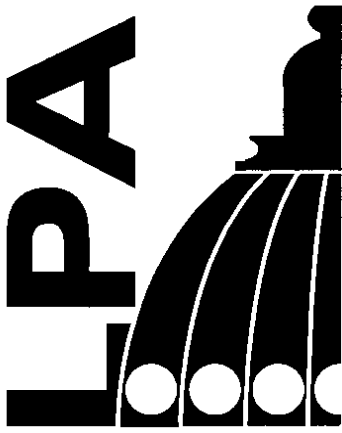




Legislative Post Audit Performance Audit Report Highlights

Highlights

Larned State Hospital: Reviewing the Operations of the Sexual
Predator Treatment Program

Report Highlights

September 2013 • R-13-011

Summary of Legislator Concerns

Legislators have expressed concern about management and staffing of the Larned Sexual Predator Treatment Program as it relates to safety and security.

Background Information

In 1994, the Legislature passed the Sexually Violent Predator Act to confine convicted sex offenders who are likely to reoffend to a secure treatment facility once they have completed their prison sentence. The goal of the treatment program is to eliminate the likelihood that sex offenders will re-offend after their release.

Most of Kansas' civilly committed sexual predators reside and receive treatment at Larned State Hospital. In April 2013, the Larned-based program had 219 residents.

QUESTION: *Is the Sexual Predator Treatment Program Appropriately Managed to Ensure the Safety and Well Being of Program Staff and Offenders?*

- We identified a few safety and security issues that could affect staff and resident safety. We examined safety and security policies and practices in five areas and identified three areas that needed improvement. However, agency officials appeared to adequately manage the two other areas: monitoring resident movement and investigating incidents and complaints.
- The Sexual Predator Treatment Program did not have adequate policies or controls to ensure keys and doors were secure.
 - Some staff were allowed to take their assigned keys offsite, which increases the risk that facility keys could be lost or stolen, thereby compromising the facility's physical security.
 - Management did not have oversight of facility keys through a centralized inventory. Additionally staff did not consistently follow good controls.
 - Facility doors were not always kept closed, locked, and secure.
- Security controls to prevent and detect prohibited items were inadequate.
 - Although the program had some controls in place, some residents were still able to obtain prohibited items, such as alcohol, cell phones and pornography.
 - Security officers did not conduct adequate security checks on staff entering the facility. Staff did not have to pass through metal detectors and their belongings were not searched.
 - Mailed packages sent to residents were opened in front of staff but very few packages were scanned through an x-ray machine.
 - Program records indicate management conducted targeted and random searches of residents' rooms, but management had not implemented technological solutions to detect prohibited electronic devices.
 - Finally, program officials did an adequate job of searching guests before they visited residents and monitoring visits between residents and guests.
- Despite participating in conflict avoidance training, some staff did not feel adequately prepared for resident altercations.
 - A majority of survey respondents reported experiencing verbal or physical altercations with residents.
 - Despite recurring safety training, several survey respondents reported they did not feel adequately trained for their job.

- A significant number of direct care staff positions were vacant. These employees tend to residents' treatment and medical needs including safety and security.
 - In April 2013, about 30% of the program's direct care positions were vacant.
 - Several factors likely caused the high vacancy rates including a limited pool of applicants, and undesirable working conditions.
 - As the program's resident population grows, the understaffing problem is likely to get worse.
- Program staff worked a significant amount of overtime to provide safety, security, and treatment. The facility must be staffed 24 hours a day.
 - In calendar year 2012, program staff worked more than 38,000 overtime hours.
 - During a recent 20-week period, the majority of staff worked some overtime hours and 7% of staff worked excessive overtime (10 to 30 a week).
 - The majority of program staff who responded to our survey reported working long shifts, and too much overtime.
- Even with significant overtime, the program often failed to meet its internal minimum staffing goals.
 - Program Management has established minimum staffing levels that are intended to ensure the safety and security of staff and residents.
 - Staffing data and employee survey results strongly suggest the program often did not meet its own minimum staffing goals.
 - Program management said they have to cancel resident activities and services when shifts are understaffed.

SUMMARY OF RECOMMENDATIONS

- We made several recommendations to address safety and security issues related to improving key controls, preventing and detecting prohibited items, and improving staff conflict avoidance training. We also recommended the agency review recruitment, compensation, and relocation options to address staff vacancies.

AGENCY RESPONSE

- Agency officials concurred with most of the report's findings and recommendations. However, officials disagreed that the program often failed to meet its internal minimum staffing goals. Additionally, agency officials told us they will not implement the recommendation to examine the feasibility of relocating all or part of the program to a new location.

HOW DO I REQUEST AN AUDIT?

By law, individual legislators, legislative committees, or the Governor may request an audit, but any audit work conducted by the division must be directed by the Legislative Post Audit Committee. Any legislator who would like to request an audit should contact the division directly at (785) 296-3792.

The Sexual Predator Treatment Program's resident population has grown steadily since the program's inception. From 2002 to 2012, the program added an average of about 18 residents each year. Based on the average growth rate, the program will reach its current maximum physical capacity during 2018. Because so few residents are released, program enrollment is likely to grow well beyond the physical capacity at Larned State Hospital.

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