

INSPECTION OF CARE

Program Standards *Evaluation Tool*

Interim Report

The Special Commitment Center
Department of Social and Health Services
State of Washington

September/October 2008

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STANDARD I: Staff Competence, Training, Supervision

I-A Qualified professionals provide consistent administrative and clinical direction and supervision.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

IOC Team

Comments

1. The addition of an Assistant Clinical Director with clinical experience in providing sex offender treatment and the fact that she routinely provides direct supervision of the Psychological Associates addresses the major concern of our original finding in March.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews.

Recommendations

1. SCC should continue with its efforts to recruit psychologists, and the IOC Team remains very supportive of the concept of assignment pay for this classification.

SCC Response

IOC Team Final Comments

STANDARD I: Staff Competence, Training, Supervision

I-B Residential program staff are qualified, adequately supervised and trained to provide residential care and treatment components.

CONCLUSIONS:

- Meets expectations.
- Meets minimum expectations - requires improvement in some areas.
- Does not meet expectations – requires significant improvement.
- Not Reviewed.

Reviewer(s)

IOC Team

Comments

1. As noted in the March inspection report, the rating of this standard remains a very close call. Ultimately, the IOC Team decided to leave this rating as “meets minimum expectations,” but the Team also notes that there clearly have been some improvements in this area.
2. During visits to living units, IOC Team members asked RRC staff about certain components of their jobs, and the staff responded very professionally and completely. A number of front-line staff (spread throughout different program areas) indicated that their supervisors did not provide any meaningful direction to them in terms of completing their daily tasks, how to handle different types of situations, etc.

3. There remains a considerable level of delinquency in terms of annual written performance assessments for staff.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, personnel records, training curriculum.

Recommendations

1. SCC should continue its improvement efforts in the area of employee evaluations being completed on time.

SCC Response

IOC Team Final Comments

1-C Staff are adequately trained to competently provide treatment, residential care and security.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

IOC Team

Comments

1. The IOC Team notes that the new training program for new staff includes a greater allocation of time for sex offender related training. However, it should be noted that the majority of staff interviewed by IOC Team members expressed the belief that they need additional training on these sorts of issues (perhaps reflecting the fact that our discussions tended to be with more senior RRC staff).
2. Clearly, there have been improvements in the training program.
3. Similar to the previous standard, the IOC Team concluded that the rating should remain the same as was stated in the March 2008 inspection. However, this is a close call and the institution's efforts in this area are moving the organization in the correct direction.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, curriculum review.

Recommendations

1. **Consistent with the recommendations in the March 2008 report, SCC should assess the feasibility of providing additional sex offender training to RRC staff as part of its annual training program. Various approaches to providing this training could be assessed, including a specialized module through the training academy, presentations by clinical staff at small unit-based team meetings, etc.**

SCC Response

IOC Team Final Comments

STANDARD II: Treatment Program

II-A The treatment program offers the components that are typically provided in inpatient programs for sexually violent offenders.

CONCLUSIONS:

- Meets expectations.
- Meets minimum expectations - requires improvement in some areas.
- Does not meet expectations – requires significant improvement.
- Not Reviewed.

Reviewer(s)

IOC Team

Comments

1. SCC's treatment program has made major progress in addressing the problem of group cancellations. The data on this topic indicates that group cancellations are no longer a problem. The program developed and implemented a creative and systematic solution to this problem.
2. As discussed in the following standard, there continue to be some significant issues with treatment plans. (Treatment plans are a component of this standard also, which is why this item is noted here.)
3. SCC leadership indicates that the institution plans to develop/enhance a full treatment environment within the institution. This plan is seen as taking the treatment program to the next level by establishing a coordinated and cohesive treatment focus across all aspects of SCC's

operations. The IOC Team enthusiastically endorses this concept. This will require greater coordination/cooperation between the various components of institutional operations (e.g., SOT, residential units, activities, security, etc.), but it represents the logical model of how long-term, sex offender treatment should be provided in an institutional setting.

4. The limited ability of SCC to recruit psychologist positions is a significantly limiting factor in its ability to fully implement its new delivery structure for SOT. As noted in an earlier recommendation, the IOC Team endorses whatever strategies are necessary to address this problem area.

Evidence/Observations upon which conclusions & recommendations were based

Treatment plan reviews, QA reports, staff interviews.

Recommendations

1. **SCC should develop its conceptual model of how it will continue to foster the development of a “full treatment environment” within the institution. The IOC Team endorses the plan to develop revised treatment standards for future inspections that reflect this comprehensive strategy.**

SCC Response

IOC Team Final Comments

II-B The treatment program has identifiable phases sequentially progressing from orientation to transition to community living.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

STANDARD II: Treatment Program

II-C Treatment plans are individualized and comprehensive.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

IOC Team

Comments

1. In the small sample of treatment plans reviewed by the IOC Team, there was a notable improvement in the quality of the plans from previous inspections.
2. SCC reports document that there is a considerable level of delinquency in the completion of treatment plans—only about one-third of SCC residents have a current treatment plan in place. A major portion of this delinquency—but not all—is found among that portion of the population who are refusing to participate in SOT.

Evidence/Observations upon which conclusions & recommendations were based

Treatment plans, QA reports.

Recommendations

1. **SCC should consider making the completion/review of treatment plans a major priority. A well-designed process should be able to resolve this issue, similar to the issue of group cancellations.**

SCC Response

IOC Team Final Comments

II-D Systematic measures of progress are used; feedback is regularly provided to participants.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

STANDARD II: Treatment Program

II-E The program has a component to assist residents in systematically preparing for transition to community living.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

STANDARD II: Treatment Program

II-F The program has adequate policies and procedures on the intensive management of residents, use of seclusion or restraint of residents, and graduated intervention and the use of force.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

IOC Team

Comments

1. Since the March 2008 inspection, SCC has developed and implemented a series of new policies on the use of seclusion and restraints.
2. These new policies provide appropriate guidelines and procedures for the use of these intensive management options.
3. SCC has trained on the new policies, and front-line staff were able to describe these new guidelines.

Evidence/Observations upon which conclusions & recommendations were based

Policies, staff interviews.

Recommendations

SCC Response

IOC Team Final Comments

STANDARD II: Treatment Program

II-G Residents are housed in a facility that provides a treatment-oriented environment.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

II-H Adequate space is provided for resident living, treatment, other activities, and separation among resident groups.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

STANDARD II: Treatment Program

II-I Staff are trained to, and held accountable for, professional and therapeutic conduct.

CONCLUSIONS:

- Meets expectations.
- Meets minimum expectations - requires improvement in some areas.
- Does not meet expectations – requires significant improvement.
- Not Reviewed.

Reviewer(s)

IOC Team

Comments

1. During interviews with front-line staff, a common observation made by RRC's was that clinical staff members do not have much of a presence on the unit. This observation varied between the different program areas, but it was a generally made comment.

Evidence/Observations upon which conclusions & recommendations were based

Residential unit tours, staff interviews.

Recommendations

1. As SCC further develops its concept of a “full treatment environment,” SCC should attempt to design the system to establish the expectation that clinical staff maintain a regular presence on residential units.

SCC Response

IOC Team Final Comments

II-J Program policies are consistently enforced.

CONCLUSIONS:

- Meets expectations.
- Meets minimum expectations - requires improvement in some areas.
- Does not meet expectations – requires significant improvement.
- Not Reviewed.

Reviewer(s)

IOC Team

Comments

1. This original rating was given because of SCC's practice of holding an administrative hearing for a resident even if an advocate was not available and the resident requested the presence of an advocate. This practice is not consistent with SCC Policy 238. This practice has not changed since the original finding of the March inspection.
2. The advocates state that a hearing is rescheduled if SCC staff can not attend the hearing, but that rescheduling is not an option if an advocate is not available. The advocates also note that there are only two advocates, which means that there will be occasional situations where an advocate is not going to be available given schedule issues.
3. It should be noted that as a general rule, SCC consistently follows and enforces its policies. Thus, this finding is base on an outlier, but given the potential impact of this policy on residents and their rights, the Team believes that this inconsistency between policy and practice is noteworthy enough to warrant the above rating.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews.

Recommendations

1. **SCC should either create an alternate process for advocacy for a resident at administrative hearings when one of the advocates is not available, or allow these hearings to be rescheduled, or the policy should be revised to delete this commitment for advocacy to be available for residents at these hearings. SCC should not continue its current practice which is not consistent with its own policy.**

SCC Response

IOC Team Final Comments

II-K Residents are treated with respect and have opportunities to have their grievances addressed.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

STANDARD II: Treatment Program

II-L The program addresses the long-term care needs of residents who do not choose to participate in sex offender specific treatment activities.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

STANDARD III: Health Care Services

III-A Health care services staff are trained and licensed to provide care adequate to meet the routine and emergency medical needs of residents.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

STANDARD III: Health Care Services

III-B Health care services staffing is sufficient to provide residents with routine and emergent medical care.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

III-C Health care facility is sufficiently equipped to provide routine and emergent health care services to residents.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

III-D Pharmaceutical services are sufficient to meet residents' routine and emergent health care needs.

CONCLUSIONS:

- Meets expectations.
- Meets minimum expectations - requires improvement in some areas.
- Does not meet expectations – requires significant improvement.
- Not Reviewed.

Reviewer(s)

IOC Team

Comments

1. As documented in the March inspection report, there are significant problems with the quality of pharmaceutical services at SCC. These conditions have not changed.

2. SCC Health Services are exploring certain options to the current contract service, including the potential of contracting with DOC for these services.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews.

Recommendations

1. **SCC should continue its efforts to identify and implement an alternate system for the delivery of pharmacy services.**

SCC Response

IOC Team Final Comments

STANDARD III: Health Care Services

III-E Resident health care records include information essential to the residents' health care needs and are prepared and maintained in a manner that supports the residents' treatment and respects confidentiality.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

IOC Team

Comments

1. Current nursing care plans were present in resident treatment records. This addresses the major deficiency cited in the March 2008 inspection.
2. The quality of the plans needs to be improved.

Evidence/Observations upon which conclusions & recommendations were based

Record review.

Recommendations

SCC Response

IOC Team Final Comments

STANDARD III: Health Care Services

III-F Residents receive adequate routine, preventive, and emergent health care services.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

III-G Health Care Professionals will provide consultation and other services to residential program areas.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

STANDARD III: Health Care Services

III-H Residents receive adequate psychiatric services necessary to support their progress in treatment.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

STANDARD IV: Program Oversight

IV-A The program has external oversight, either through a licensing organization or other entities (a governing body, inspections by outside professionals, ombudsman services, and external investigation of incidents).

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

IV-B The program has internal review procedures covering quality assurance, protection of residents' rights, policy review and compliance, and internal investigation of incidents.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

IOC Team

Comments

1. While SCC's QA Committee is not an especially robust entity, it is evident that SCC collects and acts on a large amount of performance data.
2. SCC's revision of its restraint and seclusion policies is an example of a major QA undertaking by the institution.
3. On occasion, there appear to be circumstances where there has not been adequate follow-up by SCC on certain performance data. This completion of the QA cycle should be an emphasis of SCC in the future.

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

STANDARD V: New Admissions

V-A Residents are involved in a comprehensive intake and orientation process upon admission to the program.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

V-B Residents receive a health screening upon admission to the program.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

V-C The program follows an established process for determining each resident's risk level, housing and treatment needs.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

V-D An initial treatment plan is developed for each resident following his/her admission to the program.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

STANDARD VI: Food Service

VI-A The program's food services department is managed by experienced staff who follow established standards and practices.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

VI-B The food service program meets established health and safety standards.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

STANDARD VI: Food Service

VI-C The program's menu planning is adequate to meet the residents' needs.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

VI-D The program provides adequate and appropriate meals for residents with special diet needs because of health or religious reasons.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

STANDARD VII: Safety and Emergency Preparedness

VII-A The program has adequate procedures for managing fire safety, handling and disposing of hazardous materials and natural disasters.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

IOC Team

Comments

1. Since the March 2008 inspection, SCC banned matches at the facility. This action addresses the major deficiency cited in the March inspection.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, unit tours.

Recommendations

SCC Response

IOC Team Final Comments

STANDARD VIII: Security

VIII-A The program's security measures and practices adequately protect residents, staff, and the community.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

VIII-B The program documents incidents and takes appropriate follow –up action.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

VIII-C The program assures that incidents involving allegations of criminal violations are properly investigated.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

STANDARD IX: Resident Information

IX-A The program adequately compiles, maintains and protects resident records.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

IOC Team

Comments

1. There has been a notable improvement in the overall quality of resident records. There still is, however, a certain level of disorganization throughout the records. An issue that SCC needs to address in a systematic manner is electronic records. In certain cases, documents are found in the electronic "convenience" copy which are not in the official paper record.

Evidence/Observations upon which conclusions & recommendations were based

Chart reviews, QA report.

Recommendations

1. **SCC should continue to monitor record quality through its QA process. Issues that are identified through this process should be addressed by specific improvement plans.**

SCC Response

IOC Team Final Comments

IX-B The program has a policy regarding medical research.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

STANDARD X: Physical Plant

X-A The facility meets all applicable building and safety codes.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

X-B The program assures that the facility's indoor air quality is adequate.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

STANDARD X: Physical Plant

X-C The program provides adequate and appropriate housing for residents with physical disabilities.

CONCLUSIONS:

Meets expectations.

Meets minimum expectations - requires improvement in some areas.

Does not meet expectations – requires significant improvement.

Not Reviewed.

Reviewer(s)

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

IOC Team Final Comments

The interim inspection did not specifically review this standard. Therefore, the conclusion for this standard reflects the rating established in the full inspection conducted in March 2008.

Addendum to the September/October 2008 Interim Inspection of Care Report

This addendum is prepared as a supplement to the “Inspection of Care Evaluation Tool” completed by the Inspection of Care Team for the September/October 2008 report. This document is intended to allow the Team to explain or comment on “big picture” issues/themes which may not be evident from just reviewing the report documented in the “Inspection of Care Evaluation Tool.”

The Team wants to comment on six general issues:

1. There has been ongoing improvement at SCC during the years that this IOC Team has been involved in the process. There is a natural tendency for inspections to focus on deficiencies, and as noted in our original 2008 report, as the Team has become more familiar with SCC operations and programs, there is another tendency to bore deeper into issues. As a result, it is easy to miss the “big picture” that SCC has been improving in both its design and delivery of services for its residents. Obviously, this is not to imply that there still are not needed improvements at the institution. However, it is important that SCC residents, SCC staff, and those who oversee SCC operations understand that SCC has been moving in the right direction for at least the last three years (i.e., the time period in which this IOC Team has been reviewing services).

2. Some of the plans for a new model of how sex offender treatment is provided at SCC have started to be implemented (it has been in various stages of implementation during earlier inspections). This delivery structure places greater emphasis on SOT groups being conducted by Psychologists and Psychological Associates, Forensic Therapists focusing on case management for residents not participating in SOT, and groups operating in a more structured overall program. The IOC Team believes that it is important that SCC continue to solidify this model of program delivery. There are, however, several areas of weakness that SCC should address: (A) The most significant issue that SCC needs to find a solution to if its model of program delivery is going to be successful is to establish some ability to recruit and retain Psychologists. Given the significant handicaps that SCC faces when recruiting psychologists (e.g., island location, challenging clientele, alternate state facilities in the same general area, etc.), it appears evident that the standard compensation package is inadequate to address this critical need. The IOC Team has no special expertise in how to resolve this matter within the context of the State of Washington’s civil service system (however, the concept of assignment pay for these positions would appear to be a promising approach), but it is clear that the clinical services delivery model being implemented by SCC can not be fully successful without the infusion of a critical number of Psychologists. (B) There needs to be greater coordination between SCC’s clinical programming and the residential units. A first essential step would be for there to be a greater

clinical presence on the residential units and the inclusion of these key staff into the daily operations of the units. (Note: this issue is more pronounced in some program areas than it is in others, but the need for greater coordination/partnering/etc., is a need throughout the facility.) It also should be noted that because most of the Psychological Associates are relatively new to the facility, it is understandable that this clinical presence on the units has not yet developed. However, as the roles for clinical staff continue to develop at SCC, the IOC Team believes that an emphasis should be placed on fostering the necessary presence and cooperation on residential units. (C) There still remain some significant rifts within the clinical program about the move to the new delivery system. Change in any organization—especially if it has significant impacts on a group of individuals—is always difficult. However, as SCC moves forward, it is essential that this “problem” be resolved. A split within the staff undermines the ability of the institution to effectively serve its clientele.

3. SCC management outlined to the IOC Team its thoughts about the need to re-conceptualize treatment at SCC as being delivered in the context of a “full treatment environment.” This was presented in the context of discussing the standards that should be used to evaluate an inpatient treatment program. The IOC Team strongly agrees with this vision of treatment. For example, the environment for residents choosing to not participate in SOT still needs to be therapeutically appropriate and consistent with the treatment mission of SCC. Treatment is more than what occurs at group or individual sessions; it needs to be built into the environment at SCC. The Team believes that the previous observation about the need for a greater clinical presence on residential units, greater cooperation, etc., is very consistent with this emerging vision of treatment at SCC.

4. The lack of sufficient bed space at SCC to house an expanding population is an increasingly significant problem. With approximately 20 unoccupied beds at the facility, the facility has already had to make some significant compromises in terms of optimal unit assignments for individual residents. This pressure will continue to worsen, and while the creation of new resident rooms out of previously designated treatment/meeting space will somewhat alleviate the problem of a lack of bed space, the facility needs to be able to implement a more comprehensive strategy—i.e., a facility expansion needs to be authorized if the SCC is going to be able to maintain a therapeutically appropriate environment consistent with the housing needs of its population. Another shorter term interim solution that SCC could consider is the possibility of converting the current LRA facility on the island into a portion of the total confinement facility. This would require the residents currently placed in this LRA and those who are in the process of potentially being placed at the facility to be re-located to another LRA. The IOC Team recognizes that this alternative likely raises lots of issues, but it would provide a significant boost to SCC bed capacity and also would provide a greater capacity to ensure the ability of the institution to house appropriate residents on similar sorts of units. At the same time, this alternative would significantly improve the economies associated with the King County LRA, which has substantial unused capacity. The IOC Team recognizes that this alternative needs much more analysis than we are able to provide. However, we believe that alternatives such as

this need to be considered; otherwise the institution appears to be drifting towards a situation where the space restrictions at SCC undermine the treatment mission of the facility and also potentially create liability for the institution in terms of its management of its population.

5. SCC has enhanced its ability to provide security services commensurate with the needs of its clientele. The institution is increasingly demonstrating its commitment to address the serious contraband issues that it faces. The IOC Team is very supportive of these changes. We see this development as being consistent with the vision of a “full treatment environment” at SCC. In fact, a strong and effective security program is an essential component of the ability to maintain a therapeutically appropriate environment—one free of pornography, illegal street drugs and alcohol, and one that can maintain a safe environment.

6. SCC has a small research program, and the IOC Team is very supportive of this effort. Civil commitment, sex offender risk assessment, and the treatment of high risk sex offenders are all rapidly developing fields. These research activities not only add to the state of knowledge in these areas, but they also serve to be a vital part of any effective treatment organization. Opportunities for research will attract certain professionals, it will foster professional development, and it will enhance the status of SCC as an organization.