

Rehabilitation Administration – Special Commitment Center
135 - M2 - MA - HEALTH, SAFETY AND SECURITY

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

Budget Period: 2017-19

SUMMARY

Due to an aging population and an increased demand for treatment, providing residents' basic health and treatment needs will be extremely difficult absent additional staff to provide these services. This will increase the risk for adverse findings from the Inspection of Care and a risk of adverse litigation findings. On-campus medical needs and off-campus trips to medical providers have increased significantly, largely due to an aging population. Of the 238 current residents, 135 (57 percent) are over the age of 50 and 63 residents are age 60+. This SCC request focuses on health clinic nursing staff, security staff for medical transport, and hospital watch security. A consistent schedule of sex offender treatment groups assists in fulfilling SCC's duty to provide sex offender treatment that is necessary to prepare residents to safely transition into community-based settings. With the increased demand for treatment, providing a consistent schedule of sex offender treatment groups is becoming increasingly difficult. SCC requests 17.8 FTEs and \$3,008,000 GF-State.

PROBLEM STATEMENT

The SCC's current resident population is aging, resulting in increased medical demands for both on campus services and for off campus specialty and hospital services. To meet the current demand, SCC should be conducting at least four medical transports daily; however, staffing levels support only two transports daily. In addition to medical needs, residents must be transported to court for legal proceedings, as well as for other statutorily authorized leave. This increasing demand is outpacing the current SCC medical and security staffing capacity, resulting in longer wait times for transport team availability to transport residents to medical appointments off island and increased wait times for nursing staff to provide health education, treatment, and health care monitoring on island. Availability of nursing staff who provide daily direct care to residents is currently limited to the clinic, despite the need for care on the living unit. Many residents refuse to make medical appointments or have mobility issues, which reduces their ability to seek medical treatment in the clinic. This causes acute medical issues to go untreated and, in many cases, evolve into something that is beyond the clinic's capacity to treat. This increases the costs to the SCC for off-island treatment and the need to provide staff for transport and, in many cases, hospital supervision. The SCC is experiencing increased overnight and long-term hospital stays due to medical conditions associated with an increasing acute/geriatric population. This places a high demand on security staffing coverage off-island and in turn reduces security staffing coverage on island. This directly affects habilitative and rehabilitative services on island. For example, from March 2016 – May 2016, security staff normally assigned to support habilitative and rehabilitative services on island, were reassigned for a total of 24 days (72 eight-hour shifts) to perform hospital watch for residents admitted to hospitals in the community.

From 2013-2015, the SCC experienced an increase in treatment participation by SCC residents. In 2016, the participation rates began to decline, in part due to services not being available due to limited security staffing. Security staff are used to support group therapy when there is only a single therapist facilitating, provide security oversight when large groups of residents are participating in organized habilitative events (arts and crafts, organized sports, Bingo, etc.), support religious activities, as well as support all the special events that occur regularly in the SCC. In



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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In addition to habilitative and rehabilitative activities, residents are afforded daily access to the yard and recreation center, which is monitored by security staff. During a 30-day period from April 2016 – May 2016, the residents were afforded 65.5 fewer hours (22 percent) in the yard and recreation center than were scheduled due to limited security staffing. This reduced access is becoming the norm for residents and is counter therapeutic to their motivation for treatment.

Currently, Residential Supervisors who are responsible for overseeing all staff in a specific housing unit, are working 55-60 percent of their scheduled workweek performing on-site supervisory duties outside their assigned units in order to support facility shift management. This pulls them out of the units, making them unavailable to supervise staff and residents. This impacts their ability to be present and lead by example in the units in support of staff and residents. Residential Supervisors are required to provide information to treatment teams regarding resident appropriateness and rule compliance, but are unable to provide consistent feedback due to performing on-site supervisory duties outside their units. Additionally, they are unable to participate in Treatment Team meetings as prescribed in their Personnel Description Form and are unable to participate consistently in Area Community Meetings. This leaves a void of critical information that the treatment teams need in order to manage the individual treatment plans for each resident.

PROPOSED SOLUTION

SCC requests funding for nursing staff to minimally cover all shifts in a 24/7 rehabilitative institution. This coverage will improve resident health education, increase positive resident interactions and evaluation on the residential living units, do medication reconciliation, and provide adequate surveillance on the “May Carry” medications program for all residents. This funding will improve the overall health of an aging resident population, which will lead to decreased costs associated with off-island medical appointments not covered by Medicaid.

SCC requests funding to meet increased security staffing demands for off-island medical transport teams, hospital watch security coverage, and to support habilitative and rehabilitative activities on campus. In order to provide required rehabilitative and habilitative services consistently, it is crucial that SCC have enough security staffing. Consistently redirecting security staff assigned to habilitative activities and to support treatment is having a counter therapeutic impact on the resident population. The requested funding will provide SCC with the ability to be responsive to off-island medical demands and ensure that all therapeutic services are available while supporting the safety of residents and the public.

SCC requests funding for one Residential Rehabilitation Counselor 4 in Security. This Security Supervisor primarily performs on-site and security 1 supervisory duties (supervisor that oversees the entire security team during a shift). Hiring one additional Security Supervisor will reduce the amount of time that the Residential Supervisors are out of the units performing on-site and security 1 supervisory duties. This will allow them to refocus their time supervising residential staff and residents in the unit, to participate with their assigned treatment teams, to monitor assigned caseloads, and to advise the clinical team of changes in resident behavior.

EXPECTED RESULTS

Residents will have increased access to medical care and consistent access to habilitative and rehabilitative services provided by the SCC, specifically:

- Access to nursing care on a consistent basis will increase health education, resulting in a decrease in unhealthy behaviors such as smoking, poor diets, and lack of exercise.

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- Addressing acute care issues faster will reduce the frequency of off-island care that will result in overall reduced medical costs.
- Availability of transport teams ensures that residents who do have to go off-island for medical care can be treated faster, reducing the likelihood that medical conditions worsen and become more costly to treat.
- Funding to meet hospital watch requirements for security staff will allow the SCC to properly resource habilitative and rehabilitative treatment activities.
- Increasing the security staff allows the SCC to meet its treatment obligations by ensuring habilitative and rehabilitative treatment activities are not canceled due to a lack of security staffing. This consistency improves the likelihood that residents will not become discouraged with treatment and regress.

The SCC is required by RCW 71.09 to offer consistent treatment and education to the residents, but given the increased demand for those services, SCC runs the risk of not being able to effectively deliver those services. Funding this request prioritizes the Governor's Executive Order for Successful Reentry by providing consistent rehabilitative services to the residents, addresses the Results Washington Goal for Healthy and Safe Communities, and meets DSHS/Rehabilitation Administration's Strategic Goal of increased public safety through provisions of coordinated rehabilitative services. It improves the likelihood that residents will be healthier, will not regress in treatment due to cancellation of activities, will continue to acquire skills necessary to successfully reintegrate back in the community, and ultimately reduce the likelihood of recidivism.

STAKEHOLDER IMPACT

This proposal is expected to have support from advocacy groups including Disabilities Rights Washington and a number of medical service providers and facilities.

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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 4: Healthy & Safe Communities – Safe People 2.3 The additional security staffing enables more treatment and rehabilitative opportunities for residents to participate in. This greatly improves the likelihood of a successful transition into the community and reduces the likelihood of recidivism.

Executive Order 16-05- Greater access to rehabilitative and vocational opportunities greatly increases the likelihood that residents will acquire job skills that qualify them for job placement upon release.

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

Strategic Objective 6.1: Increased public safety through provisions of coordinated rehabilitative services to residents at SCC is supported by providing the necessary security staffing levels to meet the increased demand.

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? Yes
- b) Other local government impacts? Yes
- c) Tribal government impacts? Yes
- d) Other state agency impacts? Yes
- e) Responds to specific task force, report, mandate or executive order? Yes
- 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?

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

SCC residents are seen at more than 41 different off-island medical providers in Tacoma, King and Kitsap County. Additionally, SCC residents that successfully progress through treatment will be released back to their County of Commitment. This impacts all counties, tribal governments, state agencies responsible for providing support such as DSHS, Department of Licensing (DOL), Department of Corrections (DOC), and Department of Veterans Affairs (DVA).

Alternatives/Consequences/Other

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

The alternatives explored have included canceling or postponing medical appointments, doing single facilitation with Sexually Violent Predators, which places clinicians at risk, and utilizing cameras to monitor habilitative activities in lieu of staff. All of these alternatives place the agency at risk.

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

The agency can address this issue by utilizing internal staff but this will increase overtime costs. This would greatly stress the workforce, and would be counter to the Governor's family friendly initiative and likely result in reduced retention rates and higher employee turnover.

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**135 - M2 - MA - Health, Safety and Security**

Operating Expenditures	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
001-1 General Fund-State	1,504,000	1,504,000	1,504,000	1,504,000
Total Cost	1,504,000	1,504,000	1,504,000	1,504,000

Staffing	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
FTEs	17.8	17.8	17.8	17.8

Performance Measure Detail

Activity:	Incremental Changes			
	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
Program: 135				
M010 SCC Total Confinement Facility	0	0	0	0
No measures submitted for package				

Object Detail

	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
A Salaries and Wages	903,000	903,000	903,000	903,000
B Employee Benefits	436,000	436,000	436,000	436,000
E Goods and Other Services	107,000	107,000	107,000	107,000
P Debt Service	5,000	5,000	5,000	5,000
TZ Intra-agency Reimbursements	53,000	53,000	53,000	53,000
Total Objects	1,504,000	1,504,000	1,504,000	1,504,000

DSHS Source Detail**Overall Funding**

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

0011 General Fund State	1,504,000	1,504,000	1,504,000	1,504,000
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Total for Fund 001-1 1,504,000 1,504,000 1,504,000 1,504,000

Total Overall Funding 1,504,000 1,504,000 1,504,000 1,504,000

2017-19 Biennial Budget
M2-MA-Health, Safety, and Security

Health, Safety and Security	FTE	Dollars	FTE	Dollars	FTE	Dollars
	FY 2018		FY 2019		Biennium Request	
Security Guard 2 (Hospital Watch)	2.8	\$219,000	2.8	\$219,000	2.8	\$438,000
Security Guard 2	10.0	\$774,000	10.0	\$774,000	10.0	\$1,548,000
Residential Rehabilitation Counselor 4	1.0	\$82,000	1.0	\$82,000	1.0	\$164,000
Registered Nurse 3	2.0	\$271,000	2.0	\$271,000	2.0	\$542,000
Licensed Practical Nurse	1.0	\$87,000	1.0	\$87,000	1.0	\$542,000
Nursing Assistant	1.0	\$71,000	1.0	\$71,000	1.0	\$174,000
Estimated TOTAL	17.8	\$1,504,000	17.8	\$1,504,000	17.8	\$3,008,000

Security Guard 2: Hospital Watch: 2.8 FTE

As the population of SCC ages, the need for hospital watches increases. From March 1, 2016 to May 31, 2016, the security team staffed an average of 24 days of hospital watches per month. Having to staff hospital watches from general security impacted SCC security services, reducing the amount of time that security was able to open the yard and recreation areas, fill security assignments in the cafeteria, and conduct medical transports. Hospital watches caused a large portion of the monthly overtime.

Security Guard 2 10.0 FTE

Staffing level impact: The minimum staffing level for general security is 12 security staff available at all times. The minimum staffing level was generated by assessing the number of assigned posts, the optimal transports needed for medical, legal, and emergency situations, as well as the number of guards needed to staff a Quick Response/Emergency Response Team.

Medical transport impact & Hospital Watch Request: 4 FTE: In order to maintain proper medical services and care, SCC needs to conduct at least 4 medical transports daily. At this time, security is only staffed to accommodate 2 medical transports per day. With an ever-aging resident population, the need for medical transports will only increase. In the last 30 days, security has had to cancel/reschedule 8 medical appointments due to staffing/transportation shortages. Limiting the quality and frequency of medical transports/care opens SCC to increased legal liability. Reducing the number of transport officers will exacerbate the current transportation issues that the Security team is experiencing on a regular basis.

General Security Positions - 6 FTE: Yard/recreation impact: From April 1, 2016 through May 31, 2016, the residents received 65.5 hours less than scheduled yard and recreation time due to security staffing shortages. Yard time is the most frequent complaint by residents at the SCC and is an integral part of their treatment, rehabilitation, and standard of living at the SCC.

Cafeteria impact: Shortage of security staffing has led to an increase of pilfering of food from the cafeteria, as well as an increase in resident on resident intimidation incidents. The minimum staffing level for the cafeteria is 3 security staff; due to shortages, 2 security members have become the norm; 5 staff members would be optimal. From April 1, 2016 through May 31, 2016, there were 2 assaults that occurred in the cafeteria during times when security staffing was low. Additionally, incidents of Pruno (homemade alcohol) has risen due to the increased of pilfering of fruit, sugar, and bread from the cafeteria.

RRC4 Security Supervisor: 1.0 FTE

Currently RRC4 (Residential) Supervisors are working 55-60% of their scheduled work week performing supervisory duties as the On-Site Supervisor or the Residential 1 Supervisor. According to their Position Description Form (PDF), they were hired to perform these duties only 35% of the time. According to their PDF, RRC4 (Residential) Supervisors are required to provide information to treatment teams regarding resident appropriateness and rule compliance but are unable to provide consistent feedback due to performing On-Site Supervisory duties. Additionally, they are unable to participate in Treatment Team and Area Community Meetings leaving a void of critical information that the treatment teams.

Registered Nurse 3 2.0 FTE

If funded, the clinic will be able to improve patient education, interaction and evaluation on the residential units, perform medication reconciliation and adequate surveillance on the "May Carry" medications program for patients. It's hoped that increased patient education in conjunction with improvements in resident education, treatment, and vocational training will decrease their unhealthy behaviors (smoking, obesity, lack of exercise) and result in better care and decreased cost for the SCC.

Licensed Practical Nurse & Nursing Asst 2.0 FTE

The additional LPN and CNAs will allow double coverage in the clinic hours. Currently, medical providers are available seven days a week for general medical care, three days a week for psychiatric care, and several days a week for dentistry. Physical therapy is available twice a week and podiatry and optometry are available once a month. Most of those providers require the CNAs to check the patients in and serve as MA (medical assistants). This is difficult to do while still being required to perform rounds every two hours on 10 patients in the medical unit, several of whom will require assistance with activities of daily living (ADL).