





**Current State Staffing Analysis**

**Volume I. Juvenile Rehabilitation**

Final Report

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# Executive Summary

The Washington State Department of Social and Health Services (DSHS) Rehabilitation Administration’s (RA) mission is to “*transform lives by creating pathways to self-sufficiency through effective rehabilitation services and meaningful partnerships*.” Realizing this mission requires a committed, professional, and highly engaged staff with specific skills, abilities, and competencies. RA provides administrative oversight to Juvenile Rehabilitation (JR), which provides residential treatment in institutions and community facilities and reentry planning, services, and supports to the State’s highest-risk youth who have been committed to JR’s custody by the county juvenile courts following a juvenile offense. JR may also provide residential treatment to youth adjudicated and sentenced by a court of any federally recognized Tribe located in the State of Washington pursuant to a contract.[[1]](#footnote-2)

JR’s services increase each youth’s pro-social behavior and enhance community safety while focusing on the youth’s reentry to the community. Of the youth committed to JR in State Fiscal Year (SFY) 2018:[[2]](#footnote-3)

* 64.1% have a prior offense history with 40.0% having 3 or more prior offenses;
* 55.3% have committed a violent offense; and
* 18.1% have committed a sex offense.

JR also serves youth committed under the age of 18 who have been tried, convicted and sentenced as adults through the Youthful Offender Program (YOP).[[3]](#footnote-4) In State Fiscal Year (SFY) 2017, 14.3% of the youth served by JR were in the YOP. A majority of these youth were served at Green Hill School (81%).[[4]](#footnote-5)

Youth served by JR also have complex behavioral health needs that require dynamic treatment services. In SFY18, more than half of the youth served by JR had a substance abuse and mental health treatment need. More than a fourth had two co-occurring clinical treatment needs and measurable cognitive impairments. In any given month, almost half of the youth being served have a self-identified gang affiliation.

JR adopted its current residential staffing model in 1997. Since that time, the needs of the client population have intensified, treatment modalities have evolved, and communities have changed.[[5]](#footnote-6) Understanding current staffing challenges and identifying an optimal residential staffing model has become even more important given two significant changes. First, in 2018, Governor Jay Inslee signed legislation extending the jurisdiction of the juvenile court over offenses that previously, when committed by youth 16-17 years of age, had been under the exclusive jurisdiction of the adult court.[[6]](#footnote-7) The law also extends the age limit for juveniles who commit serious offenses at 16 or 17 years of age to receive JR services from 21 to 25 years of age. These changes will result in an increase in the number of youth served by the institutions and community facilities. Second, on July 1, 2019 JR will become part of the newly created Department of Children, Youth, and Families (DCYF).[[7]](#footnote-8) DCYF will need to have a clear understanding of the workforce requirements to successfully achieve the outcomes for the youth previously served by JR.

## Purpose of the Report and Methodology

During the summer of 2018, DSHS contracted with Hyzer Group LLC to conduct a staffing analysis for JR. Hyzer Group works exclusively with health, human services, and juvenile rehabilitation programs and services. They have worked with numerous federal, state, and local agencies to assess workforce practices and develop staffing models to improve agency operations.

This staffing analysis focuses on JR’s residential custody staff who have direct interactions with youth. These staff include: Juvenile Rehabilitation Residential Counselors (JRRCs), Juvenile Rehabilitation Counselor Assistants (JRCAs) (counselors) and Juvenile Rehabilitation Security Officer 1s (JRSOs) that work with youth at JR’s three institutions and eight community facilities. The study’s goal is to “determine an optimal staffing model to allow staff to sufficiently perform their required responsibilities.”

Prior to developing a new residential staffing model, we conducted an analysis of JR’s current staffing features, strengths, and challenges. We used a mixed-method approach that blends qualitative and quantitative analysis to understand JR’s programs and services that included:

* Site visits to the three JR institutions and eight community facilities to conduct one-on-one and group interviews with direct services staff, youth, supervisors, and leadership;
* A staff survey to gain information on staff demographics, time spent, adequacy of staffing levels, supervision, turnover, safety on the job, and a separate Organizational Social Context study to evaluate the organizational culture and climate, and staff morale at JR residential facilities;
* Analysis of administrative data from DSHS’ Human Resources Management System (HRMS) system to gain information on staff missed time, on-call usage, turnover, and staff salaries; and
* Review of key documents to ensure a comprehensive understanding of JRs treatment model, program components, and specific practices being used to implement the model.

This report provides results from the analysis of current JR staffing practices. It highlights the key strengths and challenges for JR as it begins to update staffing model to more effectively support JR’s Rehabilitation Model. Results and findings from this report will provide the necessary background and building blocks to develop new staffing models for JR’s institutions and community facilities. These new staffing models will be presented in a subsequent “Future State Staffing Model” report.

## Major Findings

Juvenile Rehabilitation staff working at the three institutions and eight community facilities have an enormous responsibility. They provide for the needs of youth in custody 24 hours a day, seven days a week. Youth must be kept healthy, active, and well nourished. Youth must receive the appropriate education and have opportunities to develop vocational skills. Staff must balance the competing demands of meeting different treatment, educational, recreational, vocational, and community engagement needs. In the institutions, staff must also maintain constant supervision to ensure the safety and security of youth and staff. Staff working in the community facilities also must support opportunities for youth to be in the community, which includes coordinating activities such as shopping, recreation, field trips, local community activities, and family visits. Staff also ensure the ongoing safety of the youth and community and monitor youth who are working or attending a private or public school.

In addition to the daily care and supervision of youth, JR staff members also provide a transformative experience and pathway to self-sufficiency for youth, from commitment through reentry into their communities. JR services are designed to increase each youth’s pro-social behavior, enhance community safety, and prepare them for productive lives and a successful future after they leave. The foundation of treatment for youth is the provision of Dialectical Behavior Therapy (DBT). Staff also begin to plan and provide services and support for reentry into the community. This can be very difficult as many youth have complex issues including educational, mental health, and substance abuse challenges. Many also return to impoverished communities with high crime rates and low performing schools.

### Fidelity to the Rehabilitation Model / Integrated Treatment Model

**The current number of staff and the composition of the workforce cannot support full implementation of all the components of the Rehabilitation Model**.

Due to insufficient staffing levels, Juvenile Rehabilitation Residential Counselors (JRRCs) and Juvenile Rehabilitation Counselor Assistants (JRCAs) (counselors) are not able to implement all of the key components of the Rehabilitation Model. We found counselors in the three institutions and eight community facilities combined spend more than three-quarters of their time (78%) providing floor supervision, safety and security, transports, and custodial care, which equates to 31 hours of a 40-hour workweek.

Counselors are consumed by the day-to-day responsibilities associated with ensuring safety and security and supervising daily living activities. With current staffing levels, they are not able to meet the minimum standards for the provision of Dialectical Behavior Therapy (DBT), which is JR’s core residential treatment modality that emphasizes individual counseling and group skills training classes.

Reentry planning is also a fundamental element of the Rehabilitation Model. We found counselors conduct limited reentry planning, primarily because they do not have the time necessary to actively engage youth and their families. Counselors also lack time to identify and link youth to available community resources that can support them upon their release.

We also found counselors sacrifice other program components in service of ensuring safety and providing supervision. In interviews with both staff and youth, we heard cultural and recreational activities are often canceled or not provided. Youth in the institutions indicated that the units are often short-staffed, making it impossible for one staff member to leave the unit in order to escort youth to cultural or recreational activities. Counselors and Juvenile Rehabilitation Security Officers 1 (JRSO 1s) said cancelling these activities often leaves the youth with too much idle time, which may lead to interpersonal conflict involving youth and staff members.

### Overtime and On-Call Usage

**There is significant use of both on-call staff and overtime to cover shifts.**

The total use of overtime among all staff (permanent and on-call) is 64,640 hours, which represents 7.4% of all hours worked by JR residential staff. This represents a significant cost outlay for JR as overtime hours are paid at 1.5 times the regular wage. All three institutions and the community facilities (collectively) saw a higher incidence of overtime use among on-call staff. This has even more serious budget implications for JR, because on-call staff who work enough to gather overtime may, over time, qualify for benefits.

The most prevalent reason for overtime is an insufficient level of permanent staff to meet minimum staffing requirements. In part, this is due to high turnover and difficulty in filling vacancies. Some staff noted a high rate of staff calling in sick, staff on “light duty,” and staff members being away for training. We found high overtime levels may be leading to increased stress and staff burnout, which, in turn, may lead to increased absenteeism.

### Supervision

**Not all supervisors received supervisory training and most have difficulty meeting the minimum requirement of providing monthly supervision.**

Lack of quality supervision leads to dissatisfied staff, high turnover, and reduced safety, security, and quality of care for youth. One of the top factors identified by participants in the staff survey for wanting to leave their position was “poor leadership, supervision, and support.” The range of staff who indicated this as a reason to leave ranged from 44.6% of staff at the community facilities to 72.4% at Green Hill.

Specialized training is one way to help supervisors provide effective supervision. However, only some of the supervisors interviewed indicated they had received the specialized supervisory training offered in DSHS’ supervisory essentials class. Other supervisors have not heard of this training; however, they were interested in attending and felt it would help them better manage their staff.

Many supervisors indicated they have difficulty meeting the requirement to conduct monthly one-on-one supervision sessions with staff they supervise. Reasons supervisors cited for this included: always having to be on the floor; supervisors having to carry a caseload, which detracts from time they have for supervision; the necessity of dealing with emergencies, paperwork, and scheduling-related issues; and not being able to take staff of the floor.

### Training

**Staff do not receive the necessary training time to gain requisite knowledge and skills for working with youth. In addition, training is not always provided in a timely manner.**

Given current staffing levels, facilities are often unable to provide training before staff begin working directly with youth. Facilities also experience challenges in taking staff off the floor to receive training. Significant staff time is required to complete the JR in-person training requirements in the first year, which include:

* 100 hours of training for JRSOs working in the community facilities;
* 116 hours of training for JRSOs working in the institutions;
* 124 hours of training for JRRCs and JRCAs working in the community facilities; and
* 140 hours of training for JRRCs and JRCAs working in the institutions.[[8]](#footnote-9)

These requirements do not include the training staff must complete online through the Learning Management System (LMS) and other additional training in areas including CPR/First Aid, Food Handling, and Sexual Orientation, Gender Identity and Expression.

The current training process and the timeframes for provision of training are not properly equipping staff before they begin working with youth. At all facilities, staff report the Dealing with Resistive Youth (DWRY) safety training or Community Safety Training is often not provided before staff begin working with youth. Some staff do not receive safety training for weeks, sometimes months. On-call staff are sometimes not trained until months after they start, limiting their ability to stop and address egregious behaviors.

Some staff also raised the concern that JRRCs and JRCAs (counselors) receive a caseload before they receive the minimal Dialectical Behavior Therapy (DBT) training — Milieu Treatment: Coaching on the Floor and Case Management Training. Most of the counselors said they have never received training on conducting the weekly individual one-on-one counseling sessions or conducting the weekly DBT Skills Groups on mindfulness, interpersonal effectiveness, emotional regulation, and distress tolerance skills. This limits their ability to provide services and counseling consistent with JR’s Rehabilitation Model.

### Staff Demographics

**JR’s current staff demographic includes a large cadre of senior staff who will retire in the next ten years, presenting challenges for facilities to maintain an experienced pool of staff with institutional knowledge.**

JR’s current staff demographic composition has a wide range of tenure, experience, and generational differences. Overall, 25% of JRs current direct services staff is in their fifties and sixties. There is a significant pool of staff with extensive experience (10+ years) but who will be retiring in the next ten years, along with a pool of younger, less experienced staff among which there is a high turnover rate. Unless JR aggressively implements retention strategies, it will face a lack of staff with institutional knowledge who can assume more senior and leadership roles in the facilities.

### Turnover

**Actual turnover and turnover intent of staff are significant issues.**

Using data from the state’s Human Resources Management System (HRMS), we calculated actual turnover rates, which include voluntary turnover and involuntary turnover. *Voluntary turnover* involves an employee willfully resigning from their position for another position within or outside the agency or other personal reasons. *Involuntary turnover* refers to layoffs, mandatory retirements, or discharges.

Turnover rates for Juvenile Rehabilitation Residential Counselors (JRRCs) range from a low of 19.3% at Echo Glen to a high of 42.0% at Green Hill. Turnover rates for Juvenile Rehabilitation Counselor Assistants (JRCAs) range from a low of 20.0% at the community facilities to a high of 57.9% at Echo Glen. Reports provided by JR show a turnover rate among Juvenile Rehabilitation Security Officers (JRSOs) of 48% between May 2017 and April 2018.

*Turnover intent* is the process of thinking about quitting or planning to leave a job, or the desire to leave a job. There are many staff at all facilities who do not see themselves working in their current position for longer than two years, including 45.7% of the staff at the community facilities, 41% of staff at Echo Glen, 30.2% at Green Hill, and 44.4% of the staff at Naselle.

While these figures are consistent with national research regarding turnover rates among juvenile justice staff, they present major workforce challenges for JR. Turnover reduces JR’s ability to assure quality treatment that is consistent with the Rehabilitation Model, maintain safe facilities, develop and implement reentry plans, and provide a consistent relationship between counselors and youth. Turnover is also very costly; one study suggests the average cost of recruiting, hiring, and training a new employee is approximately $31,000.[[9]](#footnote-10)

### Salary

**JRRCs, JRCAs and JRSOs all appear to be “under classified” and underpaid relative to other positions with similar qualifications and responsibilities. There also are disparities in pay across the state when salaries are adjusted for cost of living**.

This report has two main findings with regards to salaries. First, our comparison of JRRC, JRCA, and JRSO job responsibilities with other categories of positions in the state shows that while JR staff have comparable (in some cases greater) responsibilities to other positions, they are paid less. Second, there are large discrepancies in salary levels when adjusting for the cost of living throughout the state. Specifically, when adjusting compensation for the cost of living in different parts of Washington, we found staff working in facilities near Seattle have less purchasing power with their salaries than do their counterparts living and working in other areas of the state. This is consistent with what we heard in the interviews conducted during the site visits. In interviews at Echo Glen, we heard of staff having to make choices between going to the doctor and buying food; not being able to afford to get their cavities filled for years; and even having to live in their car due to the high cost of rent.

### Recruitment, Selection and Retention

**There are no dedicated staff to conduct recruitment for JR staff positions, support best practices in selection, and identify and support implementation of retention strategies.**

Currently, recruitment to fill positions at each of the facilities is conducted by leadership or other staff at each facility. In the past, JR facilities had dedicated human resources (HR) staff that did more to support recruitment efforts. The current recruitment support from HR staff is limited to posting job announcements online. In recruiting staff, it is important that the job title and description accurately reflect the position an organization is seeking to fill. We found more than half of the staff did not feel their position was fully and accurately described during the recruitment process and they did not have a complete understanding of the responsibilities of the position or the environment in which they would be working. Many staff did not tour the facility prior to accepting their position. Lastly, there are currently few reward and recognition programs and many staff do not see opportunities for advancement in JR—two components of a retention strategy.

## Factors for New Residential Staffing Model

### Staffing Levels

In developing a new residential staffing model for JR, the following factors must be considered.

* **Workload** – The workload of JRRCs and JRCAs, defined as the time required to complete all the tasks required to effectively implement and support all components of the Rehabilitation Model.
* **Needs of Youth Impacting Workload** – Youth served by JR often have complex and multiple issues, such as mental health acuity, co-occurring clinical treatment needs, cognitive impairments, and gang affiliations, among others. They also have other complex hurdles to a successful return home including lack of a safe and stable place to call home; low rates of graduation from high school; and difficulty in obtaining a living wage job. These require increased staffing to effectively provide services and supports. In addition, for decades there has been over representation of African American youth in JR.
* **Programming Requirements** – Staffing levels should be aligned with the varying daily operations and programming among the institutions and community facilities.
* **Intakes and Discharges** – Staff conduct a variety of added work when youth enter or depart a facility. Most facilities currently do not have staff dedicated to intake or discharge processes, nor does JR’s current residential staffing model account for this work.
* **Shift Relief Factor** – A shift-relief factor is a useful workload tool that estimates the additional staffing levels needed to cover staff time off and maintain uninterrupted coverage for normal operations. For example, a shift-relief factor for direct service staff of 1.2 means that, on average, if 1,000 hours of staff time are needed to cover normal operations, an additional 200 hours are required to account for planned and unplanned absences. A shift relief factor must be part of the new residential staffing model.

### Organizational Factors

JR faces many challenges in recruiting and retaining staff needed to successfully implement the Rehabilitation Model. Experienced human resources (HR) staff, dedicated to JR, are needed to improve recruitment, selection and retention of a diverse workforce. In addition, JR must address the salary disparities between JR and other positions with similar responsibilities and required qualifications. Lastly, JR must develop a multi-pronged strategy to strengthen supervisory practice. Research has shown that supervisors are “critical to culture change, supervising direct practice, and implementing policy reforms, and as such, are at the forefront of delivering good outcomes for children.[[10]](#footnote-11) In addition, the quality of supervision has shown to have a direct impact on job satisfaction, and, in turn, turnover.[[11]](#footnote-12)

# Background

The Washington State Department of Social and Health Services (DSHS) Rehabilitation Administration’s (RA) mission is to “*transform lives by creating pathways to self-sufficiency through effective rehabilitation services and meaningful partnerships*.” Realizing this mission requires a committed, professional, and highly engaged staff with specific skills, abilities, and competencies. RA provides administrative oversight to Juvenile Rehabilitation (JR), which is required to provide residential treatment in institutions and community facilities to the State’s highest-risk youth who have been committed to JR’s custody by the county juvenile courts following a juvenile offense.[[12]](#footnote-13) JR also may provide residential treatment to youth adjudicated and sentenced by a court of any federally recognized Tribe located in the State of Washington pursuant to a contract.[[13]](#footnote-14),[[14]](#footnote-15)

JR also serves youth under the age of 18 who have been tried, convicted and sentenced as adults through the Youthful Offender Program (YOP).[[15]](#footnote-16) In State Fiscal Year (SFY) 2017, 14.3% of the youth served by JR were in the YOP. A majority of these youth were served at Green Hill School (81%).[[16]](#footnote-17)

Services are designed to increase each youth’s pro-social behavior and to enhance community safety while focusing on the youth’s reentry to the community. These services prepare youth to lead productive lives. They also provide assistance to youth and families to help youth reintegrate into their home and community. JR provides Dialectical Behavior Therapy (DBT), a research-based treatment, to all youth in its residential programs. This treatment enhances the likelihood youth will remain crime-free, succeed in school and work, and improve their relationships with their families.[[17]](#footnote-18) JR collaborates with the juvenile courts to create a continuum of services that promotes accountability, safety and rehabilitation.

The Juvenile Justice Reform Act governs juvenile justice programs in Washington. The Juvenile Justice Reform Act was passed in 1977 and has been amended by subsequent legislation. The Juvenile Justice Reform Act is codified in Title 13 of the Revised Code of Washington (RCW). It charges both county and state agencies with the responsibility to hold youth accountable for their offenses and to provide necessary treatment and rehabilitation to youth. The Juvenile Justice Reform Act authorizes a continuum of services and supports for juvenile offenders, including prevention, early intervention (diversion programs),[[18]](#footnote-19) and intervention (probation, detention, disposition alternatives).[[19]](#footnote-20) The most intensive intervention is placing a youth in one of JR’s facilities.[[20]](#footnote-21) In addition, post-release parole aftercare services are available to approximately 50% of the youth. The Washington Administrative Code (WAC) provides implementing regulations for Title 13 RCW.[[21]](#footnote-22)

DSHS’ Strategic Plan outlines key goals to continually improve services to youth. The Strategic Plan recognizes that a skilled workforce and partnerships with community programs are key to ongoing improvement.[[22]](#footnote-23) Strategic objectives relevant to developing a new residential staffing model are discussed in relevant sections of this report.

## Current Residential Staffing Model

JR adopted its current residential staffing model in 1997. Since that time, the needs of the client population have intensified, treatment modalities have evolved, communities have changed, and additional legal mandates and executive orders have issued in the last several years.[[23]](#footnote-24) Understanding current staffing challenges and identifying an optimal residential staffing model has become even more important given two significant changes. First, in 2018, Governor Jay Inslee signed legislation extending the jurisdiction of the juvenile court over offenses that previously, when committed by youth 16-17 years of age, had been under the exclusive jurisdiction of the adult court.[[24]](#footnote-25) The law also extends the age limit for juveniles who commit serious offenses at 16 or 17 years of age to receive JR services from 21 to 25 years of age. These changes will result in an increase in the number of youth served by the institutions and community facilities. Second, on July 1, 2019, JR will become part of the newly created Department of Children, Youth, and Families (DCYF).[[25]](#footnote-26) DCYF will need to have a clear understanding of the workforce requirements to successfully achieve the outcomes for the youth previously served by JR.

## Juvenile Rehabilitation

Juvenile Rehabilitation (JR) must ensure that risk assessments and treatment needs of the youth serve as the basis for placement decisions. [[26]](#footnote-27) However, all youth must initially be placed in one of the institutions for no less than 30 days.[[27]](#footnote-28) Youth cannot be placed in a community facility until ten percent of their sentence, and in no case less than thirty days, has been served in an institution.[[28]](#footnote-29) JR also must conduct ongoing risk assessments during a juvenile’s commitment that evaluate the risk to public safety, the risk for sexually aggressive behavior, and the risk for vulnerability to sexual aggression.[[29]](#footnote-30)

 JR’s Division of Institution Programs oversees three institutions:

* Echo Glen Children’s Center (Echo Glen)
* Green Hill School (Green Hill)
* Naselle Youth Camp (Naselle)

**Echo Glen** is a medium/maximum-security facility that is not fenced but is bordered by natural wetlands. It provides treatment services for younger male offenders and is the only institution offering services to female offenders. It has nine living units. **Green Hill** is a medium/maximum-security fenced facility for older male offenders. It has six living units. **Naselle** is a medium-security facility that is not fenced and has three living units.

The JR Division of Community, Reentry and Parole Programs administers eight community facilities, located throughout the state. Three of the community facilities are in the western part of Washington and five are in the eastern part of Washington. The community facilities provide step-down and reentry services to minimum-security youth.[[30]](#footnote-31) Youth cannot be placed in a community facility unless a risk assessment has been conducted, including a determination of alcohol and drug abuse, and the results indicate the youth will pose not more than a minimum threat to public safety. Schools and local law enforcement must also be properly notified prior to placement.[[31]](#footnote-32) Youth in community facilities may be permitted unescorted participation in treatment programs in the community that do not involve family for up to 12-hours per day.[[32]](#footnote-33)

The community facilities have capacities ranging from 14-16 beds. These facilities include:

* Canyon View Community Facility (Canyon View)
* Oakridge Community Facility (Oakridge)
* Parke Creek Community Facility (Parke Creek)
* Ridgeview Community Facility (Ridgeview)
* Sunrise Community Facility (Sunrise)
* Touchstone Community Facility (Touchstone)
* Twin Rivers Community Facility (Twin Rivers)
* Woodinville Community Facility (Woodinville)

Ridgeview is the only community facility for female juvenile offenders.

Any youth who commits a serious infraction while living in a community facility must be returned to an institution.[[33]](#footnote-34) Serious violations including demonstrating violence toward others with intent to harm and/or resulting in significant bodily injury; setting or causing an unauthorized fire with intent to harm self, others, or property; suspensions or expulsions from school or work; escape or attempted escape. [[34]](#footnote-35) For other non-serious violations youth may be returned to an institution or receive other sanctions. All violations must be documented in an incident report no less than 24-hours after the behavior is discovered.[[35]](#footnote-36)

## Juvenile Rehabilitation Staffing Study

During the summer of 2018, DSHS contracted with Hyzer Group LLC to conduct a staffing analysis for Juvenile Rehabilitation (JR). The staffing analysis focuses on JR’s residential custody staff who have direct interactions with youth. The study’s goal is to “determine an optimal residential staffing model to allow staff to sufficiently perform their required responsibilities.” The main questions the project sought to address include:[[36]](#footnote-37)

* What is the most effective and efficient level of staffing?
* What are the causes of staffing challenges identified?
* What management practices regarding staffing can be implemented to respond appropriately to future fluctuations in the projected resident population?
* What strategies could be implemented to reduce overtime and on-call utilization?

The focus of the study was direct services staff members, which include Juvenile Rehabilitation Residential Counselors (JRRCs), Juvenile Rehabilitation Counselor Assistants (JRCAs) and Juvenile Rehabilitation Security Officer 1s (JRSO 1s).

Prior to developing a new residential staffing model, we first sought to gain a 360-degree view of the current staffing attributes, features, strengths and challenges at each of the three JR institutions and eight community facilities. The primary focus of current state staffing analysis is to document the findings from our data collection and analysis activities and establish the baseline for developing a new residential staffing model.

#  Methodology

We used a mixed-method approach that blends qualitative and quantitative analysis to understand Juvenile Rehabilitation’s (JR) goals, programs, and services, and to provide a comprehensive picture of the current workforce’s strengths and challenges. This methodology section provides a brief overview of the data sources. Appendix A provides a more in-depth description of the methodology used. We obtained data via the following means:

* Site visits;
* Staff survey;
* Organizational Social Context (OSC) survey;
* Review of administrative data from the State’s Human Resources Management System (HRMS) system; and
* Review of select documents, legal mandates and executive orders.

We conducted site visits at the three Juvenile Rehabilitation (JR) institutions and eight JR community facilities. We met with 175 youth and staff either individually or as part of focus groups held at Echo Glen, Green Hill, and Naselle. We conducted 79 interviews with youth and staff at the eight community facilities. At the community facilities, we had the opportunity to meet with some central office staff including ITM Consultants and Trainers and one Transition Specialist.

In addition to the staff interviewed at the facilities, we also conducted interviews with the two Juvenile Rehabilitation Regional Administrators who provided an overview of the aftercare and reentry services provided to youth leaving JR facilities; The JR Clinical Director who provided information and feedback on implementation of the Rehabilitation Model and required training; and two leaders from the Services and Enterprise Support Administration (SESA) who work in the Human Resources Division who provided information on recruitment and selection support provided to JR.

We also conducted a staff survey among Juvenile Rehabilitation Residential Counselors (JRRCs), Juvenile Rehabilitation Counselor Assistants (JRCAs), and Juvenile Rehabilitation Security Officer 1s (JRSO 1s) including on-call JRSO 1s of the three institutions and eight community facilities. The staff survey questions obtained information about caseloads, time spent on fulfilling key responsibilities, frequency of mandatory shift holdovers, and overtime, recruitment practices, training, and key indicators related to staff turnover and retention. The survey also included questions to assess organizational culture, climate and morale in each facility. Response rates were 34.7% for Echo Glen, 42.5% for Green Hill, 69.2% for Naselle, and 35.7% for the eight community facilities.

To augment the survey data, we also analyzed DSHS administrative data from DSHS Human Resources Management Information System (HRMS) and the Automated Client Tracking System (ACT). We used data from these systems to analyze JR staff salary levels, turnover, use of overtime, and the time staff spent working and taking both planned and unplanned leave.

Lastly, we reviewed numerous documents identified by the Rehabilitation Administration (RA) Project Team to ensure a comprehensive understanding of Juvenile Rehabilitation’s (JR’s) treatment models, program components, and current staff job duties and responsibilities. We also reviewed select legal mandates and executive orders.

# Workforce Context

An important part of developing a residential staffing model is understanding what the full scope of the work entails by identifying the programs, services, and tasks in which the workforce is involved on a routine basis. This section highlights how staff at the facilities balance the need to provide both day-to-day custodial care and effective treatment to populations that have increasingly complex and challenging needs.

## Custodial Care of Youth

Juvenile Rehabilitation staff working at the three institutions and eight community facilities have an enormous responsibility. They must provide for the needs of youth in custody 24 hours a day, seven days a week. Youth must be kept healthy, active, well nourished. Youth must receive the appropriate education and have opportunities to develop vocational skills. In the institutions and community facilities, the expectation is youth spend at least 13 hours of the day outside of their rooms.[[37]](#footnote-38) Staff must balance the competing demands of meeting different treatment, educational, recreational, vocational, and community engagement needs. In the institutions, staff must also maintain constant supervision to ensure the safety and security of youth and staff. Staff working in the community facilities must also support opportunities for youth to be in the community including shopping, recreation, field trips, local community activities, and family visits and ensure the ongoing safety of the youth and community. They must also provide monitoring to youth who are working or attending a private or public school. Exhibit 4-1 includes the primary staff activities and duties listed in job descriptions and discussed with applicants during the hiring process.

Exhibit 4‑1. Youth Care and Security Responsibilities

| Responsibility | Institutions | Community Facilities |
| --- | --- | --- |
| Supervise youth movement to and from school and/or educational opportunities | **🗸** | **🗸** |
| Escort youth to cultural and recreational programming at the facility or in the community and supervise them during these activities | **🗸** | **🗸** |
| Facilitate and supervise daily personal hygiene activities of youth | **🗸** | **🗸** |
| Conduct “spot checks” of youth working in the community |  | **🗸** |
| Supervise youth completing housekeeping tasks, laundry, snack distribution and cleanup, and other daily living chores | **🗸** | **🗸** |
| Plan, organize, and supervise youth in individual and group activities | **🗸** | **🗸** |
| Drive or escort youth to, and wait for them at, appointments (e.g. doctor, dentist, therapist, etc.) on campus or in the community | **🗸** | **🗸** |
| Distribute and monitor youth medications | **🗸** | **🗸** |
| Drive youth to and from work |  | **🗸** |
| Prepare and provide meals to youth on weekends |  | **🗸** |
| Intervene and breakup physical and verbal altercations and de-escalate crisis situations | **🗸** | **🗸** |
| Conduct various security checks including head counts (hourly) and room searches for contraband and weapons | **🗸** | **🗸** |
| Serve as liaison and maintain and monitor contact between youth and family members, probation officers, treatment providers, employers, etc. | **🗸** | **🗸** |
| Monitor youth savings and bank accounts; track and receive all incoming and outgoing funds |  | **🗸** |
| Maintain daily log of events and observations | **🗸** | **🗸** |
| Arrange, support and monitor family visits | **🗸** | **🗸** |

## Rehabilitation Model

In addition to the daily care and supervision of youth, JR staff members also provide a transformative experience and pathway to self-sufficiency for youth, from commitment through reentry into their communities. JR services are designed to increase each youth’s pro-social behavior, enhance community safety, and prepare them for productive lives and a successful future after they leave. The overarching model used to treat and rehabilitate juvenile offenders is known as the Rehabilitation Model, depicted in Exhibit 4-2. The Rehabilitation Model is often referred to the “Integrated Treatment Model” (ITM).

Exhibit 4-2. Rehabilitation Model



The Rehabilitation Model and supportive case management encompass the following three overarching elements:

1. Primary Treatment;
2. Key Programs and Services; and
3. Reentry Planning.

### Primary Treatment

Dialectical Behavior Therapy (DBT), which is a research-based treatment, is at the foundation of the primary residential treatment component of the Rehabilitation Model.[[38]](#footnote-39) DBT blends cognitive and behavioral theory to address both external behaviors and internal thought processes and foster the development of skills and pro-social behaviors. The model focuses on counselors engaging youth in a supportive, therapeutic relationship in which they examine target behaviors to understand the factors underlying them. With these insights, youth can identify approaches to address problematic behaviors and develop skills and goals that will help them be successful in the community.[[39]](#footnote-40)

Exhibit 4-3 provides an overview of the DBT standards that guide the work of the Juvenile Rehabilitation Residential Counselors (JRRCs) and Juvenile Rehabilitation Counselor Assistants (JRCAs). All staff are expected to use DBT strategies, principles, and skills when working in the milieu (anywhere youth are present: in their room, on the floor, common areas where they eat meals, and when they are transitioning between spaces).

Exhibit 4‑3. Dialectical Behavior Therapy (DBT) Standards

| StandardEffective Date | Key Requirements |
| --- | --- |
| DBT Standard 01:**Individual Client Sessions**(February 1, 2017) | * Conduct **1 counseling session (minimum) per week**, typically for **1 hour**
* Repair relationship while on milieu during the week, if needed
* Conduct check-ins between sessions to ensure acquisition and generalization of skills
* Check on homework, follow-through with commitments (e.g., role-play on the floor)
* Enter notes for each session into the Automated Client Tracking (ACT) system
 |
| DBT Standard 02:**Consultation Teams**(February 1, 2017) | * Consultation Teams shall meet **weekly** to enhance capabilities and motivation of counselors
* Prior to their first meeting, counselors must read the DBT manual and the skills manual, be oriented to the purposes and practices of the Consultation Team, and make a commitment to be present and participate at each meeting
* The Consultation Team meeting shall be **2 hours**
* Therapist consultation is the first hour and includes: mindfulness exercise; approval of minutes from last meeting; agenda-setting and discussion of agenda, which must include skills groups updates; follow-up on items from previous meetings; client attendance review and individual sessions; update of therapist or client contact information; details on counselors out of town and needing backup
* The Didactic Discussion is the second hour of the Consultation Team meeting. It will include a mindfulness exercise and teaching or training in DBT (50 min.), such as discussion of assigned readings, role-plays or skills practice, videotape review, and review and discussion of available training materials
 |
| DBT Standard 03:**Milieu Management**(February 1, 2017) | * Assure that the milieu is safe, structured, and supportive
* The milieu will feature common structures intended to be supportive of youth development, such as: daily routine, consistent rules, and enjoyable activities
* The milieu must foster effective communication between staff members in order to support the treatment goals and milieu functions. Staff must use a combination of mechanisms to aid communication of relevant information; have structures in place to talk about each youth’s goals and treatment plan; and actively talk about each youth’s goals and targeted behaviors with a focus on treating behaviors vs. managing behaviors
* Staff will apply DBT strategies in the milieu to support youth including motivation and engagement; assessment; validation; changing strategies; coaching in the moment; cue management removal; and consultation with youth to help them manage their environment
* Stop and treat high-level egregious behaviors and behaviors that destroy treatment and shut down the program
* Observe and address youth and staff interfering behaviors occurring in the milieu
 |
| DBT Standard 04: **Skill Acquisition Groups**(February 1, 2017) | * JR counselors will provide youth with **two 60-minute groups each week**
* Each group will have a leader and a co-leader
* Skill groups will utilize skills from all 5 Skills Modules: Mindfulness; Interpersonal Effectiveness; Emotion Regulation; Distress Tolerance; Middle Path Skills (Problem Solving)
* Trainers must remain consistent across all sessions of group
* Leaders write group notes in ACT
* Staff are responsible for tracking attendance, assessing why youth are missing sessions, and getting the youth back into group
 |
| DBT Standard 05: **Skills Generalization Groups**(February 1, 2017) | * JR counselors will provide youth with **one 60-minute group each week**
* Leaders must remain consistent across all sessions of the group
* The leader focuses on skill strengthening and generalization during the group getting youth to give behaviorally specific feedback on skill use; getting participants to actively solve problems with each other; promoting skillful responses when the group is “stuck”; leading the group in behavioral rehearsal of potential solutions; assigning behavioral practice; and using principles of shaping, social learning and contingency management
 |

In addition to DBT, facilities must provide specialized treatment services based on identified needs. These may include:

* Mental health treatment;
* Substance abuse treatment;
* Sexual behavior treatment; and
* Aggression Replacement Training (ART);

### Key Programs and Services

Key programs and service include vocation and education, health and mentoring, and cultural and recreational activities. The educational program must emphasize instruction in character-building principles, including respect for self and others, victim awareness, accountability, work ethics, good citizenship, and life skills.[[40]](#footnote-41)

### Reentry Planning and Services

In 2017, 514 youth were released to parole or discharged from the institutions and community facilities.[[41]](#footnote-42) Many have complex issues including educational, mental health, and substance abuse challenges. Many return to impoverished communities with high crime rates and low performing schools. However, if JR provides adequate discharge planning that includes services such as educational and vocational programs, housing assistance, substance abuse, mental health treatment, and life skills, then they are more likely to succeed when discharged.[[42]](#footnote-43)

Planning for reentry is a fundamental element of the Rehabilitation Model and has been a top administrative priority since 2010.[[43]](#footnote-44) In 2016, Governor Inslee signed an Executive Order requiring that JR “build a reentry-focused orientation program for every individual as she or he enters and exits a correctional facility.”[[44]](#footnote-45) The Executive Order also required JR to ensure that all youth leaving JR have copies of all necessary documents, such as identification, social security cards, certificates of completion and medical documents, to assist in transition to the community.[[45]](#footnote-46)

In addition to evidence-and research-based rehabilitation services, reentry planning also must be conducted from the point of intake to increase the potential for youth to be successful and engaged community members. As part of RA’s Strategic Plan, JR facilities are to:[[46]](#footnote-47)

* Collaborate with local school districts, educational advocates, families, and communities to emphasize and secure school enrollment for youth upon release;
* Engage youth in job readiness and preparation, job skill acquisition, apprenticeships, and targeted employment opportunities;
* Establish direct linkages with businesses supportive of youth in reentry;
* Ensure all eligible youth enroll in Medicaid pre-release in accordance with new agreements with community health partners;
* Enhance behavioral treatment available for youth in JR residential programs and strengthen linkages to community-based alternatives upon release; and
* Ensure that all youth who leave JR will have an individualized reentry plan that addresses the seven reentry domains including living arrangements, mental health, education, substance abuse, employment, peers, and the use of free time; and
* Ensure that all youth exit JR residential programs with key documents such as transcripts, vocational certifications, resumes, and identification cards that are critical for successful reentry.

On March 21, 2018, Governor Inslee signed legislation into law requiring that the Department of Children, Youth and Families (DCYF) – which JR will become a part of in 2019 – and the Office of Homeless Youth Prevention and Protection Programs develop a plan to ensure that, by December 31, 2020, no unaccompanied youth is discharged from a publicly funded system of care into homelessness.[[47]](#footnote-48) As part of RA’s current Strategic Plan, JR is focusing on reducing the number of youth leaving the institutions and community facilities who have an episode of homelessness or are unstably housed within 6-months of release from 17% in 2015 to 10% by June 2019. The action plan for ensuring youth released from JR have stable housing includes planning for housing from the point of intake and addressing issues and risk factors that lead to housing instability; engaging youth and families in planning for housing pre-release and documenting resources in the service plan; and connecting youth and families with relevant community resources and supports for housing upon release.[[48]](#footnote-49)

JRRCs and JRCAs also have numerous case management duties to facilitate and support core programs and services, reentry planning, and day-to-day living. Many of these case management functions must be documented in the Automated Client Tracking (ACT) system. These duties include, but are not limited to:

* Conducting initial assessments;
* Developing and implementing treatment plans;
* Coordinating and/or providing specialized treatment services based on identified needs including mental health treatment, substance abuse treatment, sexual behavior treatment, Aggression Replacement Training (ART);
* Conducting Client Behavioral Assessments (CBAs) every 30 days;
* Supervising youth in the institutions during on-campus movements, including movement to and from school, cultural groups, and for medical treatment;
* Transporting youth in the community facilities to and from health appointments, drug and alcohol treatment, mental health treatment, job interviews, work, school and authorized leave;
* Conducting safety monitoring for youth who are working, attending school, or participating in community activities;
* In the community facilities, provide financial management of youth funds;
* Supporting and facilitating the engagement of families of youth to develop, strengthen, and maintain family and pro-social relationships that promote successful reentry; and
* Planning for reentry into the community, including identifying community services and supports, linking youth to these supports, preparing for and attending Reentry Team Meetings (RTMs), and providing life skills to prepare youth for long-term success.

Appendix B provides an overview of the Community Facility Standards and Appendix C provides and overview of select JR Policies.

## Population Served

*“We are getting more difficult, more aggressive youth with many serious mental health issues.”*

—Leadership

The types of youth receiving services and the services they need are key factors in determining an appropriate residential staffing model for Juvenile Rehabilitation (JR). This section provides an overview of the JR population.

Youth committed to JR have typically committed serious crimes involving at least one violent offense, or have criminal histories comprising a large number of felony offenses. Approximately 35% of youth are serving Manifest Injustice Up sentences, which are longer than Standard Range sentences due to the seriousness of the crime. Five percent (5%) of youth have Manifest Injustice Down sentences, as the standard range is seen as too punitive for their offenses.[[49]](#footnote-50)

Of the youth committed to JR in State Fiscal Year (SFY) 2018:[[50]](#footnote-51)

* 64.1% have a prior offense history with 40.0% having 3 or more prior offenses;
* 55.3% have committed a violent offense; and
* 18.1% have committed a sex offense.

JR also serves youth committed under the age of 18 who have been tried, convicted and sentenced as adults through the Youthful Offender Program (YOP).[[51]](#footnote-52) In State Fiscal Year (SFY) 2017, there 14.3% of the youth served by JR were in YOP. A majority of these youth were served at Green Hill School (81%).[[52]](#footnote-53)

Of all the youth served in JR in SFY 2018, 19.2% claimed gang affiliation. However, since youth with known gang affiliation typically commit more serious and violent offenses – resulting in longer sentences – the percentage of gang-affiliated youth in residence on any given day in JR is approximately 45%.[[53]](#footnote-54)

During SFY 2018, JR provided services to 1,201 youth in its three institutions and eight community facilities, with the institutions serving 911 youth and the community facilities serving 290 youth. Of these youth, 92% of the youth in institutions and 90% of youth in the community facilities were male. Sixty-four percent (64%) of the youth in institutions and 62% of the youth in the community facilities were youth of color. Ages of youth ranged from 12 to 20 years of age, with 72% of the youth in the institutions 17 years of age or over and 79% of the youth in the community facilities 17 years of age or older.[[54]](#footnote-55) Youth of color are the majority of youth in the institutions (64%) and the community facilities (62%).[[55]](#footnote-56)

Youth in JR facilities have complex behavioral health needs that require dynamic treatment services. In SFY 2018:[[56]](#footnote-57)

* 69% of youth in the institutions and 59% of youth in the community facilities had a substance abuse dependency treatment need;
* 64% of youth in the institutions and 54% of the youth in the community facilities had a mental health treatment need;
* 36% of youth in the institutions and 37% of the youth in the community facilities had two co-occurring clinical treatment needs.

In addition, 29% of the youth in the institutions and 26% of the youth in the community facilities had a measurable cognitive impairment.[[57]](#footnote-58)

# Key Findings

In order to achieve its mission, Juvenile Rehabilitation (JR) must hire, select, train, and retain competent direct services employees. This section of the report provides key findings regarding current staffing challenges. These insights will inform the development of a new residential staffing model to support the implementation of the Rehabilitation Model and positive outcomes for youth in the custody of JR. This section includes an overview of findings regarding:

* Fidelity to the Rehabilitation Model;
* Staffing challenges:
* Adequacy of staffing levels,
* Time spent by staff,
* Case management time,
* Leave and overtime,
* Caseloads,
* Supervision,
* Training and professional development, and
* Staff-to-youth ratios.
* Staff demographics;
* Staff salaries;
* Staff turnover;
* Factors linked to retention and turnover;
* Safety;
* Culture, climate and morale; and
* Recruitment, selection and retention.

In the beginning of each major sub-section, we provide a summary of the most important finding(s) from that section in a grey highlighted box with bolded black text. The final section of the report provides a summary of the implications of the key findings for a new JR residential staffing model.

## Fidelity to the Rehabilitation Model

**The makeup of the current staff, including both the number of staff and the composition of the workforce, cannot support full implementation of all components of the Rehabilitation Model.**

Due to insufficient staffing levels, Juvenile Rehabilitation Residential Counselors (JRRCs) Juvenile Rehabilitation Counselor Assistances (JRCAs) are not able to implement all key components of the Rehabilitation Model. As discussed above, these include:

* Primary Treatment, which includes Dialectical Behavior Therapy (DBT) and other specialized treatments (e.g., Aggression Replacement Treatment (ART), substance abuse treatment, mental health treatment);
* Key Programs and Services, which include vocation and education, health and mentoring, and cultural and recreational activities; and
* Reentry Planning, which is client-focused and provides connection with natural supports and community services and supports.

This section discusses key issues regarding fidelity to the three key components of the Rehabilitation Model.

### Primary Treatment

In interviews with JRRCs and JRCAs (counselors) most indicated they are not able to meet all of the DBT standards. Similar to what was noted in a previous report written in 2004, counselors are struggling to prepare for and provide one-on-one counseling with youth for the minimum of one (1) hour per week while also preparing for and conducting skills acquisition and generalization group sessions. Many of their case management responsibilities therefore remain incomplete, or do not meet preferred quality standards. Counselors indicated they need more time to spend with youth on their caseloads and more time to conduct one-on-one coaching and modeling of behaviors on the floor.

Exhibit 5-1 provides a summary of the gaps and challenges to DBT implementation counselors identified during interviews and focus groups at the institutions and community facilities.

Exhibit 5‑1. Gaps and Challenges to Implementing DBT Components

| DBT Policy Standard | Key Requirements | Gaps and Challenges Identified from Interviews |
| --- | --- | --- |
| #1: Individual Client Sessions | One session at minimum will be held each week for one hour with each youth on their caseload, minimizing back-ups or changes in counselor in order to build the relationship.  | * The hourly one-on-one meeting per week minimum is generally being held, but most counselors face interruptions and find it challenging to have a full hour.
* There are standards for protected time off the floor, but it is not always possible to follow them without risking security or fulfillment of custodial duties.
 |
| Each session will have an end summary with homework for the upcoming week and session notes entered in ACT.  | * Staff are entering incomplete notes into ACT due to time limitations.
* Many sessions are conducted “on the fly,” are cut short, and are not always structured with closing summaries and homework.
 |
| #2 Consultation Teams | Consultation Teams meet weekly for two hours and meetings include all members supporting their DBT treatment.  | * Staff strive to uphold this standard but often cut it to one hour; often, at least one case-carrying staff cannot attend.
* Some staff indicated JRSOs should be able to rotate presence at meetings as they interact regularly with youth and have insights, but the need to provide unit supervision precludes their attendance.
 |
| One hour devoted to case consultation and one hour is for DBT training, behavioral research, or other discussion which requires each member to have read and fully understand the information on DBT skills. | * Comprehensive case consultation is often cut short to tend to floor coverage and day-to-day needs.
* There are only three ITM Consultants for all of the institutions and community facilities. They try to support Consultation Team meetings, but they do not have the requisite time. Many staff indicated they would like to have significantly more consultant support.
* Rarely do staff have the base DBT pre-training to fully understand the skills required to build on them in Consultation Team meetings, especially given frequent staff turnover.
 |
| #3 Milieu Management | Treatment occurring in the milieu will be youth-centered, with their needs dictating services provided. Staff will be aware of different cultural values and employ inclusive techniques.  | * Some youth expressed a lack of cultural diversity and competency amongst the staff, making it difficult to form relationships.
* Counseling staff are spending a majority of their time in the milieu but find it difficult to provide a mix of youth-centered activities due to constrained staffing and youth supervision ratios.
 |
| Staff in the milieu will stop and treat egregious behaviors, generalize skills in relevant settings, and foster effective communication between staff to support treatment goals.  | * Security and on-call staff are often not trained until months after they start, limiting ability to treat target behaviors.
* Communication between staff is often strained due to shift schedules, turnover, and morale issues in some units and facilities.
 |
| #4 Skill Acquisition Groups | Counselors will provide youth with two skills groups each week; the first hour for mindfulness and homework review, the second hour for new skills teaching and homework.  | * Many staff in the units at the institutions and community facilities expressed how they strive for skills group for one hour per week, but stressed staffing shortages often interfere with the sessions.
 |
| Each skills group addresses behavior in Linehan’s Target Hierarchy and will be run by one consistent leader and one co-facilitator with preparation, debrief, and notes entered in ACT. | * Staff reported there is insufficient time to prepare for these groups, the facilitator often changes, and there often is no co-facilitation.
* Some staff in the institutions and community facilities reported they often feel “thrown into” group counseling sessions without sufficient training.
 |
| #5 Skills Generalization Groups | Counselors will provide youth with a one-hour generalization group each week with consistent leadership and notes entered in ACT.  | * Due to staff already having a challenging time finding opportunities to conduct acquisition groups, these generalization specific meetings are rarely being held. Instead, staff try to use time in the milieu to generalize and reinforce skills.
 |
| Each session will address behavior in Linehan’s Target Hierarchy and engage greater participation from youth than acquisition groups. | * Youth have inconsistent DBT base knowledge, and therefore, have challenges generalizing skills. In addition, the generalization-specific groups rarely occur.
* Youth DBT knowledge depends upon staffing and where they had been previously (whether it be a unit transfer or from a JR Institution to a community facility). Engaging youth to participate can be challenging.
 |

In the interviews and focus groups conducted with staff across JR, counselors expressed how they were consumed by the day-to-day responsibilities associated with ensuring safety and security and supervising daily living activities. Staff also indicated reentry planning including education, employment, housing, and family connections activities and other program components are often sacrificed in service of facility safety and basic functions.

“JR has a great treatment model that’s really evolved to be more rehabilitative than punitive – we just can’t follow through with it realistically and it is not easy to understand for staff that haven’t been here for years”

— Counselor

In spite of these significant difficulties, staff expressed a strong and consistent belief in the importance and effectiveness of implementing all DBT components. It is important not to discount the many success stories that were shared about youth who have had successful treatment and reentry experiences. The findings from staff interviews and surveys do, however, indicate that fidelity to all components of the Rehabilitation Model, particularly DBT and reentry planning and services cannot be achieved without more staff.

In interviews and focus groups, JR counselors were asked if they had the resources needed to effectively implement all components of the Rehabilitation Model. Staff had different perceptions of what “all of the components of the Rehabilitation Model” were. Many staff explained how the Rehabilitation Model has grown to be more complex, suggesting expectations of them were inconsistent. The JRRC and JRCA staff interviewed suggested resources they need to more effectively implement proper treatment. These included specialized treatment protocols and psychological resources for specific acute behaviors, more supervisor case consultation for counselors, comprehensive DBT trainings, more community outreach programs, and vocational skills trainings for the youth.

#### Environmental Adherence (EA) Scores

JR conducts observations of all living units at each of the facilities to assess their adherence to the requirements of managing a DBT milieu. The observations reflect scores from the 13 behavioral anchors, which focus on assessing: Engagement with Youth, Structuring the Environment, Skills Generalization, and Fidelity to the Model. Units are rated on a 0 to 3 scale with the administration’s desire for each unit to achieve a rating of 2.5. An average score is provided to each institution. The scores of the community facilities are aggregated.[[58]](#footnote-59) a

During interviews, direct services staff indicated they struggle to implement the DBT standards of milieu management. Staff indicated much of their time is “putting out fires” or managing day-to-day living requirements. Echo Glen is the only facility that has, on average from 2016-2018, achieved above the target rating of 2.5 for Environmental Adherence (EA) for milieu management. Green Hill, Naselle, and the community facilities have struggled to reach the target score of 2.5 (See Exhibit 5-2).

Exhibit 5‑2. JR Environment Adherence Scores

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Facility | 2016 | 2016/2017 | 2017 | Most Current | Average Score2016-Most Current |
| Echo Glen | 2.81 | 2.78 | 2.85 | 2.78 | 2.80 |
| Green Hill | 1.66 | 1.61 | 1.84 | 1.75 | 1.71 |
| Naselle | 2.38 | 2.16 | 2.26 | 2.32 | 2.28 |
| Community Facilities | 2.06 | 2.26 | 2.16 | 2.30 | 2.19 |

In interviews with staff, we heard that in addition to staff not having time to receive training, the Integrated Treatment Model (ITM) Consultants and Trainers are “spread too thin” and do not have the time to meet the needs of all the facilities for training and consultation to improve fidelity to the DBT model. There are currently only three ITM Consultants and Trainers for all of the institutions and community facilities. Many staff indicated they would like to have significantly more consultation support. In an interview with the JR Clinical Director, we learned when DBT was first being implemented at the institutions and some of the community facilities, intensive up-front training was provided. There was also an embedded consultant and months of on-going training. After the initial implementation, there was less significant training and as budgets were strained, the training was reduced and was insufficient to meet the need, in turn, making it more difficult to provide quality DBT as training and consultation to improve counselors’ skills is a key component of DBT.[[59]](#footnote-60) Further, when DBT is delivered with high program fidelity, reductions in recidivism have been observed.[[60]](#footnote-61)

### Key Programs and Services

In interviews with both staff and youth, we also heard some of the core programs and services are regularly cancelled or not provided – usually cultural and recreational activities. Youth indicated the facilities are often short-staffed; so, one staff member cannot leave the unit in order to take other youth to these activities. Counselors and security officers indicated cancellation of these activities leaves the youth with too much idle time on the units, which often leads to interpersonal conflict involving both youth and staff members.

### Reentry Planning and Services

Juvenile Rehabilitation Residential Counselors (JRRCs) and Juvenile Rehabilitation Counselor Assistants (JRCAs) (counselors) are required to actively engage youth and their families, natural supports, community providers and relevant JR staff in the reentry planning process.[[61]](#footnote-62) Counselors are supposed to work with youth to develop action plans for their time in JR, during which they are supposed to actively prepare for release. They also are required to work with youth and their positive support systems (e.g., family members, friends, mentors, etc.) to ensure adequate support for youth exiting JR custody.

In interviews with counselors and youth, we heard that while Reentry Team Meetings (RTMs) are held, there is often little to no time to do the necessary outreach needed to connect exiting youth to community resources and supports. Without these, it is difficult to ensure youth will be able to build on the progress they have achieved while in custody and avoid re-offending after release. Counselors also indicated they do not have the time needed to work with the youth and their families to fully prepare for reentry. Some of the youth at the three institutions indicated reentry was difficult without the opportunity to first transition to one of the community facilities, where they can adjust to community living with staff support.

## Staffing Challenges

The data and information from the staff surveys and interviews provided a solid basis for assessing current staffing challenges that are preventing full implementation of the three core components of the Rehabilitation Model: Primary Treatment; Key Programs and Services; and Reentry Planning supported by case management. This section provides an analysis of the following:

* Adequacy of staffing levels;
* Time spent by staff;
* Case management time;
* Leave and overtime;
* Caseloads;
* Supervision;
* Training and professional development;
* Staff-to-youth ratios;
* Scheduling challenges; and
* Intakes and discharges.

### Adequacy of Staffing Levels

**There is clear agreement among all staff in all positions in the institutions and community facilities that the current staff levels are not adequate. First, current staff levels are not even at the funded level due to vacancies, high turnover rates, and the extensive time it takes to get a new staff member on board. Second, additional personnel are required to meet the complex needs of the youth and fully implement the Rehabilitation Model.**

“*We just need more staff!”*

—Supervisor

Juvenile Rehabilitation (JR) strives to adhere to the Standards for Juvenile Correctional Facilities. In terms of staffing levels, the standards require that:[[62]](#footnote-63)

* Staff requirements for all categories of personnel are determined to ensure that juveniles have access to staff, programs, and services;
* The facility uses a system to determine the number of staff needed for essential positions, considering (at minimum) holidays, regular days off, annual leave, and average sick leave; and
* The facility administrator can document overall vacancy rate among staff positions authorized to work directly with juveniles does not exceed 10% for any 18-month period.

JR also works to ensure that both the institutions and community facilities meet the staff to youth ratios required by the Prison Rape Elimination Act (PREA).[[63]](#footnote-64) Implementation regulations require each “secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours, and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. *Only* security staff shall be included in these ratios.”[[64]](#footnote-65)

In interviews with leadership (superintendents and administrators), supervisors, direct services staff and youth at the institutions and the community facilities, there was clear agreement there are not enough staff to keep everyone safe, support youth activities, and implement the Rehabilitation Model. Counselors and supervisors indicated they spend most of their time “on the floor,” and there is not enough staff to allow them to apply DBT strategies in the milieu. This forces them to forgo DBT components including engagement, coaching, validation, and one-on-one counseling with youth.

“Generally, staff are overworked and overwhelmed.”

—Supervisor

As seen in Exhibit 5-3, more than three-quarters (84.1%) of Juvenile Rehabilitation Residential Counselors (JRRCs), Juvenile Rehabilitation Counselor Assistants (JRCAs) and Juvenile Rehabilitation Security Officer 1s (JRSO 1s) (direct services staff) across facilities strongly disagree or disagree with the statement, “the facility is staffed to a level that enables us to be successful.” Ninety-seven percent (97%) of staff at Echo Glen, 89.3% of staff at Green Hill, and 80.6% of staff at Naselle indicated they do not believe there is sufficient staff. A lower percentage of staff members at the community facilities (65%) strongly disagree or disagree with the same statement. However, a solid majority of staff across JR feel current personnel levels are insufficient.

Exhibit 5‑3. Sufficiency of Staffing Levels, by Facility

| Facility | “Facility is staffed to a level that enables us to be successful” |
| --- | --- |
| **Strongly Disagree** | **Disagree** | **Neither Agree nor Disagree** | **Agree** | Strongly Agree |
| **TOTAL** | 47.2% | 36.9% | 5.7% | 9.7% | **0.6%** |
| **Echo Glen (n=33)** | 57.6% | 39.4% | 0.0% | 3.0% | 0.0% |
| **Green Hill (n=75)** | 52.0% | 37.3% | 6.7% | 2.7% | 1.3% |
| **Naselle (n=31)** | 54.8% | 25.8% | 6.5% | 12.9% | 0.0% |
| **Community Facilities (n=37)** | 21.6% | 43.4% | 8.1% | 27.0% | 0.0% |

In interviews and focus groups at all of the facilities, staff and youth identified many detrimental impacts of the current staffing levels. These included:

* Staff do not have time to build in-depth relationships with the youth;
* One-on-one counseling is not happening on a regular basis;
* Youth have too much idle time spent watching television or playing video games;
* Treatment quality is suffering;
* Safety of youth and staff is highly compromised;
* Increased incidents of allegations of misconduct between staff and youth when staff are supervising youth alone;
* Staff are burned out and stressed out;
* Staff have compassion fatigue;
* Youth are in their rooms too frequently;
* One youth acting out pulls resources from all other youth;
* DBT groups are not being held;
* Youth are not doing any outside recreational activities;
* Youth participation in cultural programs is restricted; and
* Youth say that counselors do not “know them.”

In addition to identifying some of the impacts of not having enough staff, many staff indicated challenges in simply maintaining the current level of funded staff. They noted many vacancies exist and remain open for long periods of time due to high turnover rates and temporary vacancies due to staff reassignment for light duty or misconduct allegations.

### Time Spent by Counselors

**Among all the Juvenile Rehabilitation (JR) facilities, Juvenile Rehabilitation Residential Counselors (JRRCs) and Juvenile Rehabilitation Counselor Assistants (JRCAs) are spending more than three-quarters of their time on floor supervision, safety, and security. This includes a significant amount of time supervising youth movements on campus in the institutions, transports off campus for youth in the community facilities, and custodial duties.**

To understand the time staff members spend on daily activities, we included a section on the staff survey asking how Juvenile Rehabilitation Residential Counselors (JRRCs) and Juvenile Rehabilitation Counselor Assistances (JRCAs) (counselors) allocate their time. The survey instructions asked staff to indicate, as best as they could, the breakdown of their time spent using the categories provided, which were vetted with JR prior to administering the survey. Exhibit 5-4 documents the responses staff provided regarding the allocation of their time.

Exhibit 5‑4. Allocation of JRRC and JRCA Time to Daily Work Activities

| **Facility**  | **Case Management & Direct Rehabilitation Model Activities** | **Case Notes & Administrative Work** | **Floor Supervision and Custodial Duties** |
| --- | --- | --- | --- |
| **Individual Counseling****(1)** | **Group Counseling**(2) | **Case Management for Reentry Support**(3) | **Documentation****in ACT or Other IT System**(4) | **Paperwork**(4) | **On-Site Milieu Management**(6) | **Security- Related Services**(7) | **Recreation Provision/ Monitoring**(8) | **Transports**(9) |
| **JR Total****(n=126)** | **4.5%** | **2.2%** | **6.2%** | **4.0%** | **5.3%** | **33.4%** | **32.5%** | **9.2%** | **2.7%** |
| Echo Glen(n=34) | 6.3% | 3.0% | 10.5% | 3.5% | 6.5% | 38.3% | 22.2% | 9.4% | .3% |
| Green Hill(n=45) | 3.2% | 1.9% | 3.0% | 3.0% | 3.5% | 35.7% | 41.0% | 7.9% | .6% |
| Naselle(n=22) | 4.3% | .9% | 2.8% | 2.5% | 5.8% | 33.3% | 40.5% | 8.8% | 1.1% |
| Community Facilities(n=25) | 4.8% | 2.7% | 9.5% | 6.4% | 6.0% | 23.7% | 24.4% | 12.3% | 10.2% |

For purposes of analysis, we grouped the nine categories into three overarching areas of work:

* Direct case management, including:
* Individual counseling;
* Group counseling sessions or activities, as part of the Rehabilitation Model; and
* Case management services to support reentry of youth on caseload.
* Case Documentation, including:
* Documenting work in Automated Client Tracking (ACT) system or other IT systems; and
* Doing paperwork.
* Floor supervision and custodial duties, including:
* On-site milieu management and supervision;
* Security-related services;
* Provision and monitoring of recreation activities; and
* Provision of off-campus transports.

Exhibit 5-5 summarizes JRRC and JRCA responses about how they spend their time, expressed as the percentage of time they spend on all activities.

Exhibit 5‑5. JRRC and JRCA Time Allocated to Daily Work Activities, Combined by Category

| Facility | Direct Case Management – Percentage of Total Hours Reported | Case Documentation – Percentage of Total Hours Reported | Floor Supervision and Custodial Duties – Percentage of Total Hours Reported |
| --- | --- | --- | --- |
| **JR Total** | **12.9%** | **9.3%** | **77.8%** |
| Echo Glen | 19.8% | 10.0% | 70.2% |
| Green Hill | 8.1% | 6.5% | 85.2% |
| Naselle | 8.0% | 8.3% | 83.7% |
| Community Facilities  | 17.0% | 12.4% | 70.6 % |

Data from the staff survey confirm the findings from interviews with counselors who indicated they spend most of their time providing floor supervision, safety and security, transports, and custodial care. Through the staff survey we found, on average across all facilities, counselors spend more than three-quarters of their time (77.8%) on these responsibilities, which equates to 31 hours of a 40-hour workweek. Counselors at Green Hill are spending the highest amount of their time (85.3%) on floor supervision and custodial duties. Counselors at Echo Glen are spending less time than the other facilities on floor supervision and custodial duties (70.2%), yet the percentage of staff time is still high.

 **“I often only have 15 minutes here and there to do one-on-one counseling.”**

**—Counselor**

In interviews, staff indicated requirements for one-on-one counseling with youth (a minimum of one hour per week) and other counseling-type services are often unmet. The time counselors have with the youth on their caseloads is compromised given the ongoing challenges of having to spend most of their time on floor supervision, custodial duties, supervision of youth movements on campus at the institutions,[[65]](#footnote-66) and transports off campus for youth in the community facilities. Even when counselors are on the floor, there are instances when they are alone with eight or more youth. This does not allow them to do the on-the-floor behavior reinforcement and skills coaching the Rehabilitation Model requires. These findings are consistent with the issues identified in a residential staffing model report completed in 2004.[[66]](#footnote-67)

One of the key issues raised across JR is counselors do not spend enough time providing treatment and case management to meet the Dialectical Behavior Treatment (DBT) standards or additional case management to support the full implementation of the Rehabilitation Model components. According to the staff survey, across JR, counselors spend 12.9% of their time or five hours per week (assuming a 40-hour work week) on these activities. In some facilities, the time spent on treatment and case management is much less. The percentage of time spent on treatment and case management ranges from a high of 19.8% (7.9 hours in a 40-hour work week) at Echo Glen to a low of 8.0% (3.2 hours in a 40-hour work week) at Green Hill. Assuming the *minimum* time required to implement just the DBT requirements and conduct eight hours per week of case management requires a total 17 hours per week (see Exhibit 5-6), it becomes clear as to why JR cannot maintain fidelity to all the components of the Rehabilitation Model, particularly implementation of DBT. Currently, counselors do not have the minimum of 17 hours required for completing DBT and case management responsibilities.

Exhibit 5‑6. Minimum Hours Required for DBT and Case Management

| Standard | Minimum Hours |
| --- | --- |
| DBT Standard 01Individual Client  | **4 hours**Assuming max caseload of 4 |
| DBT Standard 02 Consultation Teams | **2 Hours**Does not include one-on-one consultation between JRRC/JRCA staff and their supervisors |
| DBT Standard 03 Milieu Management | No minimum or maximum hours standards |
| DBT Standard 04Skill Acquisition Groups | **2 Hours**Does not include preparation, debriefs with co-facilitator per requirements, or entering notes in ACT |
| DBT Standard 05 Skills Generalization Groups | **1 Hour**Does not include preparation or entering notes in ACT |
| Protected Time off the Floor | 8 Hours |
| **TOTAL** | 17 Hours |

Thorough documentation through all phases of youth time at the JR facilities – from pre-screening through reentry – is foundational for effective case management. The Automated Client Tracking (ACT) system has at least six different types of contact and updates case managers must report, including Reentry Team Meetings (RTMs), Treatment Planning & Progress, Family Contact, Youth Contact, Collateral Contacts, and Groups. In addition, case managers are trained to maintain additional documentation such as Client Behavior Assessments (every 30 days), Client Earned Release Date (CERD) reviews, and documentation of other specialized treatments provided.[[67]](#footnote-68) As seen previously, in Exhibit 5-4, counselors across all facilities are spending an average of 9.3% of their time on documentation, which equates to approximately four hours in a forty-hour workweek. In interviews with counselors, many shared they often do their case notes while covering the floor, pick up graveyard shifts to complete them, or short-cut the quality and thoroughness of notes to pay attention to the youth while supervising the milieu. Additional information on our findings regarding case management appears in Section 5.2.5

Some of the institutions and community facilities have unique programming, which requires additional staff supervision. For example, Naselle, in collaboration with the Department of Natural Resources (DNR) offers a forestry work program in which youth are trained to assist with fighting fires and fight fires during the height of firefighting season. This program requires staff supervision and during fire-fighting season can have staff off campus for multiple days. Echo Glen has the Canine Connections program, where youth can train dogs, which is proven to provide therapeutic benefits for youth. At Green Hill, youth have opportunities to work on campus including working in the kitchen, landscaping, and maintenance. At the Sunrise Community Facility, youth all attend the Job Corps Program to receive training in select trades or attend the Skills Center in Moses Lake. Staff must supervise youth while they attend these programs, many of them off campus.

For youth at the community facilities who are working or attending a private or public school, counselors also provide ongoing monitoring which requires additional staff supervision. Monitoring includes developing written agreements between the employer or school and the juvenile regarding monitoring and supervision requirements; making and documenting periodic and random accountability checks while the youth is in school or at work; and regularly contacting the employer, teacher, or school counselor to discuss school or job performance related issues.[[68]](#footnote-69)

### Overtime

**The facilities use significant overtime among permanent and on-call staff to meet youth needs, which has budgetary impacts. Factors driving the use of overtime include: insufficient stable full-time permanent staff due to high turnover, difficulty in filling vacancies, lots of staff calling in sick, staff on light duty, and no time budgeted for training.**

JR facilities require staffing 24 hours a day, every day of the year. When one staff member does not come to work, another staff person must take their place, which often results in voluntary and, in some cases, mandatory overtime. During staff interviews, we learned overtime has increased significantly in the last several years. Many staff felt there is “excessive” and “unnecessary” overtime and stated regular and frequent mandatory overtime has become commonplace in some JR facilities.

To understand the extent of overtime at JR facilities, we analyzed an extract of the Department of Social and Health Services (DSHS) Human Resources Management System (HRMS) administrative data provided by RA that included the total regular and overtime hours worked by both permanent and on-call staff members. The data were for the time period June 2017 through May 2018, the 12 most recent months for which data were available. For this analysis, we included the Juvenile Rehabilitation Residential Counselors (JRRCs,) Juvenile Rehabilitation Counselor Assistants (JRCAs), and Juvenile Rehabilitation Security Officer 1s (JRSO 1) positions, as direct services staff are the focus of this study and these positions accrue the greatest amount of overtime. Exhibit 5-7 summarizes this information by facility.

Exhibit 5‑7. Use of Overtime Among Permanent and On-call Staff

|  | **Regular Time****(hours)**  | **Overtime** **(hours)** | **Total****(hours)** | **OT as % of Total**  |
| --- | --- | --- | --- | --- |
| **Permanent Staff**  | **653,178** | **46,962** | **700,140** | **6.7%** |
| Echo Glen  | 173,071 | 22,429 | 195,500 | 11.5% |
| Green Hill | 258,627 | 8,802 | 267,429 | 3.3% |
| Naselle | 82,416 | 9,444 | 91,860 | 10.3% |
| Community Facilities  | 139,065 | 6,287 | 145,351 | 4.3% |
| **On-Call Staff** | **153,875** | **17,679** | **171,554** | **10.3%** |
| Echo Glen  | 41,616 | 9,934 | 51,550 | 19.3% |
| Green Hill | 51,027 | 3,124 | 54,151 | 5.8% |
| Naselle | 23,886 | 2,843 | 26,729 | 10.6% |
| Community Facilities  | 37,347 | 1,777 | 39,124 | 4.5% |
| **Total Perm & On-Call** | **807,053** | **64,640** | **871,693** | **7.4%** |
| Echo Glen  | 214,687 | 32,362 | 247,049 | 13.1% |
| Green Hill | 309,653 | 11,927 | 321,580 | 3.7% |
| Naselle | 106,301 | 12,288 | 118,589 | 10.4% |
| Community Facilities  | 176,411 | 8,064 | 184,475 | 4.4% |

*Source Data: June 2017 – May 2018*

As seen in Exhibit 5-7, the total use of overtime among all staff (permanent and on-call) is 64,640 hours, which represents 7.4% of all hours worked by JR staff. This represents a significant cost outlay for JR as overtime hours are paid at 1.5 times the regular wage. It is important to note, however, the overtime reflected in the exhibit includes both “regular” overtime, when a staff member works above 40 hours per week, as well as holiday overtime, which is when a staff member works a shift on a holiday. Holiday overtime is unavoidable and will be an expense JR incurs under any residential staffing model.

There are additional findings upon looking more closely at the facility-level data. There is significant variation in use of overtime across the facilities, with Echo Glen and Naselle having the highest use of overtime at 13.1% and 10.4%, respectively, of all hours worked. This suggests a higher prevalence of staff calling out and missing shifts in those facilities, which is consistent with interview data. In interviews and focus groups, staff from Echo Glen and Naselle emphasized staff call out for mental health days, to look for other jobs, and for other reasons. This has numerous impacts on staff capacity, creating a need for mandatory holdovers, depressing staff morale, and leading to greater staff burnout.

Green Hill has the lowest relative use of overtime among all facilities. We learned, however, that Green Hill has a significant number of staff taking unplanned leave. Green Hill does not typically use mandatory overtime. Rather, if there is not enough staff to manage the milieu, Green Hill modifies their programming. Modified programming results in youth having half the time out of their rooms. This also often may result in youth not being able to participate in cultural, recreational or other programs, depending on the shifts and timeframes when staffing levels require a reduction.

All three institutions and the community facilities (collectively) saw a higher incidence of overtime use among on-call staff. At both Echo Glen and Naselle, overtime accounts for more than 10% of all on-call staff hours. This has even more serious budget implications for JR, because on-call staff who work enough to gather overtime may, over time, qualify for benefits.

#### Reasons for Overtime

 “Lack of permanent staff is the primary reason for excessive use of overtime.”

— Staff

During interviews, staff identified a number of factors driving the use of overtime. The most prevalent reason given for overtime is the lack of sufficient permanent staff to meet minimum staffing requirements. In part, this is due to high turnover and difficulty in filling vacancies. Some staff noted a high rate of staff calling in sick, staff on “light duty,” and staff members being away for training. In interviews with managers, we heard a lot of staff are “calling out sick at the last minute.” Some managers felt the Paid Sick Leave Law (Initiative 1433),[[69]](#footnote-70) has led to improper use of sick leave by staff. The law expands the reasons for the use of sick leave and managers can no longer hold staff accountable for using sick leave as it is now protected from retaliation/discrimination, like FMLA. Management cannot interfere or deny the use of sick leave; treat sick leave as a negative factor in an evaluation, promotion or termination; count sick leave as an absence that may result in discipline; or take adverse action against and employee for using sick leave.[[70]](#footnote-71)

Staff indicated high levels of overtime are leading to chronic stress and burnout, which, in turn, leads to increased absenteeism. For example, a staff person may have to work a double shift on Monday, but by Thursday they are sick from fatigue, so they do not report for work, requiring another staff member to then work a double to cover the shift. Staff also noted working with the youth is highly demanding and they need time to rest. Further, being exhausted impacts staff’s ability to maintain safety in the milieu and implement the Rehabilitation Model. Many staff indicated they are not able to have a healthy work-life balance. Some staff felt management does not respect their lives outside of work and do not understand the importance of a healthy work-life balance. Some indicated that allowing alternate work schedules (e.g., 4/10s) would help improve work-life balance.

#### Mandatory Holdovers

“Lots of people are working tons of overtime. They come to my unit after they have worked 8 hours in their unit and they are zombies.”

— Staff

We obtained information about mandatory shift holdovers from the staff survey. Exhibit 5-8 provides a picture of the extent of mandatory holdovers by facility and by position. A mandatory holdover is when an employee must remain at their post after their scheduled shift ends, in order to maintain minimum staffing levels. This often occurs when the staff member in the next shift calls in sick unexpectedly. The percentage of staff experiencing one to two mandatory shift holdovers per month ranges from a high of 67.9% at Echo Glen to a low of 11.8% at Green Hill. More than half of the staff at the community facilities (51.9%) typically experienced one to two mandatory holdovers in an average month.

Exhibit 5‑8. Mandatory Shift Holdovers, Per Month, by Facility

| Facility | Mandatory Shift Holdovers Per Month\* |
| --- | --- |
| 1-2 Times | 3-6 Times | 7-10 Times | More Than 10 Times | **Not Applicable** |
|  **Echo Glen** | 19 | 67.9% | 1 | 3.6% | 0 | 0.0% | 1 | 3.6% | 7 | 25.0% |
| JRRC (N=18) | 12 | 66.7% | 0 | 0.0% | 0 | 0.0% | 1 | 5.6% | 5 | 27.7% |
| JRCA (N=4) | 4 | 100.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| JRSO (N=6) | 3 | 50.0% | 1 | 16.7% | 0 | 0.0% | 0 | 0.0% | 2 | 33.3% |
| **Green Hill** | **6** | **11.8%** | **6** | **11.8%** | **0** | **0.0%** | **2** | **3.9%** | **37** | **72.5%** |
| JRRC (N=23) | 4 | 17.4% | 4 | 17.4% | 0 | 0.0% | 1 | 4.4% | 14 | 60.9% |
| JRCA (N=10) | 2 | 20.0% | 1 | 10.0% | 0 | 0.0% | 0 | 0.0% | 7 | 70.0% |
| JRSO (N=18) | 0 | 0.0% | 1 | 5.6% | 0 | 0.0% | 1 | 5.6% | 16 | 88.9% |
| **Naselle** | **7** | **30.4%** | **2** | **8.7%** | **1** | **4.3%** | **0** | **0.0%** | **13** | **56.5%** |
| JRRC (N=10) | 4 | 40.0% | 1 | 10.0% | 0 | 0.0% | 0 | 0.0% | 5 | 50.0% |
| JRCA (N=6) | 2 | 33.3% | 1 | 16.7% | 0 | 0.0% | 0 | 0.0% | 3 | 50.0% |
| JRSO (N=7) | 1 | 14.3% | 0 | 0.0% | 1 | 14.3% | 0 | 0.0% | 5 | 71.4% |
| **Community Facilities** | **14** | **51.9%** | **2** | **7.4%** | **0** | **0.0%** | **0** | **0.0%** | **11** | **40.7%** |
| JRRC (N=9) | 5 | 55.6% | 1 | 11.1% | 0 | 0.0% | 0 | 0.0% | 3 | 33.3% |
| JRCA (N=7) | 4 | 57.1% | 1 | 14.3% | 0 | 0.0% | 0 | 0.0% | 2 | 28.6% |
| JRSO (N=11) | 5 | 45.5% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 6 | 54.6% |

 *\*Percentages may not add up to 100% due to rounding.*

### On-call Staff Usage

**On-call staff members perform 20.2% of all hours worked among the Juvenile Rehabilitation Residential Counselors (JRRCs), Juvenile Rehabilitation Counselor Assistants (JRCAs), and Juvenile Rehabilitation Security Officers (JRSOs) positions.**

 “On-call staff are frequently on the regular shift schedule because we don’t have enough permanent staff.”

“Frequently, the units are run by on-call staff.”

—Staff

The use of on-call staff was discussed with staff and managers at each facility, who identified numerous challenges regarding the use of on-call staff. Generally, these comments broke down into three primary categories. First, using on-call staff is challenging because the pool of these staff members is very transitory. The pay for on-call staff is low; there is no guarantee of a set schedule; and, often, on-call staff have a fluctuating number of weekly hours. This leads them to seek alternative employment that is more stable and has more competitive pay. As a result, the pool of on-call staff is constantly shifting, shifts remain unfilled, there are costly training periods for new on-call staff, and permanent staff members are left to address the continual need to train new on-call personnel. Several on-call staff members noted newly recruited on-call staff are receiving higher pay than on-calls who have been working in JR for months, or even years. They suggested this may lead to discontent among longer-term, more highly qualified on-call staff, prompting them to seek employment elsewhere.

A second group of comments suggested there are varying degrees of competency among the on-call staff pool: some on-call personnel are not well suited for the job. In some cases, this is because they have not worked in a juvenile or other correctional or rehabilitative facility before, and are unaware of the job demands and the rehabilitative goals of JR. It was clear, however, there are ***many*** on-call staff who are highly qualified, diligent, and a good fit for JR facilities. Often these highly qualified staff will convert to permanent status, leaving new vacancies in the on-call pool. Others are unable to get the hours they need to support themselves and will leave to pursue other employment.

Finally, due to scheduling needs, there are often multiple on-call staff members working on a shift. Some reports of on-call staff at the institutions report not receiving the necessary Dealing with Resistive Youth (DWRY) safety training and are, therefore, unable to conduct basic duties such as on-campus escorts, transferring the burden back onto permanent staff. There also are times when units are only supported by on-call staff with little training.

Using administrative data, we estimated the use of on-call staff at each facility. As seen in Exhibit 5-9 on-call staff account for a significant percentage of the overall work performed at all facility types. Across JR, on-call staff perform 20.2% of all hours worked among the JRRC, JRCA, and JRSO 1 job categories.

Exhibit 5‑9: Use of On-Call Staff, by Facility

|  | Perm Staff (Regular Hrs. + OT) | On-Call Staff(Regular Hrs. + OT) | Facility Total  | On-Call as % of Total  |
| --- | --- | --- | --- | --- |
| **JR Overall**  |  **676,487**  |  **171,202**  |  **847,689**  | **20.2%** |
| Echo Glen  |  189,447  |  51,322  |  240,769  | 21.3% |
| Green Hill |  265,668  |  54,151  |  319,819  | 16.9% |
| Naselle |  88,510  |  26,729  |  115,239  | 23.2% |
| Community Facilities  |  132,862  |  39,000  |  171,862  | 22.7% |

*Source Data: June 2017 – May 2018*

#### Leave

Understanding the amount of leave employees take is an important part of establishing a residential staffing model that ensures uninterrupted coverage with the appropriate staff levels. In creating a staff schedule and setting the overall staffing levels for each facility, JR must have enough staff members to account for the planned and unplanned leave staff members will take.

Using information on leave taken by staff between June 2017 and May 2018, we reviewed the number of work hours direct services staff members missed for both planned and unplanned reasons, with each category including the following leave types recorded by RA’s time and attendance system:

* Planned missed work: vacation, compensatory time, personal holiday leave, personal leave, military leave, and shared leave;
* Unplanned missed work: assault leave, sick leave and leave without pay.

Exhibit 5-10 presents planned, and unplanned leave taken by JR direct services staff, which includes the JRRCs, JRCAs, and JRSOs.

Exhibit 5-10. Planned and Unplanned Leave Taken by JR Direct Services Staff

|  | JR Overall | Echo Glen | Green Hill | Naselle | Community Facilities |
| --- | --- | --- | --- | --- | --- |
| **Planned Leave**  | **67,902** | **16,020** | **29,937** | **8,923** | **13,026** |
| Vacation  | 45,206 | 11,023 | 20,103 | 5,475 | 8,606 |
| Comp Time  | 13,107 | 3,262 | 6,606 | 1,624 | 1,615 |
| Personal Leave  | 3,368 | 781 | 1,346 | 446 | 796 |
| Personal Holiday  | 2,695 | 527 | 1,112 | 345 | 711 |
| Holiday  | 1,685 | 309 | 334 | 731 | 312 |
| Shared Leave  | 1,495 | 118 | 266 | 302 | 810 |
| Military  | 346 | 0 | 170 | 0 | 176 |
| **Unplanned Leave**  | **51,607** | **14,267** | **22,781** | **4,715** | **9,845** |
| Sick Leave | 30,432 | 7,203 | 12,578 | 4,179 | 6,473 |
| Leave w/o Pay  | 18,882 | 5,706 | 9,604 | 439 | 3,133 |
| Assault Leave | 1,257 | 976 | 281 | 0 | 0 |
| Bereavement Leave  | 659 | 192 | 268 | 97 | 102 |
| Miscellaneous  | 377 | 190 | 50 | 0 | 137 |
| **Total Leave**  | **119,510** | **30,287** | **52,718** | **13,638** | **22,871** |
| **Leave Expressed as FTEs** | **57.5** | **14.6** | **25.3** | **6.6** | **11.0** |

*Source Data: June 2017 – May 2018*

As seen in the exhibit, vacation and comp time are, by far, the two categories of planned leave with the most recorded hours. For unplanned leave, the most hours were recorded in sick leave and leave without pay. The major implication from the table is that, overall, the amount of leave taken equals approximately 57.5 full time employees (119,510 hours of total leave divided by 2,080, the average number of work hours in a year). This means that JR’s staffing plan should account for 57.5 full-time equivalents (FTEs) represented by the aggregate number of leave hours taken by Juvenile Rehabilitation Residential Counselors (JRRCs), Juvenile Rehabilitation Counselor Assistants (JRCAs), and Juvenile Rehabilitation Security Officer 1s (JRSOs).

At JR’s request, we also looked at the amount of leave staff take as the result of a worker’s compensation claim and the amount leave taken under the Family Medical Leave Act (FMLA). In the data set, leave resulting from a worker’s compensation claim is indicated as “Industrial Leave” (L&I)” and is a sub-type of the leave without pay (LWOP) category. For FMLA, per the Collective Bargaining Agreement (CBA), employees with at least 12 months of service and who have worked at least 1,250 hours in the prior 12 months can request up to 12 weeks of FMLA leave during a 12-month period.[[71]](#footnote-72) FMLA is unpaid leave. However, per the CBA, any paid or unpaid absences the employee has can run concurrently with the employee’s FMLA leave, and therefore, the employee may receive compensation while on FMLA. As a result, FMLA leave is designed as a sub-leave type, and can be included in the multiple leave type categories (e.g., LWOP, sick leave, vacation, etc.). We used the FMLA records from all categories. Exhibit 5-11 presents information regarding L&I and FMLA leave.

Exhibit 5-11. Planned and Unplanned Leave Taken by JR Direct Services Staff

|  | L&I | FMLA |
| --- | --- | --- |
| **JR Overall**  | **6,577** | **7,221** |
| Echo Glenn  | 1,216 | 1,573 |
| Green Hill  | 5,361 | 3,772 |
| Naselle  | 0 | 993 |
| Community Facilities  | 0 | 955 |
| **Expressed as FTEs** | **3.2** | **3.5** |

 *Source Data: June 2017 – May 2018*

Overall the levels of L&I and FMLA account for 3.2 and 3.5 FTEs, respectively. While not exceedingly high, this is unplanned leave that impacts the ability of each facility to maintain appropriate staff coverage and should be considered for any new residential staffing model.

### Case Management

**The Guidelines for Protected Time Off the Floor require that Juvenile Rehabilitation Residential Counselors (JRRCs) and Juvenile Rehabilitation Counselor Assistants (JRCAs) who carry a caseload will be scheduled for a minimum of eight hours per week of protected time off the floor. Less than a quarter of the caseload carrying staff “always” or “usually” receive this time. Almost all of the staff (88%) indicated when they get time off the floor, they are “often” or “half the time” called to perform other duties.**

The Guidelines for Protected Time off the Floor indicate, “Caseload-carrying staff will be scheduled for a minimum of eight hours per weekof protected time off the floor.” Caseload-carrying staff must complete the following during time off the floor:

* Conduct individual case sessions;
* Complete JR-required case management paperwork;
* Make contacts with youth family members;
* Prepare to facilitate groups;
* Complete assigned trainings in the Learning Management System (LMS);
* Engage in consultation time; and
* Read DBT- or JR-related information.

During their protected time off the floor, Juvenile Rehabilitation Residential Counselors (JRRCs) and Juvenile Rehabilitation Counselors Assistants (JRCAs) may not answer the phones, cover the floor, or transport youth.[[72]](#footnote-73) Counselors have many additional case management duties, summarized in Exhibit 5-12.

Exhibit 5‑12. Other Select Case Manager Duties

| Timeline | Duty |
| --- | --- |
| **Within 7 Days of Counselor Assignment** | * Initial Pre-Treatment Session and Associated Treatment Planning & Progress Note (TPPN)
 |
| **72 Hours** | * Initial Family Contact
 |
| **14 Days** | * Client Behavioral Assessment (CBA)
 |
| **By 30 Days** | * Initial Reentry Team Meeting (RTM)
* Initial Reentry Plan within 7 days of the RTM and in collaboration with the youth
 |
| **Ongoing** | * CBA every 30 days
* Weekly Treatment Planning & Progress Note (TPPN)
* Family contacts (2 times/month)
 |
| **45-60 Days Pre-Release** | * Homelessness Incident Report (not required)
 |
| **35-45 Days Pre-Release** | * Release RTM
* 35 Day Notifications (School, Law Enforcement, Victim Witness)
 |

The staff survey asked direct-care staff carrying caseloads:

* Did they receive scheduled case management time?
* How often did they get their allotted off-the-floor time in full?
* How often is the scheduled time interrupted for them to conduct other duties?

Exhibit 5-13 presents the results from these questions.

Exhibit 5‑13. JRRCs and JRCAs Scheduled Time Off the Floor

|  |  |  |  |
| --- | --- | --- | --- |
| Facility | N | How Often Receive Fully Allotted Time | How Often Called for Other Duties |
| **Always** | **Usually** | **Sometimes** | **Rarely** | **Never** | **Often** | **Half the Time** | **Rarely** | **Never** |
| **JR Total**  | 59 | **9.7%** | **21.0%** | **27.4%** | **33.9%** | **8.1%** | **59.0%** | **29.0%** | **10.0%** | **2.0%** |
| Echo Glen  | 11 | 36.4% | 9.1% | 18.2% | 27.3% | 9.1% | 45.1% | 27.3% | 18.2% | 9.1% |
| Green Hill | 23 | 3.8% | 26.9% | 23.1% | 38.5% | 7.7% | 60.9% | 30.4% | 8.7% | 0% |
| Naselle | 14 | 7.1% | 14.3% | 28.6% | 35.7% | 14.3% | 85.7% | 14.3% | 0% | 0% |
| Community Facilities | 11 | 0.0% | 27.3% | 45.5% | 27.3% | 0% | 36.4% | 45.5% | 18.2% | 0% |

*\*Percentages may not add up to 100% due to rounding*

As seen in Exhibit 5-13, across all JRRCs and JRCAs (counselors) working at the JR facilities, almost half (42%) rarely or never receive the time they have been allotted to be off the floor for case management duties. An additional 27.4% only sometimes receive time for case management. Yet, even when counselors are off the floor for case management duties, 88% are called upon to perform other duties often, or about half the time. The challenge of getting case management time is more difficult at some facilities than others.

JRRCs and JRCAs (counselors) at institutions and community facilities consistently reported they struggle to get time off the floor, and many of the tasks they are responsible for completing while off the floor are either neglected, or the quality of the work is compromised. A majority of the counselors indicated they did not have the necessary time to:

* Prepare for individual sessions;
* Input session notes into the Automated Client Tracking (ACT) system;
* Provide ongoing support to youth during the week to continue to build the therapeutic working relationship;
* Engage in fun activities with youth;
* Learn the five skills modules for group sessions;
* Plan for group sessions;
* Debrief with co-leaders (if there is one) after conducting a skills group;
* Write up group notes in Automate Client Tracking (ACT) system;
* Identify and cultivate family and community supports for the youth;
* Work with youth on reentry planning and understanding the resources in the community; or
* Conduct the legally mandated community checks with employers (for youth in community facilities).

Overall, staff indicated they do not have enough time to work together, as a team, in order to ensure consistency with youth, effect behavioral change and develop strategies for helping them meet their goals. JRRCs, JRCAs, JRSO 1s, and on-call staff consistently cited lack of communication among staff as an issue. They reported having little time to talk with one another during shift changes. As a result, they were often not apprised of either the challenges youth encountered during previous shifts nor the plan for addressing them. Staff noted there were shift logs, but some staff indicated they rarely have time to read them. It was also noted there is little or no time for counselors to work together. JRRCs and JRCAs should be able to support one another in helping youth meet their treatment targets and goals. Further, many indicated there is not time to receive consultations with supervisors or therapeutic staff to help identify additional or alternative strategies for helping youth who are having trouble moving forward.

Lastly, JRRCs and JRCAs at some institutions and community facilities indicated they do not have the proper tools to support case management duties. Counselors do not have their own offices and often struggle to find a quiet place where they will not be interrupted to conduct one-on-one sessions, prepare for groups, and make contacts with families and complete paperwork. In at least one community facility, staff mentioned they use the counseling office for one-on-one counseling, and there have been times when other counselors were also in the office doing other tasks. Many staff also indicated they have difficulty getting access to a computer to record the required case notes in the Automated Client Tracking (ACT) system.

### Caseloads

**The issue of not being able to implement all the components of the Rehabilitation Model is not a caseload issue, but rather one of workload. There is an imbalance between the current workload of counselors and the amount of time available to fulfill those responsibilities.**

“It’s not a caseload issue, it’s an issue of not having enough staff for counselors to get off the floor and do counseling”

—Juvenile Rehabilitation Residential Counselor

In interviews with Juvenile Rehabilitation Residential Counselors (JRRCs) and Juvenile Rehabilitation Counselor Assistants (JRCAs), we asked whether they feel they have sufficient time to provide treatment and counseling in alignment with the Rehabilitation Model. Overall, staff indicated the current residential staffing model, which requires counselors to carry a caseload while being responsible for security and safety in the institutions and all the step-down activities for youth in the community facilities significantly reduces their ability to achieve the Dialectical Behavior Therapy (DBT) program standards.

A majority indicated they do not have time to meet the minimum DBT standards. Most of the counselors said they often lack time to prepare for and conduct the minimum weekly one-hour individual counseling session with the youth on their caseloads and document session notes in ACT. However, all indicated it is not an issue of how many youth they have on their caseload; rather, it is an issue of not having enough staff on the floor to meet required staff-to-youth ratios. Therefore, counselors cannot leave the floor to conduct individual sessions.

The standard maximum caseload for JRRCs is four youth.[[73]](#footnote-74) JRCAs may carry one to two youth on their caseload.[[74]](#footnote-75) Counselors were asked in the staff survey about their current caseloads. As seen in Exhibit 5-14, the average caseloads of JRRCs who completed the survey are close to (or a bit higher than) the caseload standards, ranging from a low of 2.8 youth per caseload at Echo Glen to a high of 4.8 youth per caseload in the community facilities. On average, the caseloads of JRCAs who completed the survey are also in concert with the standards. However, within the institutions, there are units in which JRCAs who completed the survey are carrying caseloads above the standards for their positions. These include the Chinook and Yakima units at Echo Glen, where JRCAs are carrying an average caseload of three youth. JRCAs in the Mariner Lodge at Naselle are carrying an average caseload of four youth.

Exhibit 5‑14. JR Caseloads, By Facility Unit, by Position

| Facility | Number of JRRCs and JRCAs Carrying a Caseload | Average Caseload of JRRCs | AverageCaseload of JRCAs |
| --- | --- | --- | --- |
| **JR Total**  | **91** | **3.8** | **1.8** |
| **Echo Glen** | **23** | **2.8** | **1.3** |
| Copalis | 2.0 | 2.5 | NA |
| Kalama | 2.0 | 2.0 | NA |
| Skagit | 3.0 | 3.3 | NA |
| Willapa | 2.0 | 2.5 | NA |
| Toutle | 3.0 | 3.0 | 1.5 |
| Chinook | 2.0 | 2.0 | 3.0 |
| Yakima | 2.0 | 2.0 | 3.0 |
| Nisqually | 4.0 | 3.0\* | NA |
| Klickitat | 3.0 | 3.0 | 1.0 |
| **Green Hill** | **37** | **4.0** | **1.5** |
| Willow | 4.0 | 3.7 | NA |
| Birch | 7.0 | 3.25 | 1.0 |
| Hawthorn | 11.0 | 4.3 | 1.5 |
| Spruce | 10.0 | 4.6 | 2.0 |
| Maple | 2.0 | 4.0 | NA |
| Cedar | 1.0 | 3.0 | NA |
| **Naselle** | 16 | 4.0 | 2.6 |
| Mariner Lodge | 6.0 | 3.3 | 4.0 |
| Cougar Lodge | 4.0 | 4.0 | 2.0 |
| Harbor Lodge | 6.0 | 4.5 | 1.5 |
| **Community Facilities**  | 16 | 4.8 | 2.0 |

*\* Excludes an outlier who indicated they had a caseload of 34*

#### Alternative Caseload Model

Naselle is currently piloting an alternative residential staffing model in which one Juvenile Rehabilitation Residential Counselor (JRRC) has a caseload of 10 youth. The counselor works 40 hours per week, all of this time off the floor. The counselor spends time with the youth in the living units, at recreational activities, or at school, but is not counted in the staffing ratios required on the floor. Further, the counselor does not get involved with behavior management and ensuring safety and security on the living units. According to this counselor, this model has provided her with the needed time to develop strong relationships with youth that allow for effective interventions. She has time to prepare for one-on-one individual counseling sessions, provide ongoing support to the youth as they work towards their goals, prepare and conduct sessions, and complete required paperwork, and have regular contact with parents. Further, this counselor indicated, “she enjoys her job a lot more” and feels she is in a position to better implement the Rehabilitation Model and meet the components of DBT. Further, many youth have requested to be on the caseload of this counselor, as they have seen they would get more time and attention.

“We should increase the caseloads of counselors and not make them part of the floor count, so they can have the time and space to do the counseling they are expected to do.”

—Leadership

A theme emerged in interviews with leadership and counselors about the conflicting roles counselors have. Developing meaningful counseling or therapeutic relationships in which the counselor has time to get to know the youth and build trust is crucial to providing effective counseling. This helps youth improve their decision-making skills and behaviors, so they can become law-abiding citizens upon release. Yet counselors are more often than not focused on issues of behavior management, as well as security and safety on the floor. As one counselor put it, “At one moment, I am putting my hands on the youth to restrain him from hurting someone, and in the next I am asking him to discuss his issues with me.”

### Supervision

**Appropriate supervision and a good supervisor/supervisee relationship is critical to the success of Juvenile Rehabilitation (JR) staff and ultimately the organization. Supervisors need to be well trained and prepared to provide the necessary and appropriate guidance, structure, and encouragement to their staff. Currently, JR supervisors receive limited training and are struggling to meet the requirement of providing monthly supervision.**

Research highlights the critical role of supervisors in providing workers with on-the-job-training, best-practice modeling, consultation and decision-making support, ongoing feedback, policy clarification, and a sense of teamwork, security, and encouragement.[[75]](#footnote-76) In discussions with supervisors, we inquired about the training and preparation they received for becoming supervisors and the level of supervision they are providing to their staff.

Some, but not a majority, of the supervisors interviewed indicated they had received specialized supervisory training. A few of the supervisors have taken the supervisory essentials class being offered across DSHS. Those who had taken the class felt it was helpful and offered useful insights on management techniques, conflict resolution, and leadership. Other supervisors have not heard of this training but were interested in taking it. Staff also mentioned DSHS has a leadership program that supervisors and staff can apply to, however, knowledge of this program was limited, and most staff were unsure who was eligible to apply for it.

Supervisors are expected to meet with each of their staff monthly to provide supervision with a focus on:

“*What my job description says is my job and what I do is entirely different. I spend 90% of my time on the floor.*”

— Supervisor

* Identifying and evaluating Rehabilitation Model -related performance goals and expectations;
* Supporting the professional development of direct services staff;
* Recognizing staff strengths and accomplishments; and
* Addressing staff performance and conduct issues.[[76]](#footnote-77)

In interviews with supervisors, it was clear many are struggling to meet requirements to provide even monthly supervision. This was confirmed by interviews with counselors in which they indicated they infrequently receive one-on-one supervision. Most supervisors “improvise” by talking to their staff while on the floor, though it should be noted some counselors appreciate and benefit from the more formal supervision that happens on a regular basis.

According to supervisors, the reasons they struggle to conduct monthly one-on-one supervision include:

* Always having to be on the floor;
* Vacancies on the unit;
* High turnover;
* Running with half the needed staff;
* Carrying a caseload;
* Always dealing with emergencies and “hot spots” and the related paperwork;
* Handling high volumes of phone calls;
* Scheduling and dealing with scheduling issues;
* Not being able to take staff off the floor; and
* Lacking dedicated staff to conduct intakes.

The fact that supervisors are struggling to do one-on-one supervision was confirmed in interviews with direct services staff. In addition, many on-call staff indicated they have never received supervision.

### Training & Professional Development

**The need for training and professional development has increased given Juvenile Rehabilitation (JR) staff are called upon to ensure positive outcomes for youth with greater needs and more complex issues. However, staff are not provided the necessary time for training to gain the requisite knowledge and skills for working with the youth. In addition, current JR training is not always provided in a timely fashion. It should be reassessed to ensure that JR has a systematic and comprehensive approach to training.**

“We need a plan for people to be able to get well trained before they get on the floor. If they know what they are doing, we may not have as much burnout as we have now.”

—Interviewee

Given current staffing levels, the facilities are struggling to provide training before staff begin working directly with youth and are unable to take staff off the floor to receive even the most important training. Significant staff time is required to complete the JR in-person training requirements in the first year, which include:

* 100 hours of training for JRSOs working in the community facilities;
* 116 hours of training for JRSOs working in the institutions;
* 124 hours of training for JRRCs and JRCAs working in the community facilities; and
* 140 hours of training for JRRCs and JRCAs working in the institutions.[[77]](#footnote-78)

These requirements do not include the training staff must complete online through the Learning Management System (LMS) and other additional training in areas such as CPR/First Aid, Food Handling, and Sexual Orientation, Gender Identity and Expression.

“Our staff is expected to develop these kids, but they can’t develop themselves and get proper training.”

— Supervisor

The current training process and the timeframes for the provision of training are not properly equipping staff before they begin working with youth. At all of the institutions and community facilities, Dealing with Resistive Youth (DWRY) safety training or Community Safety Training is often not provided before staff begin working with youth. Many staff do not receive safety training for weeks, sometimes months. Staff in the institutions noted this can result in not having enough trained staff to respond to an emergent safety issue in a particular unit, thereby requiring staff from other units to intervene. In turn, youth from the unit that provides the intervening staff are often put in their rooms. We also heard that on-call staff are often not trained until months after they start, limiting their ability to stop and address egregious behaviors.

There were also concerns raised that JRRCs and JRCAs are given a caseload before they receive the minimal DBT training of Milieu Treatment: Coaching on the Floor and Case Management Training. Most of the counselors indicated they have never received training on conducting the weekly individual one-on-one counseling sessions, which is one of the key components of the model. They also indicated they have not received training on conducting the weekly group therapy sessions on mindfulness, interpersonal effectiveness, emotional regulation, and distress tolerance skills, which is one of their key DBT-related responsibilities. Some staff at both the institutions and community facilities reported they often feel “thrown into” group counseling sessions without sufficient training. There was also a general sense among counselors that JRSOs (including on-call personnel) should receive the Coaching on the Floor training. JRSOs spend as much time with the youth and should ideally have the skills to understand and be able to coach youth in DBT. Lastly, many staff indicated there should be refresher courses and new courses provided annually to help reinforce and improve staff skills.

“Insufficient training and competing demands of staff time – custodial versus counseling demands – make it hard to do quality treatment.”

—Member of JR Leadership

In interviews with counselors, supervisors, and program managers, many indicated they have never been to the “training academy” in which they received special off-site instruction on implementing the Rehabilitation Model. Some staff had been working at the facilities for years without attending the academy. Many indicated they have had to learn the DBT skills on their own. Many also indicated that rarely do staff have the base DBT pre-training to fully understand the skills required to build on them in Consultation Team meetings, especially given frequent staff turnover.

There is, however, a new three-day training academy that has been developed, and JR is working to ensure all existing counselors attend the academy. New counselors will be required to attend the training academy within six months of completing the Coaching on the Floor and Case Management trainings. Prior to this new three-day academy being developed, a training academy had not been offered since October 2016. Currently, the Washington State Criminal Justice Training Commission is responsible for providing training to JR staff. For JR staff, this will change when JR becomes a part of the new Department of Children, Youth and Families (DCYF).[[78]](#footnote-79)

Additional areas for training suggested by counselors and security officers included:

* Approaches to gang-related issues and working with gang members;
* Understanding and treating juvenile sex offenders;
* Self-defense tactics; and
* De-escalation techniques.

Lastly, there was some concerns raised about training quality. Under the current model, trained staff become trainers to future new staff. Participants suggested staff deserve to be trained by experts in the subject matter.

There are currently three ITM treatment consultants to support implementation of the model at all 11 facilities. Their primary responsibility is to provide classroom training at the institutions. For the community facilities, they are also tasked with providing case consultations, as there are no psychologists on staff at these facilities.[[79]](#footnote-80)

Through the staff survey, we asked participants to provide feedback on their training and skill development opportunities. As seen in Exhibit 5-15, almost three-quarters of the staff at the community facilities (72.2%) feel they have the right training and skill development opportunities to successfully perform their jobs. In contrast, fewer staff at the Echo Glen (52.9%), Green Hill (41.5%) and Naselle (59.2%) agree or strongly agree they have the necessary training and skills-development opportunities.

Exhibit 5‑15. Training and Skill Development Opportunities

| Facility | “I Have the Right Training and Skill Development Opportunities to Successfully Perform My Job” |
| --- | --- |
| **Strongly Disagree** | **Disagree** | **Neither Agree nor Disagree** | **Agree** | Strongly Agree |
| **Echo Glen (n=34)** | 14.7% | 8.8% | 23.5% | 38.2% | 14.7% |
| **Green Hill (n=65)** | 15.4% | 12.3% | 30.8% | 32.3% | 9.2% |
| **Naselle (n=27)** | 7.4% | 14.8% | 18.5% | 25.9% | 33.3% |
| **Community Facilities (n=36)** | 2.8% | 5.6% | 19.4% | 58.3% | 13.9% |

### Staff Ratios

**A recent Prison Rape Elimination Act (PREA) audit clarified PREA ratios must be met by specific areas within each living unit or building, rather than simply for an overall living unit or building. Under this interpretation, two of the three JR institutions are currently out of compliance with PREA. Further, staff indicated PREA ratios should be a baseline, as staffing facilities only to meet PREA ratios does not fully support the fidelity to the Rehabilitation Model.**

In 2003, Congress passed the Prison Rape Elimination Act (PREA) in response to high rates of sexual assault across all types of detention facilities in the United States.[[80]](#footnote-81) Implementation regulations require each “secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours, and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. *Only* security staff shall be included in these ratios.”[[81]](#footnote-82) In addition, each facility must develop, implement and document a staffing plan, to be reviewed at least annually. In assessing adequate staffing levels, consideration mustbe given to: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); (6) The demographic composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable state or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.[[82]](#footnote-83)

#### Factors Impacting Staffing Ratios

In interviews with program level administrators and staff, some believed they were meeting the requirements of PREA. That is, they believed that if the number of youth are added up and divided by the total number of staff on the units, the ratios meet the requirements. However, there are several factors that impact a facility’s ability to meet PREA ratios. First, building layouts significantly impact a facility’s ability to meet a staffing ratio and may require an added level of staff. For instance, the building designs of the 40-room units at Green Hill do not result in an actual ratio of one staff to eight youth. In the 40-room units at Green Hill, staff often supervise more than eight youth. When there is need for intervention due to an altercation or safety concern, staff in another wing must respond. Youth must be secured in their rooms before the staff person can respond. This delays response time and may have safety implications. It also impacts the youth on the wing that lose their staff, as it takes their staff person away from taking care of their needs. This leads to frustrations on the part of youth and staff. In interviews with youth who live on the 40-room units, some indicated they would prefer to be living on the smaller units, as they feel “less prisonlike.” Similar issues were identified in the community facilities in which the building design had youth rooms on separate floors or were separate from the common living areas.

In fact, a recent audit found two of the three JR institutions were not in compliance with PREA staffing ratios. The auditors clarified that the 1:8 and 1:16 staffing ratios must be met in every area of a building, and not for a building overall. For instance, a living unit with 22 youth would require a minimum of three staff working in the unit during the day and swing shifts to meet the PREA standard of one staff for every eight youth. However, if that living unit had two separate areas – each with 11 youth – then then the PREA standard of 1:8 must be met in each area. In this example, four staff would be required to meet the 1:8 – two staff in each area. As a result of the recent audit, JR has furthered reviewed how many staff will be required to meet the PREA staffing ratios.[[83]](#footnote-84)

The Touchstone Community Facility and Woodinville Community Facility are also examples of how building design impacts staffing ratios. Touchstone has two stories. In a scenario where there are 14 youth in the building, meeting a staffing ratio standard depends on where the youth and staff are located. For example, if seven youth were on both the upper and lower floors, then one staff member on each floor would meet the PREA ratio. However, if ten youth were on the upper floor and four were on the lower floor, three staff would be needed to meet the ratio – two on the upper floor and one on the lower. In the most recent audit, the community facilities were found in compliance with the requirements of PREA.

We also heard from staff that acuity level of the population significantly drives the need for staff. Many staff felt that the PREA 1:8 staffing ratio was insufficient to appropriately manage units with a high percentage of residents with behavioral or emotional needs. Most staff suggested that as the overall acuity level of a facility’s population increases, so should the number of staff assigned to each day and swing shift.

In addition to the building layout and acuity levels, characteristics such as specific programming can impact the number of staff needed to provide an adequate staffing level. JR’s current residential staffing model does not include any type of adjustment for these factors, and they will be important to consider when developing the new model.

### Scheduling Challenges

**There are many challenges in creating a schedule that provides appropriate coverage for the units with available resources, while at the same time offers staff a healthy work-life balance. Many staff reported the current scheduling patterns are a key reason they are searching for other employment.**

Staff related several challenges exist with regard to each facility’s staffing schedule. Managers and supervisors noted the difficulty of trying to create a staffing schedule that provides appropriate staff coverage for each shift with the available resources, while at the same time giving each staff member a preferable schedule. The staff members responsible for creating the schedule indicated this is a difficult and often impossible task, as it is simply impossible for everyone to have the days off they want.

Many of the JRRCs, JRCAs, and JRSOs we spoke with indicated the schedule is one of the reasons they have or are currently searching for other employment. One area of schedule-related dissatisfaction staff noted was with their ‘weekend,” which often does not include a weekend day. While most staff reported having two consecutive days off, these days often did not include a Saturday or Sunday. Staff indicated this presents challenges when trying to schedule time with their families and friends and often inhibited their ability to maintain social relationships outside of work.

An additional schedule challenge is ensuring that as the shifts change, there is enough overlap for the staff going off-shift to brief the incoming staff on current living unit status, any issues that occurred, and provide a general update on the youth. Most of the facilities stagger the starting times of their staff, so staff are starting their shifts throughout the day, allowing these briefings to happen informally. However, as most employees felt the staffing levels were insufficient, they indicated that as soon as their shift starts, they become directly involved with unit activities and do not have time for a briefing with staff going off-shift.

Finally, many staff indicated that a “4/10” schedule – where they work ten-hour shifts four days per week – would be an incentive to remain in JR employment. When asked, most of the program managers or supervisors who set the schedule indicated they could make a 4/10 schedule work, although many felt additional staff were needed to do so.

### Intakes and Discharges

**Within a year, there are many intakes and discharges of youth to and from the facilities which require a significant amount of intake- and discharge- related work that must be taken into consideration in a residential staffing model.**

A final workload challenge is the need for staff to conduct intake- and discharge-related work every time a youth enters or departs a facility. This work includes a variety of activities ranging from conducting the initial youth assessment to preparing for and conducting the initial counseling session to making the initial family contact. Estimates vary, but staff members we interviewed generally indicated this work requires between four and eight hours to complete per youth, and it often happens over two days. Further, most facilities do not have staff dedicated to intake or discharge processes.

Given the number of intakes and discharges at the facilities, work related to processing intakes requires a significant time and effort. Exhibit 5-16 presents the number of intakes for each facility during SFY 2018.

Exhibit 5-16. Moves by Facility

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Total In**  | **Total Out** | **Total Moves**  |
| **Total JR**  | **1,125** | **1,102** | **2,227** |
| Echo Glen  | 260 | 256 | 516 |
| Green Hill  | 299 | 292 | 591 |
| Naselle  | 291 | 281 | 572 |
| Community Facilities  | 275 | 273 | 548 |

 *Source: JR Moves by Facility data for SFY 2018*

Even a low estimate of four hours to complete the required work whenever a youth enters or leaves a facility results in a high workload. As seen in the exhibit, there were 2,227 moves during SFY 2018. At four hours per move, that represents 8,908 hours of work that must be completed – the equivalent of about four full-time employees across all of JR. This factor should be considered in any new residential staffing model.

Intakes and discharges also may include youth who are going on or coming back from an authorized leave. Youth can go on leave for no more than seven consecutive days. They may do so only in cases where they have completed sixty percent of their minimum sentence. Youth may go on leave to visit their family for the purpose of strengthening or preserving family relationships or to make plans for parole or release.[[84]](#footnote-85)

School notification must be made for all youth transferred to a community facility, discharged, paroled, released, or granted a leave. For youth who have committed a violent offense, sex offense, or stalking, notice must be sent no later than thirty days prior to the youth being transferred to a community facility, discharged, paroled, released or granted a leave. The notice must be sent to law enforcement, private and public schools in the district where the juvenile will reside, the victim of the offense (as appropriate), any witnesses who testified, and any person specified by prosecuting attorney.[[85]](#footnote-86)

## Staff Demographics

**Juvenile Rehabilitation’s (JR’s) current staff demographic composition has a wide range of experience levels, generational differences, and changes occurring that present three key challenges impacting the future of its workforce and staffing planning: 1. Retaining experienced staff and preparing to lose knowledge of the Rehabilitation Model resulting from eventual retirements 2. Fostering career paths, role advancements for high-performing millennial staff; and 3. Attracting and hiring diverse staff who have the experience, competencies and ability to develop mentoring relationships with a diverse group of youth.**

This section describes the demographic characteristics of the direct services staff working in the three institutions and the eight community facilities. As shown in Exhibit 5-17, staff of JR institutions and community facilities mirror the workforce across the country, with staff members of different generations, genders, races and ethnicities working side-by-side.

Exhibit 5‑17. Staff Demographics, JR Facilities

|  | Total | Echo Glen | Green Hill | Naselle | Community Facilities |
| --- | --- | --- | --- | --- | --- |
|  | N | % | N | % | N | % | N | % | N | % |
| **Age**  | **185** | **100%** | **39** | **100%** | **73** | **100%** | **35** | **100%** | **38** | **100%** |
| 21- 29 | 50 | 23.0% | 10 | 25.6% | 18 | 24.7% | 6 | 17.1% | 16 | 42.1% |
| 30 – 39 | 45 | 26.8% | 9 | 23.1% | 22 | 30.1% | 10 | 28.6% | 4 | 10.5% |
| 40 – 49 | 45 | 25.1% | 11 | 28.2% | 16 | 21.9% | 11 | 31.4% | 7 | 18.4% |
| 50 – 59 | 31 | 17.0% | 7 | 17.9% | 11 | 15.1% | 7 | 20.0% | 6 | 15.8% |
| 60+ | 14 | 8.1% | 2 | 5.1% | 6 | 8.2% | 1 | 2.9% | 5 | 13.2% |
| **Gender**  | **193** | **100%** | **41** | **100%** | **75** | **100%** | **36** | **100%** | **41** | **100%** |
| Female | 83 | 39.9% | 18 | 43.9% | 27 | 36.0% | 18 | 50.0% | 20 | 48.8% |
| Male | 107 | 59.9% | 23 | 56.1% | 47 | 62.7% | 18 | 50.0% | 19 | 46.3% |
| Non-binary/Other | 3 | 1.0% | 0 | 0.0% | 1 | 1.3% | 0.0 | 0% | 2 | 4.9% |
| **Race**  | **180** | **100%** | **41** | **100%** | **72** | **100%** | **35** | **100%** | **33** | **100%** |
| Asian | 1 | 0.4% | 0 | 0.0% | 1 | 1.4% | 0 | 0.0% | 0 | 0.0% |
| Black or African Am. | 15 | 12.3% | 6 | 15.0% | 3 | 4.2% | 2 | 5.7% | 4 | 12.1% |
| Native Hawaiian or other Pacific Islander | 1 | 1.8% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 3.0% |
| White or Caucasian | 133 | 70.6% | 24 | 60.0% | 62 | 86.1% | 29 | 82.9% | 18 | 54.5% |
| Mixed Race | 10 | 5.3% | 3 | 7.5% | 3 | 4.2% | 2 | 5.7% | 2 | 6.1% |
| Other  | 20 | 9.6% | 7 | 17.5% | 3 | 4.2% | 2 | 5.7% | 8 | 24.2% |
| **Ethnicity** | **175** | **100%** | **37** | **100%** | **70** | **100%** | **30** | **100%** | **38** | **100%** |
| Hispanic or Latino | 28 | 15.8% | 5 | 13.5% | 7 | 10.0% | 3 | 10.0% | 13 | 34.2% |
| Not Hispanic or Latino  | 147 | 84.2% | 32 | 86.5% | 63 | 90.0% | 27 | 90.0% | 25 | 65.8% |

*\*Percentages may not add up to 100% due to rounding.*

### Age Distribution

JR facilities have staff working together that span four generations. New hires are working side-by-side with colleagues who are 20 or more years older than they are. The benefit of a multigenerational workforce is each generation brings unique perspectives and diverse skills and knowledge to the workplace.[[86]](#footnote-87) What people of all generations have in common is they want to work for organizations where they are respected and valued, and where they have opportunities to contribute their skills, abilities and experience.[[87]](#footnote-88)

Overall, 25% of the direct services staff are in their fifties and sixties, with 8% being over the age of 60. In conversations with older staff, many pointed out the physical demands of the position have become more difficult for them, and many are looking towards retirement. As staff in their fifties and sixties also have longer tenure, JR faces a significant loss of expertise and institutional knowledge that will be difficult to replace, particularly in light of ongoing turnover challenges.

### Gender, Race and Ethnicity

Historically, the field of corrections – which includes juvenile justice – was typically a male-dominated environment. Today, women are a growing part of the corrections workforce.[[88]](#footnote-89)

Overall, female staff members comprise more than one-third (39.9%) of all the direct services staff (see Exhibit 5-17). In the community facilities and Naselle, female staff comprise 50% or more of the direct services staff. At Echo Glen and Green Hill, female staff comprise more than a third of all direct services staff. The percentage of staff members indicating a gender identity of non-binary or other ranged from zero to three percent across all facilities.

Overall, almost three-quarters of the direct services staff (70.6%) are white or Caucasian; 12.3% are African American or black; 9.6% identified as other; and 5.3% are of mixed race. At Green Hill and Naselle, more than 80% of the staff are white or Caucasian (see Exhibit 5-17). Across all facilities, less than one-quarter (15.8%) of direct services staff identify as being of Hispanic/Latino(a) origin, ranging from a high of 36.1% of the staff working at Naselle, to a low of 10% of staff working at the community facilities (see Exhibit 5-17).

There is a lack of staff “that look like us.” The staff “just don’t understand our world.”

—Youth

In contrast, the youth are 34.1% white or Caucasian; 21.2% Hispanic/Latino; 20.5% African American or black; 13.4% multi-racial; and 2.6% Native American.[[89]](#footnote-90) In two of the focus groups held with more than 20 youth, participants mentioned there is a problem with a lack of staff that “look like us.” Youth indicated the staff “just don’t understand our world.” Some youth also noted the DBT skills they are learning “can’t be used back home” or “in the hood.” Youth stated more staff with “good social skills” and who are not “closed-minded” should be hired.

### Staff Tenure

In the staff survey, we asked participants to identify the number of years they have been in their current position to examine if there were differences in tenure among the four different classifications of direct-services staff. Exhibit 5-18 provides information on tenure at each of the three institutions and the community facilities combined.

| Facility/Position | <1 year | 1 - <3 | 3 - <5 | 5 - <10 | 10+ |
| --- | --- | --- | --- | --- | --- |
| JR Total (n=170) | 26.5% | 40.0% | 5.9% | 8.8% | 18.8% |
| Echo Glen | **18.2%** | **21.2%** | **3.0%** | **9.1%** | **48.5%** |
| JRRC (n=24) | 8.3% | 16.7% | 4.2% | 12.5% | 58.3% |
| JRCA (n=6) | 66.7% | 33.3% | 0.0% | 0.0% | 0.0% |
| JRSO 1 (n=2) | 0.0% | 50.0% | 0.0% | 0.0% | 50.0% |
| On-call (n=1) | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% |
| Green Hill | **39.1%** | **33.3%** | **5.8%** | **8.7%** | **13.0%** |
| JRRC (n=24) | 37.5% | 33.3% | 8.3% | 12.5% | 8.3% |
| JRCA (n=9) | 44.4% | 33.3% | 0.0% | 11.1% | 11.1% |
| JRSO (n=22) | 22.7% | 31.8% | 9.1% | 9.1% | 27.3% |
| On-Call (n=14) | 64.3% | 35.7% | 0.0% | 0.0% | 0.0% |
| Naselle  | **17.2%** | **48.3%** | **13.8%** | **6.9%** | **13.8%** |
| JRRC (n=13) | 30.8% | 30.8% | 7.7% | 15.4% | 15.4% |
| JRCA (n=6) | 0.0% | 66.7% | 16.7% | 0.0% | 16.7% |
| JRSO 1 (n=8) | 12.5% | 50.0% | 25.0% | 0.0% | 12.5% |
| On-Call (n=2) | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% |
| Community Facilities  | **17.9%** | **61.5%** | **2.6%** | **10.3%** | **7.7%** |
| JRRC (n=7) | 14.3% | 42.9% | 0.0% | 28.6% | 14.3% |
| JRCA (n=10) | 20.0% | 60.0% | 10.0% | 10.0% | 0.0% |
| JRSO 1 (n=13) | 7.7% | 84.6% | 0.0% | 0.0% | 7.7% |
| On-Call (n=9) | 33.3% | 44.4% | 0.0% | 11.1% | 11.1% |

 Exhibit 5‑18. JR Tenure by Facility and Position

Overall, Echo Glen has the largest percentage of staff with 10 or more years working in their current positions (48.5%). Most of the staff with 10 or more years of tenure at Echo Glen are Juvenile Rehabilitation Residential Counselors (JRRCs) (58.3%). In contract, most of the Juvenile Rehabilitation Counselor Assistants (JRCAs) have been in their positions for less than a year (66.7%) (see Exhibit 5-18).

At Green Hill, the largest percentage of staff have been in their current positions for less than one year (39.1%). Close to half of their JRRCs (37.5%) and the JRCA’s (44.4%) have been in their current position for less than a year. Almost a quarter of the Juvenile Rehabilitation Security Officer 1s (JRSOs) have been at Green Hill for less than a year (22.7%) and a little more than a quarter of the JRSOs have been in their current position for more than 10 years (27.3%) (see Exhibit 5-18).

Most of the direct services staff at Naselle have been in their current positions for more than a year but less than 3 years (48.3%). More than a quarter of the JRRCs (30.8%) have been at Naselle for less than one year (see Exhibit 5-18).

Overall, more than half of the direct services staff working in the community facilities have been in their current positions for more than a year but less than 3 (61.5%). A majority of their JRRCs have been there for more than a year but less than three years (42.9%). More than a quarter of the JRRCs are more experienced staff having 5 or more years of experience (28.6%) or more than ten years of experience (14.3%) (see Exhibit 5-18).

### Staff Qualifications

This section discusses the qualifications required to work as direct services staff in any of the JR facilities. It provides information on both the qualifications and competencies for JRRCs, JRCAs, and JRSOs. It then provides an overview of the educational levels of the direct services staff in each of the facilities.

#### Preferred Qualifications

In Section 5.4 – Salary, we summarize the qualifications for JRRCs, JRCAs, and JRSOs. While there are no mandatory qualifications listed in the State of Washington Class Specifications, qualifications listed as “Desired Qualifications” are typically considered mandatory.

JRRCs provide “group supervision, case management and treatment to an assigned caseload of youth.”[[90]](#footnote-91) The work also includes both the provision of treatment and ensuring the safety and security of youth. The JRCA position is an entry-level position that should not be assigned full and independent case management treatment functions for a caseload. JRCAs may manage a caseload of one to two youth under close supervision. They are supposed to assist higher level staff in the implementation of case management and treatment plans; supervise youth in their daily living routine, chores and activities and ensure the safety and security of youth.[[91]](#footnote-92) JRSOs are responsible for providing custody, security, and safety for residents, staff and visitors to JR facilities or nighttime supervision, safety and security or custody and security of youth to and from, as well as, during appointments on or off campus.[[92]](#footnote-93)

#### Current Staff Qualifications

The level of education attained by direct services staff was gathered through the staff survey. Exhibit 5-19 provides a summary of the levels of education of the staff in each institution and those working in the community facilities. Overall, more than 50% of direct services staff have a bachelor’s degree. The percentage of all direct services staff who completed a bachelor’s degree ranged from a high of 78.0% at Echo Glen to a low of 51.6% at Naselle.

More than three-quarters of the Juvenile Rehabilitation Residential Counselors (JRRCs) at three facilities—Echo Glen (84.0%), Green Hill (88.0%) and Naselle (76.9%) have a bachelor’s degree. In the community facilities, 62.5% of JRRCs have a bachelor’s degree. Almost a quarter or JRRCs at Naselle (23%) and the community facilities (25%) have a post graduate degree (see Exhibit 5-19).

In all of the facilities, more than half of the JRCA’s have bachelor’s degrees, ranging from a high of 100% of the JRCAs at Echo Glen to a low of 67% at Naselle. However, 17% of the JRCAs at Naselle have a post graduate degree (see Exhibit 5-19).

Overall, more than 50% of JRSOs have a high school diploma or equivalent and/or some vocational school or some college. JRSOs with a bachelor’s degree ranged from a low of 12.5% at Naselle to a high of 41.7% working at the community facilities.

The educational level of on-call staff varied widely. All on-call staff at Echo Glen have a bachelor’s degree. Sixty-three percent (63%) of on-call staff working at the community facilities have a bachelor’s degree. Almost a quarter of on-call staff working at Green Hill and Naselle have a bachelor’s degree (see Exhibit 5-19).

Of the staff with bachelor’s degrees, the five most common degrees were in:

* Psychology;
* Criminal justice;
* Social work;
* Law and justice; and
* Education.

For staff with post-graduate degrees, they were most frequently in social work or psychology.

Exhibit 5‑19. Educational Levels of Direct Services Staff

| Facility/Position | High School | Vocational School or Some College | Bachelor’s Degree | Post Graduate Degree |
| --- | --- | --- | --- | --- |
| **JR Total (n=184)** | **6.0%** | **23.4%** | **63.6%** | **7.1%** |
| **Echo Glen**  | **2.9%** | **8.6%** | **82.9%** | **5.7%** |
| JRRC (n=26) | 0.0% | 7.7% | 84.6% | 7.7% |
| JRCA (n=6) | 0.0% | 0.0% | 100.0% | 0.0% |
| JRSO 1 (n=2) | 50.0% | 50.0% | 0.0% | 0.0% |
| On-Call (n=1) | 0.0% | 0.0% | 100.0% | 0.0% |
| **Green Hill** | **8.0%** | **33.3%** | **56.0%** | **2.7%** |
| JRRC (n=28) | 0.0% | 3.6% | 89.3% | 7.1% |
| JRCA (n=10) | 0.0% | 20.0% | 80.0% | 0.0% |
| JRSO 1 (n=23) | 21.7% | 52.2% | 26.1% | 0.0% |
| On-Call (n=14) | 7.1% | 71.4% | 21.4% | 0.0% |
| **Naselle** | **0.0%** | **20.0%** | **63.3%** | **16.7%** |
| JRRC (n=14) | 0.0% | 0.0% | 71.4% | 28.6% |
| JRCA (n=6) | 0.0% | 16.7% | 66.7% | 16.7% |
| JRSO 1(n=9) | 0.0% | 55.6% | 44.4% | 0.0% |
| On-Call (n=1) | 0.0% | 0.0% | 0.0% | 100.0% |
| **Community Facilities** | **9.1%** | **20.5%** | **61.4%** | **9.1%** |
| JRRC (n=9) | 0.0% | 22.2% | 55.6% | 22.2% |
| JRCA (n=12) | 0.0% | 8.3% | 83.3% | 8.3% |
| JRSO 1 (n=14) | 21.4% | 28.6% | 42.9% | 7.1% |
| On-Call (n=9) | 11.1% | 22.2% | 66.7% | 0.0% |

## Salary

**Half to three-quarters of the staff at all JR facilities are very dissatisfied or dissatisfied with their compensation. Inadequate salary was an issue that was raised in almost every staff interview. In addition, due to the high cost of living in the Seattle area, staff in these facilities are paid significantly less than their counterparts in other parts of the state when salaries are adjusted for cost of living.**

DSHS provided a point-in-time data set that included annual salary amounts for all Juvenile Rehabilitation (JR) staff members employed as of June 20, 2017. From this file, we retained and analyzed salary information for the job classifications of interest. We reviewed the data to ensure all records were suitable for analysis, checking for potential issues such as potentially erroneous salary amounts or incomplete records. Very little cleaning was needed. In total, we analyzed salary data from 503 staff members classified as Juvenile Rehabilitation Security Officer 1s (JRSO 1s) Juvenile Rehabilitation Counselor Assistants (JRCAs), Juvenile Rehabilitation Residential Counselors (JRRCs), and Juvenile Rehabilitation Supervisors (JRSs).

 “*There’s tons of opportunities to get paid more in DSHS. We’re not level with our counterparts which is frustrating*.”

— Supervisor

Exhibit 5-20 presents descriptive salary information for the job classifications across all of JR, including number of records used for analysis, average and median salary, and standard deviation.

Exhibit 5‑20. Salary Information for Juvenile Rehabilitation Job Classifications

| **Job Classification**  | **N** | **Salary Range**  | **Average Salary**  | **Median Salary**  | **Standard Deviation**  |
| --- | --- | --- | --- | --- | --- |
| JRSO 1 | 237 | $32,615 – $45,540 | $38,960 | $38,440.00 | $4,309.47 |
| JRCA | 77 | $35,273 – $46,684 | $41,312 | $40,219.00 | $4,181.63 |
| JRRC | 150 | $41,232 – $59,007 | $51,136 | $53,774.50 | $4,936.53 |
| JRS | 26 | $47,820 – $58,691 | $55,277 | $56,844.00 | $3,938.82 |

We then computed and compared the median salary information for the same job classifications for each JR facility. Exhibit 5-21 presents this information along with the number of records for each job class and facility used to compute the average. We used the median (the salary level that separates the higher and lower halves of the salary data) as there are numerous outliers that may inflate or deflate the average.

Exhibit 5‑21. Median Salary Information, by Facility

| **Facility**  | **JRSO 1**  | **JRCA** | **JRRC** | **JRS** | **Overall Facility1**  |
| --- | --- | --- | --- | --- | --- |
| **Institutions**  |  |  |  |  |  |
|  Echo Glen  | $41,400.00(47) | $38,316(20) | $54,527.50(50) | $56,396.00(7) | $44,282(130) |
|  Green Hill  | $39,564.00(87) | $38,945.00(29) | $51,306.00(52) | $58,691.00(8) | $43,344(181) |
|  Naselle  | $37,480.00(23) | $44,400.00(11) | $50,292.00(22) | $55,536.00(4) | $45,486(62) |
| **Community Facilities**  |  |  |  |  |  |
|  All Community Facilities  | $37,478.00(80) | $45,540.00(17) | $54,072.00(26) | $56,844.00(7) | $42,261(130) |
| **Overall JR**  | **$38,440.00** | **$40,219.00** | **$53,774.50** | **$56,844.00** | **$44,005.95** |

*1 Overall Facility includes the JRSO2s and Security Managers, who were omitted from Exhibit 4-17 due to the small sample size and our desire to maintain confidentiality of the salary records. For that reason, there are more total records in this exhibit.*

Looking across the information in Exhibit 5-21, the largest discrepancy in median salary across the facilities was in the JRCA job classification. The community facilities have the highest paid JRCAs and the median salary for these staff members is 19% and 17% greater than JRCAs at Echo Glen and Green Hill, respectively. Naselle also has a significantly higher median salary for JRCAs than Echo Glen and Green Hill, which may be a fairer comparison as all three are institutions.

Median salaries were more consistent across the facilities for all other job classifications. Much of the variation between the facilities results from the tenure of staff in each job classification. There is no data to suggest pay inequity across the facilities, at least in nominal (not adjusted for cost of living) dollars.

### Adjustments for Cost of Living

To understand the differences in salaries in real dollars, we adjusted the salary data to account for the cost of living in various parts of Washington State. We initially conducted this analysis with the Regional Price Parities (RPP), produced by the U.S. Bureau of Economic Analysis. The RPPs “measure the differences in price levels across states and metropolitan areas for a given year and are expressed as a percentage of the overall national price level…RPPs cover all consumption goods and services, including rents.”[[93]](#footnote-94) However, the most current RPPs reflect 2016 prices and, based on discussions with JR, we felt they did not accurately capture the true cost of living in the King County area.

In lieu of the RPPs, we used cost of living data from the National Cost of Living Index (COLI), which is produced by the Council for Community and Economic Research (C2ER), a leading non-profit organization that conducts national, state, and local-level labor market analysis. The COLI provides cost of living estimates for local areas based on factors, including housing, groceries, utilities, transportation and health care.

For Washington, the COLI includes individual adjustment factors for Moses Lake, Olympia, Richland, Seattle, Tacoma, and Yakima. The factors are expressed relative to the national average of 100%. For example, the Seattle composite index is 148.8, indicating that the costs of living in Seattle are 48.8% greater than the costs of living in the “average” American city. Similarly, the composite number for Yakima is 93.8, indicating its cost of living is 6.2% less than the average American city. The factors used for this analysis represent the cost of living during the first quarter of 2018.

Exhibit 5-22 provides the median salaries for each job classification, adjusted for the cost of living using the COLI.

Exhibit 5‑22. Median Salaries Adjusted for Cost of Living in Metropolitan Statistical Area

| **Location** | **Facilities**  | **COLI**  | **JRSO 1** | **JRCA** | **JRRC** |
| --- | --- | --- | --- | --- | --- |
| Seattle | Echo Glen and Woodinville | 148.8 | $27,033 | $26,731 | $34,783 |
| Tacoma | Oakridge  | 108.2 | $33,260 | $39,638 | $48,896 |
| Olympia  | Green Hill, Touchstone | 103.8 | $38,192 | $40,140 | $48,804 |
| Kennewick-Richland | Twin Rivers | 96.8 | $37,940 | $38,715 | $56,947 |
| Yakima | Ridgeview, Parke Creek  | 93.8 | $38,891 | $44,806 | $52,200 |
| Moses Lake  | Canyon View, Sunrise  | 95.2 | $41,303 | $49,619 | $54,199 |
| Not within a COLI adjusted area) | Naselle  | 100.0 | $37,545 | $42,666 | $50,581 |

As seen in Exhibit 5-22, there are discrepancies in salary levels when viewed in real dollars. In particular, staff working in facilities located in King County are paid less than their counterparts living and working in other areas of the state. This is true across all job classifications, as the Seattle-adjacent facilities are at the bottom range of every pay category. This is consistent with what we heard in the interviews conducted during the site visits. In interviews at Echo Glen, we heard of staff having to make choices between going to the doctor and buying food; not being able to afford to get their cavities filled for years, and even having to live in their car due to the high cost of rent.

### Satisfaction with Salary

Positions working in corrections have been “notoriously” associated with low pay. In general, the organizational literature has found a link between staff satisfaction with pay and turnover intent. That is, the lower the satisfaction with pay, the higher the turnover intent.

“*I work 55 hours a week and I have to pick up overtime shifts to make a living paycheck.”*

*“I try to do 2 shifts of overtime per week just to make ends meet.”*

— Staff

Using a five-point Likert scale, staff were asked, “How satisfied are you with your salary?’” and “How satisfied are you with your benefits?” As shown in Exhibit 5-23, almost all the staff at Echo Glen are “very dissatisfied” or “dissatisfied” with their salary. Almost three-quarters of the staff at Green Hill (71.3%) and Naselle (69.2% ) are “very dissatisfied” or “dissatisfied” with their salary. Fewer staff at the community facilities (55.2%) are “very dissatisfied” or “dissatisfied” with their salary.

Exhibit 5‑23. Satisfaction with Salary by Facility

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Facility | Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very Satisfied |
| **Echo Glen (n=27)** | 81.5% | 7.4% | 3.7% | 7.4% | 0.0% |
| Green Hill (n=73) | 32.9% | 38.4% | 15.1% | 13.7% | 0.0% |
| **Naselle (n=26)** | 34.6% | 34.6% | 23.1% | 7.7% | 0.0% |
| **Community Facilities (n=29)** | 13.8% | 41.4% | 27.6% | 13.8% | 3.4% |

### Comparison with Similar Jobs at Other State Agencies

During interviews with staff and managers, we consistently heard that the Juvenile Rehabilitation Residential Counselor (JRRC), Juvenile Rehabilitation Counselor Assistant (JRCA) and Juvenile Rehabilitation Security Officer 1 (JRSO 1) positions are similar to jobs held by state employees in other parts of DSHS or in other state agencies, yet JR staff receive lower pay. Many indicated this is a primary reason to search for and accept employment outside of JR. To understand the extent to which this is true, we compared the JRRC, JRCA, and JRSO 1 job classifications with other positions in DSHS and other agencies. The following sections present this comparison.

#### Comparisons of JRRC/JRCA with Social Services Specialists (SSS)

The JRRC and JRCA job classification are listed in the Social Services category of jobs. We repeatedly heard from staff that similar social service jobs are available in other DSHS administrations. Many interviewees cited the Children’s Administration as one where staff often seek employment before or after leaving JR.

We reviewed numerous jobs in the Social Services category to identify those with similar responsibilities, education and experience requirements, and serving similar populations. We conducted an initial scan of jobs including Classification Counselors, Corrections Mental Health Counselor, Corrections Specialists, Institutional Counselor, Rehabilitation Counselor, and Social Services Specialists.

Most of the positions reviewed have similarities with the JRRC and JRCA positions. In particular, the Corrections Mental Health Counselor job series has many of the same counseling responsibilities and JRRC/JRCAs, but they do not require balancing the counseling work with general milieu management. Because of this – and because of the repeated mentions of the Children’s Administrative in the interview – we chose to examine the Social Services Specialist job series and its comparability to the JRRC and JRCA positions.

Social Services Specialists (SSS) is a job series used extensively in the Children’s Administration, Aging and Long-Term Support Administration, and the Economic Services Administration. The exact duties of the position depend upon which Administration is hiring. Within the series there are four job class titles – Social Services Specialists 1-4. We reviewed all of the job class titles within the series, with a primary focus on the position requirements for the Children’s Administration.

##### **JRRC and SSS 2/SSS 3**

We compared the JRRC position with the SSS 2 and SSS 3 positions. Exhibit 5-24 presents the comparison.

Exhibit 5‑24. JRRC and SSS Comparison

|  | **JRRC** | **Social Services Specialist 2** | **Social Services Specialist 3** |
| --- | --- | --- | --- |
| **Occupational Category**  | Social Services  | Social Services | Social Services |
| **Supervisory Responsibility?** | No  | No  | No  |
| **Time in job prior to promotion within series**  | One year (0 years if candidate has a master’s degree in a relevant field)  | Minimum of 1 or 2 years, depending on education  |  |
| **Desirable Qualifications** | * one year as a JRCA

OR* A Bachelor’s degree and one year of experience in casework, counseling, probation and parole, social services, etc.
* A Master’s degree in Psychology, Sociology, Social Work, Social Sciences or an allied field may substitute for the year of experience
 | * Twelve months as an SSS1

AND* Completion of SSS training program

OR* Master’s degree in social services or related field and one year as an SSS1

OR* A Bachelor’s degree in social services or related and two years of paid experience comparable to an SSS1
 | * Twelve months as SSS2

OR* Master’s degree in social services or related field and two years paid experience comparable to an SSI2

OR* Bachelor’s degree in social services or related and three years of experience comparable to an SSS2
 |
| **Key Responsibilities**  | * Manages and provides individualized counseling for up to four youth on caseload
* Provide group and family counseling sessions, facilitates group treatment sessions, and works with youth to identify youth needs and either address through counseling or coordinate appropriate service providers
* Participates in Consultation Team Meetings to assess and discuss youth progress
* Serves as liaison between youth and family, courts, treatment providers, schools, employers, and other parties as necessary
* Ensures security of unit by tracking youth location, monitoring rooms, and conducting searches
* Supervises youth in daily living activities
* Maintains case documentation
 | * Provide routine licensing functions that do not include recruitment or monitoring OR
* Provide risk assessment intake for CPS cases and recommend disposition (supervisory approval required) OR
* Provide other **indirect** services that include determining eligibility for out of home placement, providing case management, and monitoring contract social services agencies providing direct services
* Participate in multidisciplinary case/team meetings
* Work with children and families to assist with family reunification, including conducting risk assessments, creating and monitoring service plans, prepare for court proceedings, and make referrals for therapeutic and counseling services.
 | * Similar to SSS2, but case management responsibilities are expanded to include:
* Provide crisis counseling and interventions to children and families
* Assess needs for out of home placements and counseling adults and children regarding the need for placement, separation of family members and loss trauma, and the steps for reunification
* Provide permanency planning
 |
| **Case Management Responsibilities**  | Typically, a maximum of 4 youth  | Caseload sizes not available, but typically child welfare case workers will carry a much larger caseload as individual counseling is not a requirement  | Caseload sizes not available, but typically child welfare case workers will carry a much larger caseload as individual counseling is not a requirement |
| **Conduct Group Counseling**  | Yes  | No  | No  |
| **Conduct Individualized Counseling**  | Yes  | No  | Yes  |
| **Pay Range**  | Band 48: $42,060 – $56,580 | Band 53: $47,532 – $64,008 | Band 55: $50,004 – $67,236 |
| **Pay Differential from JRRC** **(Step A)** | -- | +13.0% | +18.9%  |

The exhibit indicates that JRRC’s have a higher level of responsibility than both the SSS2 and 3 positions. JRRC’s provide individual and group counseling, whereas the SSS2s provide neither, and the SSS3s only provide individualized counseling. Again, JRRC’s also have the added responsibility of managing the milieu, supervising youth, and promoting safety in a 24/7 rehabilitative environment. However, SSS 2 and SSS 3 staff received a base salary that is 13.0% and 18.9% higher, respectively.

##### **JRCA and SSS 1**

The entry-level position within the SSS series is the SSS 1. Exhibit 5-25 presents the comparison of the SSS 1 and JRCA positions.

Exhibit 5‑25. JRCA and SSS1 Comparison

|  | **JRCA** | **Social Services Specialist 1**  |
| --- | --- | --- |
| **Occupational Category**  | Social Services  | Social Services |
| **Classification**  | Entry level – may be designated as in-training  | Entry level, in-training  |
| **Time in job prior to promotion within series**  | One year  | Up to 18 months  |
| **Promotion**  | No automatic promotion  | Automatic promotion to Social Services Specialist II after 18 months  |
| **Qualifications** | * A Bachelor’s degree

OR* Two years of college and two years as a JRSO

OR* Two years of college and two years of experience in casework, counseling, probation and parole, or a number of related activities
 | * Master’s degree in social services or related field

OR* A Bachelor’s degree in social services or related
 |
| **Key Responsibilities**  | * Provide individualized counseling for youth on caseload
* Provide group counseling sessions
* Participates in Consultation Team Meetings to assess and discuss youth progress
* Ensures security of unit by tracking youth location, monitoring rooms, and conducting searches
* Supervises youth in daily living activities
* Maintains case documentation
 | * Participate in multidisciplinary team meetings & maintains connection with child service providers
* Work with families to document social history and identify relevant environmental factors
* Implement/monitor service objectives
* Identify necessary family/child needs and services
* Maintains case documentation
 |
| **Case Management Responsibilities**  | May be assigned up to 1-2 youth immediately[[94]](#footnote-95)  | None assigned for the six months  |
| **Conduct Group Counseling**  | Yes, under the direction of a supervisor  | No  |
| **Conduct Individualized Counseling**  | Yes, for assigned caseload  | No, for SSS Is in the Children’s Administration, provides referrals to appropriate therapeutic treatment providers  |
| **Pay Range**  | Band 41: $35,664 – $47,532 | Band 45: $39,204 – 52,536(increased from Band 41 7/1/17) |
| **Pay differential from JRCA (Step A)** | -- | +9.9%  |

As seen in the exhibit, both positions are entry-level. In terms of education and experience, the SSS I position requires at least a bachelor’s degree, whereas the JRCA position allows a candidate to quality with two years of college and applicable work experience.

JRCA’s have a notably higher degree of responsibility than the SSS 1’s. Whereas both positions work directly with clients, the JRCAs also provide individualized and group counseling and also monitor youth in their living environments, provide security services, and supervise youth in their daily duties. To perform their counseling duties, JRCA’s must understand and be able to employ the DBT model and work to comply with its standards. Despite this added layer of responsibility, the SSS 1 position has a starting salary that is nearly 10% higher than for the JRCA.

#### JRSO 1 and Corrections & Custody Officer 1 and 2

The Juvenile Rehabilitation Security Officer 1 (JRSO 1) job classification is in the Protective Services category of jobs. We reviewed numerous other jobs in this series to identify one with similar responsibilities, required education and experience, and serving similar populations. Jobs reviewed include Campus Security Officer, Community Corrections Officer (1-3), Community Corrections Specialist, Corrections & Custody Officer (1-3), and Security Guard. Of these, the most comparable position to the JRSO1 is the Corrections & Custody Officer series, which services a similar population in a 24/7 correctional facility.

We compared attributes of the JRSO 1 and Corrections & Custody Officer (CCO) 1 and CCO 2 positions. Exhibit 5-26 presents the comparison.

Exhibit 5‑26. JRSO 1 and CCO 1 and CCO 2 Comparison

|  | **JRSO 1** | **Corrections & Custody Officer 1** | **Corrections & Custody Officer 2** |
| --- | --- | --- | --- |
| **Occupational Category**  | Protective Services  | Protective Services  | Protective Services  |
| **Classification**  | Entry-level  | In-training  | Fully-qualified  |
| **Supervisory Responsibility?** | No  | No  | No  |
| **Desirable Qualifications** | * H.S. Diploma or GED

AND * One year of relevant work experience in areas such as social services, security guard, correctional officer, police or police reserve officer, military police or other law enforcement work OR
* Successful completion in a basic law enforcement training program approved by the WA Criminal Justice Training Commission OR
* Successful completion of a police or reserve police academy or military training program
 | * H.S. Diploma or GED

AND* One year of paid or volunteer work experience, equivalent to full-time
* Successful completion of 30 semester hours or 45 quarter hours of college-level coursework majoring in a social of behavioral science or criminal justice may be substituted for experience
* Successful completion of a correctional officer training course approved by DOC may substitute for experience
 | * Twelve months as a Correctional Officer, including successful completion Correctional Officer training

OR * H.S. Diploma or GED

AND * Twelve months of experience as a correctional officer in adult or juvenile corrections where security functions equivalent to a Level 2 Correctional Officer were performed
 |
| **Key Responsibilities**  | * Provides security services and helps ensure the safety and security of residents, staff, and facilities
* Conducts required checks (e.g., bed checks, perimeter checks, hourly security calls, room inspections, etc.)
* Backs-up residential staff and intervenes as needed to diffuse emergent situations
* May distribute medication to youth
* May assist with cooking and cleaning duties
 | * Provides security services including movement of offenders, taking emergency actions to control aggressive actions and de-escalate emergent situations
* May assist with mailroom security and delivery
* Documents incidents and other necessary actions
* Monitor offender behavior
* May be required to work with special needs offenders
 | * Similar to CCO1 responsibilities, with the addition of providing support to CCO1s as they complete their training
 |
| **Pay Range**  | * Band 38: $33,264 – $56,580
 | * Band 41: $35,664 – $47,532
* After one year of service, staff are automatically promoted to the next level
 | * Band 43: $37,380 – $50,004
 |
| **Pay Differential from JRSO (Step A)** | NA | +7.2% | +12.4% |

A review of the information in Exhibit 5-26 strongly suggests the work JRSO 1s perform is very comparable to that of both the CCO 1 and 2 positions. Education and experience levels are comparable as well, yet the CCO positions are paid 7.2% and 12.4% higher than the JRSO 1s, respectively.

An important consideration is JRSO 1s have the added responsibility of providing security services in the context of a rehabilitative facility, whereas CCO staff typically do not. JRSOs receive introductory training in DBT and are expected to use that training when interacting with and modeling positive behaviors for youth. In addition, many JRSO 1s – particularly those in the community facilities – spend significant time with the youth outside of the facility, which is an added responsibility requiring additional skill and experience.

## Turnover

**Turnover in Juvenile Rehabilitation (JR) is a significant issue leading to unstable staffing patterns within the facilities. This impacts the ability of facilities to realize positive outcomes for the youth served.**

Turnover is a significant issue in social service organizations, including juvenile justice facilities.[[95]](#footnote-96) Estimates of turnover rates among staff working in the juvenile justice field have ranged between 20% and 37% per year.[[96]](#footnote-97)

*“The high turnover makes kids feel they are being abandoned.”*

— JRSO 1

There are many consequences of high turnover. Turnover is costly to the organization because recruiting, hiring, and training each new staff member comes at the expense of the juvenile justice organization. Minor et al. (2011)[[97]](#footnote-98) estimated costs of $31,000 to replace one employee. There are also additional costs resulting from turnover. Facilities must pay overtime to staff who cover vacant shifts. There also are costs to the youth and staff that remain in the facilities. Juvenile facilities rely on frontline staff to achieve positive outcomes for youth served. Turnover can create an unstable organization less able to realize these positive outcomes.[[98]](#footnote-99) Turnover also results in a reduced quality of service and often contributes to employee burnout and low staff morale of the remaining employees.[[99]](#footnote-100)

High turnover may also trigger turnover of remaining employees. The impact of turnover is intensified because these facilities rely on trained and experienced staff with working knowledge and ongoing relationships with youth. Such knowledge and relations help juvenile justice facilities maintain a safe environment and meet their goals and objectives for serving youth.[[100]](#footnote-101)

There are two types of turnover — voluntary and involuntary. *Voluntary turnover* involves an employee willfully resigning from their position to another position within or outside the agency. *Involuntary turnover* refers to layoffs, mandatory retirements, or discharges. Turnover has been researched in terms of actual turnover and turnover intent. *Actual turnover* is acting on a decision to quit a job. *Turnover intent* is the process of thinking about quitting or planning to leave a job, or the desire to leave a job.[[101]](#footnote-102)

In this section, actual turnover data and information gathered through the staff survey on turnover intent is discussed.

### Actual Turnover

Using administrative data from the DSHS Human Resources Management System (HRMS), we calculated the turnover rates of JRRCs and JRCAs by facility. In addition to turnover rates for each facility, we were also able to identify the reasons staff members left employment. As seen in Exhibit 5-27, turnover rates for JRCAs range from a high of 57.9% at Echo Glen to a low of 20.0% in the community facilities. Most of the JRCAs resigned from their positions. The turnover rates for JRRCs ranged from a high of 42% for JRRCs at Green Hill to a low of 19.3% at Echo Glen. The primary reason JRRCs left was also resignation. From other reports provided by RA, we were able to see that the turnover rate of JRSOs was 48% between May 2017 and April 2018.

Exhibit 5‑27. Actual Turnover for JRCAs and JRRCs, by Facility

| **Facility**  | **Number of Separations**  | **Rate** | **Reasons for Leaving**  |
| --- | --- | --- | --- |
| **Total JR Turnover**  |  |  |  |
|  JRCA | 31 | 33.8% | Resignation (13)Appointment Ended (7)Promotion (1) | Voluntary Demotion (2)Voluntary Disability (1) |
|  JRRC | 43 | 27.4% | Resignation (18)Promotion (10)Retirement (5)Voluntary Demotion (3)Voluntary Disability (2)Appointment Ended (1) | Washington Management Services (1)Transfer (1)Project ended(1) Death (1) |
| **Echo Glen**  |  |  |  |
| JRCA | 11 | 57.9% | Resignation (6) Appointment Ended (4) | Promotion (1) |
| JRRC | 11 | 19.3% | Resignation (6) Promotion (3)  | Appointment Ended (1)WMS (1) |
| **Green Hill**  |  |  |  |
| JRCA | 8 | 28.6% | Resignation (6) Voluntary Demotion (1)  | Appointment Ended (1) |
| JRRC | 21 | 42.0% | Resignation (9)Promotion (3)Retirement (4) Voluntary Demotion (2) | Voluntary Disability (1)Death (1)Probationary (1) |
| **Naselle** |  |  |  |
| JRCA | 2 | 22.2% | Resignation (1)  | Voluntary Disability (1) |
| JRRC | 5 | 21.7% | Promotion (2) Resignation (1)  | Retirement (1) Project ended (1)  |
| **Community Facilities**  |  |  |  |
| JRCA | 3  | 20.0% | Appointment Ended (2)  | Voluntary Demotion (1)  |
| JRRC | 6 | 22.2% | Resignation (2) Promotion (2)  | Transfer (1) Voluntary Demotion (1)  |

### Turnover Intent

Exhibit 5-28 provides information on the turnover intentions of staff at the three institutions and the eight community facilities. The staff survey asked participants to indicate how long they foresee themselves working in their current position. There is a significant number of staff at all the facilities that do not see themselves working in their current position for longer than two years. Almost half (45.7%) of the staff participating in the staff survey from the community facilities indicated they did not see themselves working at the facility in 2 years; 20% said they would likely leave their position in less than a year. Almost 41% of participants from Echo Glen did not expect to be working there in two years; and 22.2% expected to be in their current position for less than a year. Of the staff at Green Hill, 30.2% did not see themselves in their current position in two years. The percentage of staff at Naselle who did not see themselves working there in 2 years was relatively lower at 18.5%.

Exhibit 5‑28. Turnover Intent, by Facility and Position

| Facility | Less than 1 Year | 1-2 Years | 2-5 Years | Uncertain | Until Retirement |
| --- | --- | --- | --- | --- | --- |
| **Echo Glen (n=27)** | **22.2%** | **18.5%** | **0.0%** | **25.9%** | **33.3%** |
|  JRRCs and JRCAs (n=24) | 25.0% | 20.8% | 0.0% | 29.2% | 25.0% |
|  JRSOs (n=2) | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% |
|  On-Call Staff (n=1) | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% |
| Green Hill (n=73) | **15.1%** | **15.1%** | **11.0%** | **42.5%** | **16.4%** |
|  JRRCs and JRCAs (n=37) | 13.5% | 13.5% | 13.5% | 37.8% | 21.6% |
| JRSOs (n=23) | 13.0% | 17.4% | 8.7% | 52.2% | 8.7% |
| On-Call Staff (n=2134) | 23.1% | 15.4% | 7.7% | 38.5% | 15.4% |
| **Naselle (n=27)** | **0.0%** | **18.5%** | **11.1%** | **44.4%** | **25.9%** |
| JRRCs and JRCAs (n=18) | 0.0% | 11.1% | 11.1% | 44.4% | 33.3% |
| JRSOs (n=8) | 0.0% | 37.5% | 12.5% | 37.5% | 12.5% |
| On-Call Staff (n=1) | 0.0% | 0.0% | 0.0% | 100.0% | 0.0% |
| **Community Facilities (n=35)** | **20.0%** | **25.7%** | **17.1%** | **25.7%** | **11.4%** |
| JRRCs and JRCAs (n=17) | 11.8% | 23.5% | 23.5% | 35.3% | 5.9% |
| JRSOs (n=10) | 30.0% | 30.0% | 10.0% | 10.0% | 20.0% |
| On-Call Staff (n=8) | 25.0% | 25.0% | 12.5% | 25.0% | 12.5% |

## Factors Linked to Retention/Turnover

**Working with youth and being able to make a meaningful and positive impact on their lives is why staff want to stay working in their positions. Key reasons for staff wanting to leave their positions include: lack of supervision and support; inadequate compensation; unmanageable workload; poor leadership; and work/life balance.**

Through the staff survey, we sought to determine what makes staff want to continue working for JR and the factors that make them want to leave. In completing these questions, participants could select multiple answers. Exhibit 5-29 provides a summary of the results regarding what makes staff want to stay in their current positions. In all of the facilities, more than half the staff indicated the following factors are what makes them want to stay in their positions:

* They “feel they are a good fit” for the position (58.7% of respondents);
* “Interactions with the youth,” (51.1% of respondents); and
* “The job allows me to make a meaningful impact” (50.0%).

Exhibit 5‑29. Reasons to Stay, by Facility

| Reason | JR Overall | Echo Glen | Green Hill | Naselle | Community Facilities |
| --- | --- | --- | --- | --- | --- |
| **Fit**  | 58.7% | 47% | 62% | 56% | 64% |
| **Youth**  | 51.1% | 38% | 51% | 47% | 50% |
| **Impact** | 50.0% | 41% | 49% | 44% | 64% |
| **Coworkers** | 44.0% | 38% | 59% | 34% | 30% |
| **Leadership & Supervision Support** | 30.4% | 28% | 32% | 25% | 34% |
| **Salary** | 28.8% | 25% | 21% | 41% | 18% |
| **Advancement** | 28.3% | 16% | 34% | 25% | 30% |
| **Workload & Work/Life Balance**  | 26.6% | 19% | 34% | 25% | 20% |
| **Safety**  | 17.9% | 6% | 22% | 16% | 20% |
| **Other**  | 14.7% | 19% | 12% | 13% | 18% |

“What I like most about my job is helping youth make changes that will help them avoid negative behaviors and become productive citizens.”

—Counselor

In all of the interviews with direct services staff, working with the youth was usually identified as what they like most about their job. Many indicated they get a great sense of accomplishment and satisfaction when they hear from youth or learn about youth who are doing well and thriving once they are back in their communities. Many of the staff also said their relationships with their co-workers was a positive aspect of their job.

There are many factors that contribute to high rates of turnover in juvenile justice facilities. Research indicates organizational-level attributes are the most important factors in retaining staff. Organizational factors include staff perceptions of, and actual work environment characteristics. These characteristics include job satisfaction, organizational commitment, stress, support of staff, safety, salary, work hours, workload, supervision, and promotion or opportunity for promotion.[[102]](#footnote-103)

We analyzed the responses of the staff survey and responses from the interviews with staff to identify the organizational-level factors that may be impacting turnover and retention of staff. Exhibit 5-30 provides a summary of the factors identified that would make staff want to leave their positions.

Among all staff, the three top factors identified that make them want to leave their position, indicated by more than 40% of the staff were:

* “Poor leadership, supervision, and support.” (62.5%);
* “Inadequate compensation” (59.2%);
* “I do not feel safe in my facility (44.0%); and
* “Unmanageable workload, hours, and work/life balance” (43.5%).

Exhibit 5‑30: Reasons to Leave Position, by Facility

| Reason | JR Overall  | Echo Glen | Green Hill | Naselle | Community Facilities |
| --- | --- | --- | --- | --- | --- |
| **Leadership & Supervision Support** | 62.5% | 56.3% | 72.4% | 68.8% | 44.6% |
| **Salary** | 59.2% | 65.5% | 64.5% | 50.0% | 53.8% |
| **Safety**  | 44.0% | 34.4% | 63.2% | 40.6% | 16.9% |
| **Workload & Work/Life Balance**  | 43.5% | 59.4% | 42.1% | 43.8% | 40.0% |
| **Advancement** | 38.0% | 34.4% | 50.0% | 34.4% | 21.5% |
| **Coworkers** | 25.5% | 25.0% | 27.6% | 18.8% | 26.2% |
| **Impact** | 23.9% | 28.1% | 30.3% | 15.6% | 15.0% |
| **Youth**  | 17.4% | 15.6% | 19.7% | 15.6% | 15.4% |
| **Other**  | 14.7% | 9.4% | 19.7% | 6.3% | 18.5% |
| **Fit**  | 7.1% | 9.4% | 10.5% | 0.0% | 3.1% |

## Safety

**Overall, staff in the community facilities feel “more safe than unsafe” or “very safe” while working. In contrast, staff in the three institutions feel comparatively less safe. Overall, youth feel safe or very safe. Adjusting staff levels to ensure staff safety will be important when considering the new residential staffing model. Yet, safety is among the top three reasons as to why staff may want to leave their positions.**

Staff perceptions of safety are an organizational factor that has been associated with turnover.[[103]](#footnote-104) Lower perceptions of safety are linked to increased stress and increased rates of both actual turnover and staff intention to leave.[[104]](#footnote-105) Job stress increases when staff perceive a safety threat. In turn, other job responsibilities – such as promoting positive youth development – may become secondary to a focus on control and security.[[105]](#footnote-106) As indicated above, safety was among the top three reasons staff identified as to why they may want to leave their position.

“We are verbally and physically abused more than we ever have been before.”

—CF Leadership

In interviews with staff, we heard youth frequently exhibit physical or verbal aggressiveness. Staff working at any of the institutions are expected to take reasonable precautions to prevent physically dangerous situations and must use non-physical interventions and de-escalation techniques before using physical restraint unless there is an imminent risk of harm to self or others.[[106]](#footnote-107) Direct services staff working in the institutions as well as supervisors, program managers, and recreation counselors must complete the minimum standards of the Dealing with Resistive Youth (DWRY) training.[[107]](#footnote-108) Staff working in community facilities also must complete a version of DWRY training, Community Safety Training, for community programs and community facilities. This training does not include training on any physical restraint of youth as there is a “hands-off” policy in the community facilities. In interviews with community facility staff, they indicated if youth become physically aggressive in the community facilities local law enforcement may be called to assist. Youth with egregious physically aggressive behavior or that continue to be physically aggressive may be returned to one of the institutions.

This section summarizes the findings regarding how safe staff feel in the institutions and community facilities, using data from the staff survey and information from the interviews and focus groups. It also provides a summary of the feedback received from youth regarding how safe they feel at the institutions and community facilities.

### Staff Safety

As part of the staff survey, we asked staff how safe they feel while working in the facility using a five-point Likert scale (1. Very Unsafe, 2. More Unsafe Than Safe, 3. Unsure/Mixed, 4. More Safe Than Unsafe, and 5. Very Safe).

As shown in Exhibit 5-31, a little more than a third of the staff at Echo Glen (34.6%) feel Very Unsafe or More Unsafe than Safe. More than half of the staff at Green Hill (60.3%) feel Very Unsafe or More Unsafe Than Safe. Almost half of the staff at Naselle (44.4%) feel Very Unsafe or More Unsafe Than Safe. In contrast, only 5.6% of the staff working in the community facilities feel Very Unsafe or More Unsafe Than Safe.

Exhibit 5‑31. Safety, by Facility

| Facility | Number | Very Unsafe | More Unsafe Than Safe | Unsure/Mixed | More Safe Than Unsafe | Very Safe |
| --- | --- | --- | --- | --- | --- | --- |
| **Echo Glen** | 26 | 11.5% | 23.1% | 42.3% | 23.1% | 0% |
| Green Hill | 68 | 30.9% | 29.4% | 19.1% | 17.6% | 2.9% |
| Naselle | 27 | 25.9% | 18.5% | 37.0% | 14.8% | 3.7% |
| Community Facilities | 36 | 2.8% | 2.8% | 25.0% | 63.9% | 5.6% |

“*We don’t have enough staff to manage individual youth behaviors before the situation goes south*”

—Leadership

Performance-based Standards (PbS) for Youth Correction and Detention Facilities is a program for juvenile justice facilities to monitor and improve conditions and treatment services. Data are collected from records and surveys of youth, staff, and families. PbS data are reported every April and October.[[108]](#footnote-109) Currently, all three of JR’s institutions participate in the PbS program. The PbS model provides data in seven areas—Safety, Health and Mental Health Services, Programming, Reintegration Planning, Justice, and Legal Rights, Security, and Order. The PbS model holds that the primary goal of juvenile justice facilities is to provide a safe environment.[[109]](#footnote-110) PbS data on Safety from October 2017-April 2018 indicate approximately 60% of the sample of staff surveyed at Green Hill; 50% of staff at Echo Glen; and 55% of staff at Naselle “feared for their safety within the last 6 months.”[[110]](#footnote-111) These data are consistent with the findings from the staff survey.

*“The staffing levels and untrained staff make this place unsafe.”*

*—JRSO*

The predominant reason given for the institutions not being a very safe environment was the lack of an appropriate level of staff. Having high youth to staff ratios results in staff not having the time to get to know the youth, gain a sense of issues that may be brewing, and address them prior to them escalating to a point where there are physical altercations. Further, staff stated they sometimes work alone with more than eight youth and sometimes as many as fourteen youth. Other reasons identified included:

* Many staff working with the youth have not received Dealing with Resistive Youth (DWRY) training;
* DWRY training is not sufficient as it does not provide training on what to do if you are attacked;
* Lack of communication between shifts and staff about possible issues; and
* Staff need to be able to remove youth with bad behavior from the unit.

Staff at the community facilities pointed out that these facilities are easy to access. There is some concern anyone could just walk into the facility. For example, a rival gang member of one of the youth could easily access the facility.

### Youth Safety

In interviews and focus groups at the three institutions and eight community facilities, youth were asked about how safe they feel living at the facility using the same four-point Likert scale. Almost all of the youth of both the institutions and community facilities indicated they feel Safe or Very Safe. Some of the youth at the institutions expressed concerns about their safety when they are at school. They noted school is “where most fights happen” and there is usually just one teacher in a classroom. Some youth also mentioned they feel less safe in the cafeteria because they are “forced to sit with other youth they don’t get along with” and there are a lot of “potential weapons” in the cafeteria.

PbS data from October 2017-April 2018 indicates more youth may feel a little less safe than they indicated in interviews and focus groups. Approximately 30% of youth interviewed reported they “feared for their safety within the last six months at Echo Glen and Green Hill.” Approximately 20% of youth interviewed at Naselle said they “feared for their safety within the last six months.”[[111]](#footnote-112)

### Rehabilitation Administration Strategic Plan Objective

Objective 1.1 of the Rehabilitation Administration’s (RA) Strategic Plan is that staff and residents will thrive in a safe environment. It recognizes a healthy environment is necessary for both staff and youth to succeed in JR institutions. Research shows as the use of confinement and segregation increases, the number of assaults increases at nearly the same rate. Therefore, RA is focusing on decreasing the use of isolation or room confinement in JR institutions from 5.2 hours per 100 days of youth confinement in fiscal year FY2017 to 3 hours in FY2019.[[112]](#footnote-113)

## Culture and Climate

**The culture and climate profiles and the low morale scores overall in JR indicate it is important to address the underlying organizational-level factors. If they are not addressed, these factors will likely continue to contribute to challenges in recruiting and retaining high-quality and committed staff.**

The social context of an organizational unit (in this case Juvenile Rehabilitation (JR facilities) includes the norms, values, expectations, perceptions, and attitudes of the members of the unit, all of which affect the service provision of human service organizations. Organizational social context can enhance or inhibit the adoption of best practices; strengthen or weaken fidelity to established protocols; support or attenuate the relationships between unit members and consumers; and increase or decrease the availability, responsiveness, and continuity of the services provided by the organization. Social context guides how things are done in an organization, what the priorities are, and what gets recognized and rewarded. It also determines the psychological impact of the work environment on the individuals who work there.[[113]](#footnote-114)

The Organizational Social Context (OSC) survey instrument was given to direct services staff to assess each facility’s collective organizational culture and climate. The OSC survey includes 105 items that describe:

* Organizational culture;
* Organizational climate; and
* Worker morale.

*Organizational culture* is defined as the expectations that drive the way work is done in an organization, that is, the norms and values driving behavior.[[114]](#footnote-115)

*Organizational climate* is formed when staff in the same organizational unit share similar perceptions of the psychological impact of their work environment on their own well-being and functioning in the organization.[[115]](#footnote-116)

The OSC measures the culture of the organization on three dimensions: proficiency, rigidity, and resistance.

* **Proficient cultures** are characterized by expectations service providers will place the well-being of each client first and by expectations individual service providers will be competent and have up-to-date knowledge. Representative items include: “Members of my organizational unit are expected to be responsive to the needs of each client.” and “Members of my organizational unit are expected to have up-to-date knowledge.”
* **Rigid cultures** are characterized by service providers having less discretion and flexibility in their work; limited input into key management decisions; and being controlled by many bureaucratic rules and regulations. Representative items include: “I have to ask a supervisor or coordinator before I do almost anything,” and “The same steps must be followed in processing every piece of work.”
* **Resistant cultures** are characterized by expectations service providers will show little interest in change or in new ways of providing service and service providers will suppress any opportunity for change. Representative items include: “Members of my organizational unit are expected to not make waves,” and “Members of my organizational unit are expected to be critical.”

The OSC measures climate on three dimensions: engagement, functionality, and stress.

* **Engaged Climates** are characterized by employee perceptions they are able to personally accomplish many worthwhile things in their work, remain personally involved in their work, and be concerned about their clients. Representative items include: “I feel I treat some of the clients I serve as impersonal objects” (reverse coded) and “I have accomplished many worthwhile things in this job.”
* **Functional climates** are characterized by employee perceptions they receive the cooperation and help from coworkers and administration required to do their job, have a clear understanding of how they fit in, and can work successfully within their organizational unit. Representative items include: “This agency provides numerous opportunities to advance if you work for it”, “My job responsibilities are clearly defined,” and “There is a feeling of cooperation among my coworkers.”
* **Stressful climates** are characterized by employee perceptions they are emotionally exhausted from their work, pulled in different directions, and unable to get the necessary things done. Representative items include: “I feel like I am at the end of my rope”, “Interests of the clients are often replaced by bureaucratic concerns (e.g., paperwork)”, and “The amount of work I have to do keeps me from doing a good job.” Stress is identified by emotional exhaustion, role conflict, and role overload. Respectively, these include perceptions of feeling overwhelmed, of experiencing multiple conflicting demands, and having impossible amounts of work to accomplish.

### Methods

Information about JR’s culture and climate was obtained by administering the Organizational Culture Survey (OSC) to direct services staff. The aggregation of these individuals’ responses at the facility level is the foundation for assessing JR’s OSC.[[116]](#footnote-117) Aggregation of individual staff-level responses into system level measures of OSC requires within-system agreement among staff. The level of agreement in the responses of staff within each facility was assessed with an index of within-group consistency (rwg) of responses and computed for each of the scales measuring culture and climate. The within-group consistency of responses for each facility were all very high. This means that the aggregation of individual responses from each facility in the creation of organizational-levels of measures is valid and staff within each facility agreed with one another regarding the culture and climate of their facilities. Percentile scores were produced by comparing raw scores on the OSC dimensions to a normative sample of 584 staff members in 15 juvenile justice facilities doing similar work.

### Culture

Culture dimensions of the OSC are generally positive when facilities have:

* A higher than average proficiency score;
* A lower than average rigidity score; and
* A lower than average resistance score.

A facility with a positive culture is characterized by high proficiency, meaning staff will place the well-being of each client first, staff are competent, and staff have up-to-date knowledge necessary to do their job well. Facilities with positive cultures also would be described as providing flexibility in carrying out job duties and offering opportunities for input into key management decisions (low Rigidity). Additionally, low resistance among staff would indicate an interest among staff in developing new ways of providing services and support for change efforts aimed at improving outcomes for the youth served.[[117]](#footnote-118)

Exhibit 5-32 summarizes the culture profiles for each institution and the community facilities. A mildly positive culture is indicated when the proficiency score is at least ten percentiles points higher than both the rigidity and resistance percentile scores. Using this criteria, Echo Glen had the most positive culture profile compared with the other facilities. Although its proficiency score was lower than the community facilities, it had the lowest rigidity and resistance scores. A mildly negative culture is indicated when the proficiency score is at least 10 percentile points lower than both the rigidity and resistance percentile scores. While no facility met this criteria, Green Hill had a culture leaning in the negative direction. Naselle scored close to the mean on all three dimensions of culture, producing a flat profile (neither the most nor the least positive culture profile).

The community facilities almost met the criteria for a mildly positive culture profile and also had the highest proficiency score indicating at these facilities, more than any other facility, there are clear expectations regarding placing the well-being of the youth first and having the requisite knowledge to work competently as direct service staff. The community facilities also had generally low resistance scores indicating the culture at the community facilities is relatively more supportive of change efforts (as compared to the other facilities).

Exhibit 5‑32. Culture Profiles, by Facility

Percentile Scores of Three Dimensions of Culture

|  |  |  |  |
| --- | --- | --- | --- |
| Facility | Proficiency | Rigidity | Resistance |
| Echo Glen | 47.0% | 27.7% | 34.7% |
| Green Hill | 36.6% | 41.4% | 47.2% |
| Naselle | 46.2% | 43.4% | 42.2% |
| Community Facilities | 51.3% | 42.9% | 38.9% |

### Climate

Climate dimensions of the OSC are generally positive when facilities have:

* A higher than average engagement score;
* A higher than average functionality score; and
* A lower than average stress score.

A facility with a positive climate is characterized by high engagement, meaning staff perceive they are able to personally make a difference in the lives of the youth they serve and remain personally involved in their work. Staff in facilities with a positive climate also feel they are fully functional and operating like a well-oiled machine. Lastly, positive climates have moderate to low levels of stress and staff do not perceive themselves to be emotionally exhausted from their work, overloaded from their work, or conflicted in their job responsibilities.[[118]](#footnote-119)

Exhibit 5-33 summarizes the climate profiles of each institution and the community facilities. A mildly positive climate profile is indicated when both engagement and functionality are both at least ten percentile points about the stress score. None of the facilities met these criteria. However, the community facilities had a slightly more positive climate profile compared to the other three facilities. The community facilities had a high engagement score, an average functionality score, and an average percentile score for stress. The high engagement score for the community facilities indicates staff feel they are having some success in working with the youth compared to other facilities doing similar work. The lower stress score indicates staff in community facilities perceive their work environment as less stressful (lower emotional exhaustion, lower role conflict and lower role overload) than other facilities doing similar work.

A mildly negative climate is indicated when the stress score is more than ten percentile points higher than both the engagement and functionality percentile scores. Echo Glen and Green Hill met this criterion and Naselle came very close to meeting this criteria. All three institutions scored below the mean on engagement indicating staff in these facilities perceive they are not able to personally accomplish many worthwhile things and are struggling to engage with the youth. The functionality scores of all three institutions was also below the mean indicating staff perceive they do not receive the necessary cooperation and help from coworkers and administration to do a good job. All three institutions have higher than the mean stress scores indicating staff are emotionally exhausted from their work, overloaded in their work, and experiencing multiple conflicting demands, and are unable to get the necessary things done.

Exhibit 5‑33. Climate Profiles, by Facility

Percentile Scores of Three Dimensions of Climate

| Facility | Engagement | Functionality | Stress |
| --- | --- | --- | --- |
| Echo Glen | 44.8% | 34.1% | 63.8% |
| Green Hill | 42.6% | 37.5% | 60.9% |
| Naselle | 47.3% | 40.2% | 55.1% |
| Community Facilities | 62.8% | 47.7% | 47.5% |

### Worker Morale: Job Satisfaction and Organizational Commitment

Job satisfaction is defined by the fit between the individual and the position they hold in an organization. Organizational commitment is defined as commitment to an agency’s vision, mission, and goals and is thought to take longer to develop than job satisfaction.[[119]](#footnote-120) In contrast to culture and climate, discussed above as a group level phenomenon, job satisfaction and organizational commitment are individual-level constructs. Morale, as measured by the OSC, is defined as the combination of job satisfaction and organizational commitment.[[120]](#footnote-121)

T-scores for morale are computed by subtracting the average morale raw score and then dividing by the standard deviation obtained from a comparative sample of 584 staff members in 15 juvenile justice facilities. T-scores (the center data point on each vertical line) show the average individual score of worker morale in each facility. The standard deviation (the top and bottom data point on each vertical line) provides information about how far most individual scores on morale within the facility are above or below the average of each facility. A T-score of 50 is the average and ten is the standard deviation of the comparative sample of 584 staff members in 15 similar juvenile justice facilities.

As shown in Exhibit 5-34, among the three institutions and the community facilities, the community facilities have the highest morale score, indicating staff are more committed to their organization and satisfied with their job. In contrast, Green Hill and Echo Glen both have lower than average morale scores suggesting staff have a less positive appraisal of their jobs. Naselle has an average morale score compared to morale in 15 similar juvenile justice facilities.

Exhibit 5‑34. Employee Morale, by Facility



Supervisors and staff reported substantial stress and burnout among the staff. In turn, this is leading to low staff morale. The primary factor identified for low morale was the lack of adequate staffing leading to unmanageable workloads. Both supervisors and staff also indicated expectations of staff continue to increase, and everything is a priority. Yet, it was reported the ongoing issue of stress and burnout is not being acknowledged or addressed by leadership. Supervisors did not identify any specific strategies or programs being implemented to help reduce the significant impact of stress and burnout on the staff. A majority, if not all supervisors, indicated having adequate levels of staff would have a significant impact on improving staff morale.

As part of its Strategic Plan, RA is focusing on improving job satisfaction. The goal is to increase satisfaction level of staff, as expressed on the employee survey question, “In general, I’m satisfied with my job” from 64% in 2015 to 80% by June 2019.[[121]](#footnote-122) The action plan includes:

* Reviewing employee survey results, highlighting strengths and concerns, and developing local and administration action and communication plans in collaboration with staff;
* Assembling workgroups with field staff that will make recommendations to address the concerns and build on identified strengths to improve satisfaction;
* Having leaders across RA encourage, promote, and communicate innovations on an ongoing basis;
* Holding managers and supervisors accountable to implement action plans in response to survey results.[[122]](#footnote-123)

## Recruitment, Selection & Retention

**JR faces many challenges in recruiting and retaining a sufficient number of staff needed to successfully implement the Rehabilitation Model. Experienced Human Resource (HR) staff dedicated to JR could develop and implement a workforce development plan that would improve staff recruitment, selection and retention. JR also requires a workforce development plan and dedicated staff to support recruitment and selection.**

Recruitment is the process an organization uses to let people know they are hiring staff for a position and to provide a description of the position that leads people to apply. Good recruitment goes beyond getting people to apply for a posted position. It must be about finding people who are the “right fit” for the organization or facility.[[123]](#footnote-124) Some estimates are that nearly 80% of turnover is due to hiring mistakes. That is, if organizations can select and hire the right people for the job, turnover would be reduced substantially, and retention would increase.[[124]](#footnote-125)

This section summarizes the current process for recruiting and selecting staff for the JR institutions and community facilities. The summary is based on discussion with JR superintendents, administrators; discussions with representatives from the DSHS Human Resources Division (HRD); and information gathered through the staff survey.

### Recruitment

“We need someone doing proactive recruitment.”

— Leadership

Currently, recruitment to fill positions at each of the facilities is conducted by leadership or other staff at each facility. In the past, JR facilities had dedicated human resources staff to support recruitment efforts. Most recruitment involves developing a job description that is sent to HRD through the Applicant Tracking System. The job description is reviewed by HRD staff who will work with the hiring manager at the facility to revise it as necessary. HRD posts the job description online. Most of the facility leadership indicated they do not have time to conduct other recruitment strategies that could improve the applicant pool.

Through the staff survey, we asked staff how they learned about their current positions. As shown in Exhibit 5-35, overall most staff learn about JR position openings through an online job position posting (33.7%) or through a referral from a current employee (32.6%). However, most of the staff at Echo Glen (50.0%) received a suggestion to apply for their position through someone already working at the facility. A referral by current employees also was a primary way in which staff learned about opportunities to work at the other facilities. At Naselle (19.4%) and the community facilities (25.8%) many staff learned about their current positions through internal DSHS job postings. This may suggest staff may be moving from one position to another within DSHS.

Exhibit 5‑35. How Staff Learn About Current Openings, by Facility

| Facility | Online | Print Ad | Job Fair | University Recruitment | Employee | Internal DSHSJob Posting | Other |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **JR (n=175)** | **33.7%** | **1.1%** | **1.7%** | **1.1%** | **32.6%** | **12.0%** | **17.8%** |
| Echo Glen (n=34) | 23.5% | 2.9% | 0.0% | 0.0% | 50.0% | 0.0% | 23.6% |
| Green Hill (n=75) | 41.3% | 1.3% | 2.7% | 1.3% | 29.3% | 8.0% | 16.1% |
| Naselle (n=31) | 29.0% | 0.0% | 3.2% | 0.0% | 22.6% | 19.4% | 25.8% |
| Community Facilities (n=35) | 31.4% | 0.0% | 0.0% | 2.9% | 31.4% | 25.7% | 8.6% |

*\*Percentages may not add up to 100% due to rounding.*

HRD is responsible for conducting the initial review to determine if applicants meet the minimum qualifications. There is no formal format for review. Rather, staff review applications to determine if the applicant has all the required qualifications listed in the State of Washington Classification Specification for the particular position posted. While there is no specific staff person assigned to JR, HRD does have staff that can provide support in recruitment and selection of new staff.[[125]](#footnote-126)

At each facility, superintendents and administrators indicated they experience significant difficulty in finding and retaining qualified staff for all vacant positions. Leadership indicated both recruiting staff and turnover rates were serious problems. Reasons as to why they believe it is so difficult to recruit staff included:

* Salary is so low and does not meet the cost of living;
* Salary compared to other similar positions is low;
* The level of violence and verbal aggression staff have to deal with;
* Remote location;
* Challenging hours;
* No incentives to cover the costs of commuting;
* Labor market issues such as low unemployment rates; and
* There is not adequate time or money to train staff so that they can feel competent in their positions.

### Job Requirements

“I got out of my Masters of Social Work (MSW) program, came here and had no ideas of what I was getting into. I never had a tour of the facility.”

— Counselor

Both the job title and description should accurately reflect the position an organization is seeking to fill. When a person is seeking a new job, they initially identify jobs to apply for based on the title of the position and then they look at the job description. As shown in Exhibit 5-36, less than half (44.0%) of staff agreed or strongly agreed the position was fully and accurately described during the recruitment process. Fifty-six percent (56.0%) of staff strongly disagreed, disagreed or were neutral about whether their position was fully and accurately described. The community facilities overall are doing a better job than the institutions in describing the roles and responsibilities of direct services staff. Sixty percent (60%) of staff of the community facilities indicated their position was fully and accurately describe during the recruitment and hiring process. For the three institutions, the percentage of staff indicating the job was fully and accurately described ranged from a low of 38.3% at Echo Glen to a high of 41.4% at Green Hill.

Exhibit 5‑36. Position Described Accurately, by Facility

| Facility | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| --- | --- | --- | --- | --- | --- |
| **JR (n=175)** | **9.7%** | **22.9%** | **23.4%** | **37.7%** | **6.3%** |
| Echo Glen (n=34) | 11.8% | 23.5% | 26.5% | 32.4% | 5.9% |
| Green Hill (n=75) | 12.0% | 25.3% | 21.3% | 38.7% | 2.7% |
| Naselle (n=31) | 6.5% | 32.3% | 22.6% | 29.0% | 9.7% |
| Community Facilities (n=35) | 5.7% | 8.6% | 25.7% | 48.6% | 11.4% |

*\*Percentages may not add up to 100% due to rounding.*

Many organizations use realistic job previews (RJPs) to provide information about the position’s positive and negative aspects in order to enable potential applicants to determine if they are a good fit for the position. RJPs also help align the applicant’s goals and expectations with the work requirements. RJPs may include booklets, brochures, videos, meetings with current staff, and experiential activities such as job shadowing. A tour of the facility is one RJP method that can provide applicants a more complete picture or the work environment. In the staff survey, participants were asked if they took a tour of the facility and/or shadowed a current employee on-site prior to being offered a position and whether it was helpful in setting realistic job expectations. Exhibit 5-37 shows a majority of applicants are not provided an opportunity to tour the facility or shadow a current employee prior to being offered a position. Of the applicants provided a tour or shadowing opportunity, most indicated it was helpful for setting realistic job expectations (20.6%).

Exhibit 5‑37: Tour of Facility/Shadow Current Employee Prior to Hire, by Facility

| Facility | YesHelpful | YesNot Helpful | No | Unsure/Don’t Remember |
| --- | --- | --- | --- | --- |
| **JR (n=175)** | **20.6%** | **9.7%** | **65.1%** | **4.6%** |
| Echo Glen (n=34) | 23.5% | 14.7% | 58.8% | 2.9% |
| Green Hill (n=75) | 6.7% | 5.3% | 84.0% | 4.0% |
| Naselle (n=31) | 35.5% | 12.9% | 45.2% | 6.5% |
| Community Facilities (n=35) | 34.3% | 11.4% | 48.6% | 5.7% |

*\*Percentages may not add up to 100% due to rounding.*

* + - 1. **Recruitment in Central and Eastern Washington**

During interviews, staff and managers in facilities outside of King County, particularly those in the central and eastern parts of Washington, indicated finding qualified staff can be difficult. The small labor force, coupled with the remote location of some facilities, makes filling positions exceedingly challenging. Many community facility administers noted they have tried to forge partnerships with local universities or community colleges and conduct outreach with local chambers of commerce or similar organizations, but results have varied. Administrators noted the lack of time they have to dedicate to recruitment is also a challenge, given their many other responsibilities.

### Staff Qualifications

 “Need to hire people that really want to do the job. Many people are old school with a corrections mentality. Many stay off the floor and don’t want to interact with the youth.”

— JRSO 1

In interviews and focus groups with leadership, counselors, and supervisors, we asked for feedback regarding the qualifications of the staff currently being hired. There was concern expressed there are some staff that seem to have a more punitive orientation to working with the youth. Some staff noted many new hires have a background in corrections. This concerned some staff who were clearly supportive of the Rehabilitation Model and embraced the use of DBT to support positive youth development. They also underscored the key to implementing the Rehabilitation Model and DBT and successfully influencing youth’s rehabilitative experiences is positive relationships with the youth.

Some staff also said they did not have a complete understanding of the responsibilities of the position and the work environment. This was particularly true for new counselors being hired that had not previously worked for JR.

### Interviews and Competencies

Staff at each of the JR institutions and community facilities conduct their own interviews for open positions. Each facility develops its own interview structure and content. Many of the facilities use a panel interview process in which there are multiple staff involved in the interview. It was not clear as to whether every facility structured the interviews, so all applicants are asked the same questions and if there are established criteria for evaluating responses to questions. There was an overall sense the hiring objective is sometimes to ensure facilities “have enough bodies.” In interviews with supervisors, some indicated they are not included in the interview process. Yet, they bring first-hand knowledge regarding the types of staff they need on their team.

### Retention

Creating and implementing effective employee retention strategies is part of an overall strategy for reducing turnover. In addition to providing fair compensation, staff want to feel they are appreciated. In any position, staff also want the possibility for advancement. This section describes findings from the staff survey regarding select retention strategies including advancement opportunities, rewards and recognition, and orientation and initial mentoring.

#### Advancement Opportunities

“If someone wants to advance in this field, they will go elsewhere.”

— Counselor

As part of the staff survey, we asked participants to indicate whether they felt there were opportunities for them to grow and advance in their career at JR. As shown in Exhibit 5-38, the percentage of staff at the facilities who believed there are growth and advancement opportunities ranged from a low of 7.4% at Echo Glen to a high of 42.8% at the community facilities. Around a quarter of the staff at Green Hill (28.7%) and Naselle (25.9%) could see they could advance in their career in RA.

Exhibit 5‑38. Advancement Opportunities, by Facility

| Facility | “I See Growth and Advance Opportunities with RA” |
| --- | --- |
| **Strongly Disagree** | **Disagree** | **Neither Agree nor Disagree** | **Agree** | Strongly Agree |
| **Echo Glen (n=27)** | 37.0% | 25.9% | 29.6% | 7.4% | 0.0% |
| **Green Hill (n=73)** | 16.4% | 16.4% | 38.4% | 26.0% | 2.7% |
| **Naselle (n=27)** | 11.1% | 14.8% | 48.1% | 18.5% | 7.4% |
| **Community Facilities (n=35)** | 11.4% | 20.0% | 25.7% | 31.4% | 11.4% |

*\*Percentages may not add up to 100% due to rounding.*

#### Rewards and Recognition

*“I want to be treated like a human being, you feel like a number on their sheets*.”

—Staff

Most staff need to feel valued and appreciated by leadership and their supervisor. Rewards and recognition programs are just one of many strategies for retaining staff. The staff survey asked whether staff feel adequately rewarded and recognized for excellent performance. As shown in Exhibit 5-39, less than a quarter of the staff at Echo Glen (18.5%), Green Hill (18.1%), and Naselle (22.2%) felt adequately rewarded and recognized. More staff at the community facilities (31.4%) indicated they felt they were adequately recognized and rewarded.

Exhibit 5‑39. Reward and Recognition, By Facility

| Facility | “I Am Adequately Rewarded and Recognized When I Perform My Job Well” |
| --- | --- |
| **Strongly Disagree** | **Disagree**  | **Neither Agree nor Disagree** | **Agree** | Strongly Agree |
| **Echo Glen (n=27)** | 37.0% | 18.5% | 25.9% | 14.8% | 3.7% |
| Green Hill (n=73) | 31.9% | 19.4% | 30.6% | 13.9% | 4.2% |
| **Naselle (n=27)** | 14.8% | 25.9% | 37.0% | 14.8% | 7.4% |
| **Community Facilities (n=35)** | 28.6% | 11.4% | 28.6% | 25.7% | 5.7% |

*\*Percentages may not add up to 100% due to rounding.*

In interviews with leadership and supervisors, they were asked to identify ways in which staff are recognized and whether there are reward programs. Common rewards and recognition programs identified included employee of the month awards, annual employee appreciation events, and support for sending staff to conferences. In interviews with direct services staff, many said they only hear about the negative from central office. Many also indicated they do not even know the leadership and thought they should spend more time at the facilities.

#### Orientation and Initial Mentoring

Pairing a new employee with a mentor is a proven retention strategy, as it can provide a solid beginning of support for a new employee, assist them in getting acclimated, and make them feel welcome in the new organization. The National Implementation Research Network (NIRN) has identified mentoring as one of four components critical to building the competency of staff to carry out new practices. The term “mentoring” is often used to describe the process by which staff are provided on-the-spot expert coaching, and promotion of new practices and policies so staff can see the relevance of what they have learned to the situation at hand. It includes supervision, teaching while engaged in practice activities, assessment and feedback, and provision of emotional support.

The survey asked staff members whether they received new-hire onboarding, orientation, and initial mentoring needed to be successful in their job using a five-point Likert scale (1. Strongly Disagree, 2. Disagree, 3. Neutral, 4. Agree, and 5. Strongly Agree). As shown in Exhibit 5-40, more than half of the staff at community facilities (54.3%) felt they received initial supports that helped them succeed in their new position. In contrast, more staff felt they did not receive the needed information and support when they started their new position at Green Hill (52.7%) and Naselle (42%). At Echo Glen, 35.3 % of the staff indicated they did not receive necessary onboarding, orientation and initial mentoring while the same percent felt they did (35.3%).

Exhibit 5‑40. Onboarding, Orientation, and Initial Mentoring, by Facility

| Facility | “I Received New-Hire Onboarding, Orientation, and Initial Mentoring Needed to Be Successful in My job” |
| --- | --- |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| **JR Total (n=176)** | **15.3%** | **26.7%** | **20.5%** | **31.8%** | **5.7%** |
| Echo Glen (n=34) | 11.8% | 23.5% | 29.4% | 32.4% | 2.9% |
| Green Hill (n=76) | 22.4% | 30.3% | 14.5% | 27.6% | 5.3% |
| Naselle (n=31) | 9.7% | 32.3% | 25.8% | 25.8% | 6.5% |
| Community Facilities (n=35) | 8.6% | 17.1% | 20.0% | 45.7% | 8.6% |

*\*Percentages may not add up to 100% due to rounding.*

# Implications for JR Residential Staffing Model

**Current staffing is generally focused on meeting supervisory and custodial needs of the youth. Current staffing does not support fidelity to the Rehabilitation Model to the degree of rehabilitative transformation JR’s mission aims to achieve. JR is also constrained by high turnover, lack of recruitment supports, challenging work environment cultures and climate, and low staff morale.**

Significant changes in treatment, acuity levels, generational workforce characteristics, economic landscapes, and community reentry planning and activities across the JR continuum of care have taken place since JR last revised its Custodial Staffing Model in 1997. While there have been incremental updates, the residential staffing model has not had a comprehensive re-design. A “one-size fits all” approach for the facilities will not suffice and must encompass more factors based on numerous external and organizational changes that have occurred. JR staffing should more comprehensively support fidelity to the key aspects of the Rehabilitation Model while also maintaining safe and effective custodial care for the youth. It also must take into consideration the unique programs provided at some of the institutions and community facilities.

To construct a new residential staffing model, we will use the findings presented in this document to develop integrated recommendations based on three key dimensions of staffing:

1. Staffing levels and ratios to effectively and safely operate 24 hours per day, 365 days per year.
2. Staff responsibilities and requirements modeled to have optimal caseloads that take into consideration the workload expectations of each position in implementing the Rehabilitation Model; and
3. Organizational factors linked to turnover/retention.

## Staffing Levels and Ratios

Staff levels and schedules modeled for the facilities to effectively and safely operate 24/7 includes consideration of the following factors:

* Overtime and On-Call Staff Usage;
* Shift Relief Factor; and
* Staffing Numbers and Ratios.

### Overtime and On-Call Staff

We found from our administrative data review that there is significant use of both on-call staff and overtime to cover shifts. This has the potential to compromise the quality of staffing, safety, morale, and it also has significant cost implications. We also heard several concerns – from staff and management alike – that the quality of on-call staff varies, often due to their fit or attachment to the position rather than a lack of ability to perform the job. For the future state residential staffing model, we will consider whether JR may be better served by using funding currently reserved for on-call positions to fund additional permanent positions. This could help alleviate some of the scheduling issues, help reduce the overall turnover, and – because scheduling may be improved – reduce the overall need for overtime.

There are potential downsides to moving on-call positions to permanent positions. While scheduling and staff burnout issues may be addressed, there are many staff members who prefer to work overtime as they are not able to maintain a basic standard of living without the added income. This was especially true in areas in and around King County, where the cost of living is exceptionally high. As the availability of overtime opportunities decrease, some staff may feel they can no longer survive on their current salaries and seek alternative employment, which must be considered for the future state.

During interviews, staff identified a number of factors driving the use of overtime. The most prevalent reason given for overtime is there is just not sufficient stable full-time permanent staff to meet minimum staffing requirements, due to high turnover and difficulty in filling vacancies. In addition, staff noted there is a very high rate of staff calling in sick at the last minute. In developing an optimal residential staffing model, we will identify possible changes in scheduling practices that may reduce the use of sick time. Many staff suggested implementing the opportunity for 4/10 work schedules, as this would provide more time with family and more time for self-care. Many staff indicated this would also increase worker morale. Some Institutional Program Managers and Community Facility Administrators indicated they would likely be able to make 4/10s feasible with their scheduling, though it may require additional staff. Identifying and implementing options for different work schedules is difficult, but it may result in certain benefits:

* Improved staff morale as job satisfaction increases;
* Less turnover, less sick time, and improved quality of work; and
* Financial saving due to the more efficient use of staff.

Overlapping shifts also may create new opportunities for in-service training for staff and provide increased opportunities for staff communication. In interviews with staff, a theme emerged that communication among staff is lacking and is needed to successfully support the goals of the youth and ensure consistency in implementing treatment and consequences for inappropriate behavior.

The decision to implement alternative work schedules will hinge on the assessment by each facility of their feasibility and on whether the changes can be implemented without too much disruption and negative reaction, as well as any budget implications.

### Shift Relief Factor

A shift-relief factor is a useful workload tool that estimates the additional staffing levels needed to cover staff time off and maintain uninterrupted coverage for normal operations. For example, a shift-relief factor for direct service staff of 1.2 means that, on average, if 1,000 hours of staff time are needed to cover normal operations, an additional 200 hours are required to account for planned and unplanned absences. A shift relief factor must be part of the new residential staffing model that accurately accounts for:

* Pre-service and in-service training time;
* Required breaks;
* Long term medical disability;
* Light-duty assignments for injured staff;
* Time it takes to fill a vacancy;
* Vacation;
* Sick leave;
* Jury duty;
* Leave without pay;
* Time away from the job while on special assignment;
* Unexcused absences;
* Family and Medical Leave Act time; and
* Alternative assignments due to investigations.

The importance of understanding the amount of time staff are on planned or unplanned leave, by job classification, from scheduled work is critical. It can add up quickly. The larger the facility, the greater the budget shortfall there can be if there is not a complete and accurate picture.

### Staffing Ratios

Ratios of staff and requirements regarding the types of staff should be tailored to different needs of community facilities and institutions for more successful operations. The Prison Rape Elimination Act (PREA) standards of staff ratios are driving the current residential staffing model. However, we found that while PREA standards of 1 staff to 8 youth are technically being met, the design of some buildings can impact whether there truly is a 1:8 staff to youth ratio. Further, staff indicated these ratios fail to fully support providing a safe and secure environment and also do not account for case management and treatment demands. While we rarely saw instances where the PREA ratios were not met, we also observed difficulties in meeting youth needs with these ratios.

In addition, we also heard that daily operations and programming are different, and some facilities have unique programming (e.g. the forestry work program at Naselle and the Jobs Corps Program at Sunrise). We also heard operations and activities on weekends vary significantly from those on weekdays. For example, community facilities do not have a cook on weekends, requiring other staff to prepare and serve meals.

The number of youth that will be served also drives the number of staff required. An analysis of the average daily population for the past several years should serve as a foundation. However, it is important to also understand the potential causes for spikes in increases and decreases in the numbers, so staffing levels can account for these changes. Any changes in the profiles of the youth being served (age, race, sex, charges, complexity of their needs) must be taken into consideration when determining adequate staffing levels.

The passage of Senate Bill 6160, signed into law by Governor Inslee, will result in an increase in the number of youth served by the institutions and community facilities. The legislation extends the jurisdiction of the juvenile court over offenses that previously, when committed by youth 16-17 years of age, had been under the exclusive jurisdiction of the adult court.[[126]](#footnote-127) The law also extends the age limit for juveniles who commit serious offenses at 16 or 17 years of age to receive JR services from 21 to 25 years of age. In addition, JR will be serving an older population of youth that may have additional and different treatment and service needs and supports.

## Staff Responsibilites and Requirements

The new residential staffing model must consider the overall workload of staff to implement all the components of the Rehabilitation Model. This includes consideration of:

* Case management time requirements aligned to the Rehabilitation Model and Dialectical Behavior Therapy (DBT);
* Defined qualifications and competencies of roles; and
* Training and onboarding of staff to meet job requirements.

### Case Management and Rehabilitation Model Time Requirements

Caseload: The number of youth assigned to an individual counselor.

Workload: the amount of work required to successfully provide case management services and provide treatment to assigned cases

Data from the staff survey confirm the findings from interviews with counselors who indicated they spend most of their time providing floor supervision, safety and security, transports, and custodial care. Through the staff survey, we found, on average across all facilities, counselors are spending more than three-quarters of their time (77.8%) on these responsibilities, which equates to 31 hours of a 40-hour workweek.

The workload assumptions in the current model do not account for full implementation of all of the components of the Rehabilitation Model. The JR residential staffing model should more comprehensively consider the workload requirements for the provision of Dialectical Behavior Therapy (DBT) and case management to support fidelity to all aspects of the Rehabilitation Model (which include core programming of wellness and educational services; DBT and specialized treatment; and reentry planning and activities) while also maintaining safe and effective custodial care for the youth. In a new model, recommendations for caseloads for Juvenile Rehabilitation Residential Counselors (JRRCs) and Juvenile Rehabilitation Counselor Assistants (JRCAs) can be developed. However, in developing caseloads, time requirements for counseling staff to meet DBT standards must be identified as well as time required for other tasks including: additional case specific tasks, documentation, staff meetings, non-case specific administrative tasks (time sheets, email, filing, federal and state audits), online and in person training, and communication with other staff.

Workload requirements also must be clearly be defined for Juvenile Rehabilitation Security Officer 1s (JRSO 1s). In addition to time supervising the milieu and youth movement, security staff have additional task that must be completed (e.g. perimeter checks, intervening in crisis situations). There are often overlapping responsibilities among JRSO 1s and JRRCs and JRCAs. They should be clearly delineated to gain a sense of the workload of each job position.

We also know when facilities have high rates of turnover there are implications for workload. Turnover rates for JRCAs range from a high of 57.9% at Echo Glen to a low of 20.0% in the community facilities. The turnover rates for JRRCs ranged from a high of 42% for JRRCs at Green Hill to a low of 21.7% at Naselle. Between May 2017 and April 2018, the turnover rate of JRSOs was 48%. There are two obvious consequences of losing staff—an increased workload burden on remaining staff, even if temporary, and a reduced workload for new staff as they are learning the responsibilities of their new position.

Lastly, as new approaches and practices are instituted to support ongoing positive youth development, the additional workload demands must be taken into account in determining needed staff levels. Many JRRCs and JRCAs said they currently have workloads that inhibit their ability to meet many Rehabilitation Model requirements. In general, there was consensus that when the facilities begin to see the impact of the new legislation extending the age limit for juveniles who commit serious offenses at 16 or 17 years of age to receive JR services from 21 to 25 years of age, they will not have the capacity to serve these additional youth.

### Staff Qualifications and Competencies

The new residential staffing model must identify the right mix of staff types and classifications and provide more clarity regarding staff roles and responsibilities. Staff in the community facilities identified less of a need for traditional security-type staff and more of a need for staff that can effectively manage the milieu and provide transportation and community monitoring. Similarly, the institutions need more treatment-focused staff to manage the milieu, to support recreational activities, and to support youth movement. The new model must consider whether the current positions and their respective roles and responsibilities fully address the staffing needs of the institutions and community facilities. Additional or different types of staff may be required. The issue of staffing is not just one of having the right level of staff but having the right staff with the right mix of knowledge, skills, and abilities to support the Rehabilitation Model.

### Training and Onboarding Staff to Meet Job Requirements

The findings presented three significant challenges regarding training of staff for consideration in the residential staffing model; the first being when staff receive training, the second being the ability of staff to realistically have time off shift coverage for training, and the third being the levels, standardization, and content of training required of staff for the Rehabilitation Model. As part of the “shift relief factor” the residential staffing model will consider the time it takes for meeting JR initial and ongoing training requirements.

## Organizational Factors Linked to Turnover/Retention

All of the facilities are struggling to hire staff to fill authorized positions. Reasons for this included not being able to recruit enough qualified applicants, filling positions takes too much time, and not being able to retain staff results in high turnover. Salary also was identified as a key factor. In addition, some facilities have unique needs, to meet the complex supports and services needed by special populations. A plan for workforce development and stabilization, including addressing workforce climate, culture and morale issues will be critical to implementing and sustaining a new residential staffing model to support positive youth outcomes. In some facilities, the issue of staff perceptions of safety must be addressed.

### Staff Demographics

JR’s current staff demographic composition has a wide range of experience levels, generational differences, and changes occurring that present several challenges impacting the future of its workforce. There are some facilities with higher concentrations of tenured staff facing retirement soon. At the same time, facilities are having difficulty recruiting and retaining the next generation of staff. We heard from staff that the chance to do meaningful work and make a difference is what makes them want to stay. JR will have to develop a recruitment message that truly addresses this desire. The message also must accurately reflect the full range of responsibilities of the position and the work environment (including the positive and negative).

It will be important for JR to have dedicated Human Resources (HR) staff who can support them in developing recruitment and retention strategies that will increase diversity among the staff working in the facilities and their ability to hire and retain the best young talent. RA recognizes the importance of diversity in the workforce. As part of RA’s Strategic Plan 2017-2019, it has committed to training all hiring managers and supervisors on the Use of the Equity Impact Tool for recruitment, hiring and retention by June 2019.[[127]](#footnote-128) Given the demographics of the current staff in which 30% of the workforce is 50 years of age or older and there is an inverse bell curve for tenure, JR will require new strategies for recruiting and retaining staff from the pool of millennials.[[128]](#footnote-129) It will also require JR to consider adjustments that may need to be made to management styles to attract young and diverse talent while at the same time meeting the needs of the current multigenerational workforce.

### Salary

Positions working in corrections have been “notoriously” associated with low pay. In general, the organizational literature has found a link between staff satisfaction with pay and turnover intent. That is, the lower the satisfaction with pay, the higher the turnover intent. In JR there are a number of issues related to salary. When adjusting for the cost of living throughout the state, we found staff members in King County are paid significantly less than in other parts of the state. Addressing the geographic salary disparity is difficult, because JR does not have the authority to make such adjustments, and any such adjustments would likely impact all state employees in King County. However, failing to address this issue may lead to continued high rates of turnover of staff working in King County. In addition, our comparison of the JRRC, JRCA, and JRSO job responsibilities versus other categories of workers in the state shows that while JR staff have comparable responsibilities to other positions (and in some cases greater responsibilities), they are paid less. For the new residential staffing model, we will consider the impact of reclassifying these roles on JR’s operations.

### Culture, Climate & Morale

There are differences in the culture and climate profiles and staff morale among the JR facilities. Overall, the community facilities had more positive culture and climate profiles and the highest scores on morale. However, in each facility it will be important to identify and address the specific organizational-level factors driving current culture and climate, and in turn morale and develop strategies for addressing them. We heard in interviews with some staff, that a staff council, similar to the Youth Council at Green Hill, should be implemented at each facility. This would empower staff to have a voice and be part of developing staff issues.

Based on our survey, we found safety concerns are more of an issue in some facilities than others. More than half of the staff at Green Hill (60.3%) feel very unsafe or more unsafe than safe. Almost half of the staff at Naselle (44.4%) feel very unsafe or more unsafe than safe. A little more than a third of the staff at Echo Glen (34.6%) feel very unsafe or more unsafe than safe. In contrast, only 5.6% of the staff working in the community facilities feel very unsafe or more unsafe than safe. Addressing safety in the facilities in which staff perceptions of safety are negative can reduce turnover. Lower perceptions of safety are linked to increased stress and increased rate of both actual turnover and staff intention to leave. We also know job stress increases when staff perceive a safety threat. In turn, other job responsibilities, such as promoting positive youth development, may become secondary to a focus on control and security.[[129]](#footnote-130)

# Future Analysis of JR Staffing

As noted previously, this Current State Staffing Report presents the findings from our analysis of current JR staffing practices. The report identifies the strengths, challenges, and key issues any new staffing model should address. As the next step in the project, we will use the findings and information from this document to develop new staffing models for JR institutions and community facilities. These models will account for the workload demands on JR staff members and provide recommendations to address the issued identified in this report. In addition, the staffing models also will provide an Excel-based tool that estimates the staffing levels needed at each JR institution and community facility. This tool will be configurable, so that JR can maintain and update the staffing model over time, thereby allowing them to respond to new legislation and trends.

# Appendix A – Methodology

We used a mixed-method approach that blends qualitative and quantitative analysis to understand Juvenile Rehabilitation’s (JR) goals, programs and services, and a comprehensive picture of the current workforce strengths and challenges. This section provides an overview of the five data sources and relevant information on response rates, as appropriate. These data sources include:

* Site visits;
* Staff survey;
* Organizational Social Context (OSC) survey;
* Review of administrative data from the State’s HRMS system; and
* Key document review.

## Staff/Youth Interviews/Focus Group

Site visits were conducted at the three JR institutions and eight JR community facilities. During these site visits, the Hyzer Group Team conducted interviews with:

* Youth;
* Superintendents and Administrators;
* Juvenile Rehabilitation Residential Counselors (JRRCs);
* Juvenile Rehabilitation Counselor Assistants (JRCAs);
* Juvenile Rehabilitation Security Officers 1(JRSO 1s);
* Supervisors; and
* Program Managers (PM).

Small group interviews and focus groups were also conducted at the institutions to ensure input from a larger sample of staff and youth. Through the interviews and focus groups information on staffing strengths, challenges, and opportunities to improve the current residential staffing model were identified. Factors leading to each facility’s attrition, culture, climate, and morale were also explored.

Separate interview protocols were developed and used to guide the discussion with different categories of staff. A leadership interview protocol was used for discussions with Superintendents and Administrators. These protocols focused on inquiring about workforce strengths and challenges, workload issues, culture and climate, safety, recruitment, selection and retention. They also sought to identify specific issues creating barriers to the implementation of JR’s ITM Rehabilitation Model.

A supervisor interview protocol was used with supervisors and PMs. Interviews with supervisors and PMs were geared toward identifying any challenges in managing staff, ensuring appropriate care and programming for youth, and the extent to which current staffing levels and staff knowledge and skills are adequate to implement the Rehabilitation Model.

A counselor interview protocol was used with JRRCs and JRCAs in individual interviews, small group interviews and focus groups. This protocol covered areas such as staffing levels in each facility, employee workload, scheduling processes, interaction with supervisors, overtime, safety, and time staff spent performing duties other than directly working with you in concert with the required standards.

A security officer protocol was used with JRSO 1s in individual interviews. This protocol covered areas such as how their time is spent, safety, staffing levels, supervision, career development, and recruitment experience.

A shorter protocol was developed for individual interviews and focus groups with the youth. The goal of these interviews was to obtain the youth perspective on the current residential staffing model and as to whether they are able to receive necessary supports and services to meet their goals and be successful when they reenter the community.

The Hyzer Group Team also had an opportunity to conduct interviews with a variety of other staff including program coordinators, a security administrator, a human resources consultant, a transition specialist, and a cook.

Site visits were conducted at the three JR institutions and eight JR community facilities. Exhibit 8-1 summarizes the interviews conducted with youth, leadership (superintendents and associate superintendents, program managers, supervisors, Juvenile Rehabilitation Residential Counselors (JRRCs), Juvenile Rehabilitation Counselor Assistants (JRCAs) and Juvenile Rehabilitation Security Offers 1s (JRSO)s including on-call JRSOs. We met with 175 youth or staff either individually or as part of a focus group at the Echo Glen Children’s Center (Echo Glen), Green Hill School (Green Hill), or Naselle Youth Camp (Naselle).

Exhibit 8‑1. Number of Staff and Youth Interviewed or Part of a Focus Group – JR Institutions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Echo Glen  | Green Hill | Naselle  | Total  |
| **Superintendent/ Associate Super.**  | 2 | 4 | 3 | 9 |
| **JRRCs/JRCAs** | 15 | 22 | 32 | 69 |
| **JRSOs** **(Incl. On-call)** | 6 | 1 | 6 | 13 |
| **Youth**  | 10 | 14 | 21 | 45 |
| **Supervisors** | 9 | 3 | 3 | 15 |
| **Program Managers** | 9 | 2 | 2 | 13 |
| **Other** | * 2 Coordinators
* 1 Transportation Manager
* 1 Recreation Specialist
 | * 1 Security Administrator
 | * 1 HR Consultant
* 1 Drug & Alcohol Counselor
* 4 Program Coordinators
 | 11 |

Exhibit 8-2 summarizes the interviews conducted at the eight community facilities by staff position, which included a total of 77 staff and youth.

Exhibit 8‑2. Number of Staff and Youth Interviewed – JR Community Facilities

|  | Canyon View | Oakridge | Parke Creek | Ridgeview | Sunrise | Touchstone | Twin Rivers | Woodinville | Total |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Administrator** | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 8 |
| **JRRCs/JRCAs** | 4 | 2 | 3 | 3 | 5 | 4 | 2 | 2 | 25 |
| **JRSO 1s****(incl. On-call)** | 1 | 3 | 1 | 0 | 0 | 1 | 2 | 2 | 10 |
| **Youth** | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 4 | 24 |
| **Supervisors** | 1 | 0 | 1 | 1 | 1 | 0 | 1 | 1 | 6 |
| * Other
 | * 1 Cook
 | * 1 ITM Consul-tant & Trainer
* 1 Central Office Transition Specialist
 |  |  |  | * 1 ITM Consultant & Trainer
 | * 1 Cook
 | * 1 Cook
 | 6 |
| **TOTAL** |  |  |  |  |  |  |  |  | **79** |

We also interviewed the two JR Regional Administrators who oversee the community facilities and provided an overview of the aftercare and reentry services provided to youth leaving JR facilities; The RA Clinical Director who provided information and feedback on implementation of Dialectical Behavior Therapy (DBT) and required training; and two leaders from the Services and Enterprise Support Administration (SESA) who work in the Human Resources Division who provided information on recruitment and selection support provided to JR.

## Staff Surveys

We conducted a staff survey among Juvenile Rehabilitation Residential Counselors (JRRCs), Juvenile Rehabilitation Counselor Assistants (JRCAs), and Juvenile Rehabilitation Security Officers (JRSOs) including on-call JRSOs of the 11 facilities (direct services staff). A link to the survey was sent to all staff in early July 2018, and staff had 17 days to complete the survey. JR staff provided an e-mails list for each facility and representatives at each facility validated the list.

### Staff Survey

In order to maintain anonymity to reinforce participation, staff were informed in the introduction page that individual responses would be aggregated to balance meaningful insights while preserving confidentiality. The staff survey questions obtained information from direct services staff about caseloads, the amount of time spent on fulfilling key responsibilities (e.g., individual counseling, “on-site milieu management, and off-campus transports), frequency of mandatory shift holdovers, and overtime. The survey also obtained information about recruitment practices, training, and key indicators related to staff turnover and retention. The turnover and retention indicators included compensation, opportunities for advancement, leadership and supervision, work/life balance, youth, co-workers, meaningful impact, and safety.

Of the 347 direct services staff that were sent surveys at the three institutions, 152 completed surveys that were used for this analysis, for an overall response rate by staff of the institutions of 43.8%. Of the 112 staff at the community facilities who received surveys, 40 completed surveys for a response rate of 35.7%. Exhibit 8-3 provides the response rates for each of the three institutions and the eight community facilities combined.

Exhibit 8‑3. Staff Survey, Respondents by Facility

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Facility | Total Number of Staff  | Number of Respondents | Response Rate | Confidence Interval  |
| Echo Glen | 121 | 42 | 34.7% | 90% |
| Green Hill | 174 | 74 | 42.5% | 95% |
| Naselle | 52 | 36 | 69.2% | 95% |
| JR Community Facilities  | 112 | 40 | 35.7% | 90% |
| **TOTAL** | **459** | **192** | **41.8%** | **90%** |

### Organizational Social Context (OSC) Survey

The social context of an organizational unit includes the norms, values, expectations, perceptions, and attitudes of the members of the unit, all of which affect the service provision of human service organizations. The Organizational Social Context (OSC) was used to assess each facility’s collective organizational climate, culture and morale instrument for assessing organizational culture, organizational climate, and staff morale. The OSC survey includes 105 items, which were included in the staff survey in the final section. These 105 items describe:

* Organizational culture;
* Organizational climate; and
* Worker morale.

*Organization culture* is defined as the expectations that drive the way work is done in an organization; that is, the norms and values driving behavior (Glisson & James, 2002). *Organizational climate* is formed when staff in the same organizational unit share similar perceptions of the psychological impact of their work environment on their own well-being and functioning in the organization (Glisson and James, 2002). Morale, as measured by the OSC, is defined as the combination of job satisfaction an organizational commitment (Glisson et al., 2008).

Information about the 11 JR facilities’ culture and climate was obtained from staff currently working in the facilities who provide direct services and supports to clients including Juvenile Rehabilitation Residential Counselors (JRRCs), Juvenile Rehabilitation Counselor Assistants (JRCAs) and Juvenile Rehabilitation Security Officers (JRSOs) including on-call JRSOs.

### Administrative Data

To augment the survey data, we also analyzed DSHS administrative data from DSHS Human Resources Management Information System (HRMS) and the Automated Client Tracking System (ACT). We used data from these systems to analyze JR staff salary levels, turnover, use of overtime, and the time staff spent working and taking both planned and unplanned leave.

## Document Review

We worked with the Rehabilitation Administration (RA) Project Team to identify relevant materials to ensure a comprehensive understanding of Juvenile Rehabilitation (JR) and the Special Commitment Center (SCC) treatment models, program components, and specific practices being used to implement the model. We also reviewed documents that provided an understanding of current job duties, responsibilities, and expectations of staff working for JR, as well as job qualifications. The review included the following documents:

* Policies;
* Standards (state and national);
* Job descriptions;
* Strategic plans;
* Treatment model reports;
* Recently passed legislation;
* Recent Governor Executive Orders;
* Survey results; and
* Review of documents and select legal mandates and executive orders.

# Appendix B – Community Facility Standards

Exhibit 9‑1. Community Facility Standards Overview

| Standard | Subject Area | Key Requirements |
| --- | --- | --- |
| Community Facility Standards 02: Fiscal Management | Fiscal Management | * Monitor resident payday schedules and pick up resident paychecks. Employers may mail or direct deposit paychecks
* Limit the amount of cash a resident may have in their possession
* Utilize Verification of Funds Received (DHS Form 02-656) to document expenditures
* Staff will utilize the Resident Request for Withdrawal from (DSHS Form 02-655) to document expenditures
 |
| Community Facility Standards 03: Personnel and Volunteers | Mandatory Certifications | * JR Policies and CF Standards must be read in LMS within 30 days of employment
* Community Staff must have the following certifications:
	+ A Counselor Affiliated Certification from HCA (for case carrying staff only)
	+ Food Handler card (within 2 weeks of hire complete the course online)
	+ CPR/First Aid Certification within 60 days of hire
	+ AED Certification within 60 days of hire
 |
| Community Facility Standards 03: Personnel and VolunteersGuidelines for Protected Time Off the Floor | Staffing Ratios | * Create and post staff schedules which provide full-time staff positions based on 40 hours per week
* Caseload carrying staff will be scheduled for a **minimum of 8 hours per week of protected time off the floor**
* Any time there are more than 8 youth in the facility during the day and swing shifts, the CFA, JRS, JRRC, JRCA or JRSO1 must remain on the premises with one additional approved staff. Approved staff may include: additional permanent staff, contracted service staff, JR staff not assigned to the facility, intermittent staff, trained interns or support staff.
* During sleeping hours, one staff may remain in the facility with the youth in order to allow the second staff to transport youth to and from community programs
* In case of an emergency or illness during program hours, one staff may remain in the facility with more than 8 youth. This situation must be documented in the PREA Staff Pattern Exception form (DSHS Form 20-298)
* When there is a single staffing issue due to emergency or authorized transportation after sleeping hours, youth movement in the facility will be restricted: Youth will stay in their bedrooms; youth will be allowed out one at a time to use the restroom, prepare for program or sign out to community program.
* A support or maintenance staff may serve as temporary “back up” youth supervision staff when not involved in other duties, has a cleared background check and has been trained in safety and security issues and emergency procedures in accordance with Policy 5.10 Using Restraints
* At least one person on shift must have current First Aid, CPR and AED certification
 |
| Community Facility Standards 03: Personnel and Volunteers | Staff Meetings | * Regular staff meetings (at least monthly) will be conducted to review cases and ensure consistency in the management of client issues
* Minutes of the meeting will be maintained an available for staff not able to participate
 |
|  | Overtime | * All overtime-eligible employees must have prior approval from the Administrator or designee before working overtime
 |
| Community Facility Single Staffing Protocol – Graveyard Shift |  | * Single staffing should occur only in exigent circumstances
* Place residents in their rooms until another staff arrives and ratio is back to 1:8
* Contact assigned CF to inform them of single staffing circumstance
* Conduct headcounts a minimum of every 30 minutes on a random schedule. Call assigned community facility prior to starting headcounts and stay on line until the headcount is complete; document headcount and call in the Legal Log
* CF receiving single-staff contact must document all calls in the Legal Log
 |
| Community Facility Standard 07: Community Engagement | Assessment | * All youth entering a CF will be assessed for level of engagement and motivation
 |
| Community Facility Standard 07: Community Engagement |  | * Staff facilitate participation in work, educational, community service and treatment programs or activities in the community
* Staff must complete a written treatment addendum (DSHS Form 20-321\_ for situations when you are being supervised by others in the community
* Potential jobs will be screened by program staff for appropriateness as related to the youth’s criminal history and behavioral assessment
* Staff will make phone contacts and on-site visual checks to verify the whereabouts of youth signed out of the facility. Frequency is determined by a number of factors.
* Staff will contact employers, school representatives, or other responsible supervisor at least once every 2 weeks to discuss youth’s performance. Contacts will be documented in ACT.
* Staff will contact mentors at least once per month and document in ACT
* Staff will contact treatment providers at least once per month and document in ACT
* Provide supervision for youth on supervised home visits
 |
| Community Facility Standard 08: Nutrition and Health | Medication Administration | * Medication administration records (DSHS Form 13-914) must be completed upon prescription medication dispensation for every youth with a current prescription
* Staff must conduct a daily review of prescription logs to ensure completion
* Staff will conduct and document a weekly review of medication using the Prescription Medication Audit Form (DSHS Form 13-913)
 |
| Community Facility Standard 08: Nutrition and Health | Substance Abuse Monitoring | * Substance abuse prevention activities, including urinalysis and breathalyzer tests will be provided and documents in accordance with Policy 3.40 Testing Youth for Unauthorized Substance Use
 |
| Community Facility Standard 09: File Management | File Management | * Staff must ensure that the files contain: Order of Commitment/Disposition; Treatment Planning and Progress Note (TPPN) within 30 days of arrival; updated reentry plan; a community access plan (Using Treatment Addendum, DSHS Form 20-321); and individual education and vocational plan; restitution and financial obligations payment plan (DSHS Form 27-139); a community service plan.
* Staff will maintain a list of individuals approved for contact with each resident and document them in ACT
* Staff will ensure a resident’s level (or privileges) within the program be based on documented treatment progress
* Each resident’s participation, progress and behavior will be monitored by staff and documented in the Legal Log on a daily basis.
* Increased logging for youth placed on SPL or other specialized program will be documented in alignment with Policy 3.30, Assessing and Treating Youth Suicide and Self-Harm Risk
* A shift summary for each day, swing, and graveyard shift must be completed
 |
| Community Facility Standard 10: Applying the PREA Juvenile Standards in Community Facilities | PREA | * Staff must update the SAVY (DSHS Form 20-222) within 24 hours of transfer from a different JR residential facility per Policy 3.20 Assessing Sexually Aggressive or Vulnerable Youth (SAVY)
* Staff must provide age-appropriate PREA education upon transfer to a CF
* Staff must complete the SOGIE questionnaire in ACT with the youth on the day of arrival
* Youth PREA education must be completed with each youth within 10 days of their intake
 |
| Community Facility Standard 11: Case Management Responsibilities | Case Management: General | * Case managers are responsible for the effective treatment planning and implementation of said treatment for all youth in the facility
* Case managers are responsible for leading groups and coaching on the floor
* Counselor assistants may facilitate or co-facilitate groups, as needed
* Facilitate assigned groups
* Attend consultation team and didactic on a weekly basis
* Participate in supervision meetings at least once a month
 |
| Community Facility Standard 11: Case Management Responsibilities | Case Management: Pre-Placement Phase | * In the community pre-placement phase, case managers must: review youth’s referral packet, suitability screen, IC, treatment plan and TPPNs, CERD change possibilities and al SSS and SAVY’s within 7 days of being assigned to the youth
* Document contacts with parents, guardians and current case manager in ACT
* Ensure that medical and treatment needs are identified in advance of transfer and referrals are sent as needed
* Share the youth’s reentry plan including school and vocational goals with staff team
* Ensure a binder is prepared for the youth including all orientation material prior to transfer.
 |
| Community Facility Standard 11: Case Management Responsibilities | Case Management: Orientation and Assessment Phase | * Ensure completion of local intake packet on day of intake
* Ensure that appropriate medical and treatment appointments are scheduled within the first 7 days of youth’s arrival
* Update client information in ACT within 7 days of intake
* Ensure youth’s PREA education is competed and recorded
* Review youth’s record in ACT DVR Module within first 30 days to identify DVR status and ensure youth has competed screening and referral if needed
* Complete a BCA, update the treatment plan and Reentry Plan within 30 days, and update the diary card as needed
* Schedule and conduct individual DBT sessions weekly with each youth; document session notes in ACT within 24 hours of the session; sessions will have an assignment and review of diary card and homework; set agenda for each session
* Document a minimum of 2 family contacts or family attempts per month in ACT with at least one serving as the ITM contact
 |
| Community Facility Standard 11: Case Management Responsibilities | Case Management: Integration Phase | * Work with youth on realistic and achievable school and vocational goals and set objectives to meet them
* Develop and distributes community addendums, out of house schedules and supervision agreements for the community programs
* Develop and submit for approval of all Community Involvement Passes, home visits and Authorized Leaves
 |
| Community Facility Standard 11: Case Management Responsibilities | Case Management: Release and Reentry Phase | * Ensure programming will address life skills to ensure successful return to socially responsible living and lifestyle choices
* Schedule youth’s Release RTM if the youth will be discharging from the community facility without parole
* Ensure applicable notifications to the community are completed
* Begin Coping Ahead (DBT) planning for returning to the community and ensure that planning includes the practice of all new solutions for ALL problem behaviors targeted while in custody
 |
| Community Facility Standard 12: Youth Driving | Youth Driving | * Assist, as appropriate, youth participate in driver’s education, practice driving with guardian and obtaining driver’s license
 |
| Community Facility Standard 13: Safety and Security | Safety and Security | * Staff will conduct and document random visual checks:
	+ At least once every 60 minutes during waking hours
	+ At least twice every 60 minutes on a random schedule during schedule sleeping hours
	+ Check the program perimeter at least once per day and document in the Legal Log
* Monitor visitors as well as youth during family visitations
* Complete local duty checklist if working graveyard shift
 |

# Appendix C – Select JR Policies

Exhibit 10-1 provides an overview of some of the Rehabilitation Administration (RA), Juvenile Rehabilitation (JR) policies. It provides a glimpse into the key aspects of service provision by JRRCs and JRCAs.

Exhibit 10‑1. RA Policy Overview

| PolicyEffective Date | Activity | Key Requirements |
| --- | --- | --- |
| JR Policy 3.10Assessing and Placing Youth in JR(March 15, 2017) | Assessment | * Initial intake must be within the first hour of arrival at the institution
* Screens and assessments that must be completed include: Youth interview; Suicide/Self-Harm Screen (SSS); Mental Health and Substance Abuse Screen (GAIN-SS); Intake Client Health Screen; PREA Youth Intake Form; Consent for Release of Records
* Within 72 hours of arrival at the JR facility complete the Assessing Sexually Aggressive or Vulnerable Youth (SAVY)
* Within 7 days of intake make collateral contacts with family and other natural reports, collect records form other treatment or services providers or law enforcement; notify youth of legal requirements, complete the Indian Heritage Assessment and Notice to Tribes; review registration requirements for youth who are required to register for felony firearm or registerable sexual offenses; complete the Integrated Treatment Assessment (ITA)
* Within 14 days of intake prepare the Initial Client Information report; review and update the Risk Assessment Institution; complete the Client Behavior Assessment
* At 30 days at post-admission, the Integrated Treatment Plan (ITM) must be completed
 |
| JR Policy 4.10Developing Youth and Their Families(January 1, 2017) | Case Management | * Youth will be assigned a case manager upon intake to an institution, transfer to a community facility, and release to parole
* Assigned case managers will identify and coordinate services for youth on their caseload, as instructed by JR training
 |
| JR Policy 4.10Developing Youth and Their Families(January 1, 2017) | Treatment | * JR practitioners will provide treatment services consistent with the five functions of treatment in JR and the principles and strategies of the ITM in alignment with the 5 DBT Standards:
	+ Motivation and Engagement and Youth and their Families (DBT Standard 01)
	+ Motivation and Engagement of Staff and Other Treatment Providers (DBT Standard 02)
	+ Structuring the Environment (DBT Standard 03)
	+ Skill Acquisition (DBT Standard 04)
	+ Skill Generalization (DBT Standard 05)
 |
| JR Policy 4.10Developing Youth and Their Families(January 1, 2017) | Specialized Treatment | * JR practitioners will provide additional, specialized treatment services based on identified needs including, but not limited to:
	+ Mental health treatment
	+ Substance abuse treatment
	+ Sexual behavior treatment
	+ Aggression Replacement Training (ART)
	+ Functional Family Therapy (FFT)
	+ Family Integrated Transitions (FIT) for youth in the community with co-occurring substance and mental health needs
 |
| JR Policy 4.10Developing Youth and Their Families(January 1, 2017) | Core Programs | * Core services include but are not limited to:
	+ Family visitation
	+ Education
	+ Vocational training
	+ Mentoring
	+ Health care services and health education
	+ Recreation opportunities
	+ Access to cultural programs
	+ Opportunities for community service
 |
| JR Policy 4.10Developing Youth and Their Families(January 1, 2017) | Reentry Planning | * Case managers will engage youth and their families, natural supports, community providers, and relevant JR practitioners in the reentry planning process as provided through JR-approved training
 |
| JR Policy 4.10Developing Youth and Their Families(January 1, 2017) | Family Engagement | * Support and facilitate the engagement of families of JR youth to develop, strengthen, and maintain family and pro-social relationships that promote successful reentry to the family and community
 |
| Policy 4.30Providing Health Care for JRYouth(March 10, 2017) | Health Care | * JR must conduct a health screening **within one hour of intake for youth entering institution** placement. (PbS Standard H2, NCCHC Y-E-02).
* JR may provide health education and preventive are that reasonably responds to a youth’s health care needs
* Youth will receive annual physical and dental examinations
* JR must verify, provide and document required immunizations for youth attending school
* JR must provide emergency health care
* Staff will use parent orientation letter to notify parents or legal guardians of JR’s authority and responsibility to provide basic health care
* Notify parents if a youth has a significant health condition (within 4 hrs.) requires emergency medical care (within 4 hrs.) and decisions regarding requests for supplemental health care
* Staff who distribute medication must: monitor youth taking medication; record medications offered according to orders in the medical record; document acceptance or refusal.
* Documentation of health care will be maintained in the ACT Medical Database in compliance with Health Insurance Portability and Accountability Act (HIPAA) and the State Uniform Health Care Information ACT (RCW 70.02). Medical information will be managed by those trained in pertinent parts of HIPAA.
* **Each community facility will designate a staff member who will serve as a Health Care Liaison** to support and document health care for youth who are accessing medical care in the community (NCCHC Y-C-08). Health care liaisons will document the following in medical progress: appointments in the community, ER visits, changes to prescribed medication or dosage, results of lab studies
* Health Care Liaisons will scan and upload any documents from community providers using ACT Document Uploader into the medical or mental health sections.
 |
| JR Policy 2.30Managing Youth Property and Residential Accounts(March 10, 2017) | Property & Money Management | * Provide youth with an orientation concerning personal property and residential accounts
* Staff will use proper management and accounting procedures for residential youth accounts
* Community facility staff must also comply with Community Facility Standard 2,Fiscal Management
* Youth accounts must be reconciled at least monthly
* Staff will inventory property at intake, prior to a living transfer within the institution prior to a facility transfer, in the event of an escape, at release
 |
| JR Policy 6.20 Managing Residential YouthCommunications(November 1, 2016) | Youth Communications | * Expectations regarding youth communication will be provided to youth in writing and will be mailed to the youth’s family with 24 hours of intake to a JR facility
* Facilitate communication with approved contacts
 |
| JR Policy 6.40 EarningAuthorized Leaves andCommunity Involvement Passes(June 25, 2014) | Facilitate Authorized Leave & Community Involvement Passes (CIP) | * JRCCs or designee from region where leave will occur shall conduct an Authorized Leave Investigation
* Provide appropriate notifications for youth with violent, kidnapping, stalking, or sex offenses by distribution of the Authorized Leave order at least 7 days in advance to chief of police, sheriff, Tribal law enforcement, court of commitment, JR regional office of assignment, JR regional office where leave will occur, Victim/Witness program
* Youth at institution minimum or minimum-security classification may participate in work, education, community service, or treatment programs in the community for up to 12 hours per day.
* A community access plan establishing supervision by employers, school/treatment personnel, or other responsible adults
 |
| JR Policy 5.40Transporting JR Youth(March 10, 2017) | Transportation | * Conduct secure transports
* Provide transportation to employment, schools, or provider appointments
 |
| JR Policy 5.10 Using Physical Restraints with Youth(June 1, 2016) | Safety and Security | * Staff will take reasonable precautions to prevent physically dangerous situations
* Staff must use non-physical interventions and de-escalating techniques prior to physical restraints, unless there is an imminent risk of harm to self or others.(PbS Standard SaP20, ACA 4F-2A-29)
* Staff must maintain constant and direct visual observation of a youth who has been placed in mechanical restraints; staff will **document observations every 5 minutes**
* Use of physical or mechanical restraints must be documented in an Incident Report in the Automated Client Tracking (ACT) system **immediately or before the involved staff leave shift**
 |

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2. Juvenile Rehabilitation Administration (n.d.). *Demographic/Characteristics of Population for Residential Admissions from July 1, 2017 to June 30, 2018.* [↑](#footnote-ref-3)
3. RCW 72.01.410. [↑](#footnote-ref-4)
4. Juvenile Rehabilitation, *YOP Length of Stay Data File* .Unpublished data. [↑](#footnote-ref-5)
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6. S.B. 6160, Juvenile Court Jurisdiction, 65th Legislature, 2018 Reg. Sess. (State of Washington, March 26, 2018). [↑](#footnote-ref-7)
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8. D. Landin, Behavioral Health Training Administrator, Juvenile Rehabilitation (personal communication, August 10, 2018). [↑](#footnote-ref-9)
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12. RCW 13.40.460. [↑](#footnote-ref-13)
13. RCW 72.05.460. [↑](#footnote-ref-14)
14. S.B. 6115, Tribal Youth – Residential Custody Services, 65th Legislature, 2018 Reg. Sess. (State of Washington, February 27, 2018). [↑](#footnote-ref-15)
15. RCW 72.01.410. [↑](#footnote-ref-16)
16. Juvenile Rehabilitation, *YOP Length of Stay Data File* .Unpublished data. [↑](#footnote-ref-17)
17. Washington State Institute for Public Policy (November 14, 2017). Inventory of Evidence-Based, Research-Based and Promising Practices for Prevention and Intervention Services for Children and Juveniles in Child Welfare, Juvenile Justice, and Mental Health Systems. [↑](#footnote-ref-18)
18. RCW 13.40.080. [↑](#footnote-ref-19)
19. RCW 13.40.0359; 13.40.160; 13.40.164; 13.40.167. [↑](#footnote-ref-20)
20. RCW 13.40.460. [↑](#footnote-ref-21)
21. 388 WAC §388-700-750. [↑](#footnote-ref-22)
22. Department of Social & Health Services, Rehabilitation Administrations (October 2017*). Strategic Plan 2017-2019*. [↑](#footnote-ref-23)
23. Rehabilitation Administration (2018, June 14). *Staffing Analysis Project Kick-off Meeting.* [↑](#footnote-ref-24)
24. S.B. 6160, Juvenile Court Jurisdiction, 65th Legislature, 2018 Reg. Sess. (State of Washington, March 26, 2018). [↑](#footnote-ref-25)
25. H.B. 1661, 65th Legislature, 2017 3rd Special Session, (State of Washington, June 30, 2017). [↑](#footnote-ref-26)
26. WAC 388.730.0015. [↑](#footnote-ref-27)
27. WAC 388.730.0060. [↑](#footnote-ref-28)
28. Ibid. [↑](#footnote-ref-29)
29. WAC 388.730.0015. [↑](#footnote-ref-30)
30. WAC 388.730.0050. [↑](#footnote-ref-31)
31. RCW 13.40.215. [↑](#footnote-ref-32)
32. WAC 388.730.0060. [↑](#footnote-ref-33)
33. RCW 72.05.405; WAC 388.730.0070. [↑](#footnote-ref-34)
34. WAC 388.730.0070 [↑](#footnote-ref-35)
35. WAC 288.730.0080. [↑](#footnote-ref-36)
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44. Executive Order 16-05 (April 26, 106). Building Safe and Strong Communities Through Successful Reentry. [↑](#footnote-ref-45)
45. Ibid. [↑](#footnote-ref-46)
46. Department of Social & Health Services, Rehabilitation Administration (October 2017). *Strategic Plan 2017-2019. Pgs. 13-14.* [↑](#footnote-ref-47)
47. S.B. 6560 65th Legislature, 2018 Reg. Sess. (State of Washington, March 6, 2018). [↑](#footnote-ref-48)
48. Department of Social & Health Services, Rehabilitation Administration (October 2017). *Strategic Plan 2017-2019. Pgs. 13-14.* [↑](#footnote-ref-49)
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50. Department of Social & Health Services, Rehabilitation Administration, Juvenile Rehabilitation (2018). *Demographic/Characteristics of Population for Residential Admissions from July 1, 2017 to June 30, 2018.* Unpublished data*.* [↑](#footnote-ref-51)
51. RCW 72.01.410. [↑](#footnote-ref-52)
52. Juvenile Rehabilitation (February 12, 2018). *YOP Length of Stay Data File.* Unpublished Data. [↑](#footnote-ref-53)
53. Department of Social & Health Services, Rehabilitation Administration, Juvenile Rehabilitation (2018.). Demographic Report for Gang Affiliation, July 1, 2017, June 30, 2018. Unpublished data. [↑](#footnote-ref-54)
54. Department of Social & Health Services, Rehabilitation Administration, Juvenile Rehabilitation (2018). *Needs of Youth, State Fiscal Year 2018*. Unpublished data. [↑](#footnote-ref-55)
55. Ibid. [↑](#footnote-ref-56)
56. Ibid. [↑](#footnote-ref-57)
57. Ibid. [↑](#footnote-ref-58)
58. Rehabilitation Administration (n.d.) Environmental Adherence (EA) Scores for JR Living Units, 2016-2018. [↑](#footnote-ref-59)
59. Ryle, T. (2018, July 24). Personal interview. [↑](#footnote-ref-60)
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62. American Correctional Association (February 2003). *Standards for Juvenile Correctional Facilities.* [↑](#footnote-ref-63)
63. 42 U.S.C. §147 et. seq. [↑](#footnote-ref-64)
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  [↑](#footnote-ref-68)
68. RCW. 72.05.430 [↑](#footnote-ref-69)
69. RCW 49.36.210. [↑](#footnote-ref-70)
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79. Ibid. [↑](#footnote-ref-80)
80. 42 U.S.C. §147 et. seq. [↑](#footnote-ref-81)
81. 28 C.F.R §115.313 (c) (2012). [↑](#footnote-ref-82)
82. 28 C.F.R. §115.13 (a); 28 C.F.R. §115.313(a). [↑](#footnote-ref-83)
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85. RCW 13.40.215. [↑](#footnote-ref-86)
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91. State of Washington Class Specification (n.d.). *Juvenile Rehabilitation Counselor Asst.* [↑](#footnote-ref-92)
92. State of Washington Class Specification (n.d.). *Juvenile Rehabilitation Security Officer 1.* [↑](#footnote-ref-93)
93. <https://www.bea.gov/newsreleases/regional/rpp/rpp_newsrelease.htm> (accessed 8/1/2018). [↑](#footnote-ref-94)
94. The current JRCA position description is contradictory. In the Distinguishing Characteristics section, the description says: “*positions will not be assigned independent case management treatment functions for a caseload*” while the Typical work sections says that the JRCA “*…manages a caseload of one to two youths under close supervision.*” The exhibit indicates the latter as that is common practice at the JR facilities. [↑](#footnote-ref-95)
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