

**Rehabilitation Administration – Juvenile Rehabilitation  
020 - PL - BE - JR PREA AND OPERATIONS COMPLIANCE**

**Agency Submittal: 11-2017-19-YR Agency Req**

**Budget Period: 2017-19**

**SUMMARY**

Juvenile Rehabilitation (JR) has insufficient resources to implement the requirements of the Prison Rape Elimination Act (PREA) and to respond to audit findings. This results in potential client harm and a risk of penalties for standards noncompliance. This could include the issuance of adverse court orders, fines, and a loss of federal funding. This request supports the Governor’s Executive State Agency Risk Management Order to improve risk management functions in operations that present risk to facilities and administrations. The quantity and complexity of required standards exceeds the current capacity to ensure compliance. JR requests \$924,000 GF-State and 5.0 FTEs to be responsible for quality assurance (QA), risk management, and corrective actions.

**PROBLEM STATEMENT**

Per the Governor’s Executive Order 16-06, State Agency Enterprise Risk Management, “there is a high risk inherent in the delivery of important state services such as protecting vulnerable children and adults; managing prisons and reducing the rate at which people reoffend and return to prison...”and “agencies that provide these and other critical services need to manage risks in order to best serve the citizens of the state, while reducing the risk of harm and managing limited state resources...”. JR residential facilities respond to risk daily and the importance of this is evidenced by the number of yearly audits performed to ensure JR is responding appropriately.

JR residential facilities average 12 audits per year. These audits are performed by internal DSHS administrations and various external state, county, and federal entities. The scope of the audits includes operational reviews of:

- National Commission of Correctional Health Care Standards
- Suicide Prevention Protocols
- Labor and Industries Standards
- DSHS Client Funds Review
- Office of Superintendent of Public Instruction Meal Reimbursement Regulations
- DSHS Enterprise Risk Assessment and Self Evaluation
- Health Department Regulations;
- PREA Standards
- DSHS Operations Review/Consultation;
- DSHS Annual Loss Control Evaluation
- Behavioral Health Chemical Dependency Accreditation
- Juvenile Corrections Performance-based Standards (PbS)
- County Fire Department

Failure to respond to or successfully pass audits not only presents risk for client harm, but also financial penalties, decertification, negative political attention, and adverse court orders. One of the largest risks is loss of statewide PREA certification. JR’s inability to certify annually will impact the Department of Correction’s (DOC) ability to certify regardless of DOC’s compliance.



**DSHS VISION**

People are healthy • People are safe • People are supported • Taxpayer resources are guarded

**DSHS MISSION**

To transform lives

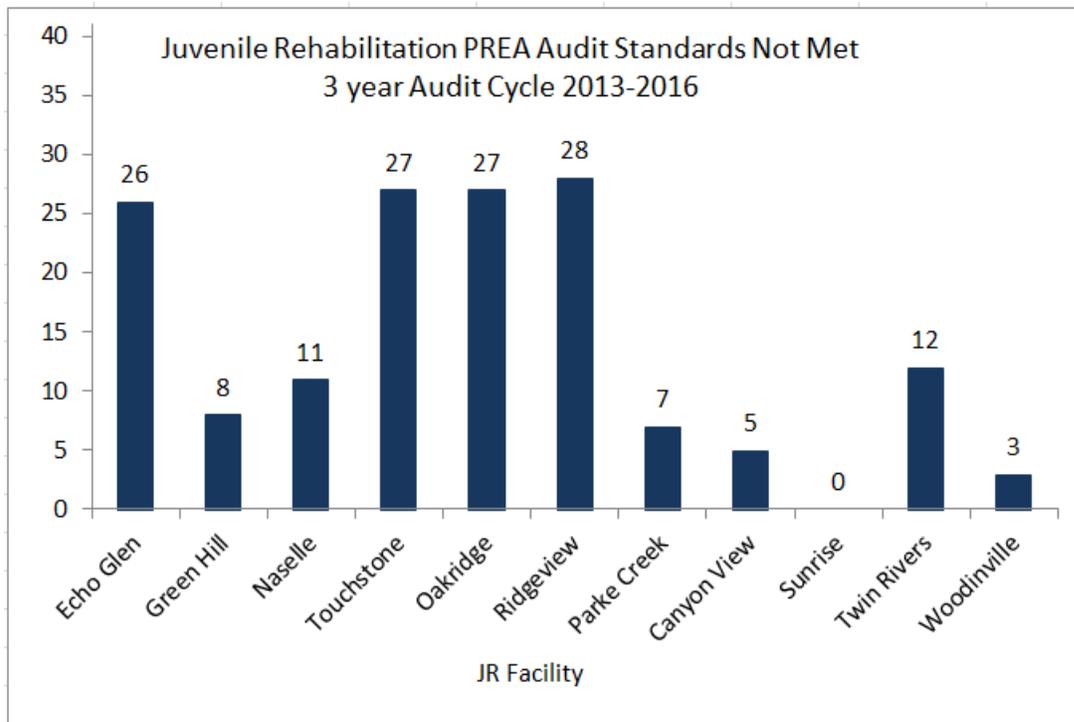
**DSHS VALUES**

Honesty and Integrity • Pursuit of Excellence • Open Communication • Diversity and Inclusion • Commitment to Service

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Additionally, JR’s participation in PbS requires twice yearly data collections and improvement planning around deficiencies in national conditions of confinement standards. These audits help ensure JR residential facilities operate safely for clients and staff and are fiscally responsible with both the taxpayers and clients’ money.

JR residential facilities do not have FTEs dedicated to the preparation for and response to the large volume of required audits. For example, the PREA audit process includes a six-week period for the pre-audit questionnaire and other preparation activities, a two-day onsite review, a 30-day interim report, and a 180-day Corrective Action Plan period. There are 41 standards and 170 sub-standards. With limited and undedicated resources to do continuous monitoring during non-audit times, Corrective Action Plans are often lengthy, time consuming and almost impossible to complete. In addition, without continuous monitoring, standards are not met, clients are put at risk, and Statewide PREA Certification may not occur.



The chart above displays the number of Corrective Action Plan items following JR residential facilities PREA audits during the last biennium. It takes approximately 180-days to correct these items due to the two month “desk audit” required by the auditor to ensure operationalization of the non-compliant standard. Due to the high volume of audits, JR residential facilities are in a constant state of response rather than prevention. Operating in this manner creates risk and has resulted in penalties, client harm, and staff work loss.

JR has added audit preparation, monitoring and response duties to various existing FTEs. This hinders the ability of these staff to adequately perform their regular job duties and limits the resources necessary to adequately address audit tasks. These positions are currently responsible for critical client services (medical, mental health, clinical supervision) and the delivery of these services has been impacted. JR has a duty to provide services in a manner that

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reduces the likelihood that youth will recidivate once released. When the ability to meet the basic service obligations is compromised, we cannot meet the most important objective which is to decrease recidivism and increase public safety.

### PROPOSED SOLUTION

By funding this proposal, JR will have one dedicated FTE per JR institution (three total) and one for all Westside and one for all Eastside community facilities (two total) to perform regular quality assurance, risk management, and audit corrective action tasks. Dedicated FTEs to lead this important work will directly support the Governor's Executive Order 16-06, prioritizing risk management by embedding it into all levels of the residential facilities, analyzing risk when making decisions, and consistently assessing compliance with operational standards. Funding this proposal will also allow those staff currently doing this work to instead focus on direct client services in an evidence-based manner that will impact youth recidivism once released.

### EXPECTED RESULTS

JR has attempted to spread this body of work across multiple positions. The growing number of audits and complexity of the standards has resulted in unfavorable outcomes with this approach. Corrective Actions are not completed in a timely manner, delaying audit closures. Sustaining standards compliance has been dismal due to irregular QA resulting in a lack of operationalization of standards and poor findings in future audits. Duties staff were originally assigned are not fulfilled, impacting client's directly.

The expected results from funding this proposal include:

- Reduced number of non-compliance findings during audits;
- Timely response to and completion of Corrective Action Plans;
- Year-round quality assurance on residential operational standards;
- Safer facilities for staff and youth, specifically reduced number of work loss days, staff and youth injury;
- Reduced number of fines associated with non-compliance; and,
- Better appropriation of duties by allowing current staff asked to do this work, to fully engage in the work their position was originally targeted for.

### STAKEHOLDER IMPACT

This proposal is expected to have support from internal DSHS administrations and external county, state and federal entities responsible for performing audits. There is no known opposition.

Agency Contact: Ken Brown, (360) 902-7583

Program Contact: Georgina Carleton, (360) 902-8107

OTHER CONNECTIONS

Performance Outcomes/Important Connections

**1. Does this DP provide essential support to one or more of the Governor's Results Washington priorities?**

Goal 5: Efficient, Effective & Accountable Government - Customer Satisfaction and Confidence - 1.1 Increase customer services.

**2. The decision package meets the following DSHS' strategic objectives:**

7.1: Maintain a productive, effective organization and maximize the ability to deliver services within available resources.

1.1: Youth in JR will have increased access to a coordinated delivery of medical, behavioral health and long-term services and support to improve their health status.

**3. Identify other important connections or impacts below.** (Indicate 'Yes' or 'No'. If 'Yes' identify the connections or impacts related to the proposal.)

- a) Regional/County impacts? No.
- b) Other local government impacts? No.
- c) Tribal government impacts? No.
- d) Other state agency impacts? No.
- e) Responds to specific task force, report, mandate or executive order? Yes – Executive Order 16-06 State Agency Enterprise Risk Management.
- f) Does request contain a compensation change or require changes to a Collective Bargaining Agreement? No.
- g) Facility/workplace needs or impacts? No.
- h) Capital budget impacts? No.
- i) Is change required to existing statutes, rules or contracts? No.
- j) Is the request related to litigation? No.
- k) Is the request related to Puget Sound recovery? No.
- l) Other important connections? If JR does not pass their Corrective Action Plan following an audit, it impacts the overall Washington State certification, regardless of the Department of Correction's (DOC) compliance. Failure to certify the state results in loss of federal funding and potential eligibility for juvenile justice related grants. JR has

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recently had scrutiny from the Department of Justice regarding audit corrective action and compliance in other areas not yet audited this year. States have been informed that PREA audits will be more difficult now that PREA has been implemented for over three years.

**4. Please provide a detailed discussion of connections/impacts identified above**

PREA compliance is connected to DOC's PREA compliance. Washington State cannot certify as PREA compliant with only one compliant agency; therefore, failure of one can impact the federal funding for both agencies. JR continues to prioritize this work within existing resources; however, most recently, that does not seem to be enough. PREA coupled with the several other audits throughout the year have resulted in JR taking a risk response approach as opposed to a risk prevention approach, which is in conflict with the Governor's Executive Order 16-06.

**Alternatives/Consequences/Other**

**5. What alternatives were explored by the agency, and why was this alternative chosen?**

JR has targeted this work within its current appropriation level by designating various staff at the local residential facility level to monitor standards compliance, coordinate audits and respond to corrective action areas. This has been in addition to their current full-time duties in other areas. For example, an institution Mental Health Coordinator will also serve as the PbS Coordinator, responsible for twice yearly data collection, improvement planning and monitoring. As a result, the Mental Health duties have not received the attention needed, especially with the increasing complexity of the JR population. Another example is an Associate Superintendent serving as the PREA Compliance Manager in order to comply with PREA Standard 115.311c, which requires facilities to designate a staff person for this important work. Compliance monitoring has been difficult and has resulted in numerous standards identified non-compliant during audits. Additionally, the other operational duties to include supervision and oversight of facility operations and management staff have been deficient due to the focus on PREA. This body of work has not been funded, but continues to be critical to the safe and secure operations of the JR residential facilities; therefore, it is not an option to forgo the support for audits and their subsequent corrective action.

**6. How has or can the agency address the issue or need within its current appropriation level?**

JR will continue to operate as it was described above, which has not produced good outcomes.

**7. Does this decision package include funding for any IT-related costs (hardware, software, services, cloud-based services, contracts or IT staff)?**

- No**  
 **Yes (Include an IT Addendum)**

**Fiscal Detail****020 - PL - BE - JR PREA and Operations Compliance**

<b>Operating Expenditures</b>	<b><u>FY 2018</u></b>	<b><u>FY 2019</u></b>	<b><u>FY 2020</u></b>	<b><u>FY 2021</u></b>
001-1 General Fund-State	462,000	462,000	462,000	462,000
<b>Total Cost</b>	<b>462,000</b>	<b>462,000</b>	<b>462,000</b>	<b>462,000</b>

<b>Staffing</b>	<b><u>FY 2018</u></b>	<b><u>FY 2019</u></b>	<b><u>FY 2020</u></b>	<b><u>FY 2021</u></b>
FTEs	5.0	5.0	5.0	5.0

**Performance Measure Detail**

		<b>Incremental Changes</b>			
<b>Activity:</b>		<b><u>FY 2018</u></b>	<b><u>FY 2019</u></b>	<b><u>FY 2020</u></b>	<b><u>FY 2021</u></b>
<b>Program: 020</b>					
B045	Institutional Services for State Committed Juvenile Offender	0	0	0	0
B016	Community Facility Transitional Services for State Committe	0	0	0	0
No measures submitted for package					

**Object Detail**

		<b><u>FY 2018</u></b>	<b><u>FY 2019</u></b>	<b><u>FY 2020</u></b>	<b><u>FY 2021</u></b>
A	Salaries and Wages	300,000	300,000	300,000	300,000
B	Employee Benefits	115,000	115,000	115,000	115,000
E	Goods and Other Services	30,000	30,000	30,000	30,000
P	Debt Service	2,000	2,000	2,000	2,000
TZ	Intra-agency Reimbursements	15,000	15,000	15,000	15,000
<b>Total Objects</b>		<b>462,000</b>	<b>462,000</b>	<b>462,000</b>	<b>462,000</b>

**DSHS Source Detail****Overall Funding**

<b>Operating Expenditures</b>	<b><u>FY 2018</u></b>	<b><u>FY 2019</u></b>	<b><u>FY 2020</u></b>	<b><u>FY 2021</u></b>
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**Fund 001-1, General Fund-State****Sources Title**

0011	General Fund State	462,000	462,000	462,000	462,000
<b>Total for Fund 001-1</b>		<b>462,000</b>	<b>462,000</b>	<b>462,000</b>	<b>462,000</b>
<b>Total Overall Funding</b>		<b>462,000</b>	<b>462,000</b>	<b>462,000</b>	<b>462,000</b>

**2017-19 Biennial Budget**  
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PREA Compliance Managers

Fiscal Year	FTE	Object A	Object B	Object C	Object E	Object ED	Object G	Object J	Object N	Object P	Object T	Object TZ	Total
<b>Total Fiscal Year 1</b>	5.0	300,000	115,000		30,000	0	0	0		2,000	0	15,000	462,000
<b>Total Fiscal Year 2</b>	5.0	300,000	115,000		30,000	0	0	0		2,000	0	15,000	462,000
<b>Biennial Total</b>	<b>5.0</b>	<b>600,000</b>	<b>230,000</b>	<b>0</b>	<b>60,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,000</b>	<b>0</b>	<b>30,000</b>	<b>924,000</b>

JR will have one dedicated FTE per institutions (three total) and one for all Westside and one for Eastside Community Facilities (two total).

<b>Source of Funds</b>					
Fund	EA Type	Source	% of Total	Fiscal Year 1	Fiscal Year 2
001	1	State	100.00%	462,000	462,000
001	2	Federal	0.00%	0	0
001	7	Local	0.00%	0	0
<b>Total each Fiscal Year</b>				<b>462,000</b>	<b>462,000</b>
<b>Biennial Total</b>				<b>924,000</b>	
Link to OFM Fund Reference Manual: <a href="http://www.ofm.wa.gov/fund/default.asp">http://www.ofm.wa.gov/fund/default.asp</a>					
<b>Federal Detail</b>					
Fund	Federal Type	Source	% of Total	Fiscal Year 1	Fiscal Year 2
001	0	SSBG	0.00%	0	0
001	A	Fam	0.00%	0	0
001	C	Med	0.00%	0	0
001	D	TANF	0.00%	0	0
001	2	Other	0.00%	0	0

*Federal Detail percentages are defaulting to the 2017-19 Compensation Impact Model (CIM) Percentages.*