

Fall 2020

Recommendations and current practices for Special Commitment Center releases



Sex Offender Policy Board

Office of Financial Management

Report submitted to the Senate Ways and Means Committee

December 1, 2020

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What we recommend

This is the Sex Offender Policy Board's final report in response to the Legislature's March 2020 request. We list our 35 recommendations below. This report also explores our subcommittee process, SOPB process, a brief current state analysis and applicable historical context. It is important to note that many of our recommendations require the Special Commitment Center to do additional work. Any additional tasks we assign to the SCC must be funded¹.

Icon key

Next to each recommendation, you will see an icon that indicates:



We need changes to the RCW



We need additional funds from Legislature



We need internal agency changes



We had unanimous support



No. 1

The SCC should incorporate a statement into each individual's treatment plan that addresses their potential release. The Legislature would need to allocate funding for this to happen.



No. 2

DSHS and the SCC should explore how to develop community transition facilities. This may include community-based, state-operated living alternatives such as the current SOLA model.



No. 3

The Legislature should allocate funding for SCC social worker positions. This will offer various services to an individual before their release.



No. 4

The clinical pass off between the community SOTP and the last treating clinician at the SCC should occur no later than 15 days before an individual's release from the SCC.



No. 5

A Memorandum of Understanding should be created between the SCC, the Office of Public Defense, and the prosecutorial agencies. This would ensure we could disseminate records/discovery as quickly as possible to minimize delays around DOC discoveries relevant to its investigation of the LRA plan.

¹ For a breakdown of recommendations and those that come with fiscal impacts, please see Appendix E.



We need changes to the RCW



We need additional funds from Legislature



We need internal agency changes



We had unanimous support



No. 6

The SCC should make changes to, or enter into, any MOU between the SCC and the Department of Licensing. This could help SCC residents obtain a state ID with their SCC ID badge and a SCC verification letter (the DOC currently allows this.)



No. 7

The SCC should include an ala carte type of self-referral or opt-in for adjunct classes (such as ADLs, cooking, budgeting, etc.) that relate to more general community issues. This would be in addition to Bridging Transitions and the core group of classes that apply to all releases.



No. 8

The clinical team should administer a comprehensive needs assessment before an individual's release from the SCC. This assessment helps the SCC identify skills the individual needs to help them be successful in the community.



No. 9

The SCC should create a document checklist for SCC staff to use during intake.



No. 10

The SCC should update Policy 202 with the procedure for their staff to follow if they receive a photo ID in the mail. This includes how to store documents and how to return the documents to the resident during their discharge.



No. 11

The defense, prosecution, community SOTP, SCC clinical staff, and DOC should meet in advance of the conditions hearing and then work together to craft individualized, narrowly tailored and empirically-based conditions. These conditions will help the client more successfully transition to the community. Moving the meeting up in the process (it currently occurs *after* the LRA has been agreed to or ordered) could also help diminish liability concerns.



We need changes to the RCW



We need additional funds from Legislature



We need internal agency changes



We had unanimous support



No. 12

The SCC should have the primary responsibility for LRA planning. This will require funding for additional SCC staffing. Specifically, we recommend adopting the language in HB 2851, Section 3 (Page 9). The language states that the court will order the SCC to develop an LRA placement for the resident after a show cause hearing.

We estimate a 90-day maximum allotment for the SCC and DOC to investigate and contract the relevant LRA components (housing, SOTP, etc.). If they do not recommend release, they can still put the proposed LRA plan together. But the SCC must note that they're submitting it because of a court order and not because of a clinical determination.



No. 13

We believe that all LRAs should have an individualized case plan that lessens the resident's conditions or removes obstacles as they successfully transition into the community. The board agrees that stakeholders can develop better step-down procedures that promote community safety, are clinically sound, and are in the individual's best interest. This may include statutory revisions around SCTFs, interagency memorandums about the transition process, and removing obstacles to successful transitions.



No. 14

The SOPB recognizes there is a potential issue with the availability and quality of SOTP providers as LRA numbers increase. Stakeholders noted that there are ongoing issues that need to be resolved. However, these issues were not fully developed during the subcommittee discussions and would require further data gathering and analysis before the full board could make recommendations.



No. 15

The SOPB recommends the state adopts and uses the SCC's Regional Placement Model.



No. 16

The SOPB recommends the state adopts and uses the SCC's SCTF Siting Matrix.



We need changes to the RCW



We need additional funds from Legislature



We need internal agency changes



We had unanimous support



No. 17

The SOPB recommends the state adopts and uses the SCC's SCTF Community Engagement Strategy.



No. 18

The SOPB recommends that the SCC document and formalize a process that details when to present ESRC with cases to review.



No. 19

The SOPB recommends that the DOC Civil Commitment Unit add an educational component around the state sex offender public website to use during discussions with community members. The unit may consider formalizing this recommendation by adding it to their training and investigation guideline materials. The SOPB also recommends that the DOC's CCU develop a consistent approach to interviews with community members. This includes the primary factors that clearly distinguish the process from the community notification process.



No. 20

The SOPB recommends that the SCC document and formalize its process for submitting cases to ESRC for review.



No. 21

The SOPB recommends that the King County Prosecutor's Office and the Office of the Attorney General notify the SCC of upcoming trials. This will better prepare the SCC for potential releases.



No. 22

The SOPB recommends that the SCC should document and formalize various resources they may use to obtain a resident's release address (i.e., defense attorney, prosecutor, DOC, etc.) when a resident is unwilling or unable to provide this information.



No. 22a

The SOPB also recommends that the SCC formalize its law enforcement notification process. This helps ensure that release information is sent to the Washington Association of Sheriffs and Police Chiefs, and other entities listed in law (RCW 71.09.140).



We need changes to the RCW



We need additional funds from Legislature



We need internal agency changes



We had unanimous support



No. 23

The SOPB again recommends that the SCC formalize its law enforcement notification process. This will ensure that the SCC releases information to the Washington Association of Sheriffs and Police Chiefs, and other entities listed in law ([RCW 71.09.140](#)).



No. 24

The SOPB recommends that the AGO and the KCPAO provide notice of upcoming hearings. This will help the SCC properly prepare for potential 24-hour dismissals.



No. 25

The SOPB recommends that the SCC further discuss if securing its emails is necessary, and if so, in what instances.



No. 26

The SOPB recommends that the SCC include (in its written and formal law enforcement notification policy) that pre-registration should be used to provide an updated final release address to the correct law enforcement agency.



No. 27

The SOPB recommends that the DSHS Victim/Witness Notification Program coordinate with WASPC to include more about how program participants can access the state sex offender public website and obtain additional information. This can best support victims and witnesses after a resident's release.



No. 28

The SOPB recommends that the SCC add a line to their notification emails to request that the reader does not send the email to other people.



No. 29

The SOPB recommends that WASPC reviews the existing state sex offender public website and works with their vendor to more prominently display information, facts, and FAQs on the registered sex offender population. In addition, WASPC may consider developing additional information and resources for appropriate groups so those groups can give the information to community members.



We need changes to the RCW



We need additional funds from Legislature



We need internal agency changes



We had unanimous support



No. 30

The SOPB recommends that WASPC adds information about community notification to the public website and include this information in the additional resources they may develop in response to recommendation 29.



No. 31

The SOPB recommends that WASPC includes more information on the public registry website about the purpose of community notification, and in any documents they may develop in response to Recommendation 29.



No. 32

The SOPB recommends that WASPC updates their model policy to reflect the need to use current photographs on the state public website, notification bulletins, flyers, and other materials intended for public information.



No. 33

The SOPB recommends that WASPC adds additional information to their model policy to standardize community notification meetings. The board also recommends that WASPC continues to update their resources page for local law enforcement and adds any additional resources, such as educational flyers (if/when they are created). Finally, we recommend that WASPC considers providing additional training/discussion at SONAR meetings.



No. 34

The SOPB recommends the SCC has additional involvement in LRAs. When that does happen, the SCC should use an LRA Housing Matrix to find housing for residents releasing to an LRA.



We need changes to the RCW



We need additional funds from Legislature



We need internal agency changes



We had unanimous support



No. 35

The SOPB recommends that the Legislature request that the board continues to provide input and guidance for these recommendations. This can happen through SOPB quarterly meetings, for example.

The SOPB understands the dire financial situation the state faces because of COVID-19. While it is unlikely the Legislature can fully and timely fund the necessary investments we mention in this report, the SOPB recommends that the Legislature pursue incremental investments. This can help stakeholders incorporate these recommendations.

We recognize it will take time to implement these changes, bring about the necessary rule changes, hire staff and conduct the recommended outreach to providers and stakeholders. Plus, the collaboration with SCC and other stakeholders, will facilitate communication across all spectrums of this community. Finally, we believe the board's semiannual updates to the Legislature should continue. We can do this through supplemental reports and meetings with Legislative leadership.

Introduction

In March 2020, the Senate Ways & Means Committee convened the Sex Offender Policy Board to review policies and practices related to sexually violent predators and their release from the SCC.

Due to COVID-19, the SOPB met virtually, once per month beginning April 17, 2020. At that meeting, the board determined we needed to break into three subcommittees to properly address all the pieces of the project's letter (Appendix A). Each subcommittee would respond to different pieces of Item 1 from the request. We also asked each subcommittee to include responses to Items 2 and 3 from the project letter.

Request items from the letter

We pulled the following directly from the letter:

Item 1: Conduct a review of current SVP reentry and least² restrictive alternative (LRA) policies and practices in Washington including:

- a. The process for development of treatment plans and individualized discharge plans;
- b. Provisions for determining conditions of release for those released to an LRA;
- c. Factors regarding siting of secure community transition facilities;
- d. Availability of adequate LRA placement sites and treatment providers by county;
- e. The process by which community notification is completed within the community of the release; and
- f. The process for considering an LRA placement's proximity to public services, including but not limited to schools and childcare facilities.

Item 2: Review research regarding best practices for placement of SVPs in the community with a focus on enhancing public safety, including policies from other states; and

Item 3: Make recommendations regarding placement of SVPs in community-based settings including placement in adult family homes or group homes, any restrictions on placements that may be made in the interest of public safety, public disclosure requirements that may be relevant to SVPs and LRAs, discharge planning and any other related topics.

How we created subcommittees

We asked each SOPB member to serve on at least one subcommittee and informed them they could serve on multiple committees if they chose. Membership limitations included no more than six SOPB members on a subcommittee, otherwise it would create a quorum. We invited community members and other stakeholders to serve on one or multiple subcommittees if they wished, and we asked them to contact the board to get added to a committee. In instances where multiple representatives from one agency or organization were on a subcommittee, each person could speak

² In RCW 71.09 and elsewhere in this document, LRA means *less* restrictive alternative. “Least” restrictive alternative does not apply here.

and discuss with the group but could vote only once on behalf of their agency/organization. Each subcommittee worked to address their specific assignments over the course of three months.

Though the project letter requests a review of these topics, Item 3 also suggested that we make recommendations on any items relevant to the topics. That is why our initial step was to review the current process and, from that, provide recommendations for the system's improvement. Once their reviews were complete, subcommittees voted on and then submitted their recommendations to the full SOPB for consideration. It is important to note that all recommendations from the subcommittees received unanimous support. The majority of recommendations from the full SOPB received unanimous support as well. We've noted the instances where there was not unanimity.

Subcommittees

Treatment, Discharge Planning, and Conditions of Release Subcommittee

We asked this subcommittee to review the current policies and practices for the following items:

- **Item 1a:** The process for development of treatment plans and individualized discharge plans.
- **Item 1b:** Provisions for determining conditions of release for those released to an LRA.

SCTF Siting and LRA Placements Subcommittee

We asked this subcommittee to review the current policies and practices for the following items:

- **Item 1c:** Factors regarding siting of secure community transition facilities.
- **Item 1d:** Availability of adequate LRA placement sites and treatment providers by county.
- **Item 1f:** The process for considering an LRA placement's proximity to public services, including but not limited to schools and childcare facilities.

Community Notification and SCC Releases Subcommittee

We asked this subcommittee to review the current policies and practices for the following items:

- **Item 1e:** The process by which community notification is completed within the community of the release.

We asked each subcommittee to provide their final recommendations to us by Sept. 24 so board members had enough time to review recommendations before we adopted them. Subcommittees presented their recommendations over the course of three meetings in July, August and September.

Response 1: Treatment plans

Our response to: “The process for development of treatment plans and individualized discharge plans and provisions for determining conditions of release for those released to an LRA.”

Historical context

The Community Protection Act of 1990 helped create Washington’s civil commitment program for the confinement and treatment of sexually violent predators³. This followed recommendations from a 1989 governor-appointed task force, after men who were previously incarcerated for sex offenses committed additional sex crimes. Washington’s program was the first of its kind in the nation and served as an example for others.

The state widely understood that people committed to this “treatment program” would be detained for many years, if not the rest of their lives. Since treatment was (and still is) optional for residents, early plans for treatment at the facility were rudimentary and few residents participated. An outside consultant, Dr. Vernon Quinsey, visited the program and noted:

“... that the ambiguous constitutional status of the law created great uncertainty and many residents were waiting to see if the law would be declared unconstitutional... The treatment program was very primitive and there was no impetus to change it until one of the residents was successful in filing a lawsuit challenging the program.”⁴

Richard Turay, one of the SCC residents, brought forth a lawsuit. At the 1994 trial, Turay won on “denial of access to adequate mental health treatment.” Judge William Dwyer of the Federal District Court in Seattle issued an order for the SCC to submit a plan for an adequate treatment program. Judge Dwyer later found the state’s plans were inadequate and eventually appointed a special master to offer the state expert advice on how to craft a satisfactory program. The special master issued 19 reports to the court over the next eight years, laying out specific recommendations and describing the state’s attempts to achieve them.

By December 2002, Judge Dwyer’s declining health meant the case was reassigned to Judge Barbara Rothstein. She concluded, “Defendants (the state) continue to make great strides toward compliance with the injunction and purging contempt...” Judge Rothstein’s conclusion was based on how the program was demonstrating that conditional release was possible through treatment. This though, required prodding the defense counsel, outside consulting, and persistent court oversight because the SCC was frequently seen as under-resourced for the tasks.

The process of creating plans for discharging residents to less restrictive alternative placements in the community is largely the result of the defense counsel. The counsel crafted many, if not most, elements of these discharge and treatment plans. The SCC does not currently have funded resources to develop plans for housing, social workers, discharge planning work or litigation risk. This risk

³ For current statutory information, please see [RCW 71.09](#) and [WAC Chapter 275-155](#).

⁴ Gollogly, V. 2008. The evolution of the special commitment center program, in The sexual predator: Law and Public Policy, Clinical Practice, Schlank, A. (Ed.) Civic Research institute. Kingston, NJ. Pp. 13-2 to 13-4)

comes about when attorneys and DSHS cannot reach agreement on discharge planning and recruiting community-based certified sex offender treatment providers.

In high-visibility cases – such as those that involve SVPs being released from the SCC – we can minimize negative public reaction about community placement by diffusing and explaining the releases as the work of others. If defense counsel can put together a plan that a court approves, then state agencies can implement the court order without appearing to advocate or support the plan. Then, the heavy lifting to find community housing, treatment providers, and other community resources for SCC residents released to the community on an LRA is largely done by defense counsel and their contracted social workers.

These service providers do not have the resources or the authority to arrange contracts for rental housing, provide furniture or household items, arrange transportation, etc. Despite being one of the first civil commitment programs in the nation, Washington is the only one that relies on defense attorneys in this way.

Recognizing these limitations, several stakeholders crafted what became [HB 2851](#) in the 2020 Legislative Session. DSHS submitted a [fiscal note](#) attached to HB 2851 that outlines the resources SCC would need to implement the recommended work changes to mitigate risk, not only to DSHS but to the community as well. The bill died in committee for several reasons, including a large fiscal note and unfunded resources.

The SOPB finds that HB 2851 was a comprehensive, good-faith effort that addressed many of the limitations we described above. Using that bill as a starting point, the board reviewed its provisions and identified several areas for improvement. The following recommendations are not limited to revising HB 2851, but include recommendations for legislation to amend current statutes.

Our review of the following areas is not exhaustive, nor does it resolve all potential problems and questions. In fact, we assume it will be difficult to implement many of the greatly needed changes and improvements in the coming session because of the current budget crisis. The present system is too much of a Rube Goldberg mechanism: a simple task performed in an overly complicated way, with too little coordination between the stakeholders.

All relevant stakeholders, including Attorney General's Office, County Prosecutors, Defense Counsel, SCC, Department of Corrections, and treatment providers agree we need to collaboratively arrive at treatment plans, discharge plans and conditions of release. We need to implement such plans with all the parties committed to seeing them succeed, which we define as successful reintegration into the community. The above parties would all be equally liable for approved discharge plans that we develop together.

Our review of the current state

In the current process, an SCC resident's defense attorney will select a treatment provider within the community they feel works best with their client and address their specific clinical needs. The community provider, referred to as a Certified Sex Offender Treatment Provider, is responsible to develop a treatment plan that they later present to the court. The defense attorney may also work with a contracted social worker to address other needs such as social services eligibility, employment and education. For a flow chart that details the LRA release process for attorney general cases, please see Appendix B. For King County cases, please see Appendix C. It is important to note that no case is alike, and cases vary greatly.

We've outlined this process in more detail below.

1. Defense attorney starts LRA process

A resident's defense attorney does much of the work pertaining to LRA release plans. After they consider the victim's location, they determine county of release, and identify a community SOTP that will work well with their client. The defense attorney also identifies housing options for the client, and helps their client submit any relevant housing applications.

A resident's defense attorney may get help from a social worker. The social worker can reach out to the resident and collect the following information:

- Family history
- Education history
- Work history
- Drug/alcohol history
- Mental health information – this is usually found in the annual review
- Interests/hobbies

In addition, the defense attorney will help their client with the following:

- Make sure the resident can secure their Washington State ID card before release.
- Apply for the Department of Social and Health Services Supplemental Nutrition Assistance Program.
- Select medical coverage through the Washington Health Plan Finder.
- Apply for Social Security benefits.
- Locate birth certificate.
- Find chaperones for the resident once they are in the community.
- Locate potential education opportunities (if desired).
- Locate employment opportunities (if desired).

2. Gather documents and prepare for release

In preparation for releases, the SCC can help a resident's assigned defense counsel make sure all necessary documents are available. When there is difficulty working with the resident, the SCC may work directly with the resident's defense attorney or social workers.

Documents the defense needs:

- Birth certificate
- DD214, if applicable
- Social Security card
- State ID from Department of Licensing

With these documents, and the resident's permission, the SCC may help the resident's defense attorney create a bank account.

3. Hold Community Transition meetings

Community High Acuity Transition Meeting

The SCC organizes a CHAT meeting for residents who are high acuity (residents who need more care, supervision and assistance) when they start to consider transitioning back to the community. CHAT meetings include representatives from the SCC (including an SCC treatment provider), DOC, the defense, prosecution and a community SOTP. SCC may invite other agencies based on the resident's needs once they are in the community.

Community Acuity Meeting

The SCC organizes a CAM meeting for residents with higher responsivity needs but who are not considered high acuity. CAM meetings include SCC representatives (including an SCC treatment provider), DOC, the defense, prosecution and a community SOTP. Depending on their needs, a resident can request an interpreter, social worker or guardian.

4. Start to formulate the LRA Release Plan

While this process varies with each resident's specific needs, the next few steps outline the general process for developing an LRA release plan. After the resident expresses an interest in an LRA, or the SCC recommends one during the annual review process, the following will occur.

First, the resident gets assigned a community sex offender treatment provider

Once a defense attorney has found a community SOTP that could work well with their client, the SOTP will begin work on the treatment aspects of the LRA plan. This often includes, but is not limited to:

- Records review – the treatment provider often gives a list of necessary documents to the defense that details what they need for this review. The defense will then get this information from the SCC.

- Interview the resident to assess where they currently stand in their treatment. The interview may include:
 - LRA overview and review of expectations
 - Penile plethysmography
 - Sexual history polygraph
 - Specific issues may also be addressed through a polygraph.

After the interview, the SOTP will finish developing the proposed treatment plan, which ideally uses the Risk-Need-Responsivity Model and other dynamic risk factors. Once complete, the SOTP will sign a declaration for the court.

Second, the Department of Corrections investigates

After the treatment plan is prepared and the defense team has identified housing, the defense will petition the court for an LRA⁵ or submit a Motion for Show Cause. The state will then evaluate the LRA. If the defense wins the trial, or the state expert agrees to the LRA, the court will order DOC to investigate.

The DOC investigation reviews the following items:

- The resident's proposed address
- The locations surrounding the residency
- GPS inclusion zone
- Treatment plan
- Previous supervision adjustment
- Employment plan
- Victim/witness concerns
- Community support
- Transportation plan

The DOC investigation is the time when they identify and address case-specific concerns, and the court makes release condition recommendations to aid in community safety. DOC will also schedule an interview with the resident that may cover the following questions:

- Tell me about yourself.
- What is your daily routine?
- What do you want from a transition plan?
- What do you think will help you be successful?
- Please describe what happened during your last time outside a secure facility.

⁵ In King County, this process is truncated with the prosecutors considering LRAs before the defense files a petition or show cause.

- Questions about treatment in the community.
- What are your adjunct treatment/activities at SCC?
- What are your goals for your transition?
- How do think we should measure your growth and progress?
- What would you do if you were in a Less Restrictive Alternative placement?
- What are the most important things for you?
- Who are your support people?
- What is your relapse prevention plan?

5. Resident takes course to increase their success

Currently, SCC residents can participate in Bridging Transitions, a course that provides residents with information and skills to help increase their success in the community.

Bridging Transitions Topic Areas⁶

- Orientation
- Washington State Identification Program
- Court orders
- Resident Community Transition Team
- GPS/I.T./Cell phones – Presentation from SCTF GPS Team
- Presentation from a DOC representative or correctional specialists
- Presentation from a sex offender treatment provider
- Presentation from a community social worker
- Presentation from an SCC/SCTF representative on SCC oversight
- Presentation on SCTF versus LRA
- Safety plans/trip plan proposals

6. LRA approved

Once the DOC completes their investigation, the SCC, DOC, and the SOTP will participate in a review meeting with the RCTT members. They will discuss and modify any release conditions for the resident.

In addition, the SCC usually meets monthly as a transition team and will check in with the resident. At this time, the SCC will try to address any questions or concerns the resident has about their transition and will complete the necessary follow-up. The goal is to ensure a smooth transition.

⁶ Some topic areas that require off-site presenters are on hold due to the COVID-19 pandemic.

Once the RCTT agrees on the release conditions, the court will set conditions and order the resident's release. Once the court orders SCC to pay for the LRA, the SCC has 30 days to release the resident. At this time, the initial 30-day notification to local law enforcement is done⁷. If stakeholders cannot reach an agreement on release conditions, prosecution, defense and SCC legal counsel will resolve the matter through litigation.

The SCC is court-ordered to follow through on what the judge decides after reviewing all options. This includes if the judge or court asked the SCC to pay for housing or SOTP providers that are not under contract.

7. SCC receives the final LRA order

After the SCC receives a final LRA order, they will complete the 30-day notification to law enforcement and victim witness notification. The SCC also notifies law and justice committees if the resident is not returning to the county that originally requested civil commitment. While the public and staff may refer to this as community notification, the technical difference is that the SCC notifies law enforcement, who must notify the community.

Once the court finalizes the conditions of release, SCC program staff will meet with the resident to discuss organizing and packing items. Some residents may need to think about prioritizing what they want to take with them, and what they are willing to part with.

SCC RCTT representative

The SCC RCTT representative completes the following items after they receive the final LRA order:

- Schedules one to two RCTT meetings before the individual's release to discuss trip proposals and safety plans. In addition, the resident can ask questions and answer questions of the transition team.
- Sets up the vendor ID with the resident.
- Orders a cellphone from SCC IT for the resident.
- Schedules landline installation at the resident's new address.
- If applicable, they will purchase and install other specific items in the home such as aids for ADA individuals.
- Sets up a vendor ID for the chaperones and educates them on how to bill for services.
- Schedules and conducts chaperone training.

DOC specialist

The DOC specialist completes the following items after receiving the final LRA order:

- Begins building the Resident Intake Packet.

⁷ This is not the same as community notification. This is an initial notification to law enforcement. It allows them time to prepare for the resident's arrival in the community. Law enforcement will not notify the community until *after* the resident arrives in the community and completes their registration with the local sheriff's office.

- Contacts the resident's requested support person(s) to complete background checks for contact approval.
- For community releases, they will conduct chaperone training before the release date.
- Works with the social worker to schedule the first 72 hours in the community.

Sex offender treatment provider

The community SOTP will conduct chaperone training for those chaperoning community releases.

Defense attorney

Once the SCC initiates the 30-day notification, the resident's defense attorney is responsible for the following:

- Initiate DSHS SNAP program.
- Initiate medical benefits.
- Initiate Social Security benefits, if eligible.
- Begin implementing any other services the resident may qualify for.
- Coordinate with the DOC Specialist, Community SOTP, and SCC representative to produce a plan for the first 72 hours.

Recommendations to Response 1

The following recommendations received majority support from the board, and full unanimous support from the subcommittee.

No. 1

Recommendation

The SCC should incorporate a statement into each individual's treatment plan that addresses their potential release. The Legislature would need to allocate funding for this to happen.

This potential release statement can be drawn from the information staff already have when the resident is admitted. The statement would primarily include the individual's legal history and forensic evaluations (RCW 71.09.040).

This statement cannot be used as any endorsement or proof that the SCC supports the individual's release at a given time. Rather, it could guide the resident to meet treatment goals, and let all parties know what resources the resident may require once they get released.

Whenever SCC revises the treatment plan, the clinical team should also examine and update the statement with any new information/developments, until it becomes a clear release plan. That's why the board recommends that the state amend RCW 71.09.080 to the italic language below:

(3) Any person committed pursuant to this chapter has the right to adequate care, individualized treatment, *and the development of an ongoing clinically appropriate discharge plan as part of the treatment process.*
NEW (4) Individualized discharge planning requires, at a minimum and as part of a person's treatment plan, that the following are addressed, based on information known to the department:

- a. The resident's physical health, functioning, and any need for health / aid devices;*
- b. The resident's intellectual / cognitive level of functioning and need for specialized programming;*
- c. The resident's history of substance use and abuse;*
- d. The resident's known history of risky or impulsive behaviors, criminogenic needs, and treatment interventions to address them.*
- e. A summary of the community services and supports the resident needs for a safe life in the community, and the type of providers of such services and support.*
- f. A plan to mitigate the needs identified in (a)(b)(c)(d) and (e) that also addresses ways to develop or increase social support(s), recreation opportunities, gainful employment, and, if applicable, spiritual opportunities.*

Background

During the 2020 legislative session, [HB 2851](#) was proposed. This bill explored the placement and treatment of people getting released from the Special Commitment Center. Various stakeholders gave their strong support. This included the defense, treatment providers, and the Office of the Attorney General, among others. Throughout their work, the subcommittee decided the bill was a strong place to start when answering questions around treatment and discharge planning for individuals being released from the SCC.

We expect this bill to be proposed again during the 2021 legislative session. We identified the following issues with the current version of HB 2851:

- HB 2851 discusses starting discharge planning when someone arrives at the SCC. This can increase the clinicians' workloads because many residents are at the SCC for an extended period. HB 2851 models discharge planning after Western State Hospital but fails to recognize that SCC residents are getting released with criminogenic needs⁸.

No. 2

Recommendation

We recommend that the SCC explore how to develop community transition facilities. This may include community-based, state-operated living alternatives such as the current [SOLA model](#).

The SCC may identify these facilities or placements through a bidding process (we call this a Request for Proposal process) that they undertake or create through direct state acquisition/development. Any RFP for these facilities should include SCC oversight to ensure that

⁸ Criminogenic needs are those characteristics, traits, or problems that are directly related to an individual's likelihood to reoffend.

programs operate as promised. The SCC would need additional funding to conduct this RFP process and contractual oversight. This recommendation strongly relates to the outcomes of recommendations 1 and 12, both of which relate to the SCC's role in LRA and discharge planning.

Background

HB 2851 recommends the addition of community transition facilities. However, the bill lacks additional information and guidance on how to implement this, and it doesn't include how to find the necessary and critical funding.

No. 3

Recommendation

The Legislature should allocate funding for SCC social worker positions. This will offer various services to an individual before their release.

The social workers/case managers should have the responsibility to create and use checklists to ensure these things get done before a release.

- The SCC may add these services to the Bridging Transitions classes. For those who cannot use Bridging Transitions (high acuity population), social workers may reach out directly to help with applications.

The SCC should implement and use a process that allows them to access resources from other agencies ([Executive Order 16-05](#)) before a resident's release. While this executive order applies to incarcerated people and not those who are civilly committed, we hope the SCC can use it as a guide.

They should also establish a [prerelease agreement](#) with Social Security Administration so the SCC can submit applications in advance of a resident's release. If that is not possible, start the application process 60 days before a release. Those who will help residents apply for Social Security should participate in [SOAR training](#).

SCC can submit SNAP (30 days before a release), and Apple Health (Medicaid health insurance) before release. This can ensure continuity of health care.

- Some insurance companies offer additional coordination of care services on release. The SCC may consider consulting DOC for this because the agency routinely does this in advance of releases and may already have a process in place that we can duplicate.

DSHS-SCC should revisit its 2006 MOU with DSHS-HCS to determine when referrals should be made among agencies (likely 60 days before a release) for the following programs:

- Medicaid waiver eligibility (Home and Community Based Services)
- Community Options Program Entry System
- Comprehensive Assessment Reporting Evaluation assessments for supportive livings services, personal care hours, etc.

Background

Currently, the SCC does not have a process – or the resources – that allow them to help residents apply for services such as Medicaid, Medicare, Social Security benefits and food stamps. The client and defense attorney do this following release.

No. 4

Recommendation

The clinical pass off between the community SOTP and the last treating clinician at the SCC should occur no later than 15 days before an individual's release from the SCC. The SCC is responsible for initiating this meeting.

The SCC should develop a standardized discharge process outlined in its written policy. It should state when each task should legally be completed, and that each task that must be completed before a resident's release.

- These responsibilities need to include coordinating and connecting the community SOTP and the last treating clinician at the SCC for the resident.
- The policy would also dictate the requirements of initiating a CHAT or CAM meeting (e.g., resident needs that would qualify for one of these meetings).

If the SCC is funded for a full-time social worker, we recommend that the social worker be the primary holder of these responsibilities.

Background

Currently, the community SOTP and SCC clinician do not have contact before an individual's release. This leads to a break in continuity of care.

No. 5

Recommendation

A Memorandum of Understanding should be created among the SCC, the Office of Public Defense, and the prosecutorial agencies. This would ensure the state could disseminate records/discovery as quickly as possible to minimize delays around DOC discoveries relevant to its investigation of the LRA plan.

The resident is responsible for providing relevant contact information for their proposed contacts. This includes name, mailing address and phone numbers. Missing information may cause a delay. The resident may request a 'reasonable' number of contacts during the investigation period. The SOPB states that five contacts are reasonable.

The DOC will standardize how it formulates its recommendations that a person is an appropriate or negative social influence. Now, it will include actions beyond just a criminal background check. This includes an interview to verify the relationship to the resident, and attitudes toward treatment and supervision. The parties will add a standard condition that requires the RCTT to meet pre-release to review and approve/disapprove requested contacts, among other things.

Background

Upon release, individuals cannot contact friends and family, though they could during their time at the SCC.

No. 6

Recommendation

The SCC should make changes to, or enter into, an MOU between the SCC and the Department of Licensing. This could help SCC residents obtain a state ID with their SCC ID badge and a SCC verification letter (the DOC currently allows this.)

This would greatly reduce the difficulty in obtaining a state ID. This process could occur when a resident is admitted to SCC. However, state IDs are only good for seven years and the resident may need to be renewed before their release.

Background

In many cases, residents are released without a state ID card.

No. 7

Recommendation

We recommend the SCC include an ala carte type of self-referral or opt-in for adjunct classes (such as ADLs, cooking, budgeting, etc.) related to more general community issues. This would be in addition to Bridging Transitions and the core group of classes that apply to all releases.

In addition:

- The SCC should add the ability for residents to self-refer to Bridging Transitions or the adjunct classes.
- The SCC should add that case managers/group therapists can refer a resident to Bridging Transitions or other adjunct classes.
- SCC residents should be able to start Bridging Transitions or attend adjunct classes at any time.
- The SCC should review the current Bridging Transitions curriculum and remove subjects from the core classes that make more sense as adjunct classes with a shorter cycle. This may help offset potential new costs.
- Residents should not be excluded from Bridging Transitions for missing some classes.
- Priority for a Bridging Transitions class spot should be given to residents releasing the soonest and who have not yet taken the course.

Background

Residents may not become eligible for Bridging Transitions until later in the process. In some cases, this may lead to them missing several weeks of the course.

No. 8

Recommendation

The clinical team should administer a comprehensive needs assessment before an individual's release from the SCC. This assessment helps the SCC identify skills the individual needs to help them be successful in the community.

The following groups should be solicited for input (the SCC should lead this, but the defense and others must help carry the assessment out):

- DOC LRA supervision unit
- Past and current released persons (both LRA and unconditional release)
- LRA landlords
- Chaperones
- SOTPs
- Supportive living providers
- Employment/vocational education partners

Additionally, a small committee of interested stakeholders should help identify existing external curriculum and other community resources to meet these needs. Curriculum should include video testimonials from released people. The SCC should share these with current residents.

Individual needs assessments should be done at intake to help inform discharge planning. Part of the discharge plan should refer the person to modules that can help address identified deficits. Finally, stakeholders should explore providing additional modules of Bridging Transitions post-release. This could cover topics such as internet usage.

Those who participate in post-release videos may be compensated for their time.

Background

There are additional life skills that residents are missing when they get released into the community, such as how to use a cellphone, get access the internet, purchase groceries, and how to use a debit card. And, before their release, residents do not have the chance to hear from others who have successfully released to the community.

No. 9

Recommendation

The SCC should create a document checklist for SCC staff to use during intake.

The checklist should include, but not be limited to:

- Power of Attorney
- Release of information for family members if applicable
- Do Not Resuscitate/Advance Directives for medical care

- Birth certificate
- DD214
- State identification card (need two level A documents)
 - SCC ID
 - SCC Verification Letter to DOL

The SOPB believes that this checklist will enable people to get state ID cards without changing any WACs or statutes. But changes could be made to the MOU between DSHS and DOL.

Note: Part of release planning/benefit sign-up could include a similar checklist that has “Current ID card” as an item to make sure is still current.

Background

It is often difficult and time consuming to find important documents for residents (birth certificates, state ID etc.).

No. 10

Recommendation

The SCC should update Policy 202 with the procedure for their staff to follow if they receive a photo ID in the mail. This includes how to store documents and how to return the documents to the resident during their discharge.

When the Order to Investigate is issued, the discharge planner will physically verify that the SCC has all the resident’s IDs, legal documents, and credit cards that have been in SCC’s possession. This will allow enough time to order any replacement IDs if necessary.

The discharge checklist should include IDs that need to be returned.

Background

In some instances, residents have been given their ID and then had it confiscated as contraband.

No. 11

Recommendation

The defense, prosecution, community SOTP, SCC clinical staff, and DOC should meet before the conditions hearing and work together to craft individualized, narrowly tailored and empirically-based conditions. These conditions will help the client more successfully transition to the community. Moving the meeting up in the process (it currently occurs *after* the LRA has been agreed to or ordered) could also help diminish liability concerns.

Background

In general, the release process lacks any sense of collaboration.

No. 12⁹

Recommendation

The SCC should have the primary responsibility for LRA planning. This will require funding for additional SCC staffing. Specifically, we recommend adopting the language in HB 2851, Section 3 (Page 9). The language states that the court will order the SCC to develop an LRA placement for the resident after a show cause hearing.

We estimate a 90-day maximum allotment for the SCC and DOC to investigate and contract with the relevant LRA components (housing, SOTP, etc.). If they do not recommend release, they can still put the proposed LRA plan together. But the SCC must note that they're submitting it because of a court order and not because of a clinical determination.

Ideally, the SCC would use an RFP process to solicit providers across the state, according to fair share principles. The SCC could identify potential providers for housing, SOTP, etc. in advance and hopefully have pre-approved vendors in place to draft from while crafting individual LRAs. This would give the SCC much more control over entering their contracts (including the rates they charged). Then, all parties could benefit from increased information sharing.

The SCC needs additional resources to accomplish this. This includes full-time employees and additional funding. We anticipated that, with greater cooperation between all parties, legal expenses would decrease (depositions, hearings, trials, etc.). At a minimum, the SCC would need social workers, a contract manager to recruit and retain placements, SOTPs, and a compliance manager to ensure compliance with contract details and requirements.

Background

The SCC does not currently have a role in LRA planning.

No. 13

Recommendation

We believe that all LRAs should have an individualized case plan that lessens the resident's conditions or removes obstacles as they successfully transition into the community. The board agrees that stakeholders can develop better step-down procedures that promote community safety, are clinically sound, and are in the individual's best interest. This may include statutory revisions around SCTFs, interagency memorandums about the transition process, and removing obstacles to successful transitions.

That's why we recommend that the state update RCW 71.09.096(7) to reflect the following words in italics:

"The sole questions to be determined by the court *are* whether the person shall continue to be conditionally released to a less restrictive alternative *and, if so, whether a modification to the person's less*

⁹ The SCC did not vote in support of this item. All other stakeholders were in favor.

restrictive alternative order is appropriate to ensure the conditional release remains in the best interest of the person and adequate to protect the community.”

Background

There currently is not a step-down process for residents getting released to the community.

No. 14

Recommendation

The SOPB recognizes there is a potential issue with the availability and quality of SOTP providers as LRA numbers increase. Stakeholders noted ongoing issues that need to be resolved. However, these issues were not fully developed during the subcommittee discussions and would require further data gathering and analysis before the full board could make recommendations.

- The SCC believes that the statute needs to reflect the requirement for SOTPs to be contract holders with DSHS. The SCC contends that – since SOTP service is a vital piece of the treatment that residents receive, and with the state as the responsible party – it does not make sense to allow court-ordered SOTP service without an oversight mechanism from the agency in charge of resident treatment.
- Other stakeholders, including treatment providers and defense attorneys, have expressed the concern that too strict of a DSHS contracting process could bring in fewer treatment providers with the necessary experience to work with this population.

The SCC should provide regular mandatory trainings for prospective SOTP contractors and existing contractors. These trainings would provide information around contract requirements, expected client treatment needs, and interactions with the legal system. These trainings would also provide an avenue for SCC collaboration, and would give existing contracted providers any updates and/or changes while connecting them with new prospective providers. This would increase collaboration. These trainings would be annual or bi-annual. The SCC could pre-record them or deliver them through an online platform to reduce travel costs.

The SCC should designate staff to manage SOTP contracts. This would help providers follow the contract requirements. If the state can't designate contracted managers, SCC will make contract management part of an existing position's duties and relieve that position of other duties. With a workload reduction, staff can develop quality relationships with contracted providers and increase the longevity of the contracts.

The SCC should offer competitive pay for LRA services:

- The contract would offer room for a higher wage for those accruing more experience with LRA clients. For example, the state would pay an SOTP who contracts with SCC for several years *more* than a newly contracted provider.
- The pay range would also differ based on education level. We suggest paying a licensed psychologist up to a \$25/hour increase over a provider with a master's level license.
- The cost of the SOTP license is a barrier to increasing providers for LRA clients.

- The SCC contracts should have built-in, cost of living pay increases for SOTPs. These increases should correspond with state employees pay increases.
- The SCC should provide incentives for contract providers who treat the LRA population. These incentives could include paying for some mandated trainings that the SOTP license requires or providing a training stipend in a set dollar amount.
- [SB 6641](#) changed the requirements to become an SOTP. This will likely lead to slowly increasing the number of SOTPs in the state.
- The bill also includes ways the SOTP advisory committee can reduce the license cost.
- HB 2851 proposes reducing or eliminating the SOTP license cost for those who contract to provide services to LRA clients in underserved counties. If this were to pass, it would eliminate an additional barrier.

Background

We don't have enough treatment providers who can treat SCC residents once the residents release into the community.

Response 2: Secure transition facilities

Our response to: “Factors regarding siting of secure transition facilities.”

Historical context

In the early years, the SCC was located at the Monroe Correctional Complex. Later, the SCC was housed within the McNeil Island Correction Center. In 1998, a Federal District Court ruling required the SCC to construct a new, separate, treatment-oriented facility¹⁰. This new facility became what we know now as the SCC Total Confinement Facility on McNeil Island.

In response to the Federal District Court ruling, the Legislature later authorized the SCC to develop a [Less Restrictive Alternative for residents progressing through treatment](#). This alternative would help residents conditionally reconnect with their communities outside of the TCF. DSHS constructed two secure community transition facilities, one in 2003 on McNeil Island, Pierce County and one in 2005 in South Seattle, King County. The SCC will keep working to add another six beds at KC-SCTF and support the growing SCTF capacity need.

In 2018, the SCC conducted SCTF capacity demand projections, and determined the future need for up to an additional 72 SCTF beds. This finding prompted the SCC to secure legislative approval to initiate the SCTF Siting Project to study this issue, determine where that state should locate new SCTFs, and how many residents they could hold. The SCTF Siting Project began October 2019.

Facility: Pierce County SCTF (McNeil Island):

DSHS selected Pierce County for the first location, and they secured a building site adjacent to the SCC Total Confinement Facility on McNeil Island. This was a controversial process because of the nature of SCC residents, and their pending access and exposure to local communities.

DSHS selected the property based on several factors:

- Complied with SCTF requirements ([RCW 71.09.250](#) and [RCW 71.09.285](#)).
- State-owned property.
- Provided geographical isolation and security attributes.
- Proximity to the TCF, related leadership, administrative and logistical support.
- Established security and transportation resources.
- Proximity to medical and treatment resources.

This location constructed the first SCTF in 2003. The facility has 24 beds distributed in three housing units. It includes administrative and logistical buildings and resources, and still operates.

¹⁰ Turay v. Seling (Nov. 25, 1998 Order), No. C91-664WD, slip op. at 3, 10-15 (W.D. Wash. Nov. 25, 1998)

Facility: King County SCTF (South Seattle):

The SCC initiated the siting process for a second SCTF because it needed more resident capacity. After a comprehensive site-evaluation process, DSHS chose South Seattle.

DSHS selected the property based on several factors:

- King County had the most civilly committed sex offenders of any county in the state.
- Complied with the SCTF requirements ([RCW 71.09.250](#) and [RCW 71.09.285](#))
- Strong amount of logistical and support resources necessary for successful resident treatment regimens and accountability.
- Required safety and security resources.

The King County SCTF opened in 2005 as a remodel of an existing building. The facility consists of 12 resident beds and onsite administrative and logistical resources.

The public outcry associated with siting these SCTFs was extensive. The press described the King County SCTF as “one of the most despised public projects in recent local memory.”¹¹ When the state selected the South Seattle property, but before city had started litigation, then DSHS Secretary Dennis Braddock said, “I’d have a hard time believing this could be less adversarial.” Based on lessons the state learned from these siting experiences, we anticipate that future SCTF sitings will be just as controversial.

Current state

[The law](#) requires the DSHS secretary to develop policy guidelines for siting SCTFs in Washington. ([RCW 71.09.315](#) and [RCW 36.70A.200](#)).

We know that the current process has room for improvement. We also know we need to quickly site more SCTFs as the population grows in coming years. The board has unanimously adopted the SCC’s proposal for future SCTF siting. We call it the SCTF Siting Project. The project proposal contains three components: the Regional Placement Model, the SCTF Siting Matrix, and the Community Engagement Strategy. Together, these form a cohesive process for siting additional SCTFs, engaging all stakeholders and emphasizing the success of SCC residents as they transition back to the community.

The goal of this project was to develop a “compelling business case” that identifies a valid, defensible, and operationally sound model for future siting of SCTFs and placement of SCC residents (RCW 71.09). The SCC tried to structure the project in a way that supports future legislative and public policy.

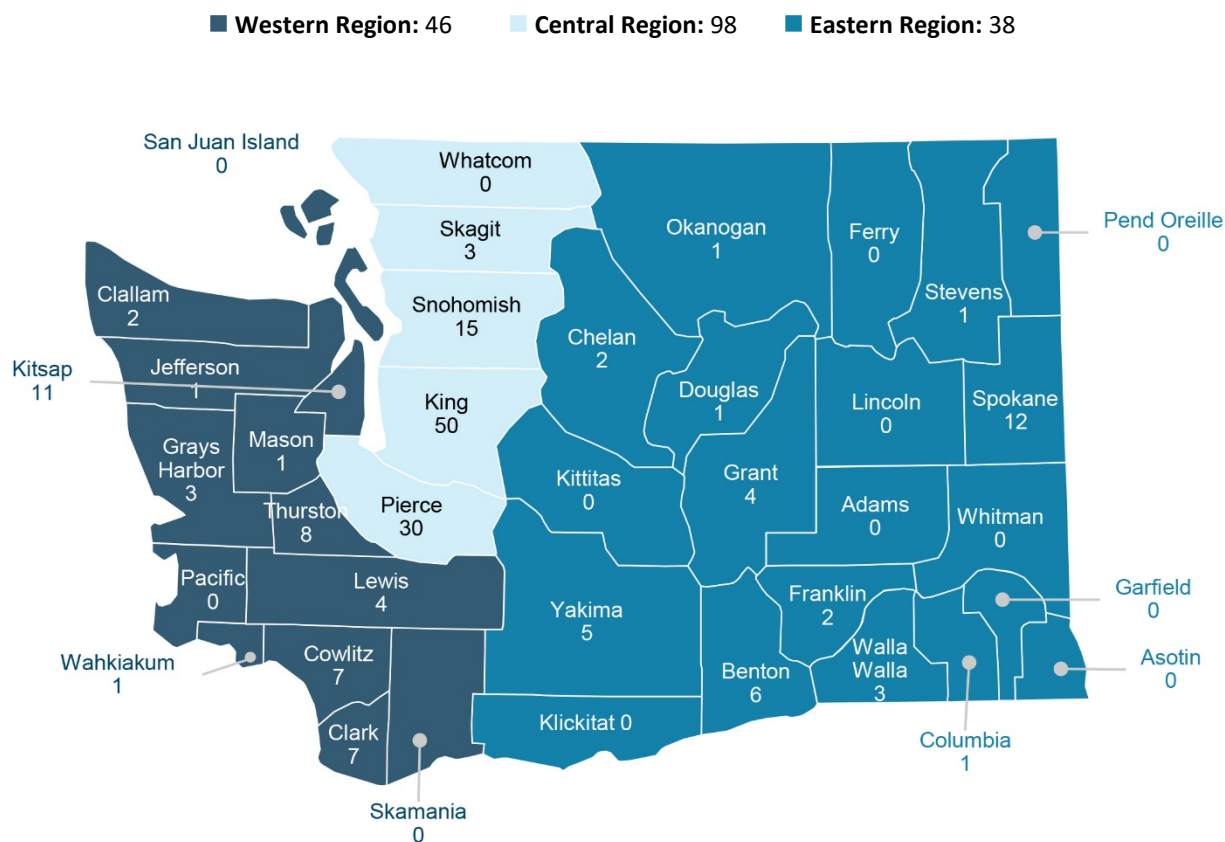
¹¹ Ko, Michael (2003, April 6) State official runs gauntlet of angers, threats. His job to take heat over sex offender home. Seattle Times

How we can achieve equitable distribution by using the regional placement model

Based on SCC analysis, we need **up to an additional 72 SCTF beds throughout Washington** in the coming years. We also need more equitable distribution for those who release from the SCC ([RCW 71.09.250\(8\)](#)). Most residents currently release to King and Pierce counties. To determine what equitable distribution looks like, the SCC conducted several analyses and produced a statistically sound placement model for a statewide equitable distribution.

The SCC placement model was a “best fit” model that used a diverse set of demographic and geographic data (Tables 1-3). Their recent analysis helped the SCC develop a three-region map for SCTF siting, and they based SVP placements on a Jan. 31 snapshot of 182 residents at the SCC.

Figure 1. The Regional Placement Model’s three regions



Here are the most important takeaways from Table 1, 2 and 3:

- These tables show how we can achieve equitable distribution based on where we site SCTFs in Washington. While we need the following new facilities as soon as possible, we understand funding may be limited.
- Table 2 shows us that the Spokane County is a good option to build an SCTF.
- Table 3 shows us that Snohomish County is a good option to build a SCTF.
- Table 4 shows us that Clark and Kitsap County are good options to build SCTFs.

Table 1. The Eastern Region

Eastern Region (by county)	Population	SVPs (civilly committed)	Current SCTF capacity	Projected SCTF capacity
Adams	76,737	0	0	0
Asotin	22,610	0	0	0
Benton	201,877	6	0	0
Chelan	77,036	2	0	0
Columbia	4,059	1	0	0
Douglas	42,907	1	0	0
Franklin	94,374	2	0	0
Ferry	7,649	0	0	0
Garfield	2,247	0	0	0
Grant	97,331	4	0	0
Kittitas	47,364	0	0	0
Klickitat	23,107	0	0	0
Lincoln	10,740	0	0	0
Okanogan	42,132	1	0	0
Pend Oreille	13,602	0	0	0
Spokane (potential SCTF site)	514,631	12	0	24
Stevens	45,260	1	0	0
Whitman	49,791	0	0	0
Walla Walla	60,922	3	0	0
Yakima	251,446	5	0	0
Total	1,685,822	38	0	24

Table 2. The Central Region

Central Region (by county)	Population	SVPs (civilly committed)	Current SCTF capacity	Projected SCTF capacity
King (current SCTF site)	2,233,163	50	12	0
Pierce (current SCTF site)	891,299	30	24	0
Skagit	128,206	3	0	0
Snohomish (potential SCTF site)	814,901	15	0	24
Whatcom	225,685	0	0	0
Total	4,293,254	98	36	24

Table 3. The Western Region

Western Region (by county)	Population	SVPs (civilly committed)	Current SCTF capacity	Projected SCTF capacity
Clallam	26,737	2	0	0
Clark (potential SCTF site)	481,857	7	0	24
Cowlitz	108,987	7	0	0
Grays Harbor	73,901	3	0	0
Island	84,460	1	0	0
Jefferson	31,729	1	0	0
Kitsap (potential SCTF site)	269,805	11	0	-
Lewis	79,604	4	0	0
Mason	65,507	1	0	0
Pacific	22,036	0	0	0
San Juan	17,128	0	0	0
Skamania	11,924	0	0	0
Thurston	286,419	8	0	0
Wahkiakum	4,426	1	0	0
Total	1,564,520	46	0	24

Here are the most important takeaways from Table 4 and 5:

- We have achieved equitable distribution of the SVP population in the following regions.
- If the state uses the replacement model, it will be more representative of the state population.

Table 4. Regional ratios with SVPs per 1,000 residents

SCC SCTF region	Counties in region	SVPs (county of commitment)	Region's total population	SVPs per 1,000 residents
Eastern	20	38	1,685,822	1:44
Central	5	98	4,293,254	1:44
Western	14	46	1,564,520	1:34
Total	39	182	7,542,596	Average: 1:41

Table 5. Comparison – SVP population by region and state population

SCC SCTF region	SVPs (county of commitment)	Percent of total SVP population	Percent of total state population	Difference
Eastern	38	20.9%	22.3%	-1.4%
Central	98	53.8%	57.0%	-3.2%
Western	46	25.3%	20.7%	+4.6%
Total	182	100.0%	100.0%	Average: 3.1%

Here is the most important takeaway from Table 6:

- We need more beds in each region to house the SVP population.

Table 6. Proposed SCTF bed capacity

SCC SCTF Region	Percent of total SVP population	Percent of total state population	Percent of SCTF bed capacity	Regional average
Eastern	20.9%	22.3%	22.2% (24 beds)	21.8%
Central	53.8%	57.0%	55.6% (60 beds)	55.5%
Western	25.3%	20.7%	22.2% (24 beds)	22.7%
Total	100.0%	100.0%	100.0%	100.0%

Recommendations to Response 2

No. 15

Recommendation

We recommend that the state adopts and uses the SCC's Regional Placement Model for future SCTF siting.

This is because it successfully demonstrates equitable distribution throughout Washington. SOPB members from the cities and counties support this recommendation. However, the state can't successfully site SCTFs without additional funding and resources from the Legislature.

The SCTF Siting Matrix¹²

The second component in the SCC proposal is the SCTF Siting Matrix. The siting matrix is based on the use of the three regions (Western, Central and Eastern) described in the previous section. The siting matrix is a planning resource and contains a list of variables that allow the Secretary of DSHS, SCC Executive Leadership, the Office of the Governor, and members of the Legislature to select a site. The siting decision will be made with direct input from, and in collaboration with tribal governments, local elected and state elected officials, the communities they serve, and the media.

Once the Regional Placement Model is accepted, the three counties that will house the new SCTFs will be selected. Once the counties are selected, the Siting Matrix will be used to determine where within the county is viable for the siting of a new SCTF. The matrix is built to ensure that new sites adheres to requirements set forth in RCWs 71.09.250-350. In addition to statutory requirements, the matrix elements are also based on capital facilities proven strategies and best practices, SCC operational and management policies, SCC resident security, management and treatment requirements.

No. 16

Recommendation

We recommend that the state adopts and uses the SCC's SCTF Siting Matrix.

After we reviewed the above information, the board unanimously voted to support the SCC's SCTF Siting Matrix. Using this matrix helps the state consider factors such as employment and educational opportunities to contribute to residents' success. **While we recognize the state's current budget crisis, we want to stress that we need new SCTFs immediately.** And, we need at least one new SCTF in the next couple of years to secure public safety and best support those who leave the SCC. The Legislature should prioritize at least one of the three SCTFs we need.

Use the SCTF Community Engagement Strategy

The final component from the SCC's proposal is the SCTF Community Engagement Strategy. The CES can be used throughout the siting process and includes a list of partner and stakeholder groups that the SCC will engage and collaborate with. The goal is to get community input earlier in the

¹² The full Siting Matrix and its components can be found in Appendix D.

process and gain early community support. Community support and engagement are key to making sure the state has the most effective and sustainable public policy on this issue.

Here is the most important takeaway from Table 7:

- The SCC plans to engage a variety of stakeholders in the siting process.

Table 7: Stakeholders for the Community Engagement Strategy

Coalition groups	Partner and stakeholder entities
State elected officials	State senators and representatives within each county of SCTF Siting, chair/members – Legislative committees of jurisdiction, Office of the Governor, sponsors of RCW 71.09 related legislation
Tribal governments	Tribal chairs, councils, committees and community groups
State agencies	Departments of Health, Employment Security, Social and Health Services, and others
County government	Executive, board of supervisors, councils, independently elected officials, health department, planning and land services, assessors/treasurer's office, auditor's office, transportation/roads, emergency management, community planning/development
Municipal government	City manager, council, city attorney's office, environmental services, neighborhood and community services, public works, community and economic development
Law enforcement	County sheriff's office, city police departments, Washington State Patrol, Department of Corrections, WASPC
Fire service	Fire districts and departments, emergency medical services
State and local prosecutors	Attorney General's Office, county prosecutor office, city prosecutor office
Defense/legal representatives	Department of Assigned Council, private attorneys and law firms
Sex offender treatment providers	Local sex offender treatment providers, SOTP professional groups and affiliations, other mental/behavioral health providers
Emergency medical services	Hospitals & emergency departments, private medical services, ambulance service providers
Schools (public and private)	School district superintendents, private school administrators, parent teachers associations
Community and advocacy groups	Disability Rights Washington, advocacy associations, civic groups
Citizen groups	Established citizen groups, concerned citizens
Communities of faith	Churches, Mosques, Synagogues, Other
Business community	Small/large business owners, chamber of commerce, industry professional groups & associations
Media	Television, radio, newspapers, online media outlets, other
Other	

No. 17

We recommend that the state adopts and uses the SCC's SCTF Community Engagement Strategy.

We understand that the CES will evolve over time to address the growing and diverse needs of stakeholders.

Response 3: Placement sites and providers

Our response to: “Availability of adequate LRA placement sites and treatment providers by county.”

The state needs more adequate housing options for LRA placements

As we discussed above, an SCC resident’s defense attorney is responsible for finding LRA housing. There are significant issues with this process. Defense attorneys are forced to go door-to-door to ask if people are willing to take in a client. Unfortunately, in many cases, landlords will back out because it takes too long to go through the LRA and secure funding. When that happens, the defense must start the process over. Without the appropriate funding, the SCC would be in the same position as the resident’s defense attorney. That’s why it’s so crucial that the Legislature can fund the SCC for additional tasks.

Currently, the law does not list requirements for an adequate LRA placement site. Many would argue that housing for those releasing into the community on an LRA is often inadequate in many ways. Several board members expressed concern about the living conditions. Some houses have leaking roofs, infestations, and lack of adequate utilities such as heat and water. Since we don’t have current guidance for what an “adequate” LRA placement looks like, the chart below shows the current housing for LRAs (with DOC’s assistance). To protect anonymity, the chart shows the number of addresses within a city where we currently show an LRA placement.

Here is the most important takeaway from Table 8:

- Housing options are limited for SVPs on an LRA.

Table 8. LRA placements by city (our sample size is 39 people)

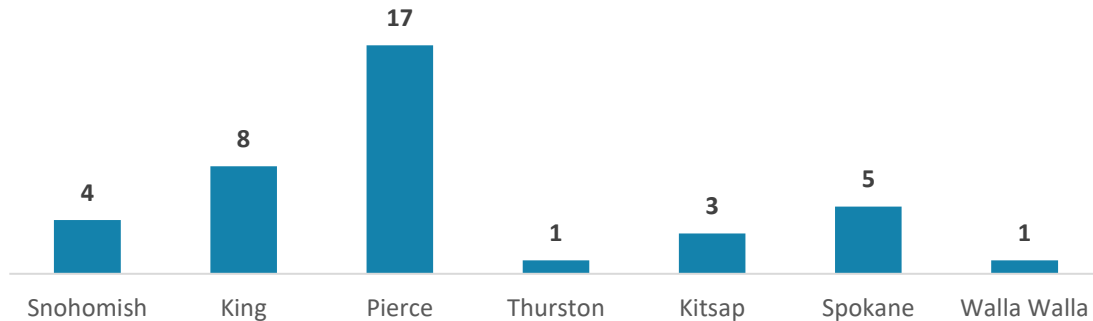
City	Number of addresses with an LRA placement	Number of SVPs in city on LRA
Arlington	1	1
Auburn	1	1
Graham	1	1
Lakewood	2	7
Marysville	2	2
Olympia	1	1
Poulsbo	1	3
Seattle	1	1
Shoreline	1	1
Spokane	1	5
Stanwood	1	1
Tacoma	4	9
Tukwila	1	5

City	Number of addresses with an LRA placement	Number of SVPs in city on LRA
Walla Walla	1	1
Total	19	39

Here is the most important takeaway from Table 9:

- The majority of individuals on an LRA live in King and Pierce counties.

Table 9. LRA placements per county (our sample size is 39 people)



Not enough treatment providers for LRA placements

Finding a SOTP in the community can be difficult for individuals who have committed a sex offense. It is even more difficult for those releasing from the SCC and labeled as an SVP, because only certain SOTPs will treat an SVP. Though 2020 legislation made it easier for those in the practice to become a SOTP, it will take several years to see the effects of this legislation. Plus, its impact on SVPs is unclear.

Though the Department of Health maintains an SOTP directory, this does not indicate SOTPs who are willing to treat SVPs. So, we are including additional information in the table below on those SOTPs who are currently treating individuals on an LRA.

Here are the most important takeaways from Table 10:

- There is a limited number of community SOTPs for individuals on an LRA. This means it's harder for a resident to get the services they need as they enter the community.

Table 10. Office location of those currently treating LRAs

City	Number of SOTPs
Bellevue	3
Bellingham	1
Lakewood	1
Marysville	1
Olympia	1
Spokane	1
Tacoma	2

City	Number of SOTPs
University Place	1
Yakima	1
Total	12

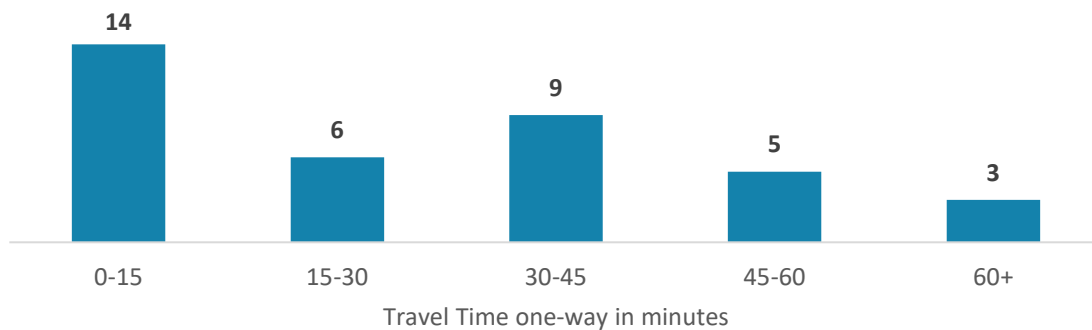
Travel time to providers is often a burden for individuals seeking treatment. We saw a lack of SOTPs who are willing to treat this population, especially in more rural areas of the state.

We based the numbers below on the client's home address, their SOTP's address, and the travel time at approximately noon on a weekday (Table 11). An increase in treatment providers may increase client success by decreasing travel time and providing easier access to treatment, and more time for activities that are positive for the individuals.

Here is the most important takeaway from Table 11:

- For some individuals, travel time is significantly higher to reach their treatment provider. This can negatively impact their transition into the community. More than half of the current LRA population has to drive more than 30 minutes, one-way, to their treatment provider.

Table 11. Travel time to treatment provider



Response 4: Community notification

Our response to: “The process by which community notification is completed within the community of release.”

Current state

The SCC completes law enforcement notification 30 days before a resident’s release (or as soon as possible for cases with less than 30 days). When individuals release from a facility, they should complete pre-registration with the staff. SCC recently added pre-registrations to its release process (RCW 9A.44.130(4)(a)(i)). Once released, individuals have three business days to complete in-person registration with the sheriff in their county of residence.

After the individual completes their registration, local law enforcement will start notifying the community. Each law enforcement agency can use discretion when completing community notification. Typically, community notification occurs through:

- Media releases
- Community education/notification forums
- Offender-specific flyers through door-to-door distribution or defined mailing areas
- Public website/registration lists/internet access

The [Legislature directed](#) the Washington Association of Sheriffs and Police Chiefs to create the [model policy for community notification](#). The state asks agencies to use this to guide their notification processes and procedures. After reviewing current practices, the Community Notification of SCC Releases Subcommittee submitted unanimous recommendations to improve the current system.

Recommendations to Response 4

The board recommends adopting the following recommendations regarding Community Notification of SCC Releases.

No. 18

Recommendation

We recommend that the SCC document and formalize a process that details when to present ESRC with cases to review.

To aid this recommendation, the King County Prosecutor's Office and the Office of the Attorney General have agreed to notify the SCC of upcoming trials. This will better prepare the SCC for potential releases.

Background

In some instances, the SCC is not notified of a potential release in a timely manner for unconditional discharges and dismissals. For example, the SCC typically has a 24-hour notice for an unconditional discharge. This makes it difficult for the SCC to properly submit the case to the End of Sentence Review Committee for review.

No. 19

Recommendation

The board recommends that the DOC Civil Commitment Unit add an educational component around the state sex offender public website to use during discussions with community members. The unit may also consider formalizing this recommendation by adding it to training and investigation guideline materials.

We also recommend that the DOC's Civil Commitment Unit develop a consistent approach to interviews with community members. This includes the primary factors that clearly distinguish the process from community notification.

Background

When DOC investigates potential housing for SCC releases, they may conduct interviews with community members. These discussions might increase community concerns and could cause confusion if the community members do not have additional resources and information. Stakeholders have concerns that this could resemble community notification before an official housing and release determination.

No. 20

Recommendation

We recommend that the SCC document and formalize their process for submitting cases to ESRC for review.

These should include:

- Upon DOC investigation
- Upon Notice of Unconditional Hearing/Agreement
- Upon Notice of Dismissal Hearing

Background

Trigger points for SCC case submissions to the ESRC for review are inconsistent and lack documentation.

No. 21

Recommendation

The SOPB recommends that the King County Prosecutor's Office and the Office of the Attorney General notify the SCC of upcoming trials. This will better prepare the SCC for potential releases.

Background

In some cases, the SCC has little notice of resident releases (unconditional releases/discharges). This hinders its ability to complete law enforcement notification before the required 30-days advance notice.

No. 22

Recommendation

The SOPB recommends that the SCC should document and formalize various resources they may use to obtain a resident's release address (i.e., defense attorney, prosecutor, DOC, etc.) when a resident is unwilling or unable to provide this information.

Background

In some cases, SCC residents are unwilling or unable to share their county of release, or address, with SCC staff. This prevents the SCC from conducting a proper law enforcement notification because they can't determine which county to notify.

No. 22a¹³

We also recommend that that the SCC formalize its law enforcement notification process. This helps ensure that release information is sent to the Washington Association of Sheriffs and Police Chiefs, and the following entities ([RCW 71.09.140](#)):

- The sheriff in the county of release.
- The sheriff in the county of last sex offense conviction (if the SCC does not know where the resident will reside).

¹³ The SCC did not vote in support of this item. All other stakeholders were in favor.

- The Washington State Patrol for entry in WACIC.
- The police chief in the city of residence.

No. 23

Recommendation

The SOPB again recommends that the SCC formalize its law enforcement notification process. This will ensure that the SCC releases information to the Washington Association of Sheriffs and Police Chiefs, and other entities listed in law ([RCW 71.09.140](#)).

- The sheriff in the county of release.
- The sheriff in the county of last sex offense conviction (if the SCC does not know where the resident will reside).
- The Washington State Patrol for entry in WACIC.
- The police chief in the city of residence.

Background

The SCC lacks consistency when making law enforcement notifications.

No. 24

Recommendation

We recommend that the AGO and the KCPAO provide notice of upcoming hearings. This will help the SCC properly prepare for potential 24-hour dismissals.

Background

Conflicting statutes may pose problems with proper notification of release. One statute requires 30-day notification, while another says an individual cannot be held if they do not meet criteria, and that the SCC would have to release that person within 24 hours. The subcommittee determined it wasn't necessary to change this through statute.

No. 25

Recommendation

The SOPB recommends that the SCC further discuss if securing its emails is necessary, and if so, in what instances. The SCC may also consider uploading all documents to OffenderWatch instead of attaching them to notification emails.

Background

Some secure emails from the SCC go to external agency/organization junk boxes. This hinders timely notification of releases to law enforcement.

No. 26

Recommendation

The SOPB recommends that the SCC include (in its written and formal law enforcement notification policy) that pre-registration should be used to provide an updated final release address to the correct law enforcement agency.

Background

When SCC does not know the address a resident is releasing to, they make a broad law enforcement notification. Unfortunately, the SCC does not follow up with law enforcement if they later receive an address for an individual.

No. 27

Recommendation

The SOPB recommends that the DSHS Victim/Witness Notification Program coordinate with WASPC to include more about how program participants can access the state sex offender public website and obtain additional information. This can best support victims and witnesses after a resident's release.

Background

The DSHS Victim/Witness Program requires a 30-day notice to program participants when an individual is released from the SCC. The Victim/Witness Program doesn't provide further information or follow-ups.

No. 28

Recommendation

The SOPB recommends that the SCC add a line to their notification emails to request that the reader does not send the email to other people.

Background

Recently, an email recipient shared an email outside of the appropriate parties. The email included specific details about a resident's release and was further shared with the victim.

No. 29

Recommendation

The SOPB recommends that WASPC reviews the existing state sex offender public website and works with the appropriate vendor to more prominently display information, facts, and FAQs on the registered sex offender population.

In addition, WASPC may consider developing additional information and resources for appropriate groups so those groups can give the information to community members.

Background

Community members lack a general understanding and awareness of the state's sex offender public website.

No. 30

Recommendation

The SOPB recommends that WASPC adds information about community notification to the public website and includes this information in the additional resources they may develop in response to Recommendation 29.

Background

Community members may have inconsistent perceptions and ideas of what community notification should look like. Community notification is at the discretion of the local sheriff's office; each jurisdiction will handle community notification differently. This may lead to a misunderstanding of the process and what information community members are entitled to when a person is released.

No. 31

Recommendation

The SOPB recommends that WASPC includes more information on the public registry website about the purpose of community notification, and in any documents they may develop in response to Recommendation 29.

Background

Community members may not fully understand the purpose of community notification meetings and may attend meetings prepared to fight a placement.

No. 32

Recommendation

The SOPB recommends that WASPC updates their model policy to reflect the need to use current photographs on the state public website, notification bulletins, flyers, and other materials intended for public information.

Background

There is a perception that community notification is too inflammatory. For example, in some cases an individual's original mugshot may be used for their notification picture.

No. 33

Recommendation

- WASPC adds additional information to their model policy to standardize community notification meetings.
- WASPC continues to update their resources page for local law enforcement and will add any additional resources, such as educational flyers (if/when they are created)
- WASPC considers continuing to provide additional training/discussion at SONAR¹⁴ meetings.

Background

There is a perception that community notification meetings lack common guidelines and information that the state should include and share during meetings.

¹⁴ SONAR Meetings are meetings of the Sex Offender Notification and Registration Committee.

Response 5: LRA Placement process

Our response to: “The process for considering an LRA placement’s proximity to public services, including but not limited to schools and childcare facilities.”

Current state

Currently, defense attorneys and social workers create LRAs on a client-by-client basis.¹⁵ While the defense team first explores options within the county of commitment, that county often lacks necessary resources or contains unique risks for the client.

Planning and finalizing an LRA plan can take up to two years. For some residents, particularly those who are older or who have serious cognitive disabilities, the search for specialized services can take even longer. Only when all statutory requirements get met, can the defense request the court to authorize an LRA. But additional legal requirements could delay release (DOC investigation, DSHS community notification, and a full trial if the LRA is not agreed to). During this time, LRA placements are often lost. That’s because while the defense currently has the obligation to *find* all components of an LRA, they cannot pay for them.

Though the SCC has the power to contract with or pay these providers, they also have limited leverage to terminate a contract because of an inability to provide enough services. If a resident does not have a community-based treatment provider, or a housing contract is terminated, the resident returns to total confinement.

Other obstacles in finding LRA placements include the lack of nearby resources, willing chaperones and community-based services – especially for clients with medical needs, mental health issues, cognitive and physical disabilities, or other special needs. As defense attorneys lack resources to create new LRA placements, they are often forced to use currently existing sex offender housing. This housing is often poor quality or clustered in certain communities. Additionally, because rates for housing, support services, and stipends are set by each court on a case-by-case basis, there is no consistency or oversight in the provided LRA housing. In the current system, a lawyer’s ethical duty to represent an individual requires them to prioritize their client’s interests over broader considerations like community concerns or a fair share distribution of LRAs throughout the state.

The DOC considers an LRA’s proximity to services, especially those specific to schools and childcare facilities. We would like to emphasize that research cited in this report indicates that following the Risk-Need-Responsivity model is the most effective way to manage this population. Identifying an individual’s specific risk factors ensures their housing is supportive of their reentry and ongoing rehabilitation, and does not have them near things that may cause a potential relapse. For example, an individual who offended against young children should not be placed near schools with young children, or day care facilities.

¹⁵ These LRA plans are highly individualized and take into account the client’s therapeutic needs, the availability of an appropriate sex offender treatment provider, client preference for location, location of support people, availability of housing with necessary supports or services, availability of educational or vocational resources, and other client-specific issues.

It crucial that that state uses science and evidence-based risk factors to guide a resident's placement. One size does not fit all, and applying that theory can further harm an individual's progress. In fact, a [2014 report from the SOPB](#) reviewed extensive research on residency restrictions and found there is no evidence to support the effectiveness of residency restrictions in terms of deterring or preventing future crime.

Recommendations to Response 5

No. 34

The SOPB recommends the SCC has additional involvement in LRAs. When that does happen, the SCC should use an LRA Housing Matrix to find housing for residents releasing to an LRA.

Involving the SCC would increase housing availability and improve housing adequacy. The SCC has the power to contract with and pay providers, use its contracting power to require improvement and oversight of conditions or services, take a statewide view of LRA resources, and create LRAs consistent with community goals and the fair share distribution of LRAs among counties.

To take on these additional roles, the SCC would require additional resources and funding. We recommend they receive both; this is not something that the SCC should be asked to do through an unfunded mandate.

We approved the new housing matrix (below) as an example of what should be considered if the SCC were to assist with LRA planning. Some of the items in this matrix can only be achieved with SCC support and assistance. For example, defense attorneys have a professional obligation to their clients and therefore cannot consider fair share principles. The SCC though, could take on such a role. This tool can increase the availability and adequacy of housing options for those releasing from the SCC to an LRA. This tool should not be used to deny placements.

Table 12. LRA Housing Matrix¹⁶

	General housing requirements		
	Item	Responsible entity	Item considered?
Consider when assessing RFPs or applicants for LRA Services	No infestations or mold		
	Running water		
	Electricity		
	Bedroom and living space of adequate size		
	Availability of public services		
	Within a reasonable distance of a grocery store		
	Within a reasonable distance of a bank		
	Within a reasonable distance of public transportation options		
	Within a reasonable distance of offices for public services such as food stamps, etc.		
	Availability of chaperones		
	Other considerations		
	Consistent with Fair Share Principles across counties		
	Within a reasonable distance of other current or planned LRA components		
	Within a reasonable distance to employment opportunities		
	Reliability of GPS services		
Consider when looking at LRA options for a specific individual	Sex Offender Treatment		
	Housing is within a reasonable ¹⁷ distance from SOTP		
	SOTP is a good therapeutic match with client		
	SOTP has relevant experience (e.g., with Traumatic Brain Injury if client has TBI).		

¹⁶ This LRA Siting Matrix shall not be used as a basis to deny an LRA nor argue that an LRA is not in a client's best interest or inadequate to protect the community. The purpose of this matrix is to encourage and create more statewide LRA placements. Some of these considerations will not be possible until DSHS has greater involvement in planning LRAs. For example, while defense attorneys have primary responsibility for planning LRAs, defense attorneys have ethical duties to a particular client's individual interests that they must prioritize over fair share principles.

¹⁷ This is of less concern where housing providers also provide chaperoned transportation. It is of paramount concern where clients will need to eventually transport themselves using public transportation.

	Criminogenic needs and risk factors		
	Client's specific criminogenic needs and risk factors have been considered		
	Protective factors		
	Housing within a reasonable distance of family/friends		
	Housing within a reasonable distance of potential hobbies		
	Housing within a reasonable distance of potential employment		
	Housing within a reasonable distance of educational opportunities (GED, college courses, etc.)		
Consider when looking at LRA options for a specific individual	Client-specific needs		
	Housing within a reasonable distance of mental health and/or medical treatment options		
	Housing within a reasonable distance of substance abuse treatment options		
	Available personal care assistance		
	Available in-home care assistance		

No. 35

The SOPB recommends that the Legislature request continued board input and guidance for these recommendations¹⁸. This can happen through SOPB quarterly meetings, for example.

The SOPB understands the dire financial situation the state faces because of COVID-19. While it is unlikely the Legislature can fully and timely fund the necessary investments we mention in this report, **the SOPB recommends that the Legislature pursue incremental investments.** This can help stakeholders incorporate these recommendations.

We recognize it will take time to implement these changes, bring about the necessary rule changes, hire staff and conduct the recommended outreach to providers and stakeholders. The collaboration with SCC and other stakeholders, will facilitate communication across all spectrums of this community. Finally, we believe the board's semiannual updates to the Legislature should continue. We can do this through supplemental reports and meetings with Legislative leadership.

¹⁸ WASPC did not vote in support of this item. All other stakeholders were in favor.

Response 6: Community placement

Our response to: “Review research regarding best practices for placement of SVPs in the community with a focus on enhancing public safety, including policies from other states.”

Throughout this report, the SOPB and its subcommittees relied on the limited amount of research in the file to make informed recommendations. Based on the available research, we would like to highlight the following items.

Decrease recidivism by targeting individuals’ specific risks and needs

The Risk-Need-Responsivity model was developed by Andrews and Bonta in 1990. Experts consider it the generally accepted model that reduces recidivism and promotes rehabilitation in criminal offenders. Their research found correctional programs that follow the RNR model have lower rates of recidivism than those that do not.

The model also offers specific guidance about three critical issues. The need principle asks who should be offered more intense rehabilitative services. Those who are higher risk will typically require more treatment. The need principle also offers guidance for addressing an individual’s specific needs that may reduce reoffending, such as substance abuse or pro-criminal attitudes. The responsivity principle provides specifics styles, modes and strategies to use while delivering these services to make them more effective.¹⁹

The group determined that adhering to all three components are most effective. **However, programs that adhere to one or two are still more effective than those that do not adhere to any of the RNR components.** “It appears that nonadherence with RNR may actually be increasing crime, and that the hope for crime prevention resides in the delivery of treatment services consistent with the major principles of effective correctional treatment.”²⁰

Hanson and colleagues conducted a large meta-analysis in 2009 to examine how these three components applied to the treatment of sexual offenders. They found that the treatment significantly reduces recidivism compared to those who did not receive treatment. “Multiple review and meta-analyses with general offender samples have demonstrated that the interventions that are most likely to reduce recidivism are those that meaningfully engage higher risk offenders in the process of changing their criminogenic needs...The current review found that the same principles are also relevant to the treatment of sexual offenders.”²¹

In a more recent meta-analysis that reviewed 70 studies examining three different types of correctional programming including sexual offending, researchers found that those who participated in any form of treatment had lower rates of recidivism than those that did not (13.4% versus 19.4% respectively). Notably, this study is the largest meta-analysis to date that examines sex offender specific programming. The authors find that with an average follow-up time of 76.2 months, those

¹⁹ Andrews, D. A., & Bonta, J. (2010). *The Psychology of Criminal Conduct 5th edition*. New York: Routledge.

²⁰ Andrews, D. A., & Bonta, J. (2010). *The Psychology of Criminal Conduct 5th edition*. New York: Routledge.

²¹ Hanson, K., Bourgon, G., Helmus, L., and Hodgson, S. (2009). The Principles of Effective Correctional Treatment Also Apply to Sexual Offenders: A Meta-Analysis. *Criminal Justice and Behavior* 36 865-891.

who participated in sex offender treatment recidivated at a significantly lower rate (9.5%) than those who were untreated (14.1%).²² Additionally, the treatment setting did not affect treatment outcome. This indicates that treatment in an institution or in the community produced comparable effects. This meta-analysis provides strong evidence that correctional treatment is effective and, more specifically, that sex offender treatment is effective and an essential component of public safety.

Responsivity component of the model extends beyond the treatment. Specific responsivity can include support for the individual to have stability outside of treatment to positively engage and respond to the treatment. For example, if an individual is distracted with concerns about stability in housing, employment or receiving applicable disability services, they will not be able to devote their full attention to treatment regardless of motivation. It is important that treatment programs and policymakers assist clients in some of these concerns to provide the environment for a client to receive maximum benefit from their treatment.

Once an individual is released into the community, the tendency of risk to reoffend declines over time. This is one of the most replicated results in criminology research. Not surprisingly, this trend also applies to sex offenders. With this, an individual is at the most risk for recidivism during the first few years in the community. Afterward, risk predictably declines with time. Results indicate that an individual with a sex offense history (over time) can become no more risky to spontaneously commit a sex offense, than someone who has a criminal history but no history of sexual offending. The observable and predictable decline in risk over time, doesn't have clear explanations. It's likely a combination of several factors that include treatment, aging and the developing a rewarding prosocial lifestyle.²³

The predictable decline of risk over time has been replicated through a [recent study](#) in Washington. Recently, the Statistical Analysis Center reviewed the data of 7,689 sex offenders registering in the state between 2000 and 2003. The center found the same pattern over a 15-year follow-up period. They also found that, on average, a sex offender's risk for rearrest drops below the risk for *any* Washington citizen to be arrested, after approximately nine years offense-free in the community. Additionally, most of the rearrests for the cohort occurred within a small subset of the population and those rearrests occurred during their first few years after registration.

Positive reintegration into the community after release is crucial for the future of the community's safety community, and the individual's long-term. This is compounded by the initial risk of the individual being released, indicating the higher the risk of the individual, the more potential for re-offense early in their release lower risk individuals. Focusing on the first years in the community can set the stage for long-term success. This indicates that release planning plays a significant role in community safety. Another study (Willis and Grace, 2009) found that recidivists had significantly poorer reintegration planning than the non-recidivist²⁴. Furthermore, survival analyses found that

²² Gannon, T., Olver, M., Mallion, J., James, M. (2019) Does specialized psychological treatment for offending reduce recidivism? A meta-analysis examining staff and program variables as predictors of treatment effectiveness. *Clinical Psychology Review* (73) 1-18.

²³ Hanson, R. K., Harris, A. J. R., Letourneau, E., Helmus, L. M., & Thornton, D. (2017, October 19).

Reductions in Risk Based on Time Offense Free in the Community: Once a Sexual Offender, Not

Always a Sexual Offender. *Psychology, Public Policy, and Law*. Advance online publication.

<http://dx.doi.org/10.1037/law0000135>

²⁴ Willis, Gwenda & Grace, Randolph. (2009). Assessment of Community Reintegration Planning for Sex Offenders Poor Planning Predicts Recidivism. *Criminal Justice and Behavior - CRIM JUSTICE BEHAV.* 36. 494-512. 10.1177/0093854809332874.

poor reintegration efforts increased the rate of reoffending. In terms of risk assessment, release planning improved the accuracy of risk assessments and reduced recidivism in another study.²⁵ Less than a quarter of the individuals in the [Washington cohort](#) registering between 2000 and 2003 were responsible for over 78% of the rearrests in the 15-year follow-up time. This indicates that the highest risk offenders are responsible for the bulk of the recidivism, and that this risk is highest during the few years immediately after release. Treatment and supervision play a significant role in the minimizing risk. Strong reintegration efforts and release planning further minimize the risk of re-offense during the critical time.

Predictably, risk decreases over time. Correctional resources such as supervision should be allocated to higher risk individuals, and should adapt to the individual's needs over time. Uniform policies are not flexible enough to adapt to changing risk, and can waste resources at the same time. The state should adapt supervisory and management strategies to individuals and their 'propensities to reoffend' for the most effective use of resources and the largest risk mitigation.²⁶ At some point, policies and practices may impede the progress of natural desistance from reoffending by prohibiting positive factors such as employment or prosocial relationships.

Civil commitment programs in other states

A 2019 national survey²⁷ of civil commitment programs indicates that of the 18 programs that responded, 80% of those programs have a research department that publishes research. (The Sex Offender Civil Commitment Programs Network conducted this survey). If the legislature requested, the SOPB could conduct specific research on Washington's civil commitment program, and the state could gather additional information from other programs.

Out of the 10 programs that shared additional information on conditional releases, 90% indicated that their program used the Good Lives Model, Relapse Prevention, and Cognitive Behavioral approaches for treatment. Across the 10 programs, 38.2% of those on a conditional release stayed in the community without a custody event (range of 0%-69%), and an average of 23.1% were later unconditionally discharged without a custody event (6%-42%). An average of 37% of clients had at least one custody event for a violation (11%-58%).

Some programs provided additional information on violations and charges. Of the nine programs that did, they reported that on average 25.2% of clients returned to a secure setting for a technical violation and 2% for non-sexual offense charges.

²⁵ Scoones, C. D., Willis, G. M., & Grace, R. C. (2012). Beyond Static and Dynamic Risk Factors: The Incremental Validity of Release Planning for Predicting Sex Offender Recidivism. *Journal of Interpersonal Violence*, 27(2), 222–238.

<https://doi.org/10.1177/0886260511416472>

²⁶ Hanson, R. K., Harris, A. J. R., Letourneau, E., Helmus, L. M., & Thornton, D. (2017, October 19).

Reductions in Risk Based on Time Offense Free in the Community: Once a Sexual Offender, Not Always a Sexual Offender. *Psychology, Public Policy, and Law*. Advance online publication.

<http://dx.doi.org/10.1037/law0000135>

²⁷ SOCCPN Annual Survey of Sex Offender Civil Commitment Programs, Presentation, November 4, 2019.

Appendices

Appendix A

Senate Ways and Means Project Request Letter



Washington State Senate

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Senator Christine Rolfes
23rd Legislative District

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March 11, 2020

David Schumacher, Director
Office of Financial Management
P.O. Box 43113
Olympia, WA 98504-3113

Dear Mr. Schumacher,

As Chair of the Senate Ways and Means Committee, I request that the Sex Offender Policy Board (SOPB) convene pursuant to RCW 9.94A.8673 to undertake projects related to research and recommendations for improving systems for sexually violent predators (SVPs) and their re-entry into the community.

Over the past several years, these issues have been prolific in terms of constituent outreach and correspondence. Many of my constituents in the city of Poulsbo have contacted my office to express concerns regarding SVP placement in residential neighborhoods near schools and on school bus routes. My constituents were concerned that they received inadequate advance notice. In response to this event, they organized a group to help facilitate a community conversation to address the issue. It's also been made clear to me from speaking with other legislators that this issue is not unique to my district and needs to be addressed on a statewide basis.

Over the past several sessions, numerous bills have been introduced regarding these topics. I myself have introduced [SB 6436](#) in 2020 and [SB 5941](#) in 2019. Despite these and other overlapping efforts, the Legislature failed to find consensus and the concerns raised by my constituents remain unaddressed.

The Sex Offender Policy Board (SOPB) serves to advise the governor and the Legislature on issues relating to sex offender management as necessary. The Legislature may request that the SOPB convene to undertake projects to assist policymakers in addressing issues relating to sex offender policy. Safe and successful re-entry to the community remains a critically important issue to not just my district, but the entire state. Furthermore, this issue has a direct bearing on future budget development. To that end, the Senate Ways and Means Committee formally requests that the SOPB undertake the following projects:

1. Conduct a review of current SVP re-entry and least restrictive alternative (LRA) policies and practices in Washington including:

- a. The process for development of treatment plans and individualized discharge plans;
 - b. Provisions for determining conditions of release for those released to an LRA;
 - c. Factors regarding siting of secure community transition facilities;
 - d. Availability of adequate LRA placement sites and treatment providers by county;
 - e. The process by which community notification is completed within the community of the release; and
 - f. The process for considering an LRA placement's proximity to public services, including but not limited to schools and childcare facilities.
2. Review research regarding best practices for placement of SVPs in the community with a focus on enhancing public safety, including policies from other states; and
3. Make recommendations regarding placement of SVPs in community-based settings including placement in adult family homes or group homes, any restrictions on placements that may be made in the interest of public safety, public disclosure requirements that may be relevant to SVPs and LRAs, discharge planning, and any other related topics.

I would like to invite you and representatives of the board to present and report on these projects to the Senate Ways and Means Committee during Assembly Days and request that a final work product be transmitted by December 1, 2020. My constituents and I appreciate the efforts of the board members to accomplish this task. We hope that the information and recommendations can help inform the Legislature in advance of the 2021 legislative session.

Sincerely,



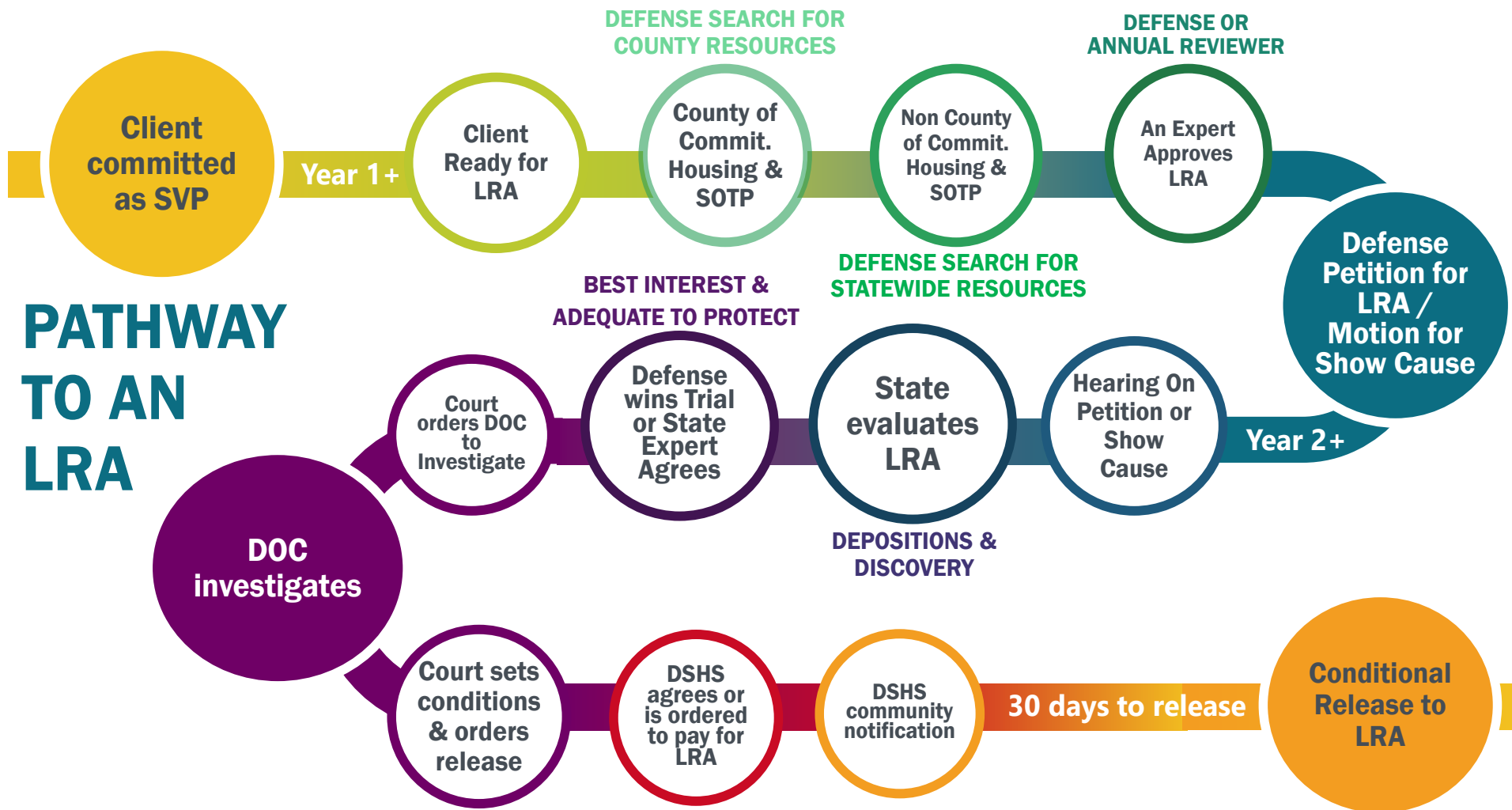
Senator Christine Rolfes
23rd Legislative District

Cc: Leah Landon, Amber Leaders

Appendix B

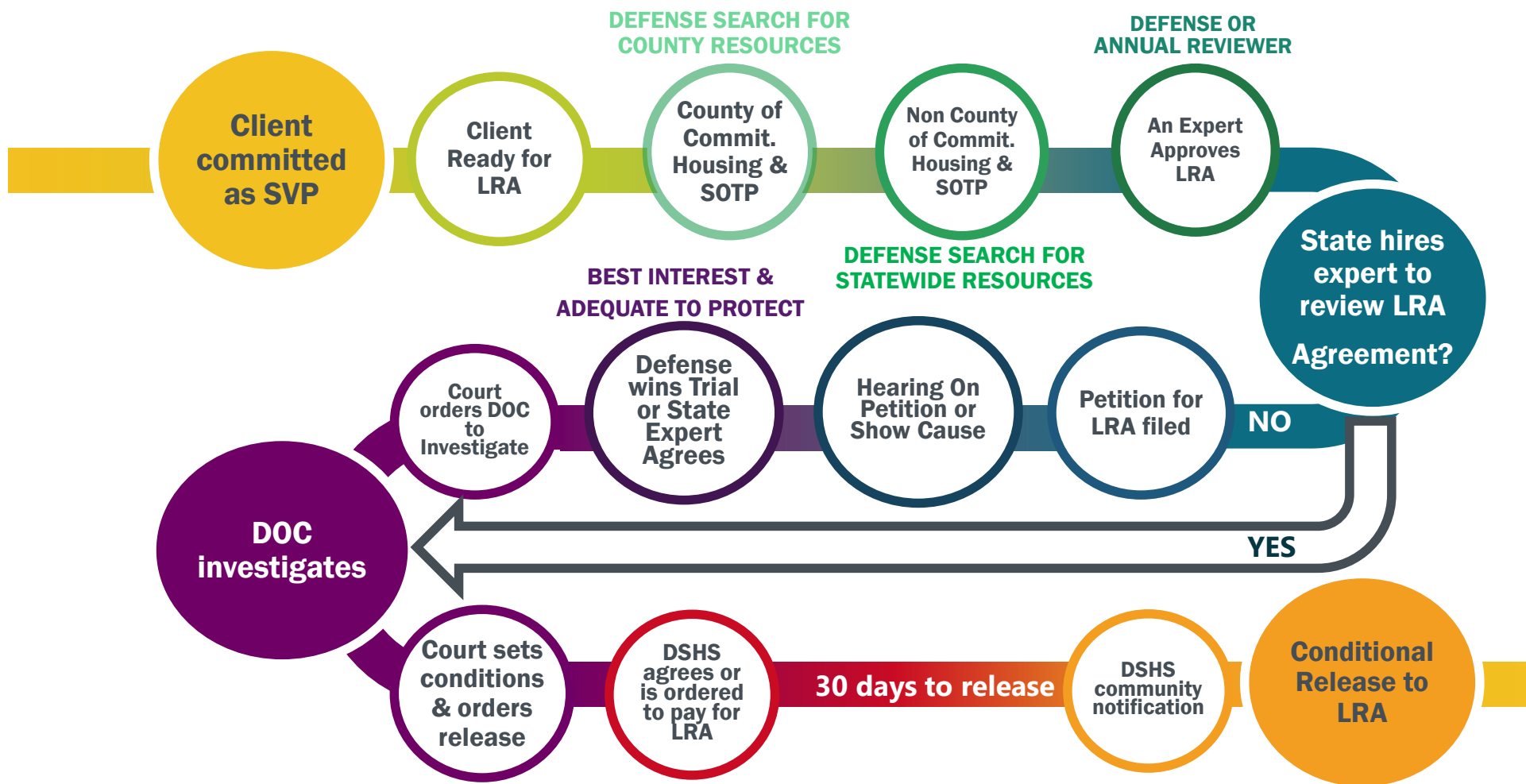
LRA Release Process – Attorney General Cases

PATHWAY TO AN LRA



Appendix C

LRA Release Process – King County Cases



Appendix D

SCTF Siting Matrix

Siting Matrix implementation process

Step:	Process/Action:
1.	Identification of the SCTF Regional County of Placement.
2.	Initial briefing of State elected officials regarding County of Placement decisions and the SCTF Siting Project.
3.	Initial engagement of Tribal and local governments; public safety officials; community and advocacy groups; and the media on the SCTF siting project and goals.
4.	Research and compilation of viable SCTF sites within each regional County of Placement.
5.	Detailed research, review, and evaluation of viable SCTF sites through Siting Matrix application.
6.	Direct engagement of Tribal and local governments; public safety officials; community and advocacy groups; and the media for briefing, review, and input on potential SCTF sites.
7.	SCC Executive Leadership Team review and ranking of viable SCTF sites by County of Placement.
8.	Review and consideration of the above processes, data, and recommendations of the SCC Executive Leadership Team; Assistant Secretary of the Behavioral Health Administration' DSHS Secretary the Office of the Governor; members of the Legislature/Committees of Jurisdiction for ranking of viable SCTF sites.
9.	Formal selection of regional SCTF placement sites.
10.	Initiation of the Capital Facilities Planning and Budgeting processes.
11.	SCTF site acquisition.
12.	SCTF design and build processes.
13.	SCTF equipping, staffing, and startup planning.
14.	SCTF opening and operation.

Full Siting Matrix (Items A-S)

A. Site Identification		Rating:				
Evaluation Component	Details/Information	1	2	3	4	5
Placement Model Region	Western, Central, Eastern					
County						
Address						
Type of Land	State, County, Municipal, Tribal, Private					
Lot Size	X Acres					
Type of Build	New Construction or Remodel					
Zoning						
Restrictions/CC&Rs						
Purchase Cost						
Lease Cost – Month/Year						
6320 Financing Option	Yes/No					
Site SVP Capacity	# of Total Beds					
Housing Module Configuration	(1, 2, 3 Modules)					
Other						
Rating Sub-Totals						

	Category Rating Total	X
Additional Information/Notes:		

B. Site Characteristics/Attributions		Rating:				
Evaluation Component	Details/Information	1	2	3	4	5
Lot Size	X Acres					
Line of Sight/Proximity to Community Risk Potential Activity)	(See list of CRPA below)					
Tribal Land						
Historic/Archaeologic/Cultural Site Sensitivity						
Geo-Tech						
Road Deviation						
Wetlands						
Protected Space/Areas						
Protected Fish/Species						
Soil Contamination						
Availability of Utilities	On-site, at site, near site, remote/other					
Utilities – Cost to Access/Connect	\$					
Power/Electricity	Yes/No, Provider					
Water	Yes/No, Provider, Well?					
Gas	Yes/No, Provider					
Sewer/Septic						
Surface Water Management						
Telephone/Cable	Yes/No, Provider					
Other						
	Rating Sub-Totals					
	Category Rating Total	X				
Additional Information/Notes:						

C. Site Hazard Identification Risk Analysis		Rating:				
Evaluation Component	Details/Information	1	2	3	4	5
Wildland Fire						
Flooding						
Pipeline						
Hazardous Material Storage/Transportation						
Rail Line						
Snowfall/Avalanche						
Power Generation/Transmission Site						
Air Quality						
Noise Pollution						
Landslide						
Earthquake						
Tsunami/Tidal Wave						
Wind						
Other						
	Rating Sub-Totals					
	Category Rating Total	X				
Additional Information/Notes:						
E. Public Safety Infrastructure/Support/Resources		Rating:				
Evaluation Component	Details/Information	1	2	3	4	5
Law Enforcement						
Fire/EMS						
DOC						
Hospital/Emergency Department						
Emergency Management						
Transportation System Management						
Other						
	Rating Sub-Totals					
	Category Rating Total	X				
Additional Information/Notes:						

F. Facility/Resident Security & Monitoring Resources		Rating:				
Evaluation Component	Details/Information	1	2	3	4	5
Wireless Communications						
Telephone						
Video Surveillance						
GPS Monitoring						
Information Technology						
Facility Physical Security						
Motion Sensing						
Other						
	Rating Sub-Totals					
	Category Rating Total	X				
Additional Information/Notes:						
G. Community & Risk Potential Activities/Facilities		Rating:				
Evaluation Component	Details/Information	1	2	3	4	5
Pre-Schools	Numbers of, Type and distance from SCTF.					
Schools	Numbers of, Type and distance from SCTF.					
Playgrounds	Numbers of, Type and distance from SCTF.					
Churches/Mosques/Synagogues	Numbers of, Type and distance from SCTF.					
Day Care Facilities	Numbers of, Type and distance from SCTF.					
Community Centers	Numbers of, Type and distance from SCTF.					
Fast Food Restaurants- Child Friendly	Numbers of, Type and distance from SCTF.					
Residential Neighborhoods	Numbers of, Type and distance from SCTF.					
Public Housing	Numbers of, Type and distance from SCTF.					
Adult Family Homes	Numbers of, Type and distance from SCTF.					
Senior Centers	Numbers of, Type and distance from SCTF.					
Homeless Encampments	Numbers of, Type and distance from SCTF.					
After School Facilities	Numbers of, Type and distance from SCTF.					
Marijuana Dispensaries						
Alcohol Sales						
Bars/Taverns						
Night Clubs						
Strip Clubs						
Adult Entertainment						
Casinos						
Bus Stops						
School Bus Stops						
Libraries						
Movie Theaters						
Amusement Parks						
	Rating Sub-Totals					
	Category Rating Total	X				
Additional Information/Notes:						

H. Criminal Justice System		Rating:				
Evaluation Component	Details/Information	1	2	3	4	5
District Courts						
Superior Courts						
Access to Legal Representation						
Legal Libraries						
Other						
	Rating Sub-Totals					
	Category Rating Total	X				
Additional Information/Notes:						

I. Government & Community Engagement		Rating:				
Evaluation Component	Details/Information	1	2	3	4	5
State Elected Officials	House and Senate Representatives					
Tribal Government	Tribal Councils/Committees					
County Government	Executive/Councils					
Municipal Government	Mayor/Councils					
Law Enforcement	Sheriff's Office/City Police Department/ Washington State Patrol					
Fire/EMS	Fire Chief/Commissioners					
Community Advocacy Groups						
Chamber of Commerce/Business Community						
Media						
Other						
	Rating Sub-Totals					
	Category Rating Total	X				
Additional Information/Notes:						

J. Medical/Health Care Infrastructure & Resources		Rating:				
Evaluation Component	Details/Information	1	2	3	4	5
Emergency Medical Care						
Hospital Availability/Care						
Dental/Oral Health Services/Care						
Physcial Rehabilitation Services/Care						
Substance Abuse Treatment/Care						
Geriatric Support Resources/Care						
Dementia Support Resources/Care						
Mental Health Treatment/Counseling						
Ambulance Services						
Other						
	Rating Sub-Totals					
	Category Rating Total	X				
Additional Information/Notes:						
K. Area Long-Range Planning & Development		Rating:				
Evaluation Component	Details/Information	1	2	3	4	5
Residential						
Commerical						
Government						
Industrial						
Military						
Transportation						
Utilities						
Natural Resources/Forest						
Zoning Changes						
Other						
	Rating Sub-Totals					
	Category Rating Total	X				
Additional Information/Notes:						

L. Transportation Infrastructure/Resources		Rating:				
Evaluation Component	Details/Information	1	2	3	4	5
Interstate Freeways						
State Routes						
County Roads						
City Streets						
Public Transportation	Bus and light rail services					
Ride Share Services						
Taxi Services						
Ferry						
Airport						
Private Bus Services						
Distance to Required Support Services						
Other						
	Rating Sub-Totals					
	Category Rating Total	X				
Additional Information/Notes:						
M. County Level II, III, Homeless Sex Offender census		Rating:				
Evaluation Component	Details/Information	1	2	3	4	5
Level II Sex Offenders	Total #, as of X					
Level III Sex Offenders	Total #, as of X					
Registered Homeless Sex Offenders	Total #, as of X					
	Rating Sub-Totals					
	Category Rating Total	X				
Additional Information/Notes:						
N. SOTP/Other Mental Health and Treatment Resources		Rating:				
Evaluation Component	Details/Information	1	2	3	4	5
SOTP Resources & Availability						
Mental Health Treatment Providers						
Substance Abuse Treatment Providers						
Other Counseling & Support Services						
Life Skills Counseling & Support Services						
Other						
	Rating Sub-Totals					
	Category Rating Total	X				
Additional Information/Notes:						

O. Availability of State/Federal Human Services/Resources		Rating:				
Evaluation Component	Details/Information	1	2	3	4	5
Federal HHS						
State HHS						
	Rating Sub-Totals					
	Category Rating Total	X				
Additional Information/Notes:						
P. Education/Training/Skill & Trade Development Resources		Rating:				
Evaluation Component	Details/Information	1	2	3	4	5
GED Opportunities						
Community College						
University						
Vocational & Technical Schools/Training						
Education Counseling						
Other						
	Rating Sub-Totals					
	Category Rating Total	X				
Additional Information/Notes:						
Q. Emploment Opportunities		Rating:				
Evaluation Component	Details/Information	1	2	3	4	5
Retail						
Construction						
Technical/Skilled						
Maintenance Repair						
Food Service & Restaurants						
Other Trades						
Other						
	Rating Sub-Totals					
	Category Rating Total	X				
Additional Information/Notes:						

R. Availability of Retail & Other Commercial Infrastructure		Rating:				
Evaluation Component	Details/Information	1	2	3	4	5
Grocery						
Retail						
Personal Services						
Banking/Credit Union Services						
Dry Cleaning						
Automotive						
Other						
	Rating Sub-Totals					
	Category Rating Total	X				
Additional Information/Notes:						

Appendix E

Fiscal Impact Breakdown

Summary of Appendix of Proposed Reforms for Report by SOPB

Recognizing Washington's current financial situation, please accept the following as a summary of proposed changes we believe will have little to no fiscal impact, those that will likely have a fiscal bill, and those that will increase funding for the Special Commitment Center.

1. Statutory Changes:

➤ Little to No Fiscal Impact

Resident treatment plans should include release plans. (Amend RCW 71.09.080)

➤ Some Negative Fiscal Impact

Following a show cause determination that a Less Restrictive Alternative (LRA) is likely appropriate, the Special Commitment Center (DSHS) assume primary responsibility for LRA planning. (Amend RCW 71.09.090(2)(c)(ii))

➤ Positive Fiscal Impact

During early board meetings there was discussion regarding the current statutory ban on placing SCC residents into the Community Placement Program (CPP) as part of an LRA. The board also heard testimony from the Developmental Disabilities Administration (DDA) regarding the administration of the CPP and the use of federal matching funds in that program. While additional conversations are needed between DDA, SCC, and DOC regarding the feasibility of using the CPP in the LRA context, the board recommends striking the statutory ban.

2. Agency/ Administration Policy Changes

➤ Limited to No Fiscal Impact:

- SCC and DSHS explore the feasibility of Community Transition Facilities
- Use Executive Order 16-05 to leverage resources across agencies for benefit applications, etc.
- Establish a pre-release agreement with SSA
- Consult with DOC on coordination of care resources that may be available
- Review 2006 Memorandum of Understanding (MOU) with DSHS-HCS to determine referral process for waiver programs (COPES, HCBS, CARE assessments)
- Implement SCC's proposed Regional SCTF/SVP Placement model and begin the process of identifying specific counties where new Secure Community Transitional Release Facilities (SCTF) can be located in each of the three placement regions. Use the SCC's Community Engagement Strategy and the SCTF Siting Matrix to evaluate potential placements and select a location.
- The legislature should request the Washington State Institute of Public Policy (WSIPP) conduct a study of the LRA resources available statewide to assist the SCC in identifying geographic areas in which additional resources need to be developed.

➤ **May Have a Fiscal Impact:**

- SCC creates a standardized discharge process with tasks and timeframes assigned, including:
 - Who will sign residents up for Apple Health and Medicaid 30 days prior to release
 - SCC initiating meeting with SOTP in the community no later than 15 days prior to release
 - Who/ when to initiate CHAT/ CAM meetings
- SCC should offer a la carte classes related to community living to which residents may self-refer or be referred to.
- SCC should change parameters and restrictions around resident participation in *Bridging Transitions* course.
- SCC should conduct comprehensive needs assessment at intake and prior to discharge, with referrals to SCC modules or community resources that can address those needs.

3. SCC Policy and Programming Changes with Little to No Fiscal Impact:

- Include benefit sign up as part of SCC's current Bridging Transitions course and other discharge readiness classes.
- MOU created/ revised between SCC and DOL that allows residents to use their State ID and SCC verification letter to get state ID at admission to SCC
- SCC creates intake document checklist for important documents
- SCC updates policy 202 regarding possession of state ID
- SCC develops SOP for reviewing newly contracted SOTPs
- SCC provides routine training to community SOTP providers they have contracted with for LRA placements
- SCCs should take steps to ensure SOTP contractors' pay is competitive and should consider whether statutory changes are required in order incentivize practitioners in this area
- SCC should use the LRA Siting Matrix to identify and assess potential LRA placements

4. Changes in Legal Process/ Proceedings with Little to No Fiscal Impact:

- Defense, Prosecution, Community SOTP, SCC Clinical Staff, and DOC meet after LRA order has been issued but prior to a conditions hearing to craft individualized conditions to present to the court.
- Standard condition included in LRA orders requiring the RCTT to meet prior to release to approve resident's proposed social contacts.
- Create MOU between SCC, OPD, and prosecutors regarding distribution of records to DOC for the purposes of LRA investigations.
- Stakeholders work together to develop a better step down process for people on LRAs so that conditions may be changed as appropriate.

Sex Offender Policy Board
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