

Clarify the Problem

SCC has a strategic plan goal of increasing the percentage of residents voluntarily participating in the formal sex offense treatment program. The current rate is at 44.7%. An query of non-participating residents showed that the observed lack of movement through treatment (of residents who do participate) decreases their motivation to initiate engagement in treatment. The SCC Phase system is based on Prochaska & DeClemente's Transtheoretical Model of Change or Stage of Change. According to this model, individuals modifying behavior move through a series of five stages of motivation and commitment to change which are characterized by certain behaviors (precontemplation, contemplation, preparation, action, maintenance).

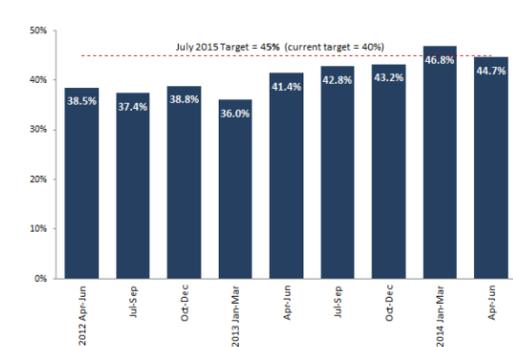
The SCC's four inpatient treatment phases (Phase 1,2,3,4) correspond with the first four stages of change.

Currently there are 27 residents in Phase 3 of treatment (preparation). The average length of stay in Phase 3 is 4.5 years and residents remain in Phase 3 longer than any other inpatient phase. Those residents who progress to Phase 4 are more likely to be recommended for release to a Less Restrictive Alternative and to be eligible for placement in a Secured Community Transition Facility. Decreasing the length of time it takes residents to complete Phase 3 and advance to Phase 4 will generate more interest in voluntary treatment participation.

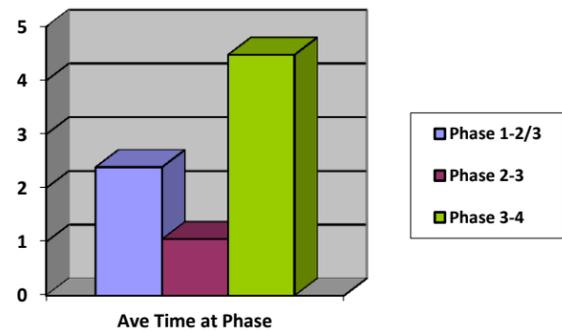
Breakdown the Problem

STRATEGIC PLAN CHART

Percent of residents voluntarily enrolled in treatment



LENGTH OF TIME SPENT ON PHASES OF TREATMENT



The Sex Offense Treatment Program at the Special Commitment Center consists of four inpatient phases. The length of time at each treatment phase is as follows

- Phase 1 to 2: 2.25 years
- Phase 2 to 3: 1.08 years
- Phase 3 to 4: 4.5 years.

Target Setting

Decrease the average time of residents (clients) in Phase 3 treatment from 4.5 years to 3 years .

Identify Root Cause

Root Cause #1: Motivational Issues (Lack of Motivation, Life Skills and Transition): Residents have little knowledge about community transition and few community resources; they have a hard time seeing the progress they are making and report little positive reinforcement for participation; some report a fear of the unknown and fear of the additional responsibility associated with Phase 4 treatment and preparing for community integration.

Root Cause #2: Bridging the Gaps in Treatment Communication/Program Structure: Misinformation about the treatment program and miscommunication between the clinical department staff, residents, and residential rehabilitation counselors presents a barrier for residents progressing to Phase 4. The current guidelines for phase progression do not accurately reflect the evolution of the program, lack clarity and fail to take into account residents' prior treatment experience.

Root Cause #3: Cognitive Barriers: At times, residents get stuck in Phase 3 as a result of inadequately addressing the cognitive distortions and barriers in thinking around their offending, and current behavior. Concurrently, the lack of positive reinforcement for resident prosocial behavior, responsible thinking and appropriate use of positive life strategies, hinders treatment progress.

Identify Countermeasures

Root Cause	Proposed Countermeasure	Feasibility	Cost	Risk	Impact
Lack of Motivation	Community Transition Group	High	Low	Low	High
	Former Client (Resident) Interviews	High	Medium	Low	Medium
	Resident Questionnaire	High	Low	Low	Medium
Bridging the Gap in Communication	Training for Residential Staff	Med/High	Low	Low	Med/High
	Mentorship and Shadowing	High	Low	Low	High
	Revised Phase Guidelines	High	Low	Low	Med/High
	Review of Phases of Residents Returning to Treatment	High	Low	Low	High
	Restructure How Treatment Assignments are Presented	High	Low	Low	High
Cognitive Barriers	Reverse of Behavioral Management Reports (atta boys)	High	Low	Low	High

Action Plan

ID#	Problem to be solved	Action Item	Lead	Due Date	Status
1.	Lack of Motivation	Community Transition Group	Carlson	1.1.15	In progress
3.	Lack of Motivation	Former Client (Resident) Interviews	Yanisch/Coryell	3.1.15	In progress
4.	Lack of Motivation	Resident Questionnaire	Carlson	90 days	Completed
5.	Gap in Treatment Communication	Mentorship and Shadowing	Gomes	3.1.15	In progress
6.	Gap in Treatment Communication	Revised Phase Guidelines	Carlson	90 days	Implementing
7.	Gap in Treatment Communication	Review of Phases of Residents Returning to Treatment	Marquez	90 days	Implementing
8.	Gap in Treatment Communication	Restructure How Treatment Assignments are Presented	Arsanto	3.1.15	Piloted, implementing
9.	Cognitive Barriers	Reverse of Behavioral Management Reports (BMRs)	Hawkins	3.1.15	In progress

Evaluate Results Standardize , then Repeat

