feasibility of a state-operated facility.
- Assess the cost benefits and risks associated with this placement option vs. contracting with a private entity for a similar facility vs. incentive options with current long-term vendors to care for SCC residents.
- Request legislative authority for option determined most feasible.

**Performance Measures:**

- The number of contracts negotiated with selected state facilities or community entities to provide long-term care of SCC residents who are aged or have severe chronic health concerns is 1 by the close of FY2009, and 2 by the close of FY2010.

**Goal 21: Increasing effectiveness and efficiency of shared services used by both SCC and MICC**

**Objective-A:** Increase ongoing coordination of shared services.

**Strategies:**

- Form a standing committee of SCC and MICC managers to provide input into contractual arrangements, coordinate shared services, and identify opportunities.
- Execute contract agreement early in the contracting cycle and make timely modifications to address changing circumstances and needs.

- Integrate coordination of non-institutional, community-oriented services with institutional services.

**Action items to be monitored:**

- A structure for collaboration is approved by DSHS and DOC.
- Regular meetings are held and documented.
- Capital requests are fully coordinated between DSHS and DOC and typically the requested item is in one program budget.

**Objective-B:** Identify and develop new areas for sharing of services that would be advantageous to the state by reason of cost reduction or risk management.

**Strategies:**

- Develop and maintain contractual and other agreements for shared services. Examples include:
  - DOC escort services of Residents without conditional release
  - Telecommunication, Electrical Power, and other utilities
  - Homeland Security
  - Island Transportation
- Identify opportunities for shared services that will increase efficiency, control risk, and/or decrease overall cost to the State. Examples are:
  - Pharmacy Services
  - Food Services
  - Nursing Home Care
  - Staff Housing

**Action item to be monitored:**

- Quarterly meetings of the joint services committee are held and minutes provided to DSHS and DOC executives responsible for SCC and MICC through their respective directors.

**Performance Measure:**

- The amount of savings realized by SCC and MICC jointly on an annual basis will exceed \$100,000 by the close of FY2009 over FY2008 costs.

**Goal 22: Establish an enhanced administrative structure for SCC**

**Objective:** SCC's organizational structure more effectively responds to its executive responsibilities at the local and DSHS level.

**Strategies:**

- Complete an organizational assessment project encompassing executive level functions and resources at SCC, including the ability to more effectively carryout the following:
  - Strategic planning,
  - Risk management,
  - Responsiveness to stakeholders and constituents,
  - Offender management in the community,
  - Rule and policy development,
  - Data management and analysis,
  - Research on sex offender assessment, and
  - Statewide service as a resource to executive and legislative decision-makers.

**Action items to be monitored:**

- Organizational structure implemented to support both facility and community-based sex offender management services statewide.
- Production of effective risk assessment and community sex offender management strategies.
- Collection of data to assess program effectiveness.

**Performance Measure:**

- Organizational structure assessment is completed by August 29, 2008.
- Results of the structure assessment presented to DSHS by December 31, 2008 for review and support consideration.

**Goal 23: Develop a detailed staffing model for SCC**

**Objective:** Evaluate, reorganize and enhance SCC's organizational structure, resource allocation and staffing based on appropriate data and analytic tools.

**Strategies:**

- Develop a staffing model that focuses on the best methodology to carry out SCC's organizational tasks, including:
  - Review of employee duties
  - Employee qualifications and training needs
  - Program area structure
  - How responsibilities are currently carried out
  - Unmet or anticipated tasks assigned to SCC

**Performance Measure:**

- A staffing model project charter is developed by July1, 2008.
- Staffing model project completed by October, 2009.

## Chapter 3 • Performance Assessment

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### **GOVERNMENT MANAGEMENT ACCOUNTABILITY AND PERFORMANCE**

SCC fully participates in the State of Washington GMAP program, a management tool for monitoring key performance measures. SCC identified the need to track annual evaluations of civilly committed residents to ensure they were completed in time for annual review hearings. Two years of tracking and trending this data has aided us to adhere to community court schedules for possible civil commitment hearings.

### **INTERNAL AND EXTERNAL PERFORMANCE REVIEWS**

#### **EXTERNAL**

SCC routinely undergoes external performance reviews. Within the last 24-months these reviews have included the following:

- DSHS Operations Review and Consultation unit audit of SCC in November and December 2006
- Inspection of Care Committee conducted an annual inspection in March 2007
- OFM conducted an Activity Measure Assessment review which was released in June 2007
- DSHS Office of Safety and Risk Management conducted an annual loss control evaluation of SCC in August 2007.
- Inspection of Care Committee semi-annual follow-up inspection of SCC in October 2007
- OFM conducted an Information Technology audit of SCC in March 2007
- DSHS Operations Review and Consultation unit conducted an audit of SCC in January 2008
- Inspection of Care Committee conducted an annual inspection of SCC in March 2008

SCC works closely with the review entity to ensure unfettered access to the activities being reviewed and audited. SCC establishes a corrective action plan (CAP) in response to these reviews to better ensure the issues identified are corrected and lessons learned are internalized within the organization.

#### **INTERNAL**

SCC conducts internal performance auditing on a quarterly basis which includes the following areas:

- Medical Chart Auditing – An internal chart audit of the resident medical records using representative sampling of 10% of the clients served to collect data used to generate a performance based report.
- Clinical Chart Auditing – An internal chart audit of the resident clinical treatment chart records using representative sampling of 10% of the clients served to collect data used to generate a performance based report
- Psychiatric Chart Auditing – An internal chart audit of resident records for those residents receiving psychiatric services. Using a representative sampling of 20% of the clients served, SCC collects data used to generate a performance based report.
- Resident Grievance Analysis – An analysis of resident grievances and appeals based on a 100% review of these activities.

Each internal audit is concluded with a detailed report describing the findings and conditions.

## **CLOSING PERFORMANCE GAPS**

Through an initiative led by the Superintendent, a number of program strengths and developmental opportunities have been identified and are being addressed with the aim of creating a “high reliability culture” at SCC. The models for high reliability workplaces are air traffic control stations and surgical suites. SCC sets this high bar of achievement on reliability because of the high stakes activities that are inherent to its mission, such as providing total care in an island institution, providing psychological assessments that inform legal determinations regarding commitment and release status of residents, and monitoring and supervision in the community of residents who were previously at high risk for new sexual offenses.

As this initiative moves forward, the training of participants is expanding to include additional managers and staff. Further analysis of strengths, needs, resources, and improvement opportunities are being conducted and results-focused action plans are being developed and implemented.

As a direct off-shoot of the effort to develop a high reliability culture, SCC has developed and implemented key performance measures in all program areas. These measures are reported monthly and enable Senior Leadership to identify areas that require increased emphasis on accountability. Data gleaned from these reports support evidence-based decision-making and track both short and long-term outcomes.

# Chapter 4 • Assessment of External Challenges and Opportunities

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## **A. ENVIRONMENTAL FACTORS THAT AFFECT RESIDENTS AND STAFF**

The majority of SCC services are provided on an island, accessible only by McNeil Island Corrections Center (MICC) operated passenger ferries and barges. This has a significant impact on the SCC budget and program operations. All heavy construction and maintenance equipment, mail, facility supplies, and food must be transported via barge, which does not operate on a 24-hour schedule. The demand for barge space is high, requiring DOC to set priorities on its use.

The passenger ferries operate on a 24-hour schedule to transport staff at both MICC and SCC. The ferry schedule requires careful advance planning of personnel deployment, staff meetings, and events to minimize the impact on staff productivity. The boat ride at the beginning and end of an employee's shift is commute time and is not paid work time. Employees who miss their scheduled boat report late to work by 90 minutes or more. This not only inconveniences the employees involved, but it also increases the need for and costs of overtime. For many employees who must commute a relatively long distance from their homes to the Steilacoom dock, the additional commute on the boat and the bus ride to the SCC facilities add to their personal costs.

The cost of fuel and the long commute to an island that has no public conveniences such as restaurants and grocery stores create significant challenges for the SCC program and staff. The high fuel cost and long commute translate into higher budget expenditures and also affects the program's efforts to recruit and retain qualified staff. A robust state economy and the proximity of other mental health programs such as Western State Hospital in Steilacoom result in a highly competitive employment market for both professional and paraprofessional staff.

## **B. TRENDS IN DEMOGRAPHIC AND CUSTOMER CHARACTERISTICS**

SCC residents are an increasingly aging population with a variety of significant acute and chronic illnesses. The median age of the SCC resident population is 48. Of this age group, over 40 percent have serious chronic and debilitating illnesses such as heart disease, pulmonary disease, cancer, diabetes, etc., requiring frequent emergent care and hospitalizations.

## **C. ACTIVITIES LINKED TO MAJOR STAKEHOLDERS AND PARTNERS**

### **Governing Body**

The SCC's administrative oversight authority rests with the Governing Body, which meets three times a year to review and provide direction on the program's operations and performance in meeting the SCC strategic goals. The Governing Body consists of the following DSHS members: the Deputy Secretary; the Chief Administrative Officer; the Lands and Buildings Division Director; the Mental Health Division Director; and the SCC Superintendent who serves as a non-voting member.

### **Advisory Board**

The SCC's Total Confinement Facility Advisory Board members represent diverse community interests. The board meets on a quarterly basis and provides advice and counsel to the Superintendent on policy and program operations.

### **Advisory Boards for Secure Community Transition Facilities**

State law requires that an advisory board be established in each community in which an SCTF is sited. Each advisory board advises the SCC on facility and resident security plans, program operations, and policies and procedures related to the specific SCTF.

### **Department of Corrections**

SCC and the McNeil Island Corrections Center (MICC) work under a joint operating agreement reflecting mutual recognition of the two agencies' missions and goals. A biennial interagency agreement identifies and addresses the duties shared by DOC and DSHS and the duties that are the exclusive responsibility of DSHS. This agreement identifies the associated costs of the responsibilities and payments DSHS will make to DOC for services rendered.

### **Family Members of Residents**

SCC involves family members in a variety of formal and informal activities including regular visiting opportunities, family therapy and treatment planning conferences.

### **Office of the Attorney General of Washington**

The Office of the Attorney General serves two distinctly important functions involving the SCC:

- The Social and Health Services' Division of the Attorney General's Office acts as a legal advisor to the SCC program and represents SCC when the program or its employees are named as defendants in litigation.
- The Criminal Justice Division of the Attorney General's Office handles the prosecution of civil commitment petitions, acting on behalf of the local county prosecutor in each of the 38 counties in Washington State.

### **Office of the King County Prosecutor**

A special unit of the King County Prosecutor's Office handles the civil commitment cases in King County. About one-third of SCC's residents have been detained and civilly committed through the King County Superior Court. In addition to prosecuting King County civil commitment cases, the King County Prosecutor has also been involved in appeals to both the state and federal Supreme Court regarding some civil commitment cases.

### **Defense Attorneys**

All residents have a right to legal defense in their detainment and civil commitment proceedings. SCC is required by statute to reimburse the defense costs, including the costs of expert witnesses.

### **Local Governments**

SCC works closely with local governments, including city and county law enforcement, to share community notification and public safety information regarding individual civilly committed sex offenders released to LRA placements. The SCTFs in Pierce and King Counties enjoy collaborative partnerships with personnel in the surrounding city and county governments.

### **Local Business and Community Advocacy Groups**

SCC has developed a strong partnership with local businesses and community advocacy groups, including victims' advocacy groups, which have an interest in the successful treatment and management of sexually violent predators in the community. In establishing the SCTF in King County, the SCC became a member of and regular participant in Seattle's SODO Neighborhood Business Association. SCC is also a member of the King County Local Area Sex Offender Management Team. SCC's participation in these and other community groups is essential to the long-term and safe reintegration of residents back into community living.

### **Resident Advocacy and Ombudsman Services**

DSHS employees, who report to the Director of the DSHS Administrative Services Division, have specific external responsibilities for assuring that SCC residents' rights are respected and protected. Two Resident Advocates assist residents in understanding their rights and responsibilities within the SCC's rules and policies and represent the residents' constructive

interests within the program. An Ombudsman investigates and reports on situations or complaints that may reflect the need for systemic changes within the program. To maintain independence and avoid potential or real conflicts of interest, the Resident Advocates and the Ombudsman do not report within the SCC Superintendent's chain of command.

#### **D. FUTURE CHALLENGES AND OPPORTUNITIES**

##### **Managing the legal costs associated with civil commitment proceedings**

SCC has been designated as the agency responsible for payment of all legal defense costs associated with the civil commitment proceedings involving SCC residents. Because SCC was ordered by the King County Superior Court in January 2006 to pay for increased costs of attorney, investigator, paralegal, court and jail services, SCC must request increased funds in the FY 2009-2011 operating budget. SCC works with legal stakeholder groups to discuss reasonable rates for Sexually Violent Predator legal services and for full reimbursement rates to counties for court room and jail costs.

##### **Developing an agency management structure responsive to the complex needs of a growing organization**

In 1990, the SCC was established as a very small institutional program. With the growth of the resident population and staff, and with the required expansion of services such as the SCTFs and other community services, vocational training services, forensic evaluations, etc., the program is now functioning as a small DSHS division, but without a supporting division-level infrastructure. The SCC must evaluate and improve its organizational structure, staffing levels, and resources necessary to support a complex sex offender management program. This need is especially critical to provide the capacity for managing research on sex offender assessment, resident treatment and management, policy development, data analysis and management, and performance measurement and accountability.

##### **Planning and developing best practice standards for sexually violent predator civil commitment programs.**

As the first state program for the civil commitment and treatment of sexually violent predators, the state of Washington has been a leader in developing and implementing best practice standards. There are no existing nationally accepted best practice standards or nationally accepted entity that provides specialized accreditation of sexually violent predator civil commitment programs. Professionals from the approximately 15 various state civil commitment programs have been working together informally to develop best practice standards. As a leader in this arena, the SCC is developing plans for a National Conference of Sexually Violent Predator Civil Commitment State Programs. The focus of this conference will be on best practices and national certification standards. It is anticipated that state funds for the conference will be matched with federal or private grants.

#### **E. RESIDENT POPULATION**

Residents of the Special Commitment Center program are a diverse population. As of February 29, 2008, the total SCC resident population included 288 residents. There are 274 residents in the Total Confinement Facility (273 adult male residents and one adult female resident), which includes one resident returned from LRA, pending revocation hearings, and one resident off island. There are 13 residents in the community (6 adult male residents are at the SCTF in Pierce County on McNeil Island and 2 adult male residents are at the SCTF in King County). The other five adult males are living in the community with their families or in other settings.

The SCC population for all residents in total confinement, secure community transition facilities, and other less restrictive alternative settings in the community has the following age characteristics. As of February 2008 the MEDIAN AGE = 48.4 years old; MEAN AGE = 47.3 years old; with an AGE Range: 17.8 years old to 81.6 years old

A substantial number of residents have major medical conditions, significant physical disabilities, developmental disabilities, or mental illness. Some residents are physically or mentally vulnerable and must be protected from others. Some have been diagnosed with psychopathic disorders. Some are long-term residents who have shown little interest in engaging in sex offender specific treatment.

The resident population is growing, with an average of two to three new residents being admitted per month.

## **F. DESCRIPTION OF SERVICES**

Since its inception in 1990, the number of residents and staff has increased significantly. Services provided to residents have also increased in number, variety, and complexity. Over 450 staff are now responsible for duties ranging from residential care (including recreation, life skills training, religious and spiritual care), supervision and security, clinical treatment and evaluation, vocational services, health care services (including acute and chronic care services and emergency health services), food services, administrative and fiscal services, and other facility support services and maintenance.

In response to the program's continued growth and complexity, SCC reorganized its management structure in July 2005. The Total Confinement Facility now operates under a unit-matrix organizational structure rather than a department model. Within the total confinement program the 12 residential living units are organized as three Program Areas that include assigned residential rehabilitation counselors and forensic therapists. Residential staff in each program area report to a Program Area Manager.

Sex offender treatment staff report to the Clinical Director. The program areas, as a whole, are supported by the Clinical Director and the clinical staff. This multi-disciplinary team approach assures that standards are in place and being followed, that resident needs are identified and addressed, that information and training are accessible to staff, and that security and safety standards are practiced and monitored.

### *RESIDENTIAL SERVICES*

Residential Rehabilitation Counselors ensure that a 24-hour secure, treatment-oriented living environment is provided to residents. Within the Total Confinement Facility, residents have opportunities for recreational activities, religious worship, supervised socialization with family members and friends, appropriate vocational opportunities and access to medical and legal services. Residents share in the responsibility for maintaining a safe and orderly environment. Established rules and standards ensure that all residents understand the expectations of the program.

### *SPECIAL POPULATIONS*

Specialized treatment is provided for residents with learning and developmental challenges. The SCC houses persons with certain medical, behavioral, and cognitive needs in units especially suited for their level of care and with staff trained to work with each population segment.

The sex offender treatment program has a special needs track for residents who have learning challenges. An Accommodated Transition initiative is under way to support a cohort of residents in their progress toward a communal, less restrictive alternative living and treatment environment.

Unique difficulties exist in treatment and care of residents with significant psychiatric needs, especially because Western State Hospital is not available to treat severe mental illnesses (prohibited by Chapter 71.09 RCW).

#### *CLINICAL TREATMENT*

The Total Confinement Facility offers voluntary (the US 9<sup>th</sup> Circuit Court determined residents have the right to refuse treatment) sex-offender treatment, which includes individual and group therapy for residents. The clinical program addresses sex offender specific needs, social skills, thought disorders, and other psychological/psychiatric disorders through a cognitive-behavioral model including psycho-pharmacological interventions when indicated. Treatment and treatment goals are determined through an individualized plan, and progress through treatment is determined by demonstrated integration of treatment concepts and through behavior change, not by total time spent in treatment.

#### *MEDICAL SERVICES*

SCC provides medical, dental, psychiatric, and other basic health care services through its own medical clinic and through contracted community based providers. The clinic is equipped with staff and equipment to provide routine medical and dental services and to act as the first responder to emergencies involving residents and staff. SCC medical providers have a working relationship with community hospitals and medical specialists on the mainland who provide specialized in-patient and outpatient medical services beyond the scope of the clinic. Residents of the Secure Community Transition Facilities and those in less restrictive alternative placements (SCTFs) receive their medical care through contracted community medical providers.

#### *COMMUNITY TRANSITION SERVICES*

The primary function of the SCC Community Services Program is to administer the Secure Community Transition Facilities (SCTFs), provide case management support and monitor residents in other less restrictive alternative community placements (LRAs). SCTFs are mandated by state law to provide community transitional housing for residents who receive a court-ordered conditional release from the Total Confinement Facility. Residents who qualify for community placement have progressed through treatment and have demonstrated to the superior court of commitment that they can be safely treated in a setting that is a less restrictive alternative to total confinement.

#### *SECURITY*

Public safety is the fundamental purpose of the Community Protection Act of 1990 and of the Special Commitment Center program. To meet this requirement, SCC provides program and facility safety and security. A qualified and well-trained staff is a powerful safety and security measure, and SCC intends to expand this aspect of its operation to a more robust level. As a condition of employment, SCC Residential Rehabilitation counselors and other employees who work directly with our residents must participate in training and meet specific standards for basic security and emergency response. All staff must pass strict background clearances including fingerprint checks.

The facility security systems employed within the total confinement facility and the two Secure Community Transition Facilities are state-of-the-art electronic monitoring systems that include the use of video monitoring, card-readers, body alarms, and other devices. Through an interagency agreement with DOC, MICC officers provide secure transportation and maintain custody of Total Confinement Facility residents when they are treated in off-island medical facilities or attend court-ordered hearings. Total Confinement Facility staff work closely with DOC staff to provide support for residents' trips to medical appointments or court-ordered hearings.

SCTF staff members provide one-to-one escorts of SCTF residents while the residents are on community outings, including employment. The two SCTF programs work closely with local law enforcement to provide safe and secure SCTF residents' trips to specific community locations.

*OTHER PROGRAM SERVICES*

Total Confinement Facility residents work in maintenance, landscaping and food services. Residents also have opportunities to participate in job skills training, religious services, community college education classes, access to legal resources, recreational services and hobby shop activities. Many of these activities are closely aligned with the clinical treatment program and are part of individual residents' treatment plans, as a balanced, healthy life is important to a safe and successful transition to community living.

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# Chapter 5 • Assessment of Internal Capacity and Financial Health

## A. WORKFORCE CAPACITY, CHALLENGES, AND OPPORTUNITIES

SCC staff work in a challenging environment. SCC residents are a special population, requiring staff to be observant and cautious in carrying out their duties of providing a safe, secure and treatment oriented environment. The remoteness of the work site results in a unique and arduous commute for most staff. In the 2007 DSHS Employee Survey, 43% of SCC respondents indicated that the workplace commuting requirements was their most important factor in considering the need to seek new employment elsewhere. The nature of the resident population and the commute requirements have led to a number of workforce challenges.

Workforce challenges include recruiting and retaining:

- Specialized psychologists experienced in sex offender treatment
- Nursing care staff at all levels of classification
- Qualified facility maintenance personnel
- Experienced residential care staff
- Specialized security personnel

SCC is undertaking a staffing model project to evaluate how SCC can more effectively and efficiently carry out its mission, provide more accurate budget forecasting information, plan for future growth, evaluate future staffing needs for improved treatment outcomes and more effectively integrate within DSHS.

## B. FINANCIAL HEALTH

The SCC program is operated entirely by state funds and does not receive any reimbursement or grants from the federal government. The current cost of care for a resident in the Total Confinement Facility is approximately \$170,000 per year. The cost of an SCTF placement is up to \$400,000 per year per resident (due to 24/7 staffing requirements). With the increasing number of admissions into the SCC, increased staff and other resources are required to provide care, treatment and security. There is an increasing number of aging residents with chronic illnesses and disabilities. Medical costs, especially for emergency care, are not easily controlled, yet they figure markedly in program expenditures. Costs for legal services, which are initiated by the courts, also contribute to SCC's cost of doing business.

## C. SERVICE DELIVERY CAPACITY

The limited access McNeil Island location of the total confinement facility significantly impacts SCC's ability to hire and retain staff, complicates service provision, and adds significantly to business costs. Service delivery is affected in: (1) attracting the most qualified professional staff that are willing to commute to the island and (2) adding to the costs and time associated with transportation, especially in emergencies.

### **Sex offender treatment assessment and evaluation**

The need to recruit and retain sex offender treatment staff, including psychologists, and experienced doctorate – level forensic evaluators, will increase as the population grows and as competition for qualified personnel increases. The SCC program recruits from the same pool of professionals as does DOC and the MHD within Washington State. Staff turnover is frequent and unlikely to diminish as we lose experienced and trained personnel to competing employers within the state and to the private sector. This challenge requires creativity, including possible employment incentives, assignment pay, promotional, and training opportunities from within SCC's own ranks.

### **Medical services**

The resident population is aging and the courts continue to detain and commit individuals with complex medical and psychiatric needs that strain service capacity. Costs for emergency, cardiovascular, and orthopedic care are high and are increasing as the resident's age. Suitable housing is limited, and clinic equipment and personnel resources are strained. SCC relies on external resources for acute and specialty medical treatment and care.

SCC was not designed as a nursing or medical facility, but the health care needs of the aging resident population now requires that space, equipment, and skilled nursing staff be provided to ensure adequate care. The aging resident population has created a demand for more intensive, complex, and specialized medical and nursing care services. This population has also required increased in-hospital stays which are complicated and costly.

Unique difficulties exist in treatment and care of residents with significant psychiatric needs, especially because Western State Hospital is not available to treat severe mental illnesses (prohibited by Chapter 71.09 RCW).

### **Residential services**

Staffing and training for residential services is an ongoing challenge, and retention of experienced staff remains a problem. Staff loss can be attributed in part to personal time lost and costs related to commuting and to the stresses of working with a forensic population. SCC maintains a continuous recruitment and training effort, in recognition that an experienced workforce increases the quality of services.

### **Security and protective services**

Although our security staff are trained in safety and security measures, they are not law enforcement officers and do not have the equipment or authority to quell a major internal disruption. In an effort to be fully prepared in the event of a major internal disruption, the SCC is embarking on a plan to negotiate inter-agency agreements with law enforcement and other agencies to assess SCC internal capacity, determine needed external resource levels to provide direct support as needed to respond to such events as riot, rebellion and hostage taking, and develop an enhanced internal capability to minimize harm and damage at the point of its initiation.

### **Social and religious programs**

SCC provides social and religious services as part of the treatment program. SCC has historically been challenged to find spiritual sponsors willing to travel to the island for residents of certain faith practices, especially for the Jewish faith.

### **Meeting annual forensic evaluation requirements**

RCW 71.09 requires that each civilly-committed resident be evaluated annually to determine if the individual continues to meet the definition of sexually violent predator and the statutory criteria for continued civil commitment. The local and national pool of trained, experienced forensic evaluators is extremely limited. The SCC's ability to recruit and retain qualified evaluators is critical to meeting expectations for completing timely evaluations. Recently, OFM granted SCC the authority to approve assignment pay for these evaluators which has been beneficial in terms of recruitment and retention.

### **Implementing an "Accommodated Transition" program for special needs residents**

Two SCC special needs residents made sufficient progress in their treatment and in 2007 were approved by the court to transition from SCC to the SCTF in Pierce County. To support a safe transition to a less restrictive alternative, the residents are provided the therapeutic milieu of group support and a specially structured community transition program that includes ongoing medical and psychological services provided by the Total Confinement Facility.

Candidates for the accommodated transition program are SCC special needs residents who are in sex offender specific treatment. Special needs residents are individuals with mental or developmental disabilities who require specialized treatment approaches. The implementation of the accommodated transition program involves cooperative efforts of stakeholders including representatives of the judicial system, SCTF advisory board members, treatment professionals, SCC staff and others.

#### **Housing an increasing SCC population with a variety of behavioral management and treatment needs**

Housing capacity in the Total Confinement Facility is expected to become critical before the end of the FY 2009. As of February 2008, there were 274 residents living in the Total Confinement Facility, which has a total bed capacity of 299.

Complicating the capacity issue is that there are few vacancies in the medium management housing units and the majority of SCC residents require medium management structure. The majority of vacancies exist in the low management residential unit that is housed in an older wood frame building that is not sufficient to meet the needs of a medium management population.

Given the complex treatment and security needs of residents, as well as the need to assure residents receive appropriate sex offender treatment, residents must be housed in single-occupancy rooms.

#### **D. FACILITIES INFRASTRUCTURE AND CAPACITY**

At the time of its establishment, SCC was envisioned to be a short-term, small program. SCC has evolved to face projections of over 400 residents but adequate expansion has not followed. It has become increasingly clear that the forecasts of a large, long standing resident population will be realized.

Presently, SCC's infrastructure and housing capacity are at a critical juncture. Additional residential living space within the Total Confinement Facility is needed beyond the current 37 bed expansion planned for FY2009. At the present growth rate, the planned expansion capacity of 337 will be reached by the start of FY2012 if not sooner.

To meet projected resident housing capacity needs for future admissions, additional bed space capacity must be designed and funded in the near-term to be available by the start of FY2012.

The SCC total confinement facility was built in phases to expedite construction and maximize available funding. Based on an analysis of admission trends during the planning phase, it was projected that the SCC would require an additional construction phase to accommodate the numbers of anticipated court referrals. Based on these projections, it was assumed that additional design and construction would begin in 2006 to address the need for more bed capacity and improved infrastructure. This assumption influenced many decisions during the initial construction phase. However, funding for the expansion effort has not been provided and it has resulted in several unmet needs.

#### **Maintaining geographically separate facilities**

Currently a small team of facilities and support services staff provides a wide range of services to SCC programs including information technology support, facility maintenance, food services, janitorial services, warehouse and supplies, resident and program mail services and transportation which involves shuttling staff by bus between the McNeil Island dock and the Total Confinement Facility and the SCTF on McNeil Island. Increased staffing is essential to

perform these critical functions as well as completion of facility preventive maintenance activities.

On McNeil Island, SCC and MICC operate under an interagency agreement that addresses shared infrastructure resources such as marine services, fuel, utilities, emergency fire and rescue services, medical transportation, and roads.

With the expansion of SCC's Secure Community Transition Facilities (SCFT) to Pierce and King County, the maintenance department has been stretched to the limit of their operating capacity and currently use extensive overtime in order to maintain the three facilities and separate administrative offices. Currently SCC is not staffed to provide 24/7 on-site maintenance staff at any of its locations.

Through and beyond 2013, a main focus is facility repair, which sometimes requires replacement of buildings and equipment in various locations. Although facility maintenance is current, preventive maintenance is lacking due to staffing and/or funds. Appropriate licensing inspections are scheduled and, as needed, contracts are implemented to assure that annual inspections of equipment and monitoring of safety practices are completed.

#### **Future Challenges.**

The SCC will continue to face significant facility challenges in the years ahead. There is a need to focus on the following priorities:

- Demonstrating the need for additional capacity and securing capital funding from the legislature is the highest capital priority for the SCC.
- Funding for a new security system such as the DVR security camera system will be proposed as part of the next biennium DSHS budget proposal.
- The SCC is contractually responsible for assisting DOC in the maintenance of the roads that serve SCC. Existing roads were not constructed to withstand the numbers of trips and the sizes of the buses and other vehicles required by SCC operations. The road damage problem has been exacerbated due to the need for an increased bus fleet to handle the growing number of staff and contractors working at SCC.
- The SCC currently lacks sufficient warehouse space at the primary materials delivery site located at Western State Hospital and at its primary warehouse located at the Total Confinement Facility on McNeil Island.
- The current dining and cooking facility was originally built by the federal government in the 1930's with upgrades and add-ons built in the 1960's and 1970's. This facility was meant to serve 100 inmates. The Washington State Department of Corrections periodically upgraded and modernized the facilities in the 1980's and 1990's in order to avoid a complete system failure of the food service facility.
- The SCC is in need of a modernized dining facility that can accommodate the increased resident census and would more easily meet current health and safety standards. The SCC must begin a sustained effort to quantify and document the need for a new dining facility that is ADA compliant, utilizes "Energy Efficient Power" and incorporates modern cooking methodologies.
- Additional skilled staff members with technical expertise and skills are needed to manage the electrical, plumbing, steam, H-VAC, security and other facility systems.

**Technology services sufficient to support service needs**

The SCC relies heavily on electronic equipment and systems. The major institutional access and security control systems are electronic. The SCC facilities as well as communications and treatment programs are monitored and managed in great part by computers.

In 2004, IT supported 85 Personal Computers (PC), by early 2006 – over 300 PCs, and in 2008 – over 525 in the total confinement facility, the two SCTFs, and the Steilacoom and Olympia offices. During this period there was an addition of only one IT staff. Increased IT staffing is and will be a priority for the foreseeable future.

To keep up with the program's growth, SCC has had to expand its electronic activities, particularly the development and use of databases. In order to address these needs, SCC is working with other DSHS agencies, including the Department of Information Services and Support Division (ISSD).

Challenges for the IT department include replacing computers according to life cycle requirements, maintaining servers, training staff for new and expanded technologies in database operations and security systems, and maintaining radio and telecommunications, including augmented radio strength, and replacement of devices and emergency communications with external state resources in time of emergency.



This document is also available electronically at: [www1.dshs.wa.gov/strategic](http://www1.dshs.wa.gov/strategic)

Persons with disabilities may request a hard copy by contacting DSHS at: 360.902.7800 or TTY: 800.422.7930.

Questions about the strategic planning process may be directed to DSHS Constituent Services at: 1.800.737.0617.

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