

Detailed Lean Improvement Project Report

For the June 1, 2014, through December 31, 2014, reporting period

Agency name:

Department of Social and Health Services, Juvenile Justice and Rehabilitation Administration, Special Commitment Center (SCC)

Improvement project title:

Increase Rate of Resident Treatment Progression from Phase 3 to Phase 4

Date improvement project initiated:

July 10, 2014

Summary:

An A-3 problem-solving exercise for the SCC identified three root causes that hinder residents' treatment progression (lack of motivation; gap in communication; and cognitive barriers). The exercise identified nine countermeasures and action Items, individuals to take the lead on the action Items and formed work groups.

Details:

Description of the problem: The SCC has a strategic goal of increasing the percentage of residents voluntarily participating in the formal sex offense treatment program. The current rate is 44.7 percent. Feedback requested from non-participating residents showed that the observed lack of movement through treatment (of residents who do participate) decreases their motivation to initiate engagement in treatment. The SCC Phase system is based on Prochaska & DeClemente's Transtheoretical Model of Change or Stage of Change. The model states that individuals modifying behavior move through five stages of motivation and commitment to change, characterized by certain behaviors (pre-contemplation, contemplation, preparation, action and maintenance).

The SCC's four inpatient treatment phases correspond with the first four stages of change.

At the start of this project in July 2014, 27 residents were in Phase 3 (preparation). The results of a random sample of residents indicated that the length of stay in Phase 3 is four and half years, longer than any other inpatient phase. Residents who progress to Phase 4 are more likely to be recommended for release to a less restrictive alternative and to be eligible for placement in a secured community transition facility. Decreasing the length of time in Phase 3 and advancement to Phase 4 will generate more interest in voluntary treatment participation.

The target: Decrease the average time of residents in Phase 3 from four and a half years to three years.

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Description of the improvement: Work groups were formed around each of the nine action items. They met at 30, 60, 90, and 120 days to review status updates and evaluate progress.

1. Results of a resident questionnaire contributed to program changes (establishment of a homework/progress group, greater clarity regarding treatment assignments and requirements for phase progression, etc.)
2. The Criteria for Phase Completion (Phase 2 and Phase 3) was revised to provide more specific information regarding behavioral expectations. These new phase completion guidelines took effect in October 2014.
3. A new community transition group is scheduled to meet eight times beginning January 2015 to cover eight core topics relevant to life on a less restrictive Alternative. These groups will be co-facilitated by community and clinical staff.
4. A mentoring and shadowing program is now in use to assist in the cross-training of clinical and residential staff in Program Area 3, where most Phase 3 and Phase 4 residents reside. To date, one of seven training modules has been presented.
5. A review is being done of phases of residents returning to treatment. To date, three residents who returned to treatment after a long period of time were evaluated and placed in Phase 3.
6. The SCC restructured how treatment assignments are presented to streamline them and make them more relevant to residents.
7. Four former residents have expressed an interest in wanting to “give back” to the program and motivate residents to progress in treatment. The former residents are willing to be videotaped. The first former resident will be coming into the facility to speak with residents in mid-January.
8. A workgroup is identifying ways to provide residents with positive feedback for behavioral change that demonstrates progress on a treatment goal or other positive change direction.

Specific results achieved:

1. We expect to have results indicating progression toward our target goal by July 2015.
2. Changes made to date have been well received by residents and staff.

How we involved customers or stakeholders in this effort: Phase 3 residents were offered the opportunity to participate in a survey about the treatment program. Certified Sex Offender Treatment Providers under contract with the SCC who work with current and former residents assisted with interviews of former resident.

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