

For Reporting Period: January 1, 2015, through June 30, 2015

I. General Information:

Lead agency name: Department of Corrections (DOC)

Partner agencies:

Improvement project title: Overpayment Recovery Process Improvement

Date improvement project was initiated: 5/1/2014

Project type: New Project

Project is directly connected to: If applicable, specify the alignment:

□ Results Washington performance

measure

DOC's strategic plan goal "Innovative, Efficient and □ Agency Strategic Plan

Sustainable Business Practices"; Outcome Measure

Results Washington Goal 5, "Efficient, Effective and

Accountable Government"; Outcome Measure 1.1

OM1A "Employee Satisfaction"

"Increase Customer Satisfaction"

□ Other

Report reviewed and approved by: Pete Dawson, Chief of Staff

II. Project Summary:

The DOC Payroll team improved and standardized the payroll overpayment recovery process. The results were zero grievances in calendar year 2014 while processing over 600 overpayments, and reducing the number of overpayments that resulted in a grievance from 51% to 0. Elimination of an annual backlog of 150-200 overpayments was also achieved.

III. Project Details:

Identify the problem:

While DOC's payroll process is 99.49% accurate, the overpayment notification and recovery process was not standardized, causing a backlog of overpayments and resulting in frequent employee grievances. Additionally, data was not collected to identify the root causes of overpayments.

Problem statement: In calendar year 2013 out of 102 overpayments processed there were 73 grievances filed. In addition, 350 overpayments were carried over into 2014 from 2012 and 2013. The DOC payroll team's goal is to process overpayments within 30 business days with no grievances filed.

Improvement

The payroll team:

description:

- 1. Improved communication by having face to face conversations with the individual, rather than, only sending a letter. The in person meeting allowed the employee to ask questions.
- 2. Developed a standardized informal verbal apology.
- 3. Developed a standardized formal notification letter.
- 4. Provided more avenues for communication between the employee and payroll.



- 5. Developed a standardized process of tracking overpayment status from the beginning to the end of the recovery process, thereby increasing efficiency and speed.
- 6. Created standard descriptions of error types to identify root causes.
- 7. Developed an Excel workbook with calculations to auto fill the appropriate employee letter.

After making these changes our payroll team is now able to consistently process overpayments within 30 days. By providing better information and increased communication, employee/union inquiries are resolved without a grievance filed.

Customer involvement:

Based on employee feedback and past grievances, payroll first apologized on behalf of DOC to add the human element to process.

Customer feedback assisted our payroll team in developing a plain talk document including back up documentation to clearly illustrate where the error occurred. At our prison facilities, Local Business Advisors hand deliver the formal letters and make themselves available to the employee, thus furthering the human element. Our community correction staff who have overpayments are notified directly by the payroll team.

IV. Project Details:

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Improved process as	Specific results achieved: (Complete the narrative boxes below)	Total Impact:	Results status:
measured by: (Click those that apply)		(Actuals; Current Reporting Period)	
☐ Safety			
☐ Cost			
□ Quality			
⊠ Time	Decreased Processing time for overpayment notification to employee from an average of 90 days to 30 days or less.	100%	Final
□ Customer Satisfaction	Our Payroll team found that employees want DOC to apologize for the error made that caused the overpayment. The employee and the Union appreciated DOC staff working together to ensure the employee understands how the overpayment occurred and staff are working towards a fair and equitable repayment schedule.	Zero Grievances	Final
⊠ Employee Engagement	In the spirit of the Lean philosophy, the people doing the work are in the best position to identify process improvement. The payroll team developed a solution to improve the process and reduce waste. This team was comprised of Fiscal Analyst 2 and a Fiscal Analyst 3 with the coaching and mentoring of the Agency Payroll Officer.	⊠N/A (or)	Final

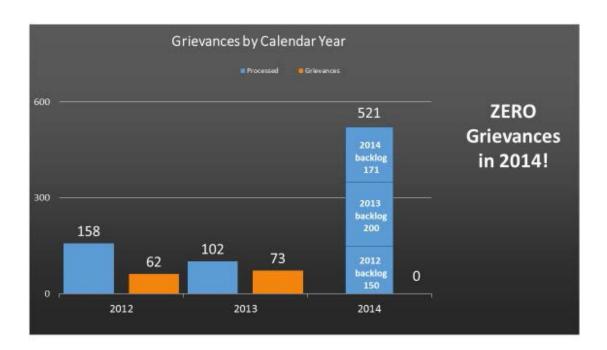


V. Contact information:

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Phone number: 360-407-5727

VI. Optional Visuals:





For Reporting Period: January 1, 2015, through June 30, 2015

VII. General Information:

Lead agency name: Department of Corrections (DOC)

Partner agencies: Disability Rights Washington & VERA Institute of Justice

Improvement project title: Reduce use of restrictive housing beds

Date improvement project was initiated: 1/31/2012

Project type: New Project

Project is directly connected to:

Results Washington performance measure

☑ Agency Strategic Plan

If applicable, specify the alignment:

Results Washington Goal 4; "Healthy and Safe Communities"; Leading Indicator 2.3.e; "Decrease rate of violent infraction's by offender."

DOC Strategic Plan Goal; "Safer Operations." Outcome Measure; OM14A "Educational and vocational programming." Process Measure; OP06B "Decrease the number of offenders who release from maximum custody to the community." Outcome Measure; OM6 A

"Reduce prison violence."

☐ Other

Report reviewed and approved by: Pete Dawson, Chief of Staff

VIII. Project Summary:

By shifting to a congregate programming model in Restrictive Housing, practicing a strong deterrence-based strategy in the highest custody general population setting, and creating population-specific pathways to support a safe transition to general population in prison, DOC was able to reduce the number of offenders on Intensive Management Status (IMS) by more than half since 2011. This allowed DOC to close 48 Administrative Segregation (non-capacity) beds at Stafford Creek Correctional Center (SCCC) in January of 2015.

IX. Project Details:

Identify the problem:

DOC has increasingly recognized that the benefits of restrictive housing may be outweighed by its risk. Certain populations, such as, offenders with mental illness, cognitive impairments, and gang affiliations are especially at risk in being placed in restrictive housing and without preventative strategies in general population, this risk goes unmitigated. Without skill building and transitional programs in restrictive housing to give offenders the opportunity to change their behavior, there are risks that offenders will decompensate and not be able to safely transition to general

population.

Problem statement:

There were no congregate programming opportunities in restrictive housing and few

targeted preventative strategies in general population.



In 2011 DOC had approximately 600 offenders in IMS beds exceeding capacity of 490 beds.

Improvement description:

DOC implemented congregate programming in Intensive Management Units (IMUs) to give offenders on IMS the opportunity to learn cognitive-behavioral skills to support their safe transition into general population and eventually, the community. Existing space in some IMUs was converted into classrooms and Programming Security Chairs were installed to allow offenders the ability to participate in congregate programming in a way that is safe and secure. Certain IMUs were also 'missioned' to provide population-specific programs.

To effectively transition out of IMU, offenders must have a safe general population option where their specific needs can be met. Missions of specific IMUs were designated to complement the missions of general population facilities to provide aftercare and decrease the likelihood of returning to IMU.

DOC also implemented prevention programs to reduce the number of offenders from ever entering an IMS in the first place. In the case of offenders who might commit gang violence, DOC implemented Operation Place Safety (OPS) which is based on Operation Ceasefire, a group reduction strategy shown to be effective in the community. The program addresses certain violent acts with a response that includes group accountability and consequences that are swift, certain, and meaningful to the offenders.

The reduction in the overall number of offenders on IMS allowed DOC to close 48 Segregation (non-capacity) beds at Stafford Creek Correctional Center in January 2015. Closing a portion of this housing unit resulted in savings due to a reduction in staffing needed. A portion of this savings was reinvested to Evidence Based Programming (EBP) consistent with recommendations from the Washington State University's December 2014 evaluation of DOC's FBP prison pilots launched in 2012

Customer involvement:

Gave offenders a new and unique opportunity to safely transition out of restrictive housing with use of congregate programming.

X. Project Details:

Improved process as measured by: (Click those that apply)	Specific results achieved: (Complete the narrative boxes below)	Total Impact: (Actuals; Current Reporting Period)	Results status:
⊠ Safety	Decreased the total number of violent infractions from 1,934 (with 11 aggravated staff assaults, and 153 staff assaults) in Fiscal Year (FY) 2012 to a total of 1,827 violent infractions (6 aggravated staff assaults and 125 staff assaults) in FY2014.		Final



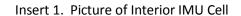
⊠ Cost	Decreased the average number of offenders on IMS from 600 in January 2011 to under 300 in March 2015. This allowed DOC to close a 48 non-capacity Administrative Segregation unit at Stafford Creek Corrections Center (SCCC)	We closed a unit, with a portion of savings reinvested into more programming. An estimated annual saving of \$400K.	Final
☐ Quality			
☐ Time			
□ Customer Satisfaction	Gave offenders new and unique opportunity to safely transition out of restrictive housing back into general population		Final
☐ Employee Engagement			

XI. Contact information:

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XII. Optional Visuals:



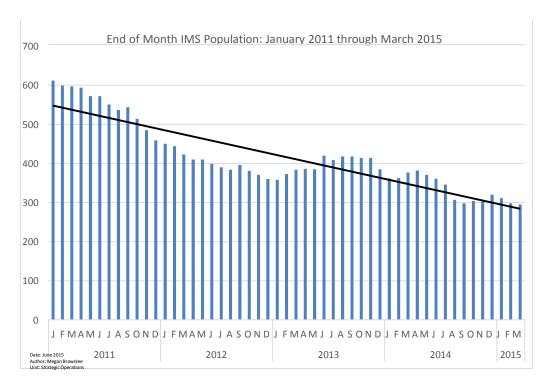




Insert 2. Picture of Congregate Programming



Insert 3 – Chart of IMS Population Over Time





Insert 4 – Tables of FY2012 AND FY2014 Violent Infractions with Staff Assault Breakout

FY12			
Facility Type	Violent Infractions*	Aggravated Staff Assaults**	Staff Assaults
DOC***	1934	11	153
AHCC	240	0	5
CBCC	129	0	5
cccc	26	0	0
CRCC	331	0	6
LCC	30	0	1
мсс	244	0	59
MCCCW	19	0	0
осс	30	0	2
SCCC	157	0	12
wcc	241	1	21
wccw	99	0	5
WSP	388	10	37

FY14			
Facility Type	Violent Infractions*	Aggravated Staff Assaults**	Staff Assaults
DOC***	1827	6	125
AHCC	206	0	5
CBCC	163	0	6
cccc	15	0	0
CRCC	307	0	2
LCC	56	0	3
MCC	252	3	48
MCCCW	28	0	1
осс	21	0	1
sccc	161	0	18
wcc	216	0	18
wccw	106	0	6
WSP	296	3	17

Key:

^{*} Top eight (8) Violent Infractions are Guilty and Reduced Findings for the Following WAC Violations: 502 - AGGRAVATED ASSAULT/INMATE, 505 – FIGHTING, 602 - POSSESS WEAPON, 604 - AGGRAVATED ASSAULT/STF, 611 - SEXUAL ASSAULT STAFF, 633 - ASSAULT/OFFENDER, 704 - ASSAULT (ASSAULT STAFF)

^{**} Aggravated Staff Assaults are those that involved staff injury or hospitalization, or the use of a weapon.

 $[\]ensuremath{^{***}}\xspace$ DOC agency wide totals include Staff Assaults and Aggravated Staff Assaults