

Final

INSPECTION OF CARE

Program Standards
Evaluation Tool

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

March 2008 Survey
August 4, 2008 Final Report

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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. Most of the elements of this standard are being met by SCC. The areas where this is not the cases are in the clinical program. Given the significance of the clinical program to the central mission of SCC, the Team decided to heavily weigh these specific shortfalls in forming our overall evaluation of this standard.
2. The areas where the Team believes that SCC is not currently meeting this standard include: (A) It appears that the Clinical Director's experience in supervising clinical staff in a mental health or forensic setting has occurred only at SCC since her appointment as Clinical Director. It is unclear that this is consistent with the elements of this standard, since the experience has been at SCC. It is, however, important to acknowledge that the clinical supervisory experience gained at SCC is clearly relevant in assessing qualifications. (2) The Assistant Clinical Director does not have clinical experience in providing sex offender treatment. (3) The direct supervision of the Psychological Associates is provided by the Assistant Clinical Director who does not have the experience specified in the elements under this standard. (D) Forensic Therapists apparently do not attend the central Clinical Staff meetings (they do participate in team meetings associated with individual residents/units), which is not consistent with the standard.
3. The Team recognizes that the area of clinical staffing, supervision, structure, etc., are in flux at SCC. Thus, the Team does not want to overemphasize the above cited deficiencies, but the application of the standard's elements dictate this finding. Also, given the current state of treatment participation and the difficulties that SCC faces in recruiting clinical staff, the Team concluded that these issues associated with the current management are worthy of note.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews.

Recommendations

1. SCC should continue with its efforts to foster professional development among all of its clinical program managers. In particular, given the key role that the Assistant Clinical Director plays in the direct supervision of the Psychological Associates who provide the sex offender treatment, it is essential that SCC foster and facilitate the development of sex offender specific knowledge and skills by this position. (Note: The IOC Team heard many very positive statements about the Assistant Clinical Director, so the preceding comment is not intended as a criticism of her performance. Rather, it reflects the belief of the Team that the development of sex offender expertise will further enhance the ability of the incumbent to perform the major responsibilities assigned to her.)

SCC Response

SCC acknowledges the IOCC Team's findings.

I-A; Comment 3.

This comment associates current management with the issues of resident treatment participation and staff recruitment difficulties. Treatment participation is affected by many factors, most significantly the residents willingness to participate given their attitudes and beliefs about civil commitment and acceptance of their need for treatment. Staff recruitment is affected by many factors, including the Island location, pay and challenging work.

IOC Team Final Comments

The IOC Team acknowledges that the issues of resident treatment participation and staff recruitment difficulties are very complex issues, and we did not intend to attribute the issues to only one factor. The factors cited in the SCC response undoubtedly are key issues. In fact, the IOC Team has made a number of recommendations in this and past inspections intended to assist SCC in responding to these other factors (e.g., assignment pay for psychologists involved in treatment programming on the island and programmatic incentives for residents to participate in treatment). We recognize that there is no one "silver bullet" that will resolve these two major challenges facing SCC (and most if not all civil commitment programs).

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 comments in Standard I-C, there were a number of isolated circumstances where residential staff members were not able to answer specific fundamental questions about their role/performance expectations.
2. A key component of an effective supervision model is the formal documentation of employee performance and providing that assessment to the employees. The IOC Team's audit of SCC personnel records indicated that only 60% of the files met the standard of documented annual evaluations.
3. The personnel records audit also indicated that 95% of the same files included documentation of completion of the mandatory training.
4. The IOC Team believes that the rating for this standard is a close call. However, ultimately, the combination of the failure to document annual performance reviews and the episodes where residential staff members were not able to answer certain basic questions led the Team to the conclusion that the most appropriate rating was needs improvement (as opposed to meeting the standard).

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews.

Recommendations

1. **SCC should continue with its improvement efforts (presented in response to the Team's last inspection report) in the area of employee evaluations being completed on time.**

SCC Response

SCC acknowledges the IOCC Team's findings.

Standard 1-B; Comment 2

The acknowledged deficiency in the percentage of employees receiving annual evaluations does not mean that employees are not receiving routine performance feedback. For example, SCC provides written

feedback to RRC employees in the form of monthly performance feedback sessions and as necessary, corrective and disciplinary actions.

IOC Team Final Comments

No further comment.

I-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. SCC has recently initiated an effort to improve its staff training through the addition of a director for its training academy. While it will take some time for this to have an impact, the Team supports this initiative.
2. The areas of concern where the Team would recommend a review of past and current training practices include: (A) A need for greater training on sex offender treatment, issues, etc. This applies both for front-line staff and clinical staff. (B) A concern that current in-service training for staff is not adequately meeting the organization's needs. For example, there is not an annual update on restraint and seclusion issues.

3. During unit tours/visits, IOC Team members asked residential staff about an array of issues/procedures. Generally, staff were able to provide adequate responses, but there were several occasions where residential staff were not able to answer fundamental questions about their roles/responsibilities (e.g., how frequently rounds are done, procedures of what to do during rounds, who would you report certain incidents to, etc.).

4. It also should be noted that a number of the residential staff were outstanding in terms of their responses, and when asked to demonstrate that they had actually performed the sort of tasks that they had explained verbally, they were able to present examples (e.g., they explained what they would create a progress note on, but more importantly, they were able to locate that sort of charting in their own work).

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, training records.

Recommendations

1. In consultation with SCC managers and staff, the new training academy director should conduct a needs assessment for training. A comprehensive training strategy should then be developed with staged implementation.

2. As part of the needs assessment process, SCC should seriously consider the feasibility/desirability of providing a substantial increase in the ongoing in-service training for treatment providers in the areas of sex offender assessment, treatment and other issues. A part of this strategy should be an assessment of the feasibility of providing this training through the services of external experts and /or internal SCC experts. Given the lack of sex offender specific expertise on the part of most of the psychological associates, it is essential for the further development of the treatment programming at the facility that staff be better trained and prepared for their responsibilities.

SCC Response

SCC acknowledges the IOCC Team's findings.

IOC Team Final Comments

No further comment.

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. (Note: Comment deleted and moved to Report Addendum.)
2. The treatment program includes the components typically provided in inpatient treatment programs for sexual offenders. However, based on discussions with staff and residents, there appears to be a lack of any sort of comprehensive view of the total treatment program. Residents, residential staff, and a number of clinical staff expressed a lack of understanding about the components of the treatment program and how they are related to the prospects of earning release from the facility.
3. In the sample of treatment records reviewed by the IOC Team, each of the resident records included a treatment plan. However, one-third of the plans were more than 6 months old, and of that group, one-half (or 17% of the total) were over one year old.
4. In the sample of records, treatment plans did not follow a consistent format.
5. During a walk-through of the facility, IOC Team members observed two residents playing a sniper video game in the gymnasium. In a subsequent discussion with recreational staff, it was clarified that the game system in the gym is provided by the facility, but that the games played on it are owned by the residents. When asked why a resident would be allowed to possess a violence-themed game, the recreation staff indicated that those decisions are made by Forensic Therapists on an individual resident basis and recreation staff members are not involved in those decisions. This incident raises several concerns: (A) It is unclear how a video game such as a sniper action game could be viewed as therapeutically appropriate for any SCC resident. (B) Even if one accepts that such a game may be appropriate for an individual resident, recreation staff indicated that they have no idea as to who can or can not play an individual game—i.e., if individualized judgments are being made to allow only certain

specific residents to use/possess certain games/property/etc., there does not appear to be any mechanism in place to ensure compliance with those decisions. This issue raises concerns about the overall coordination of the treatment environment at the facility.

6. SCC continues to struggle in its efforts to recruit psychologists for the treatment program. Only one of its five psychologist positions was filled at the time of the inspection. This is a significant issue in the context of the institution's plan for treatment delivery—i.e., the planned reliance on psychologists and Psychology Associates.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, resident interviews, treatment records, treatment program documentation.

Recommendations

1. SCC should continue with its efforts to ensure that current treatment plans exist for all SCC residents and that consistent formats are used in treatment plans.

2. Ongoing training for clinical and residential staff relative to the structure and content of the treatment program is recommended.

3. SCC should assess the process for the review of individual video games and other property that are allowed into the facility. It may be possible that the observation of a violence-themed video game was an outlier and the staff members responsible for reviewing and making these sorts of decisions are much more diligent and consistent than this one example would indicate. However, the presence of a predatory video game in a treatment environment intended to address predatory behavior is particularly troubling to the IOC Team.

4. SCC should assess a number of current practices in an effort to enhance the quality of the treatment environment throughout the facility: (A) It is imperative that staff members responsible for supervising resident activities in different areas of the institution be aware of specific restrictions, limitations, privileges, etc., that individual residents may have. For example, staff members supervising the activities in the gym need to be aware of who may or may not use certain games. There does not appear to be any mechanism available to ensure this sort of coordination between different components of the treatment environment. (B) SCC should assess the impact of its approach of individualizing most of the decisions relative to property. Specifically, in an environment where property is actively borrowed and loaned by residents to each other, it appears to be a highly ineffective strategy to make a series of individualized decisions approving items for some and denying the same item for others. SCC may wish to consider expanding these sorts of decisions on certain types of items (e.g., movies, games, etc.) to be institution-wide decisions for all residents.

5. Given the specific recruitment issues facing SCC, it is evident that continued efforts at resolving the psychologist staffing issue through standard recruiting efforts is destined for failure. Accordingly, the IOC Team endorses the concept of designating psychologist positions at SCC for assignment pay.

SCC Response

SCC acknowledges the IOCC Team's findings.

II-A. Comment 1.

SCC requests that this comment be deleted from this standard and be included as an item in the addendum. The level of resident treatment participation is not part of the standard.

II-A. Comment 5.

The IOC observation is acknowledged as a valid concern; however, in relation to the standard, SCC believes that the recreational component meets the standard ("The program provides residents with opportunities for treatment intherapeutic recreation activities").

IOC Team Final Comments

The IOC Team agrees that treatment participation is not a part of the written standard, and accordingly we have deleted this comment from this standard and instead have included it in the Report Addendum.

The IOC Team agrees that SCC provides ample opportunity for residents to engage in therapeutic recreation activities and in that sense meets the recreational component of this standard. The IOC Team's comment was intended to address the logical corollary of this component by raising a concern that perhaps SCC policies/procedures/practices do not adequately restrict residents from engaging in non-therapeutic recreational activities. SCC's response acknowledges this as a valid concern, and therefore there does not appear to be any significant difference between the perspectives of the IOC Team and SCC.

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)

IOC Team

Comments

1. The phases of the treatment program are clearly delineated in program documentation.
2. The relatively small number of residents who have advanced through treatment to the point of community living is likely the single biggest factor in 'shaping residents' generally negative views of the treatment program.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, resident interviews, treatment program documentation.

Recommendations

None.

SCC Response

SCC acknowledges the IOCC Team's comments.

IOC Team Final Comments

No further comment.

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. There are two issues in terms of compliance with this standard: (A) As noted in II-A, treatment plans are not consistent in format. (B) The goals typically included in the plans are not measurable
2. Plans do typically address the range of domains established in the program standards.

Evidence/Observations upon which conclusions & recommendations were based

Resident treatment records.

Recommendations

1. As part of its in-service training program, SCC should include training in the preparation of treatment plans, with an emphasis on the development of measurable and meaningful goals that residents can achieve in their current living situation.

SCC Response

SCC has an established format for treatment plans and acknowledges the IOCC's findings of discrepancies.

IOC Team Final Comments

No further comment.

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)
IOC Team

Comments

1. In the sample of charts, it was difficult to find the progress notes prepared by therapists on a consistent basis. However, the IOC Team concluded that this was more a function of inconsistent filing than it was a measure that such notes were not prepared.

Evidence/Observations upon which conclusions & recommendations were based

Resident treatment records.

Recommendations

None.

SCC Response

SCC acknowledges the IOCC Team's findings.

IOC Team Final Comments

No further comment.

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)
IOC Team

Comments

1. The State of Washington's civil commitment program has established a high bar for attaining release from the inpatient portion of the program (a standard that undoubtedly reflects the policy preferences of the State's policy makers). Within the parameters established by this policy/practice, SCC has a developed system for facilitating transition back to the community.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, document review.

Recommendations

None.

SCC Response

SCC acknowledges the IOCC Team's findings.

IOC Team Final Comments

No further comment.

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. The IOC team has extensively commented on this standard during our previous inspections. At this point, there have not been any changes in SCC policies and procedures relative to restraint and seclusion.
2. SCC has formed a team to assess and revise their policies and procedures in this area. A presentation was made to the IOC team about the facility's progress in producing a comprehensive policy and procedure for the use of seclusion and restraint. This was a concentrated in-depth effort that required a great deal of participation by several different components of the program. The draft document was comprehensive and when complete will be a great improvement.
3. Related to the previous point, there was a general discussion with the team working on restraint and seclusion about the use of the restraint chair. From the perspective of community standards of care in

most licensed care settings, it is questionable that the use of the restraint chair would be acceptable. However, the IOC Team is sensitive to the unique legal status of SCC and some of the unique challenges that a small portion of its residents present.

Evidence/Observations upon which conclusions & recommendations were based
Staff interviews, presentation by SCC on status of team's progress on this issue.

Recommendations

1. The SCC team reviewing and assessing policies and procedures should continue with their current effort. Hopefully, any revisions recommended by the team will be made and in effect prior to the interim IOC inspection scheduled for the Fall of 2008.

SCC Response

SCC acknowledges the IOCC Team's findings.

IOC Team Final Comments

No further comment.

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)

IOC Team

Comments

1. SCC provides a pleasant environment for living and functioning, and therefore the elements of this standard are generally met.

2. There are, however, several observations that the IOC Team made during the site survey which are worthy of note: (A) There appears to be a general lack of a treatment milieu throughout the facility. Undoubtedly, this perception is magnified by the relatively low level of treatment participation that currently occurs at SCC, but the lack of any overarching ethos of treatment on the units and throughout

the facility is a clearly observable characteristic of the SCC environment. (B) On one of the units visited by the IOC Team (in Program Area 3), the corridor that led to resident rooms was noticeably dark to the extent that the ability to see clearly from one end of the corridor to the other was compromised. When staff was asked about why the hallway was kept that dark, the response was that the residents preferred the low level of lighting. It would appear that the level of illumination in a common area would be more appropriately determined by facility needs as opposed to relying on resident preferences.

Evidence/Observations upon which conclusions & recommendations were based

Resident interviews, staff interviews, unit visits.

Recommendations

1. SCC units should assess environmental needs (such as the level of lighting) to meet the goals of operating safely and meeting therapeutic needs. Any changes in current practices should be discussed with residents prior to the changes actually being made.

SCC Response

SCC acknowledges the IOCC Team's findings.

IOC Team Final Comments

No further comment.

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)

IOC Team

Comments

1. Current census levels have required the institution to make any number of unit assignments for residents that are less than ideal. However, given these census pressures, SCC has no alternative but to make these sorts of decisions. Based on discussions with SCC management, it is evident that SCC is very thoughtful about these sorts of difficult assignments.

2. Census pressures are anticipated to continue to build within the program, which means that SCC will soon exceed its functional capacity. SCC has a plan and funding for the creation of 38 temporary beds within existing facility space. SCC also is pursuing budget authority for the construction of additional permanent bed space. Based on these plans--and assuming legislative enactment of the funding for the construction of an SCC expansion-- it appears that the capacity of SCC will be sufficient to meet projected census levels for the foreseeable future. On the other hand, if legislative approval is not attained in a timely manner, it is likely that SCC will eventually face at least some period of time where census levels will result in a situation where the Washington's civil commitment program will no longer have sufficient space to meet this standard.

3. A review of space available for support activities generally supports the conclusion that adequate space is available. One area of possible exception is SCC's library, which occupies a quite small space. At the same time, there are certain areas of the facility's workshop (especially the woodworking shop), which consume a considerable amount of space that are utilized by a very small number of residents. According to staff involved in the area, only about five residents make consistent use of the woodworking shop.

Evidence/Observations upon which conclusions & recommendations were based

Briefing on facility census, staff interviews, facility tour.

Recommendations

1. SCC should continue with its plans for meeting projected bed needs, including both the temporary bed space modifications and the proposal to permanently expand the number of available beds.

2. SCC should assess its current use of space for resident activities to determine if expanded space can be created for the library.

SCC Response

SCC acknowledges the IOCC Team's findings.

IOC Team Final Comments

No further comment.

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. The IOC Team has no question as to the commitment of the institution to train staff appropriately, and to hold staff accountable for professional and therapeutic conduct. We believe that as a general rule, this commitment manifests itself on a daily basis at SCC.

2. There are, however, several specific observations that the IOC Team made that indicate that SCC has some shortfalls in the area of a number of specific elements that require some improvements in order for the institution to be evaluated as meeting this overall standard:

(A) Based on staff interviews, it is evident that there still remain some significant issues with the new treatment program delivery model that SCC moved to last year (i.e., Forensic Therapists being shifted out of SOT, with that role being assumed by Psychological Associates). Specifically, there remains a significant morale problem within the ranks of the FT's, and it is evident that there is limited coordination between the management of the clinical program and the ranks of the FT's. Given that the FT's provide case management for 65% of SCC's population, this division within clinical staff creates a very real problem for the institution.

(B) Based on comments by both residential staff and residents, and also confirmed by the limited observations of the IOC Team members during unit walk-throughs, clinical staff members do not generally appear to maintain a significant presence on the living units.

(C) As noted in II-C, the IOC Team had interactions with residential staff where institution policy/practice could not be described. The Team does not wish to overemphasize the significance of a limited number of staff interactions. Thus, we cite this factor only as supporting detail for the evaluation of SCC as needing improvement in this area.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, resident interviews.

Recommendations

1. SCC needs to evaluate whether the current structure for the direction of SCC's overall clinical resources provides the level of coordination and consistency that is needed in an

inpatient setting. In particular, the key issues which need to be considered are: (A) How can the staffing resources of the Forensic Therapists be more effectively used in the delivery/coordination of a consistent treatment program? (B) What steps can be taken to reduce the level of division between the various components of the treatment program? (C) How can the 24-hours a day staffing on the units and their observations be more closely integrated into the treatment program?

SCC Response

SCC acknowledges the teams comments and recommendations.

IOC Team Final Comments

No further comment.

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. As a general rule, program policies are consistently enforced at SCC, and there is no evidence that there is any sort of discrimination, favoritism or arbitrary decision-making as a common sort of occurrence at SCC.

2. The elements of this standard include a consideration of the administrative process for resident disciplinary cases, and the standard makes specific reference to the residents having access to the services of an advocate to represent their constructive interests. IOC Team members observed an administrative hearing involving a resident. At the hearing, the resident indicated that he wanted an advocate to attend the hearing and participate in the process. The hearing coordinator stated at the hearing that an advocate was not available, and the hearing would proceed. This statement directly contradicts SCC Policy 238 which states: "Residents participating in an administrative review hearing are entitled to have advocacy." The decision to proceed with the hearing notwithstanding the resident's request is a clear and concrete example of a program policy not being consistently enforced. Accordingly, per the elements of this standard, this incident precludes the IOC Team from evaluating that program policies are consistently enforced.

Evidence/Observations upon which conclusions & recommendations were based

Observation of an administrative review hearing, SCC policy.

Recommendations

1. SCC should evaluate its practices and policy relative to the participation of an advocate at an administrative review hearing. Given that these hearings are scheduled in advance, it is unclear to the IOC Team why an advocate can not always attend these sessions. However, if that can not be arranged, SCC should either create an alternate process for advocacy for a resident at these hearings when requested, or the institution's policy establishing this right should be revisited.

SCC Response

SCC acknowledges the IOCC Team's findings.

IOC Team Final Comments

No further comment.

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)

IOC Team

Comments

1. SCC policy and practice has established a very elaborate and detailed process for the investigation and resolution of resident grievances. (Note: the issue of advocacy at a hearing was addressed under the previous standard and accordingly is not being reflected under this standard.)

Evidence/Observations upon which conclusions & recommendations were based

SCC policy, staff interviews, specific case reviews.

Recommendations

None.

SCC Response

SCC acknowledges the IOCC Team's findings.

IOC Team Final Comments

No further comment.

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)

IOC Team

Comments

1. As in the past, the IOC Team is struck by the lack of incentives within SCC to encourage/reward treatment participation. SCC has implemented one rather innocuous reward for treatment participation. A plan to develop a more significant incentive was placed on hold pending litigation.
2. During the inspection, the Washington Legislature was considering a proposal that would restrict computers at SCC only to those residents who are participating in treatment.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, resident interviews, SCC status report on previous IOC recommendations.

Recommendations

1. SCC should continue to explore meaningful incentives that could be created to encourage treatment participation.
2. If the legislation concerning computers passes, SCC will need to establish a set of criteria to evaluate the quality of treatment participation--i.e., it would appear likely that some residents may change their stated intent to participate in treatment without changing their actual commitment to treatment.

SCC Response

SCC acknowledges the IOCC Team's comments and recommendations.

IOC Team Final Comments

No further comment.

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)

IOC Team

Comments

1. Since the last inspection, there has been a clear and marked improvement in the organization and culture of nursing care at SCC. This has resulted in a noticeable improvement in the quality of nursing care at the facility.
2. The nurse manager now has the designation of clinical nurse specialist and is the acting Health Services Administrator. She presented the need to access assignment pay for the positions filled by contract nurses. This would enable these experienced nurses to become permanent employees. This change would improve the stability of staff and quality of care.
3. There is still a lack of adequate training for the nursing staff and nurses are asking for more training in sex offender treatment to enable them to assist with the resident treatment plans.
4. A position has been established for a nurse trainer. There is a plan to include mock codes in the future.
5. Two issues have been identified with the implementation of advance directives for the residents: (A) The first issue is that apparently security staff make the determinations of medical emergencies of residents. They lack the necessary training to assess the medical status of a resident. Medical staff should assume this responsibility. (B) The second issue is that security staff and residential staff believe that they must always start CPR (cardio-pulmonary-resuscitation) regardless of the residents DNR (do not resuscitate) status contained in the advance directives. Further, there is not a standard method to notify program area staff if there is a valid DNR in place. Interviews with staff confirmed the belief they must perform CPR in all cases.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, SCC policies, clinic visit.

Recommendations

- 1. The IOC Team endorses the concept of changing position designations to make nursing staff permanent employees in an effort to support the quality of the nursing care.**
- 2. The IOC Team recommends that the staff psychiatrist provide training about sex offenders with the nursing staff via regularly scheduled in-services. This would enhance nursing knowledge and facilitate improved communication between the programs.**
- 3. A facility-wide plan should be developed to address the issue of medical emergency determinations and how to implement the use of advance directives. It is essential to address this issue in a timely manner. It is a serious resident right violation to perform CPR when it is contrary to the individual's wishes and directive.**

SCC Response

SCC acknowledges the IOCC Team's comments and recommendations.

Facility psychiatric staff attend regular medical staff meetings and present vignettes regarding sex offender subject matter to enhance clinic staff understandings of etiology and safety/security methods while interacting with sex offenders.

IOC Team Final Comments

The IOC Team acknowledges the clarification concerning ongoing training of clinic staff relative to sex offender issues.

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)
IOC Team

Comments

1. While there are a number of issues or areas of potential improvement in the delivery of health services, the level of staffing does not appear to be an issue.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, clinic visit.

Recommendations

None.

SCC Response

SCC acknowledges the IOCC Team's comment.

IOC Team Final Comments

No further comment.

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)

IOC Team

Comments

1. SCC 's medical clinic is adequately equipped to provide the level of care expected in this sort of setting.

Evidence/Observations upon which conclusions & recommendations were based

Clinic visit.

Recommendations

None.

SCC Response

SCC acknowledges the IOCC Team's comment.

IOC Team Final Comments

No further comment.

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) There are significant problems with the quality of pharmaceutical services at SCC. The issues identified include: (A) There have been problems with drug errors—i.e., the number of ordered medications in the containers delivered by the pharmacy service were fewer than had been ordered, including cases involving controlled substances. (B) There was one incident where aspirin was substituted for an ordered medication. (C) There have been regular issues with getting timely prescription refills. (D) The contracted pharmacy provides minimal consultative assistance with pharmaceutical issues. (E) SCC medical staff reports that when issues are identified, the pharmacy has not been responsive.

(2) In addition to the quality of services provided by the pharmacy, there are several issues rooted in SCC practices: (A) SCC does not have an automatic medication refill program in place that aggravates the situation concerning prescription refills. (B) SCC does not have a complete list of medication orders in the records.

(3) There are regulatory restrictions that have caused a number of challenges for SCC in terms of the development of a medication delivery system at the facility. SCC has consulted with the state board of pharmacy to allow completion of a plan to have a complete medication delivery system on the island, but a resolution of the issue has not been achieved.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, medical records

Recommendations

1. The IOC Team endorses the plan to seek another contract pharmacy, and the new contract should specify that pharmacy consultation must be provided when necessary.
2. When a new pharmacy service is arranged, the IOC Team recommends that SCC require the implementation of an automatic refill program. Also, SCC should retain a complete list of medication orders in the records.
3. The IOC Team recommends that SCC continue its discussions with the pharmacy board with the goal of resolving the issues about the development of a medication delivery system at the facility.

SCC Response

SCC acknowledges the IOCC Team's comments and recommendations.

IOC Team Final Comments

No further comment.

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) There has been a definite improvement in the quality of the resident health care records maintained by SCC. History and physical examinations were essentially current.

(2) There were several areas where the medical records need improvement: (A) Medical treatment plans were not current in most records reviewed. (B) There was a lack of current nursing care plans for resident care.

Evidence/Observations upon which conclusions & recommendations were based

Record reviews, staff interviews.

Recommendations

1. The IOC Team recommends that SCC consider establishing a system/process that would develop an initial nursing care plan upon admission to the facility. The plan should be as comprehensive as needed by the resident. Nursing care plans are a standard of nursing practice and should be present at SCC.

2. The IOC team recommends that an effort be made to update medical treatment plans for residents receiving active medical care.

SCC Response

SCC acknowledges the IOCC Team's comments and recommendations.

IOC Team Final Comments

No further comment.

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)
IOC Team

Comments

- (1) While there are some issues in the area, the IOC Team has concluded that the level of medical care at SCC is adequate in terms of meeting resident needs.
- (2) The issue of second opinions was discussed by the IOC Team and SCC's management. (This issue was also raised by the ombudsman.) This is a difficult issue to find a simple and cost effective approach, but SCC is reviewing the issue.
- (3) The IOC Team supports the concept that residents with financial resources should pay for their own over the counter medications. However, there does appear to be a legitimate complaint expressed by residents about the delays that exist between ordering the medication and actual receipt of it by the resident. In cases where a resident is seeking relief from symptoms of common ailments, it does not appear that the current process provides a timely enough response.
- (4) Limitations imposed by MICC on the number of SCC residents who may go off-island on any given day for non-emergent medical services appear to have an occasional impact on the level of services provided to SCC residents. For example, because a number of residents are going off island for cancer treatments, the ability to provide certain preventative services to other residents has been adversely impacted. Significant delays in preventative procedures can mean the difference between early diagnosis of a treatable condition with good prognosis for the resident compared to a late diagnosis of an advanced condition with a poor prognosis.

Evidence/Observations upon which conclusions & recommendations were based
Staff interviews, resident interviews, medical record reviews.

Recommendations

1. SCC should review the process for resident over-the-counter medications purchases with the goal of speeding up the delivery of these products when needed by the residents.
2. SCC should assess how widespread the impact of the MICC policy on limiting the number of SCC residents off island for non-emergent medical services has been. If there is an issue that extends beyond minor re-scheduling for this sort of care, SCC should discuss and negotiate the issue with MICC in an effort to reach a modification in the current policy.
3. SCC should continue to review the issue of second medical opinions. However, given the potential significance of this issue from both a fiscal and resident rights perspective, the IOC Team defers to the judgement of SCC management on this issue.

SCC Response

SCC acknowledges the IOCC Team's comments and recommendations.

The number of scheduled off-island medical visits is not controlled by MICC; it is a matter of contract. SCC receives the level of support from MICC that is contracted for. The apparent bottleneck on appointments can be addressed through scheduling and contract changes.

IOC Team Final Comments

The IOC Team acknowledges the clarification that off-island trips are done pursuant to a contract with MICC. The potential resolutions mentioned in the SCC response are consistent with the IOC recommendation.

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)
IOC Team

Comments

(1) The Program Area Nurse concept that was implemented in the last several years continues to be very successful.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews.

Recommendations

None.

SCC Response

SCC acknowledges the IOCC Team's comment.

IOC Team Final Comments

No further comment.

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)
IOC Team

Comments

1. The working relationship between medical and psychiatry at SCC has improved since the IOC Team's last site visit. Given the importance of an integrated team approach in these areas, this working relationship needs to continue to be improved and supported.
2. The assignment of a nurse to support the psychiatrist has significantly improved the organization of this service through the tracking of appointments, medication reviews, and other coordination issues.
3. Record reviews indicate that the psychiatrist has good follow-up with residents, sometimes seeing difficult or unstable patients on a weekly basis.
4. There are several areas where future improvement is needed: (A) Psychiatric intakes are not documented in many patient charts, despite the fact that these patients are receiving psychiatric services at SCC. (B) Chart reviews indicated that there still are occasions where a patient has been seen by the psychiatrist, but it is not documented in the patient's chart.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, resident interviews, chart reviews.

Recommendations

1. It is recommended that relative to the issue of psychiatric intake: (A) SCC must ensure that each resident that is followed by psychiatry has an initial psychiatric intake (or updated detailed psychiatric evaluation) with five axis diagnosis and treatment plan completed and in the patient's chart. (B) In those cases where the initial intake assessment is old, the psychiatrist should complete a more thorough evaluation in order to update the medical record.
2. It is essential that the psychiatric services that are provided to individual residents be documented by timely psychiatric notes in the patients' charts. SCC may wish to

consider addressing this issue through a QA project—i.e., reviewing a sample of the charts for patients seen by seen by the psychiatrist over a specific period of time to determine whether this situation is an ongoing issue that needs further attention.

SCC Response

SCC acknowledges the IOCC Team's comments and recommendations.

IOC Team Final Comments

No further comment.

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)
IOC Team

Comments

1. SCC has developed a very comprehensive oversight structure for its operations.

Evidence/Observations upon which conclusions & recommendations were based
SCC policies, minutes.

Recommendations
None.

SCC Response
SCC acknowledges the IOCC Team's comment.

IOC Team Final Comments
No further comment.

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. The basic structures/processes required by this standard are present in SCC. However, the IOC Team concluded that there are some significant issues with a number of these elements, which led to the evaluation that only minimum expectations were being met.
2. SCC has a designated QA staff person, and a variety of QA products and reports are generated. However, the IOC Team believes that SCC lacks an effective QA infrastructure. For example, while the institution has a QA committee, it appears to be relatively inactive. Also, various QA reports have identified the same sorts of issues that have been pointed out by the IOC reports in the past, but in any number of cases there did not appear to be any follow-up on those sorts of efforts.
3. As noted elsewhere in this report, neither of the resident advocates were available to attend the disciplinary hearing attended by members of the IOC Team. According to staff interviewed who were involved in that process, it is a fairly common situation for no advocate to attend and participate in these hearings.
4. SCC has a full-time investigator, who also has two assistants. It appears that this operation is an effective unit for investigating major incidents, especially those incidents that may have involved criminal activity. The full-time investigator appears to be very skilled and experienced. However, based on the IOC Team's review of the institution's resident disciplinary process, the rationale for the role assigned to investigative staff in these routine cases is unclear. It appears that the assistant investigators only serve as someone to contact the resident and ask for the resident's statement on the incident. The "report" submitted by the assistant investigator is a brief recitation of the resident's description/explanation of the incident. It is not clear if the limited nature of these reports is a function of design (i.e., it has been determined that these assistant investigators are the appropriate parties to talk to the resident to get that side of the story), or if it is a function of a lack of training in how to conduct a more comprehensive investigation.

Evidence/Observations upon which conclusions & recommendations were based
Staff interviews, SCC policies, SCC reports.

Recommendations

1. SCC should review and assess its QA infrastructure, with the goal of establishing an active and effective process for determining priorities for QA staff, reviewing QA reports, and taking action on these reports.
2. SCC should work with the chain of command for the resident advocates with the goal of ensuring that resident advocacy is available for residents during administrative hearings when requested by the residents (assuming that the SCC policy on this issue is not changed).
3. SCC should review its "investigative process" for standard resident grievances with an emphasis placed on evaluating whether the current role of the assistant investigators should be modified--perhaps the role should be reassigned, dropped, or otherwise modified. If the role is intended to complete an actual investigation, it is recommended that the staff be provided the necessary training to complete a more comprehensive investigation.

SCC Response

SCC acknowledges the IOCC Team's comments and recommendations.

IV-B Comment 4

The assistant investigators are two individuals with three primary responsibilities which are divided between them:

1. Pertaining to Resident Misbehavior, they compile all relevant paperwork and records pertaining to the incident of misbehavior and they offer the miscreant(s) an opportunity to make a statement for the record. All of which is submitted to the hearings officer. They do not generally investigate the misbehavior. The resident can speak for him/her self at the hearing, witnesses can be interviewed as needed and the reports submitted at the time of the incident are used to adjudicate the matter.
2. Pertaining to Resident Abuse, they perform work necessary to support abuse investigation and coordinate with others to conduct components of the investigation and ensure the process is tracked to comply with our standards.
3. Pertaining to Resident Grievances, they review the complaint, interview the complainant, contrast the complaint against the policy, procedure, or rule alleged to be violated, interview staff members named or subject matter experts in the matter and provide the resident with feedback. More often than not the matter is not an issue of substance, but each grievance requires follow-through and investigation.

IOC Team Final Comments

The IOC Team acknowledges the explanation of the role for assistant investigators.

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)

IOC Team

Comments

1. SCC has a very detailed policy and associated procedures for the intake of new admissions, and the practice of the institution is to follow these policies and procedures.

2. The issue of the comprehensive summary admission report is somewhat in flux at SCC. Previous practices have required the preparation of a very detailed and lengthy admission report by a Forensic Therapist. SCC is now considering reducing the scope of that report in order to make it a more easily prepared document.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, SCC policies, admission reports.

Recommendations

1. SCC should assess the utility of a comprehensive admission report in the context of whether the resources required to produce these reports can be justified. The IOC Team does not have a specific recommendation on this issue, but believes that the final decision on this issue should be made in a broad context that assesses the long-term utility of the comprehensive report for all parts of the institution.

SCC Response

SCC acknowledges the IOCC Team's comments and recommendation.

IOC Team Final Comments

No further comment.

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)

IOC Team

Comments

1. Admission physical exams are being done on new admissions.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, resident medical charts.

Recommendations

None.

SCC Response

SCC acknowledges the IOCC Team's comment.

IOC Team Final Comments

No further comment.

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)

IOC Team

Comments

1. Resident special needs are assessed prior to and during the course of the admission.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews.

Recommendations

None.

SCC Response

SCC acknowledges the IOCC Team's comment.

IOC Team Final Comments

No further comment.

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)

IOC Team

Comments

1. The charts for the more recent admissions that were reviewed by SCC included treatment plans.

Evidence/Observations upon which conclusions & recommendations were based

Chart reviews.

Recommendations

None.

SCC Response

SCC acknowledges the IOCC Team's comment.

IOC Team Final Comments

No further comment.

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)

IOC Team

Comments

1. SCC's food service department is a professionally managed operation.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews.

Recommendations

None.

SCC Response

SCC acknowledges the IOCC Team's comment.

IOC Team Final Comments

No further comment.

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)

IOC Team

Comments

1. The kitchen and dining areas were clean, well lit, and properly ventilated.
2. The residents staffing the kitchen were knowledgeable about their tasks and the operations of the kitchen.
3. Appropriate sanitary conditions were evident.
4. The painting of the tables in the dining room has greatly improved the appearance of the dining room and the ability to adequately clean the table surfaces.
5. Cracks are evident in certain portions of the flooring in the dining room.
6. Concern was expressed about occasional fecal droppings of animals in the general vicinity of the kitchen and dining area. However, adequate processes are in place to address these issues when they occur.

Evidence/Observations upon which conclusions & recommendations were based

Kitchen inspection, resident interviews, staff interviews.

Recommendations

1. **It is recommended that the issue of repairing/replacing the flooring in the dining area be assessed by the institution. It is difficult to adequately clean a floor with breaks in the surface.**

SCC Response

VI-B Comment 5.

The kitchen and dining areas are undergoing a 2-phase \$1.5 million renovation, \$800 thousand has been spent to date. The floors are scheduled to be resurfaced as part of the 2nd phase of this renovation project.

IOC Team Final Comments

The IOC acknowledges the planned repair of the food service area floors.

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)
IOC Team

Comments

1. The program's menu planning has been greatly enhanced by the addition of a Registered Dietitian who works three days a week. She provides consultation to the food service manager and the medical staff. She also meets with residents to discuss dietary issues.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, menus.

Recommendations

None.

SCC Response

SCC acknowledges the IOCC Team's comment.

IOC Team Final Comments

No further comment.

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)
IOC Team

Comments

1. This standard is adequately met by the institution.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, menus.

Recommendations

None.

SCC Response

SCC acknowledges the IOCC Team's comment.

IOC Team Final Comments

No further comment.

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. SCC has the appropriate emergency plans to respond to various emergencies.
2. Since the last IOC inspection, SCC has had two serious incidents involving arson or attempted arson by residents. SCC residents continue to have unabated access to matches.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, incident reports, facility tour.

Recommendations

1. **Access to matches remains a critical issue for the IOC Team (as stated in previous inspection reports), and the recent incidents in the institution further emphasize how important this issue is. Accordingly, the IOC Team repeats its standing recommendation that matches be removed from the facility.**

SCC Response

SCC acknowledges the IOCC Team's comments and recommendation.

IOC Team Final Comments

In our initial comments on this standard, the IOC Team did not acknowledge the overall excellent work that SCC has done in terms of emergency planning. During the reviewed period of time, SCC faced a number of significant emergencies associated with severe weather, and the institution very successfully handled these challenging situations. This success is a testimony to the quality of emergency planning that SCC has done. Our original comments failed to recognize this successful experience and excellent work due to our emphasis on the issue of matches and fire safety in the institution. In hindsight, we believe that our comments were not sufficiently balanced, which is why we concluded that this postscript is appropriate/necessary.

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)

IOC Team

Comments

1. SCC has a Quick Response Team to respond to security issues within the facility. The QRT is equipped with the appropriate protective gear to respond to these sorts of situations.

2. SCC reports that it has used the chemical spray OC (pepper spray) in two incidents inside the facility. IOC Team members reviewed the official videotape of one of these exposures (which was provided by a resident to support his claim of facility abuse). The IOC Team members who viewed the videotape did not view the facility's actions in this incident as abusive, and it was noted that the OC use assisted in the safe resolution of the incident. The IOC Team did note that the specific tactics used in the incident may have been done in a manner that did not conform to the standard protocol that would appear to be appropriate in this sort of incident. Specifically, the OC was sprayed into a seclusion room through the room's trap door (commonly used for handcuffing a resident or passing a meal tray); given the specifics of the incident that appears to have been an appropriate tactic; however, the QRT member who sprayed the OC did so by extending his arm through the trap door in a manner that appears questionable from a review of the videotape. The staff member extending his arm through the trap for the administration of OC placed himself in some degree of jeopardy from a personal safety perspective (i.e., if the resident had charged the door, it may have been possible for the resident to grab his arm), and this particular approach could have placed institutional security in some degree of jeopardy (i.e., the resident may have been able to knock the canister of OC out of the staff member's hand or the staff member may have knocked it out of his own hand if he had been required to quickly withdraw his arm back through the trap). Another aspect of this incident that also was unconventional was the tactical decision to spray the resident on his buttocks with OC when the resident used his bare buttocks to attempt to block the trap. While the IOC Team did not view this as abusive, it does raise further questions about the tactical decisions that were made by the QRT team during this incident. (The IOC Team notes that directions for the use of OC specify that the intended target zone for the spray is the "face aiming at the eyes and brow.")

3. SCC continues to face an ongoing battle with a variety of contraband issues. Pornography and street drugs are reportedly relatively easily accessible within the institution (per statements by residents). Also, the prosecutions that have occurred at SCC confirm that these issues do exist.

4. Staff from the McNeil Island Correctional Center provide a variety of services for SCC, including escorting residents into the community for medical appointments and fire protection services. Certain issues exist in this relationship that SCC should explore with the Department of Corrections. For example, the escorting by MICC staff apparently establishes a limit on the number of SCC residents who can go off-island for medical appointments on any given day. This appears to be a problem from the perspective of the requirement that SCC meet the medical needs of its residents. Also, there may be areas where it makes sense for there to be further cooperation with MICC; for example, the security

resources of MICC may be a logical part of the array of responses that SCC would want to have available for certain issues that arise.

5. SCC does not do random room searches, but instead does room inspections only on a for cause basis.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, resident interviews, videotape of security incident, facility tour, SCC policy.

Recommendations

- 1. In light of its ongoing issues with contraband, SCC should assess whether modifications in its standard security practices are appropriate. Legislation on the issue of resident possession of computers may address a major portion of this issue. SCC may want to assess other potential enhancements in its security practices--for example, the possibility of implementing a program of random room searches.**

- 2. SCC should assess its training program relative to the use of OC spray in the facility. In particular, this training should include hands-on training done in the context of potential scenarios. Per policy, it is assumed that SCC reviews all uses of OC and feedback is given to the staff about lessons that may have been learned from these incidents.**

- 3. SCC should assess its working relationship with MICC and determine if potential changes in this relationship may be necessary in order for SCC to operate more effectively/safely. It may be necessary for authorizing legislation to be passed in order to attain the goals/needs of SCC.**

SCC Response

SCC acknowledges the IOCC Team's comments and recommendations.

Security staff receive on-going training on use of force tactics. Staff who were involved in the above-described incident conducted a de-briefing which resulted in further training in use of pepper spray to ensure staff and resident safety.

SCC currently conducts 5 weekly random room inspections per shift per Program Area to control, locate and seize any contraband items that may have passed through our various security systems.

Residents are no longer able to purchase a choice of computers. As of 2007, residents who want to purchase a computer can only purchase one type of computer that has limited capabilities. This new procedure was enacted to severely restrict and limit the entry of contraband pornography and illicit data-sharing between residents.

As previously mentioned in Standard III-F, the quantity of medical trips provided to SCC residents is a matter of contracting, not a matter of independent decisions by MICC staff members.

IOC Team Final Comments

The IOC Team acknowledges the clarifications provided relative to use of force training, random room inspections, and permissible new computer equipment. One point of clarification relative to the original recommendation relative to the working relationship with MICC: This recommendation was not made in the context of medical trips. Rather, the IOC Team was speaking to emergency security situations that

may arise at SCC where MICC resources may be essential to the safe and timely resolution of such an emergency situation.

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)
IOC Team

Comments

1. The IOC Team reviewed incident reports and investigation reports from a number of incidents. These reports present clear documentation of the incident.

Evidence/Observations upon which conclusions & recommendations were based
SCC reports, SCC policy, staff interviews.

Recommendations
None.

SCC Response
SCC acknowledges the IOCC Team's comment.

IOC Team Final Comments
No further comment.

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)
IOC Team

Comments

1. SCC refers criminal activities to law enforcement, and occasional prosecutions occur.
2. SCC maintains an evidence room that includes a considerable amount of items in storage for possible investigation and prosecution. This room and its contents are organized such that chain of custody for law enforcement purposes is maintained.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, facility tour.

Recommendations

None.

SCC Response

SCC acknowledges the IOCC Team's comments.

IOC Team Final Comments

No further comment.

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. SCC is HIPAA compliant in its management, storage and use of resident records.
2. SCC's medical records have improved considerably in the last year in terms of organization and therefore their utility for medical staff.
3. During the IOC Team's review of clinical records, the Team concluded that there is a certain level of disorganization that is prevalent throughout the records. For example, the definition of what is filed under the Progress Notes section and the Treatment Notes section do not appear to be uniformly applied. Thus, in one chart, notes by a clinical staff member about a treatment group may be found in either section of the chart.

Evidence/Observations upon which conclusions & recommendations were based

Record reviews.

Recommendations

1. SCC should ensure that clear standards/procedures exist for determining where various forms of documentation will be stored in the residents' charts. Compliance with these standards should then be assessed through SCC's quality assurance process.

SCC Response

SCC acknowledges the IOCC Team's comments and recommendation.

IOC Team Final Comments

No further comment.

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)
IOC Team

Comments

1. SCC has a policy in this area.
2. SCC Forensic Evaluation unit has collected data relative to the utility of the Rorschach test to sex offender assessment.

Evidence/Observations upon which conclusions & recommendations were based
SCC policy, staff interviews.

Recommendations
None.

SCC Response
SCC acknowledges the IOCC Team's comments.

IOC Team Final Comments
No further comment.

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)
IOC TEam

Comments

1. Appropriate documentation of inspections was available to the IOC Team.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, fire inspection reports.

Recommendations

None.

SCC Response

SCC acknowledges the IOCC Team's comment.

IOC Team Final Comments

No further comment.

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)
IOC Team

Comments

1. No issues appear to exist in this area.

Evidence/Observations upon which conclusions & recommendations were based
Facility tour/inspection.

Recommendations

None.

SCC Response

SCC acknowledges the IOCC Team's comment.

IOC Team Final Comments

No further comment.

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)

IOC Team

Comments

1. Facility is designed to allow integration of individuals with physical disabilities into the general population.

Evidence/Observations upon which conclusions & recommendations were based

Facility tour, staff interviews.

Recommendations

None.

SCC Response

SCC acknowledges the IOCC Team's comment.

IOC Team Final Comments

No further comment.

Addendum to the April 2008 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 April 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 three general issues:

- 1. The 2008 IOC Report may be perceived as being somewhat more critical than this Team’s previous IOC reports. We believe that such a perception is accurate. However, it is important to recognize that this change in tone is the result of a number of different factors.** First, the 2008 inspection consisted of five on-site days, which facilitated a more extensive and detailed review by the Team of the standards. Second, and closely related to the first point, the IOC Team members have become more familiar with SCC organization and operations through our multiple exposures to the facility. Finally, the fact that the Team has been involved for multiple years allows the Team to track the direction (i.e., progression or regression) of certain aspects of the program. The bottom line is that we believe that this year’s report is an accurate and reasonable assessment of the institution’s current status, but we want to acknowledge that as the Team becomes more familiar with issues and trends at SCC, this knowledge inevitably is going to have an influence on our assessment.
- 2. SCC has undertaken an institutional self-assessment and improvement program that it has labeled as the Transformational Leadership Program. This effort is intended to fundamentally change the nature of how the institution does its business on a day-by-day basis by moving toward a model of continuous quality improvement with less reliance on hierarchical structures. This effort is in its relatively early stages, so the Team has not attempted to draw any conclusions about this project. However, to the extent that this initiative addresses certain fundamental weaknesses that appear present in SCC—such as a lack of data driven decision-making, delays in making decisions and taking action, instilling in staff a greater sense of participation in a common set of goals, a lack of a common big picture perspective, etc.—the Team endorses the goals of this effort.** At the same time, the Team is concerned about certain challenges that this effort is going to encounter. First, given the all too frequent short-lived efforts of governmental entities to adopt and implement “organizational improvements,” it is not surprising that there is a certain amount of skepticism that exists within SCC about this effort. It is always a challenge to get buy-in to a process that staff may tend to view as only the latest trend. Second, SCC needs to be careful to not use the TLP project as a device that facilitates/perpetuates some of the problematic behavior within the institution. In other words, the integrity of the TLP project

will be undermined if institutional performance in terms of collecting and using data, making decisions and taking actions, etc., is not consistent with the philosophy that the TLP project is working towards—i.e., the classic issue of needing to walk-the-walk and not just talk-the-talk.

3. **There is a considerable amount of negativity evident in the resident and staff environments at SCC. Given the legal context that SCC operates in, a certain amount of negative expressions is inevitable. However, from an outsider's perspective, these negative feelings are prevalent throughout much of the institution. The end result of this factor is that it is very difficult to establish and maintain a therapeutic culture given this dominant characteristic of the environment.** Residents appear to reflect some combination of hopelessness/despair, while at the same time presenting with a very heavy dose of entitlement. This combination establishes a difficult and challenging population to treat and manage. In terms of the staff culture, there appear to be any number of different staff camps, each with their own set of issues/perspectives. In discussions with staff, a theme that emerges on a regular basis is a question as to whether they are respected/valued by the institution. The staff issues presumably are one of the targets of the previously discussed TLP initiative.