

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

**Agency Submittal: 2015-17 Final 2017 Sup**

**Budget Period: 2015-17**

**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+. The Special Commitment Center (SCC) requests 6.8 FTEs and \$529,000 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. 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.

**PROPOSED SOLUTION**

SCC requests funding to meet increased security staffing demands for off-island medical transport teams and hospital watch security coverage. 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.



**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

#### EXPECTED RESULTS

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

- 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.

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 the 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 cancelation 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 will have support from advocacy groups including Disabilities Rights Washington and a number of medical service providers and facilities.

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**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? None



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

**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 affects 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**

**4. 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 rehabilitative activities in lieu of staff. All of these alternatives place the agency at risk.

**5. 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.

**6. 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)



# DSHS Staffing and Fiscal Note Model

(last update June 2016)

[Link other working spreadsheets to this page for additional information / costs.](#)

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>	0.0	0	0		0	0	0	0		0	0	0	0
<b>Total Fiscal Year 2</b>	6.8	311,000	155,000		41,000	0	0	0		2,000	0	20,000	529,000
<b>Biennial Total</b>	<b>3.4</b>	<b>311,000</b>	<b>155,000</b>	<b>0</b>	<b>41,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,000</b>	<b>0</b>	<b>20,000</b>	<b>529,000</b>

Source of Funds					
Fund	EA Type	Source	% of Total	Fiscal Year 1	Fiscal Year 2
001	1	State	100.00%	0	529,000
001	2	Federal	0.00%	0	0
001	7	Local	0.00%	0	0
<b>Total each Fiscal Year</b>				<b>0</b>	<b>529,000</b>
<b>Biennial Total</b>					<b>529,000</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>					
Federal Detail					
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.*