

August 2022

Updates regarding implementation of Chapter 236, Laws of 2021

January – June 2022

Sex Offender Policy Board

Report submitted to the Legislature

(Required by Chapter 236, Laws of 2021)



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Sex Offender Policy Board membership

Brad Meryhew, SOPB Chair

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Jedd Pelander, SOPB Vice-chair

Youth who have Sexually Offended program administrator | Department of Children, Youth, and
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Nelson Lee

Judge | Superior Court Judges Association

Christine Minney

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Richard Torrance*

Managing director | Office of Crime Victims Advocacy

Jamie Weimer

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*Members with proxy voters

Proxy for Keith Devos:

Candice Yi, chief of transition and program accountability | Special Commitment Center,
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Proxy for Mac Pevey:

Donta Harper, Ed.D., regional administrator | Department of Corrections

Proxy for Richard Torrance:

JD Nielson, program manager | Office of Crime Victims Advocacy

Subcommittee membership

5163 Implementation Subcommittee

Subcommittee Co-chairs

- **Devon Gibbs**, senior attorney | King County Department of Public Defense – The Defender Association Division
- **Emily Hancock**, senior attorney | Snohomish County Public Defender Association
- **Jennifer Ritchie**, senior deputy prosecuting attorney and chair, Sexually Violent Predator Unit | King County Prosecuting Attorney's Office

Members:

- **Casseanna Anderson**, discharge nurse manager | Special Commitment Center, Department of Social and Health Services
- **Keith Devos**, chief executive officer | Special Commitment Center, Department of Social and Health Services
- **Brandon Duncan**, civil commitment program manager | Department of Corrections
- **Priscilla Hannon**, board member | Washington Association for the Treatment of Sexual Abusers
- **Sonja Hardenbrook**, attorney | Snohomish County Public Defender Association
- **Shoshana Kehoe-Elhers**, program managing attorney, 71.09 RCW Civil Commitment and Trial Level Programs | Washington State Office of Public Defense
- **Alex Mayo**, executive director | Washington Voices
- **Craig Mingay**, managing assistant attorney general | Washington State Attorney General's Office, Social and Health Services Division
- **Kellie Mulkey**, social work manager | Special Commitment Center, Department of Social and Health Services
- **Mac Pevey**, assistant secretary | Department of Corrections
- **Marla Polin**, attorney | Polin Law Office PS
- **Amanda Parker (Smitley)**, assistant attorney general | Washington State Attorney General's Office, Social and Health Services Division, Mental Health Section
- **Dominic Winter**, community program administrator | Special Commitment Center, Department of Social and Health Services
- **Candice Yi**, chief of transition and program accountability | Special Commitment Center, Department of Social and Health Services

Introduction

In March 2020, the Senate Ways & Means Committee convened the Sex Offender Policy Board (SOPB) to review policies and practices related to sexually violent predators and their release from the Washington State Department of Social and Health Services (DSHS), Special Commitment Center (DCC). In December 2020, the SOPB submitted its report to the Legislature entitled *Recommendations and current practices for Special Commitment Center releases*¹ that consisted of 35 recommendations. In Chapter 236, Laws of 2021, the Legislature directed and provided funding for the SOPB, DSHS, and the Department of Health (DOH) to convene a workgroup to develop recommendations to increase the availability and quality of sex offender treatment providers in Washington. In December 2021, the SOPB submitted its report entitled *Recommendations to increase the capacity of Sex Offense Treatment Providers who serve Less Restrictive Alternative (LRA) clients*² that contained eight recommendations.

In Chapter 236, Laws of 2021, Sections 14 and 15³ the Legislature directed the SOPB to meet quarterly during the 2021-2023 biennium to continue its review of sexually violent predators and less restrictive alternatives. Specifically, the Legislature directed the board with the following:

- (Section 14) In accordance with RCW 9.94A.8673, the sex offender policy board shall meet quarterly during the 2021-2023 biennium to continue its review of sexually violent predators and less restrictive alternative policies and best practices, collaborate with stakeholders and the department, provide outreach to providers and stakeholders, and monitor implementation of this act. The board shall also explore and make recommendations whether to continue or remove the prohibition on a less restrictive alternative from including a placement in the community protection program pursuant to RCW 2271A.12.230. The board shall provide semiannual updates to the appropriate committees of the legislature during the 2021-2023 biennium.
- (Section 15) In accordance with section 14 of this act, the sex offender policy board shall meet quarterly during the 2021-2023 biennium to continue its review of sexually violent predators and less restrictive alternative policies and best practices, collaborate with stakeholders and the department, provide outreach to providers and stakeholders, and monitor implementation of this act. The board shall provide semiannual updates to the appropriate committees of the legislature during the 2021-2023 biennium.

This report provides updates to the Legislature for January 2022 through June 2022. It serves as a complementary report to the SOPB's 2021 report entitled *Recommendations to increase the capacity of Sex Offense Treatment Providers who serve Less Restrictive Alternative (LRA) clients*.⁴

¹[*Recommendations and current practices for Special Commitment Center releases*](#)

²[*Recommendations to increase the capacity of Sex Offense Treatment Providers who serve Less Restrictive Alternative \(LRA\) clients*](#)

³ [*Engrossed Second Substitute Senate Bill 5163, Chapter 236*](#)

⁴[*Recommendations to increase the capacity of Sex Offense Treatment Providers who serve Less Restrictive Alternative \(LRA\) clients*](#)

How we created the 5163 Implementation Subcommittee

On March 31, 2022, the SOPB convened to discuss updates around the monitoring and implementation of Senate Bill 5163. The SOPB invited stakeholders who were involved and/or impacted by the legislation to present their updates to the full board at the meeting. The SOPB then unanimously voted to create a subcommittee to continue this work, establishing the 5163 Implementation Subcommittee. The subcommittee began forming in April 2022 and formally meeting in May 2022. The subcommittee chairs provide(d) monthly updates at the SOPB full board meetings. The subcommittee continues to meet to discuss and review implementation and provide the board with monthly updates.

Implementation updates from stakeholders

Our response to: “the sex offender policy board shall meet quarterly during the 2021-2023 biennium to continue its review of sexually violent predators and less restrictive alternative policies and best practices, collaborate with stakeholders and the department, provide outreach to providers and stakeholders, and monitor implementation of this act.”

As the Legislature directed, the SOPB has been monitoring the bill’s implementation. This section captures implementation updates from, and the perspectives of, key stakeholders between January 2022 through June 2022.

Washington State Department of Social and Health Services (DSHS), Special Commitment Center (SCC)

Enhanced Substitute Senate Bill 5163 (ESSB 5163), enacted July 25, 2021, made numerous changes to the management of respondents civilly committed under RCW 71.09. Specifically, after someone is committed⁵ to the SCC, the SCC is now primarily responsible for the development of individualized discharge plans as well as court-ordered Less Restrictive Alternative (LRA) plans. The following details the progress made by the SCC to comply with the ESSB 5163 requirements. This includes challenges encountered and describes the SCC’s efforts to continually improve the discharge process envisioned by the new legislation.

Discharge planning updates

Successes

- The SCC has hired 25 out of the 30 positions established by ESSB 5163. The SCC authored a *Social Work Desk Manual*. This manual outlines the position expectations, responsibilities and documentation standards for social workers who work in the Total Confinement Facility (TCF) and Community Programs. Additional forms, such as the *LRA Returnee Summary*, *Continuity of Care Plan*, and *Discharge/Transition Plan*, were also developed to further aid in the comprehensive transition and/or discharge of a resident. As required, the *Discharge/Transition Plan* is submitted to the Court. The SCC also developed standardized templates for social work progress notes. These templates are currently in “active integration status” in THERAP, our new electronic behavioral health monitoring system.
- The SCC has recently been approved to access Provider One, Washington Connections. The SCC has also been approved by the Health Care Authority (HCA) as a Navigator to more efficiently assist in determining eligibility, qualifications, and benefits verification and coordination. Benefit coordination includes Apple Health, food stamps, Aged, Blind, or Disabled (ABD) cash assistant program, Medicaid/Medicare, Veterans Affairs, Supplemental

⁵ While the statute requires the process begin at commitment, operationally the SCC has been able to begin the discharge planning process upon admission. Continuity of care between DOC and SCC begins prior to admission.

Security Income (SSI)/Social Security Disability Insurance (SSDI), trust funds, ABLE accounts, and all other applicable resources.

- Discharge Nursing provides resident education on medication identification, compliance, correlation to a resident's medical diagnoses, and education around how that information assists residents in decision-making as it relates to their activities of daily living and dietary habits. Discharge Nursing also assists with coordination of care (e.g., diabetic management, wound care) with housing providers, providers in Total Confinement, and healthcare providers in the community to ensure residents' needs are met in preparation for and during the process of releasing either unconditionally or on LRAs. Discharge nursing continues throughout the individuals' LRA. SCC has revised the May-Carry program to support residents' goals to administer medications more independently.
- The SCC has finalized the memorandum of understanding with the Department of Licensing to efficiently provide Washington State Identification Cards, in accordance with RCW 71.09.370.
- Discharge plans are now created by the SCC while a person is in total confinement to prepare them for eventual release. Discharge plans identify abilities and needs for each resident in a psychosocial assessment.⁶ LRA plans are now also created by the SCC once a person is ready for conditional release on an LRA. The LRA plan identifies concrete resources and services that address the needs documented in the discharge plan. The following reflects data related to discharge between July 1, 2021, and the writing of this report:

- The SCC has been court ordered to complete 18 LRA plans.⁷
 - Of the 18 LRA plans:
 - Five residents have transitioned from Total Confinement to an LRA
 - Three residents have transitioned from a Secure Community Transition Facility to a step-down LRA
 - Seven residents are currently awaiting court orders⁸
 - Three are currently in development

⁶ Please see Appendix A regarding the SCC's Psychosocial Assessment.

⁷ RCW 71.09.090

⁸ This means that the LRA plan has been submitted but the release has not yet been ordered by the Court

- The SCC has been ordered by the Legislature to complete discharge plans for all respondents in Total Confinement.⁹ At the time of the writing of this document, the numbers of plans are as follows:
 - There have been ten returnee summary discharge plans.¹⁰
 - There are 21 plans that were in-process which had been created by the defense attorneys, or negotiated by the parties, and that have since been adopted and updated to reflect SCC's recommendations
 - There have been 25 psychosocial assessments that have been completed within total confinement.¹¹
 - There have been an additional 33 psychosocial assessments created for people who are currently on LRAs in the community.¹²

Challenges

The SCC has not yet filled all new positions. As of the writing of this document, there are three social work vacancies to serve individuals in total confinement. As social workers develop the psychosocial assessments, there may still be challenges completing psychosocial assessments in total confinement. To address this challenge, the SCC is conducting job fairs and actively collaborating with Talent Acquisition to pursue innovative recruitment strategies to fill the remaining positions.

In progress

- The SCC is currently developing policies and procedures for obtaining residents' Identity Documents, *LRA Returnee Summary* and Resident Property. The SCC continues to assess, monitor, and make tangible improvements to the discharge planning process.
- The SCC is expanding community resources to allow statewide coverage for resident releases and integration into the community. An example of these ongoing efforts includes hiring a social worker in Spokane to support residents on conditional release on the east side of the state.
- The SCC is working with the Economic Services Administration (ESA) to access other state and federal systems, including ACES and/or Barcode.
- The SCC continues to work on areas to improve, such as collaborating and sharing information among the parties and social workers regarding LRA planning and improving efficiency.

⁹ RCW 71.09.080(3)-(4)

¹⁰ This refers to residents returned to the SCC for a violation, or for additional care, monitoring, supervision or treatment, who are then returned to the community LRA without revocation.

¹¹ All psychosocial assessments are to be updated annually. Psychosocial assessments include the elements of the discharge plan as required by 71.09.080.

¹² All psychosocial assessments are to be updated annually. Psychosocial assessments include the elements of the discharge plan as required by 71.09.080.

Updates regarding contracts

Successes

- **LRA housing providers.** LRAs are being developed to:
 1. Protect the public, *and*
 2. Provide for the best interests of the resident by addressing the resident's risk factors and individualized needs. This includes vocational and educational needs, activities of daily living, skill development, nursing and medical wraparound services.

Specific language and contract details have been implemented by the SCC to attract qualified new providers, forecast expenditures, manage ongoing programmatic costs, and clarify expectations and deliverables. As of the writing of this document, SCC has fully executed contracts with five LRA housing providers. Two of these providers existed at the time of the implementation of SB 5163. One additional contract is awaiting signature to be executed.

- **Hiring of a contracts compliance manager.** To assist with the contract process, the SCC hired a contracts compliance manager. This person executes and manages all contracts for housing, treatment providers, and chaperones.
- **Increase in Sex Offender Treatment Provider (SOTP) rates.** The SCC increased the hourly rate for contracted SOTPs based on recommendations from the 2021 SOPB report. The SCC also amended 100% of fee schedules for all active contracts. Please see Table 1 with the new provider rates for SOTPs. Additionally, the SCC has been able to contract with one new SOTP.

Table 1. New SCC provider rates for SOTPs

	Individual therapy services		Group therapy Services	
	New Rate	Previous rate	New Rate	Previous Rate
Masters	\$160	\$125	\$80	\$50
<u>Non-licensed PhD</u>	\$160	\$125	\$80	\$50
<u>PhD</u>	\$200	\$150	\$100	\$75

- **Conditional Release and Transition Facilities Study¹³.** The SCC has retained consultation services to conduct the LRA study directed in RCW 71.09.099. The project formally started on April 7, 2022, and the final report is anticipated to be submitted at the end of August 2022. A draft report has been provided to the SCC for initial review.

¹³ RCW 71.09.099

Challenges

- Zoning rules and municipal development codes in certain jurisdictions are making it more difficult for LRA providers to identify suitable houses for LRAs. The SCC continues to work with LRA providers to identify potential alternatives. These rules and codes are actively preventing statutorily-mandated LRA housing and threatening compliance with fair share principles.¹⁴
- Identifying housing options within a reasonable proximity of SOTP offices when siting in more rural counties is difficult.
- DSHS is limited in its ability to contract with those with certain kinds of criminal history, many of whom are potential housing providers.
- LRA providers are struggling to find housing that complies with the 500-foot restriction as outlined in statute.¹⁵

In progress

- The SCC and SOTP representatives are collaborating to develop a standardized monthly report to ensure consistent reporting of treatment services.
- As of the writing of this document, there are five LRA provider contracts in varying stages of negotiation. Four are either identifying potential housing locations or exploring housing models of interest. One is renegotiating contract rates and terms. Please see Table 2 for the numbers of currently contracted housing providers for LRAs by County.

Table 2. Contracted Housing Providers for LRAs by County

Counties Served	Provider	# of Residents on LRAs
Kitsap County	11	3
Thurston County	5	0

- The SCC has identified one new SOTP in Snohomish County and is currently in the process of contracting with them. Please see Table 3 for information regarding the current number of contracted treatment providers by county.
- The SCC is actively revising contract language to better reflect the needs of the resident, services provided by the SOTP, and enhanced structure for operational oversight while taking into account the individualized care provided by each type of housing provider. The SCC is committed to providing adequate levels of staffing to ensure community safety and successful transitions. The SCC continues to work on areas for growth, including formulating guidelines to

¹⁴ Please see the section on LRA housing, zoning and the 500-foot rule beginning on page 15 of this report.

¹⁵ Please see the section on LRA housing, zoning and the 500-foot rule beginning on page 15 of this report.

take into account each client’s specific and unique needs for housing and treatment. The SCC embraces the opportunity to meet expectations by creating incentives for current and new providers to contract with the SCC.

Table 3. Number of Contracted Treatment Providers by County

Counties Served by Provider	Number of Contracted Providers	Number of Residents on LRAs
King County	11	23
Kitsap & Pierce Counties	5	41
Walla Walla & Spokane Counties	2	9

Washington State Department of Corrections (DOC)

DOC implemented two significant items related to Senate Bill 5163.

Successes

- **Secretary Warrant.** The bill added a provision for the allowance of issuing of a Secretary Warrant for individuals under an LRA Civil Conditional Release Order.¹⁶ Specifically, the bill clarifies that if a person civilly committed under 71.09 on an LRA disappears (i.e. escapes), DOC may enter a warrant for the person’s arrest for up to 96 hours (4 days) pending entry of a bench warrant by the court. DOC initiated this legislative change and we have since fully implemented this legislation by updating our policies and adopting protocols.¹⁷
- **60-day timelines.** The bill included a 60-day timeline from requests for investigations ordered by the Court to completion by DOC. Prior to the bill, a deadline for investigations was not specified in statute and was primarily decided by the judge. This resulted in significant variances of timelines for the investigation to be completed. Under the new legislation, DOC investigates an LRA placement and recommended conditions are required to be submitted within 60 days of an order. DOC has since implemented this change and updated its policies.¹⁸

Challenges

- DOC has specialists that work on the LRA placement investigations. The specialists are working to meet this deadline, however the 60-day timeline can be challenging to meet. This is primarily because the timeline doesn’t necessarily take into account the specialists’ current workload that may contain several in-progress investigations. DOC understands the requirement as described in statute and is working to meet these deadlines.

¹⁶ ESSB 5163, Section 7

¹⁷ The policies updated include DOC 380.370 Sexually Violent Predator/LRA and DOC 350.0 Warrants, Detainer and Holds

¹⁸ Updated policy DOC 380.370 Sexually Violent Predator/LRA

Challenges with current tort law

Social service agencies in Washington, namely DOC, the Department of Social and Health Services (DSHS) and the Department of Children, Youth and Families (DCYF), are subject to torts when an alleged incident has occurred that results in damages, injury and/or loss of life when an individual under their jurisdiction commits a liable act. These incidents have resulted in significant monetary awards, which leads to media coverage and subsequent policy changes, either internally or legislatively driven, relative to case management decisions and activities by each of the agencies and/or its employees.

Litigation in the human service delivery curtails innovation in the development and delivery of social services. Further, it does not allow for individualized case management decisions that support people in their recovery and reentry into the community. The formation of public policy to address tort risk in one area based on singular incidents, creates risk and significant challenges in other areas.

The justice system is about making people whole. Under most tort reform proposals, the goal is to limit the amount of punitive costs that can be awarded so this part of the civil justice system is fair, equitable, and empirically defensible. Tort reform doesn't attempt to limit an individual's ability to be made whole. It does not prevent lawsuits from being filed. It simply requires individuals to provide some sort of standing to justify their stated position within the lawsuit.

This conversation is currently ongoing in the Criminal Sentencing Task Force and Sentencing Guidelines Commission. Stakeholders affected by current tort law continue to meet and discuss this issue. The SOPB and 5163 Implementation Subcommittee will monitor and provide updates on this issue.

Treatment providers

In the spring of 2022, the Washington Association for the Treatment and Prevention of Sexual Abuse (WATSA) reached out to its members and received a few comments from SOTPs who work with LRA clients. Some of the responses were offered only based on them being "off-the-record." A couple of the SOTPs also included responses from some of their clients. The responses received primarily centered around changes to the process of moving from social workers who are employed by defense counsel to introducing new SCC-employed social workers. Most of the feedback was that the SCC social workers were new and well-meaning but were still learning and there were items that are "falling through the cracks."

A less formal survey was undertaken at the time of the writing of this document with input received from a small number of SOTPs working with LRA clients. The following represents the feedback collected:

- The SOTPs heard from expressed confusion as to what was the role of the new SCC social workers. Requests for their job description went unanswered.

- The new SCC social workers were not seen as acting as if their primary function was to help meet the transitional needs of the LRA clients. Instead, they are perceived as being careful to present as being aligned with the SCC, the institution that employs them.
- The SCC social workers, starting from scratch with LRA clients, sometimes undid arrangements that had previously been established by defense counsel social workers.
- Feedback included growing frustration about the affect these social workers were having with treatment progress and assisting with movement of LRA clients to more independent living.

The SOTPs that provided feedback were discouraged and contemplating a future when they would no longer work with SCC/LRA clients. This seems to be adding to a well understood and widely agreed upon need for treatment providers to provide services to this population. So much of what has been, and continues to be, associated with this work is dispiriting to treatment providers.

We have heard much more optimistic reports from the representatives of the institutions who are describing new hires and contracts signed to provide new housing resources in the community. At this time, there appears to be a disconnect between what this bill intended and how it is experienced by community-based treatment providers and existing LRA clients.

Washington State Office of Public Defense (OPD), Washington Association of Criminal Defense Lawyers (WACDL) and Washington Defender Association (WDA)

OPD, WDA, and WACDL agree that progress has been made towards the goals of ESSB 5163 in many areas, and hope to see related results in increased LRA housing options and recruitment of new qualified SOTPs in underserved counties. The defense bar is particularly encouraged by the efforts made in collaboration by stakeholders and within the SOPB to identify and resolve remaining obstacles to increasing the number of safe and successful LRA releases into more communities statewide.

Disability Rights Washington (DRW)

Since the implementation of ESSB 5163, DRW has continued to engage with residents and SCC leadership about the discharge and release process at the SCC. While there appears to have been an increase in community-based housing contracts, DRW has concerns about the SCC's use of the Pierce County SCTF for high acuity residents and the limited placements for residents with higher medical needs. Additionally, while discharge planning is becoming part of a resident's treatment plan as required by the new statutory language, those plans remain vague and opportunities for residents to learn the life skills needed for successful community living remain limited at the SCC.

Department of Health (DOH)

The SOPB consulted with DOH on these issues. However, the scope of this assignment is outside of the jurisdiction of DOH's licensing authority so representatives did not believe they could appropriately weigh in.

Collaboration across stakeholders

In an effort by stakeholders to collaborate and streamline LRA services, the 5163 Implementation Subcommittee hosted an all-day, in-person meeting on June 27, 2022. The goals included building trust amongst stakeholders, bridging gaps between stakeholders, improving collaboration and communication, and collectively accepting responsibility for the residents' success in the community. At the event, work groups met to discuss topics that the stakeholders had identified as problem areas. Stakeholders continue to work and collaborate to identify next steps around release planning, roles and responsibilities amongst stakeholders, contracts with providers, and treatment for residents. These meetings will be ongoing.

Community Protection Program (CPP) Update

Our response to: “The board shall also explore and make recommendations whether to continue or remove the prohibition on a less restrictive alternative from including a placement in the community protection program pursuant to RCW 2271A.12.230.”

The SOPB is continuing to review the CPP program and the current ban on placing LRA clients into the program. Members of the 5163 Implementation Subcommittee have consulted with management in the CPP program, a CPP housing provider, Disability Rights of Washington, and the attorney representing the CPP. This work is ongoing and more research is being conducted to help better understand the issue(s) at hand. The SOPB will provide an update on this topic in its next report to the Legislature.

LRA housing: 500-foot rule and zoning restrictions

Before the Legislature enacted Chapter 236, Laws of 2021 ([on July 1, 2021](#)), the 500-foot rule and the zoning restrictions did not exist in statute. This is the language that was added into the statute from Senate Bill 5163:

- RCW 71.09.096(4)(a): Courts shall require a minimum distance restriction of 500 feet on the proximity of the person's residence to child care facilities and public or private schools providing instruction to kindergarten or any grades one through 12.
- RCW 71.09.097(2)(a): Considerations for evaluating a proposed vendor's application for less restrictive alternative housing services shall include applicable state and local zoning and building codes, general housing requirements, availability of public services, and other considerations identified in accordance with RCW [71.09.315](#). The department shall require the housing provider to provide proof that the facility is in compliance with all local zoning and building codes.

These additional requirements were floor amendments that the SOPB did not suggest or recommend. Shortly after the enactment of this residency restriction, the Washington State Attorney General's Office released a formal opinion cautioning the state and local governments from enacting blanket restrictions on committed individuals' access to housing in the community.¹⁹ It is likely that the new 500-foot rule and the zoning restrictions violate federal and state constitutional and statutory law. The addition of these requirements is new and has several unforeseen impacts.

Undermines "Fair share principles of release"

"Fair share principles of release" means that each county has adequate options for conditional release placements in a number that is generally equivalent to the number of residents from that county who are committed.²⁰ The SOPB reported to the Legislature in December 2020 that several counties, including King County, have the larger share of individuals under 71.09 jurisdiction. And should thus be able to accept a proportional number of LRAs in their counties. However, the 500-foot rule and zoning restrictions make it nearly impossible to place LRA housing in more urban areas, such as Seattle and other cities. This makes it less likely to place people in counties with a higher population density. This is in direct opposition to the "fair share principles" mandate by the Legislature and will only increase the current disparity.

¹⁹ Please see Appendix B for the full opinion by the Attorney General of Washington.

²⁰ RCW 71.09.020, *as amended by* Laws of 2021, Ch. 236, § 2

Violates state and federal constitutions and other statutes

There is no provision that allows a state or local government to categorically prohibit or block a committed person's release or LRA placement. Such a provision would risk violating statutory and constitutional protections against discrimination on the basis of disability. This includes the Americans With Disabilities Act (ADA), Federal Fair Housing Act (FFHA), Washington Law Against Discrimination (WLAD), Washington Housing Policy Act (WHPA), equal protection clause of the U.S. Constitution, and privileges and immunities clause of the Washington Constitution.²¹

The release of a Sexually Violent Predator (SVP) to an LRA, as well as the conditions on the SVP's residency, is a matter for determination in the specific judicial proceeding governing that person's civil commitment. The enacted LRA residency restrictions would accordingly conflict with the court's statutory role to approve such a community LRA plan.

As an example, options for LRA treatment may include placing someone in an adult family home.²² An adult family home is a business located in a residential home that provides long-term care services.²³ Any "adult in need of personal or special care" may be a "resident" of an adult family home.²⁴ Adult family homes are licensed and regulated by DSHS.²⁵ So long as an applicant and home meet the statutory and regulatory requirements to be certified as an adult family home, DSHS is required to issue a license.²⁶ In addition, adult family homes are deemed a residential use of property and must be permitted in all residential and commercial zones. This includes zones otherwise reserved for single-family homes.²⁷

Discourages housing providers from contracting with SCC/DSHS

The SCC is trying to negotiate with housing providers to provide housing in lesser-served counties. The 500-foot rule allows any local resident nearby to block an LRA placement in their neighborhood by applying to be considered a daycare or "childcare facility." This will interfere with the contracts SCC is trying to create with housing providers to provide more LRA housing in underserved counties. This also has a chilling effect on the goal of increasing LRA placement options in accordance with fair share principles. These rules discourage housing providers from opening up new housing if communities might make use of these rules.

These restrictions are not evidence-based

After reviewing the research, the evidence suggests that placing a 500-foot rule is unrelated to safety and risk. There is no particular increase in risk associated with proximity to the location where

²¹ Please see Appendix B for the full opinion by the Attorney General of Washington.

²² See RCW 70.128.

²³ See RCW 70.128.010(1)

²⁴ RCW 70.128.010(10)

²⁵ RCW 70.128.050

²⁶ RCW 70.128.060(2)

²⁷ RCW 70.128.140

individuals who have committed sexual offenses are housed.²⁸ As a general rule, sweeping residency restrictions are not supported by research, and, in fact, can increase a false sense of safety. Further, the SOPB underwent a multi-year process examining the 71.09 LRA statute and recommending changes to increase LRA options that are safe and permit the individual to thrive in their treatment.²⁹

Enforcing these rules creates unintended consequences

As enforced, the 500ft rule has been implemented by DOC placing “pins” on a Google map and measuring distance “as the crow flies” between the LRA property and the possible childcare facility. This process ignores vertical distance, intervening obstacles, natural pathways, etc. For example, a suitable LRA location could be undermined even if a child care facility is on the other side of a highway, on the 40th floor of a nearby skyscraper, up a high cliff, on the other side of many houses and fences without a common street or pathway, on the other side of a waterway, or in the opposite direction from any public transportation or location that any resident of the LRA home will need to travel.

Consequences of these rules will increase risk and costs

If urban placements are too risky for housing providers or difficult to find due to these rules, the only easily found and safe locations may be rural. This increases the disparity between rural and urban communities because rural communities have less access to public transportation. Additionally, this increases the costs of transportation services, typically borne by the state, to get residents to their court-ordered appointments. This means more SVPs on LRAs getting drivers’ licenses and vehicles to get to their appointments, meet with their community correction officers, and get to treatment. This increases barriers to the individual accessing community resources and supports. Housing restrictions only apply while an individual is civilly committed and drop off once the individual is unconditionally released. This means the individual can then live anywhere and most likely will move to an area of higher resources. That’s why all interested parties agree it is safer to have SVPs housed in more populated areas closer to services, protective factors, community supports and supervision.

DOC already has to investigate LRA housing locations and make recommendations to the court

The current statute requires DOC to investigate a housing location for each LRA. These reports are statutorily mandated and already contain an investigation of nearby high-risk areas such as schools, daycares, churches, parks, taverns, and adult entertainment venues/stores. These comprehensive reports take 60 days and are based on the individual person’s criminogenic needs and risk factors on a case-by-case basis. If a nearby daycare exists and would cause a problem for that person to be safely

²⁸ Please see the SOPB’s 2014 report entitled [*Review of Policies Relating to the Release and Housing of Sex Offenders in the Community*](#)

²⁹ Please see the SOPB’s 2020 report entitled [*Recommendations and current practices for Special Commitment Center releases*](#) and 2021 reports entitled [*Recommendations to increase the capacity of Sex offense Treatment Providers who serve Less Restrictive Alternative \(LRA\) clients*](#)

released into the community, DOC would make the State and the Court aware of the problem so that alternative housing can be found or additional conditions can be imposed to address the risk.

Additional concerns for creating new LRA placements

The label of “secure community transition facility” (SCTF) is being erroneously applied to community LRA housing when it’s intended to only apply to the highly secure state-operated facilities (SCTFs). SCTFs have specific operational and security requirements that are set forth in RCW 71.09. Currently, there are only two state-operated SCTF facilities that meet these requirements and the definition under 71.09.020(16): one is on McNeil Island (Pierce County) and one is in Seattle in the SoDo District (King County). The definition currently includes these facilities as well as any facility “under contract with the Secretary”.³⁰ There are currently no contracted SCTFs and no plans to contract with an SCTF. However, this language erroneously implies that any contracted housing could be defined as an SCTF. This language has become a target to undermine the creation of community-based non-SCTF LRA housing. This interpretation is another way that LRA placements are being obstructed by local jurisdictions. It allows local jurisdictions to deny the development and establishment of LRA housing which limits the State’s ability to achieve fair share standards. State agencies have the statutory authority for these decisions. Interpreting this section this way could unfavorably impact the relevance of the DOC investigation and underutilize its expertise and resources.

³⁰ RCW 71.09.020(16)

Appendices

Appendix A

SCC Psychosocial Assessment

SPECIAL COMMITMENT CENTER (SCC)
Psychosocial Assessment:
Choose an item.

RESIDENT'S NAME			
RESIDENT'S NUMBER		RESIDENT'S DATE OF BIRTH	

Resident agreed to participate in interview: ☐ Yes ☐ No

Sources of Information (resident interview, document review, etc.)

Demographic Information

ADMISSION DATE	AGE	COUNTY OF COMMITMENT Choose a county.	LEGAL STATUS Choose an item.
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IDENTIFIED GENDER IDENTIFIED PRONOUNS COMMENTS

ETHNICITY
Choose an item.

TRIBAL AFFILIATION / ENROLLMENT
Choose or enter Tribe Affiliation.

PREFERRED LANGUAGE (IF NOT LISTED, PLEASE ENTER)
Choose or enter a language

COMMENTS

LEGAL DECISION MAKER (GUARDIAN / GUARDIAN AD LITEM / DPOA STATUS, AND CONTACT INFORMATION AS APPLICABLE)

EXPLAIN HOW CONTACT WAS MADE OR ATTEMPTED (AS APPLICABLE)

Income / Benefits

CURRENT KNOWN BENEFITS / SERVICES Choose an item.	HISTORY OF MEDICAL INSURANCE Choose an item
COMMENTS	COMMENTS

Identification (ID) Documents Currently Available

ID CURRENTLY AVAILABLE	
<input type="checkbox"/> Social Security Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> State ID / Driver's License; expiration date:	<input type="checkbox"/> Veteran ID; expiration date: <input type="checkbox"/> Passport; expiration date: <input type="checkbox"/> DOC ID; expiration date:
COMMENTS	

Civil Commitment Petition or Order

On Date, Enter court here found there was sufficient evidence that Enter resident here met the statutory definition
Choose an item. a sexually violent predator under RCW 71.09.020 and was remanded to the Special Commitment Center.

Brief Case Summary (General offense history, incarceration dates, circumstances preceding admission to SCC, domestic relations court problems)

Retention and Disposition: Once completed, retain for 75 years after release of custody.

Records Designation: Essential

SPECIAL COMMITMENT CENTER (SCC)
Psychosocial Assessment:
Choose an item.

RESIDENT'S NAME	
RESIDENT'S NUMBER	RESIDENT'S DATE OF BIRTH

Brief Developmental History (family dynamics, developmental milestones, living environments, etc.)

Mental Health Treatment History

OUTPATIENT MENTAL HEALTH / PSYCHIATRIC HOSPITALIZATIONS (PREVIOUS MENTAL HEALTH SERVICES, SUICIDAL IDEATION / ATTEMPTS, ETC.)

Most Recent Diagnoses from Annual Review or Civil Commitment Evaluation, dated:

DIAGNOSES

Current Clinical Presentation

In order to help ensure a successful transition into the community, the following factors have been considered and are addressed individually below.

THE RESIDENT'S KNOWN PHYSICAL HEALTH, MENTAL HEALTH, FUNCTIONING, AND ANY NEED FOR HEALTH AID DEVICES

EDUCATIONAL HISTORY AND KNOWN INTELLECTUAL OR COGNITIVE LEVEL OF FUNCTIONING

THE RESIDENT'S KNOWN HISTORY OF SUBSTANCE USE AND ABUSE

THE RESIDENT'S KNOWN HISTORY OF RISKY OR IMPULSIVE BEHAVIORS, CRIMINOGENIC NEEDS, AND TREATMENT INTERVENTIONS TO ADDRESS THEM (DYNAMIC RISK FACTORS IDENTIFIED IN THE MOST RECENT ANNUAL REVIEW, BEHAVIOR MANAGEMENT REPORTS, ETC.)

THE RESIDENT'S KNOWN ABILITY TO PERFORM LIFE SKILLS AND ACTIVITIES OF DAILY LIVING INDEPENDENTLY AND ANY KNOWN NEED FOR DISABILITY ACCOMMODATIONS.

	INDEPENDENT	REMINDERS NEEDED	SUPERVISION NEEDED	ASSISTANCE NEEDED
Bathing and showering.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal hygiene / grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing / undressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading / writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial management.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication management.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing emergency help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe ambulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using Transportation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS

Retention and Disposition: Once completed, retain for 75 years after release of custody.

Records Designation: Essential

SPECIAL COMMITMENT CENTER (SCC)
Psychosocial Assessment:
Choose an item.

RESIDENT'S NAME	
RESIDENT'S NUMBER	RESIDENT'S DATE OF BIRTH

Goals Identified and Discussed with Resident to Develop or Increase Social Supports, Recreation Opportunities, Gainful Employment, and Spiritual Opportunities, as applicable

CURRENT PRIMARY SUPPORT SYSTEM (INCLUDE POSITIVE FAMILY, PEER, LEGAL, AND COMMUNITY SUPPORT RELATIONSHIPS)

RECREATIONAL OPPORTUNITIES

VOCATIONAL AND MILITARY TRAINING / HISTORY

SPIRITUAL / CULTURAL CONSIDERATIONS

FUTURE GOALS

Strengths and Risk Mitigation Factors

STRENGTHS / PROTECTIVE FACTORS FROM RESIDENT'S PERSPECTIVE

STRENGTHS / PROTECTIVE FACTORS FROM TEAM'S PERSPECTIVE

Summary of Known Community Services, Supports, and Type of Providers the Resident Needs for a Safe Life in the Community

- | | |
|---|--|
| <input type="checkbox"/> Medical Services / Primary Care | <input type="checkbox"/> Education Services |
| <input type="checkbox"/> Mental Health Therapy | <input type="checkbox"/> Home Health Aid |
| <input type="checkbox"/> Physical Therapy / Rehabilitation Services | <input type="checkbox"/> Mental Health Medication Prescriber |
| <input type="checkbox"/> Vocational Services | <input type="checkbox"/> Mental Health Case Management |
| <input type="checkbox"/> Peer Support | <input type="checkbox"/> SUD Treatment |
| <input type="checkbox"/> Other: | |

Preliminary Level of Care Assessment

- | | |
|---|---|
| <input type="checkbox"/> Independent | <input type="checkbox"/> Secure Community Transition Facility |
| <input type="checkbox"/> Supported Living | <input type="checkbox"/> Medically Enhanced |
| <input type="checkbox"/> Other: | |

Preliminary Barriers to Implementing the Transition / Discharge Plan

- | | |
|--|---|
| <input type="checkbox"/> Needs Guardian / Legal Decision Maker | <input type="checkbox"/> Serious Medical Issues |
| <input type="checkbox"/> Declining Treatment Recommendations | <input type="checkbox"/> Persisting Behavioral Symptoms |
| <input type="checkbox"/> Combative with Care | <input type="checkbox"/> Persisting Psychotic Symptoms |
| <input type="checkbox"/> Needs State Identification | |
| <input type="checkbox"/> Other: | |

Retention and Disposition: Once completed, retain for 75 years after release of custody.

Records Designation: Essential

SPECIAL COMMITMENT CENTER (SCC)
Psychosocial Assessment:
Choose an item.

		RESIDENT'S NAME	
		RESIDENT'S NUMBER	RESIDENT'S DATE OF BIRTH
Summary of Preliminary Recommendations			
Progress in Treatment			
Changes in Recommendations / Level of Care from Previous Psychosocial			
Social Work Interventions			
SOCIAL WORKER'S SIGNATURE		DATE	PRINTED NAME
			TITLE

Appendix B

Opinion by the Attorney General of Washington entitled *Mental Health Treatment – Cities and Towns – Counties – Release to Less Restrictive Alternative*.

MENTAL HEALTH TREATMENT—CITIES AND TOWNS—COUNTIES—Release To Less Restrictive Alternative

Local governments may not categorically prohibit or restrict the release or less restrictive alternative placement of a person involuntarily committed to a state hospital or facility under RCW 71.05, RCW 10.77, or RCW 71.09. Attempts to do so through local ordinance may risk violating state or federal constitutions or statutes.

July 27, 2021

The Honorable Dan Bronoske
State Representative, District 28
PO Box 40600
Olympia, WA 98504-0600

Cite As:
AGO 2021 No. 4

Dear Representative Bronoske:

By letter previously acknowledged, you requested our opinion on the following question¹:

May a local government prohibit or contest the release or less restrictive alternative placement of a person involuntarily committed to a state hospital or facility under RCW 71.05, RCW 10.77, or RCW 71.09 to a less restrictive setting, including an adult family home, when the person otherwise qualifies for release or a less restrictive alternative? Please consider in your answer at a minimum the Americans with Disabilities Act and the Federal Fair Housing Act.

BRIEF ANSWER

State law allows a county, through its county prosecutor, to intervene in the process of releasing or placing in a less restrictive alternative (LRA) a person that the county has committed under RCW 71.05, RCW 10.77, or RCW 71.09. As part of this process, the prosecutor may present evidence indicating that the committed person should not be released or receive an LRA.

There is no provision, however, that allows a local government to categorically prohibit or block a committed person's release or LRA placement. If a local government enacted such a

¹ You also asked a question about the extent to which state laws may restrict release of persons without violating federal law. This question potentially implicates the validity of enacted state laws, which our Office—by longstanding policy—does not opine in Attorney General Opinions, because it would be our job to defend them in court if they were ever challenged. We have therefore concluded that we cannot answer your second question in the form of an Attorney General Opinion. Our Office is available to advise on these issues in the context of attorney-client privileged advice.

provision, it would be preempted to the extent it applied to sexually violent predators (SVP), whose placement is exclusively controlled by state law. As to other committed persons, such a provision would risk violating statutory and constitutional protections against discrimination on the basis of disability, including the Americans With Disabilities Act (ADA), Federal Fair Housing Act (FFHA), Washington Law Against Discrimination (WLAD), Washington Housing Policy Act (WHPA), equal protection clause of the U.S. Constitution, and privileges and immunities clause of the Washington Constitution.

BACKGROUND

A person may be involuntarily committed by the state for a variety of reasons. *See* RCW 71.05 (providing for commitment of persons who are gravely disabled or suffer from a mental disorder, substance use disorder, or developmental disability that creates a likelihood of serious harm); RCW 10.77 (providing for commitment of persons who are found not guilty of a crime by reason of insanity); RCW 71.09 (providing for commitment of SVPs). A person committed under any of these chapters has certain constitutional and statutory rights to be considered for treatment in a setting less restrictive than total confinement. “Commitment for any reason constitutes a significant deprivation of liberty triggering due process protection.” *In re Det. of Thorell*, 149 Wn.2d 724, 731, 72 P.3d 708 (2003) (citing *Foucha v. Louisiana*, 504 U.S. 71, 80 (1992)). The Due Process Clause of the Fourteenth Amendment to the U.S. Constitution requires the State to “provide civilly-committed persons with access to mental health treatment that gives them a realistic opportunity to be cured and released.” *Sharp v. Weston*, 233 F.3d 1166, 1172 (9th Cir. 2000). Further, the Equal Protection Clause prohibits the state from categorically withholding less restrictive alternate treatment from some classes of committed persons while offering it to others. *Thorell*, 149 Wn.2d at 745-46.

In addition to these constitutional protections, the ADA guarantees individuals with developmental disabilities “appropriate treatment, services, and habilitation” that are “provided in the setting that is least restrictive of the individual’s personal liberty.” 42 U.S.C. § 15009(1), (2). Public entities are required to administer their services, programs, and activities in “the most integrated setting appropriate to the needs of qualified individuals with disabilities.” 28 C.F.R. § 35.130(d). This means that individuals with disabilities must be allowed to “interact with nondisabled persons to the fullest extent possible[.]” 28 C.F.R. pt. 35, App. B. The “[u]njustified isolation” of a patient constitutes “discrimination based on disability” and is unlawful under the ADA. *Olmstead v. L.C.*, 527 U.S. 581, 597 (1999).

State law requires the State to create a conditional release or discharge plan for persons committed under RCW 71.05, RCW 10.77, or RCW 71.09. RCW 71.05.365 (persons committed under RCW 71.05 must receive an individualized discharge plan when they no longer require inpatient care); Laws of 2021, ch. 263, § 4 (E2SSB 5071) (requiring persons committed under RCW 10.77 to receive conditional release planning starting at admission); RCW 71.09.080, *as amended* by Laws of 2021, ch. 236, § 3 (E2SSB 5163) (any person committed under RCW 71.09 is entitled to an ongoing, clinically appropriate discharge plan). One type of treatment that may be

available to persons committed under these chapters is a less restrictive alternative, or LRA. RCW 71.05.240(4)(c) (person may receive an LRA if “treatment in a less restrictive setting than detention is in the best interest of such person or others”); RCW 71.05.320 (same); RCW 10.77.110 (defendant who is a substantial danger to others, unless kept under control by the court or other persons or institutions, must be hospitalized or given an appropriate LRA treatment); RCW 71.09.090 (person may receive an LRA if an LRA would be in the best interest of the person and conditions can be imposed that would adequately protect the community).² A person found not guilty of a criminal offense by reason of insanity, or committed because they were charged with a violent criminal offense but found incompetent to stand trial, may be released to an LRA only under the continued supervision of a multidisciplinary treatment team. RCW 10.77.150(4), *as amended by* Laws of 2021, ch. 263, § 1; RCW 71.05.320(6), *as amended by* Laws of 2021, ch. 263, §§ 2, 3.

Options for LRA treatment may include placement in an adult family home. *See* RCW 70.128. An adult family home is a business located in a residential home that provides long-term care services. *See* RCW 70.128.010(1). Any “adult in need of personal or special care” may be a “resident” of an adult family home. RCW 70.128.010(10). A person requires personal care if that person needs physical or verbal assistance with daily living due to a functional disability. RCW 74.39A.009(24). A functional disability is “a recognized chronic physical or mental condition or disease, including chemical dependency or developmental disability” RCW 74.39A.009(23). Adult family homes are licensed and regulated by the Department of Social and Health Services (DSHS). RCW 70.128.050. So long as an applicant and home meet the statutory and regulatory requirements to be certified as an adult family home, DSHS is required to issue a license. RCW 70.128.060(2). In addition, adult family homes are deemed a residential use of property, and must be permitted in all residential and commercial zones, including zones otherwise reserved for single-family homes. RCW 70.128.140. However, persons committed under RCW 71.09 are subject to additional residency restrictions as may be ordered by a court, including but not limited to a minimum distance restriction of 500 feet on the proximity of their residence to child care facilities and public or private schools providing K-12 education. RCW 71.09.096(4)(a), *as amended by* Laws of 2021, ch. 236, § 6 (E2SSB 5163).

LRA treatment may also take place in an enhanced services facility. *See* RCW 70.97. Enhanced services facilities are intended for patients who are “inappropriate for placement in other licensed facilities due to the complex needs that result in behavioral and security issues.” RCW 70.97.010(5). A person is eligible for treatment in an enhanced services facility if that person has “(a) a mental disorder, chemical dependency disorder, or both; (b) an organic or traumatic brain injury; or (c) a cognitive impairment that results in symptoms or behaviors requiring supervision and facility services” Former RCW 70.97.030(2) (2018), *amended by* Laws of 2020, ch. 278, § 2. Enhanced services facilities are licensed and regulated by DSHS. *See* WAC 388-107. An existing nursing home, assisted living facility, or adult family home may be

² Alternatively, a person who no longer fits the definition of an SVP is eligible for an unconditional release. RCW 71.09.080(7).

converted into an enhanced services facility, and is “deemed to meet the applicable state and local rules, regulations, permits, and code requirements.” RCW 70.97.060(4).

Finally, persons committed under RCW 71.09 may receive LRA treatment in a secure community transition facility.³ RCW 71.09.250. Secure community transition facilities are required to have “supervision and security, and either provide[] or ensure[] the provision of sex offender treatment services.” RCW 71.09.020(15). Secure community transition facilities are highly regulated and must comply with various security and placement requirements. *See* RCW 71.09.250-903. DSHS must ensure that placements in secure community transition facilities are “equitably distributed among the counties” to the greatest extent possible. RCW 71.09.265(2). Similarly, whenever DSHS proposes to release a person committed under RCW 71.09 outside of the county where they were committed, a court must consider whether such release or placement would be consistent with fair share principles of release. RCW 71.09.092, *as amended by* Laws of 2021, ch. 236, § 5. Fair share principles of release means that each county has adequate options for conditional release placements in a number generally equivalent to the number of residents from that county who are committed under RCW 71.09. RCW 71.09.020, *as amended by* Laws of 2021, ch. 236, § 2.

ANALYSIS

May a local government prohibit or contest the release or less restrictive alternative placement of a person involuntarily committed to a state hospital or facility under RCW 71.05, RCW 10.77, or RCW 71.09 to a less restrictive setting, including an adult family home, when the person otherwise qualifies for release or a less restrictive alternative? Please consider in your answer at a minimum the Americans with Disabilities Act and the Federal Fair Housing Act.

a. A county prosecutor may participate in the release or LRA process for a person committed by that county

State law defines the process for considering a release or LRA for persons committed under RCW 71.05, RCW 10.77, or RCW 71.09. While the specifics of the process vary depending on which chapter the person was committed under, all three chapters permit the county responsible for the person’s commitment to participate and oppose the release or placement.

First, a person may be committed under RCW 71.05.280(3) for committing a felony, where the person has been determined to be incompetent to stand trial and as a result of behavioral health disorder, presents a substantial likelihood of re-offending. When a person committed in this way is considered for a temporary leave from the treatment facility, an early release from involuntary treatment, a modification of a commitment order, or a conditional release into outpatient care, the

³ This is not to say that secure community transition facilities are the *only* facility where an SVP may be placed. *See* RCW 71.09.345 (“Nothing in chapter 12, Laws of 2001 2nd sp. sess. shall operate to restrict a court’s authority to make less restrictive alternative placements to a committed person’s individual residence or to a *setting less restrictive than a secure community transition facility*.” (Emphasis added.)).

prosecutor of the county where the criminal charges were dismissed (for incompetency to stand trial) must receive advance notice. RCW 71.05.325(2)(a), .330(2), .335, .340(1)(b). The prosecutor may then intervene in any motion to modify a commitment under RCW 71.05.280(3) that includes an LRA. RCW 71.05.335. (Note that the person may be placed in a different county from the county responsible for the original commitment.) The county prosecutor may also petition for a hearing prior to the conditional release of a committed person. RCW 71.05.340(1)(b). “The issue to be determined at the hearing is whether or not the person may be conditionally released without substantial danger to other persons, or substantial likelihood of committing criminal acts jeopardizing public safety or security.” RCW 71.05.340(1)(b). When the commitment is based on a violent felony as defined in RCW 9.94A.030, in addition to notifying the county prosecutor, the proposed release or discharge is reviewed by the Independent Public Safety Review Panel. RCW 71.05.280(3)(b); RCW 10.77.270. In addition, when the commitment is based on a sex, violent, or felony harassment offense, the treatment facility must notify not only the county prosecutor, but also the chief of police of the city where the person will reside and the sheriff of the county where the person will reside. RCW 71.05.425(1).

Similarly, whenever a person committed under RCW 10.77 petitions for a conditional release, or DSHS recommends such a release, a hearing must be held to determine “whether or not the person may be released conditionally without substantial danger to other persons, or substantial likelihood of committing criminal acts jeopardizing public safety or security.” RCW 10.77.150(3)(c). The prosecutor for the county that ordered the person’s commitment is responsible for representing the State in this hearing, and has the right to order an examination of the committed person. RCW 10.77.150(3)(a)-(b).

Finally, a person committed under RCW 71.09 may petition for an LRA. This may be done with or without the approval of DSHS. DSHS may authorize the committed person to petition for an LRA if DSHS determines that the person’s condition has so changed that release to an LRA is in their best interest and conditions can be imposed that adequately protect the community. RCW 71.09.090(1)(b), *as amended by* Laws of 2021, ch. 236, § 4. Upon such a petition, DSHS must identify an LRA placement for the person and notify the prosecuting attorney responsible for the original commitment. Alternatively, the person may petition for an LRA without the approval of DSHS, which triggers a show cause hearing at which the state must produce prima facie evidence that an LRA is not appropriate. RCW 71.09.090(2). If the state is not able to do so, or if DSHS authorizes the petition, then the court holds a hearing to consider the committed person or DSHS’s proposed plan for an LRA release. At this hearing, the prosecutor responsible for the original commitment may represent the State (although in practice most counties contract with the Attorney General’s Office to provide this representation) and has the right to demand a jury trial. RCW 71.09.090(3)(a).

These statutes give a county government, through its prosecutor, the opportunity to participate in the process for release or LRA placement of a person that the county has committed. However, no statute permits a county or other local government to categorically prohibit the placement of a committed person. Any such prohibition by a local government would raise a number of statutory and constitutional issues, which are discussed below.

b. State law preempts any local law pertaining to residency restrictions for sex offenders and SVPs

The State reserves exclusive authority to decide where SVPs committed under RCW 71.09 may reside.⁴ Release of an SVP to an LRA requires several judicial findings, including that

housing exists in Washington that complies with distance restrictions is sufficiently secure to protect the community, and the person or agency providing housing to the conditionally released person has agreed in writing to accept the person, to provide the level of security required by the court, and immediately to report to the court, the prosecutor, the supervising community corrections officer, and the superintendent of the special commitment center if the person leaves the housing to which he or she has been assigned without authorization[.]

RCW 71.09.092(3), *as amended by* Laws of 2021, ch. 236, § 5. Further, “if the department [of social and health services] has proposed housing that is outside of the county of commitment, a documented effort was made by the department to ensure that placement is consistent with fair share principles of release[.]” RCW 71.09.092(4), *as amended by* Laws of 2021, ch. 236, § 5. The question of whether an LRA proposed by an SVP meets statutory requirements is a question for a court or jury. RCW 71.09.094(2). If a court or jury approves a release to an LRA, then the court shall direct such a release upon imposition of conditions that the court finds would adequately protect the community. RCW 71.09.096(1). Such conditions must include a restriction on the proximity of the SVP’s residence to K-12 schools as well as child care facilities, and may also include other distance restrictions based on the person’s specific risk factors and criminogenic needs. RCW 71.09.096(4)(a), *as amended by* Laws of 2021, ch. 236, § 5. If the court approves such a plan, the Department of Corrections will further investigate the LRA, which may include a report back to the court recommending additional LRA conditions for the court to incorporate if the court so chooses. RCW 71.09.096(4).

Release of an SVP to an LRA, as well as the conditions on the SVP’s residency, is a matter for determination in the specific judicial proceeding governing that person’s civil commitment. A local ordinance purporting to provide differently as to LRAs for SVPs would accordingly conflict with the court’s statutory role in approving such a plan.

⁴ We understand this question to relate to those individuals civilly committed as SVPs pursuant to RCW 71.09. However, a separate statutory scheme addresses persons criminally convicted of sex crimes and in the custody of the Department of Corrections. Under RCW 9.94A.8445, the Department of Corrections’ placement process supersedes and preempts any local rules, regulations, codes, statutes, or ordinances regarding residency restrictions for anyone who has been convicted of a sex offense upon release from total confinement. A local law on the same subject matter, that is, on where a sex offender may or may not reside, would run afoul of RCW 9.94A.8445, so long as it was passed on or after march 1, 2006.

c. Committed persons are protected from discrimination under state and federal statutes

A committed person is likely to have, or to be perceived as having, a disability protected by statutes like the ADA, Rehabilitation Act, FFHA, WLAD, or WHPA. This may be particularly true of those committed under RCW 71.05 or RCW 10.77, but could include some committed under RCW 71.09 as well. Any action that intentionally discriminates against persons with disabilities would risk violating these statutes unless it could be established that the action was in fact beneficial to persons with disabilities, or that the individual posed a direct threat. Any action that disproportionately impacts persons with disabilities—regardless of the government’s intent—would risk violating these statutes unless it could be established that the action was justified by a substantial, legitimate, and non-discriminatory government interest.

(1) Persons with a qualifying disability are protected by the ADA, Rehabilitation Act, and FFHA

The ADA, 42 U.S.C. §§ 12101-12213, provides that “no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.” 42 U.S.C. § 12132. This means that a public entity may not “utilize criteria or methods of administration: (i) [t]hat have the effect of subjecting qualified individuals with disabilities to discrimination on the basis of disability[.]” 28 C.F.R. § 35.130(b)(3)(i).

Similarly, the Rehabilitation Act of 1973 provides:

No otherwise qualified individual with a disability in the United States . . . shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency or by the United States Postal Service.

29 U.S.C. § 794(a). The Rehabilitation Act and the ADA provide substantially the same rights, so they are typically read in tandem. *Vinson v. Thomas*, 288 F.3d 1145, 1152 n.7 (9th Cir. 2002).

The FFHA, 42 U.S.C. §§ 3601-3609, as amended by the Fair Housing Amendments Act of 1988, Pub. L. No. 100-430, § 6(a), 102 Stat. 1619 (1988), makes it unlawful to

discriminate in the sale or rental, or to otherwise make unavailable or deny, a dwelling to any buyer or renter because of a handicap of—(A) that buyer or renter, (B) a person residing in or intending to reside in that dwelling after it is so sold, rented, or made available; or (C) any person associated with that buyer or renter.

42 U.S.C. § 3604(f)(1); *see Larkin v. Mich. Dep’t of Soc. Servs.*, 89 F.3d 285, 288 (6th Cir. 1996). The FFHA is a broad remedial statute intended to “protect the right of handicapped persons to live

in the residence of their choice in the community.” *City of Edmonds v. Wash. State Bldg. Code Council*, 18 F.3d 802, 806 (9th Cir. 1994) (citing H.R. Rep. No. 711 (1988), *reprinted in* 1988 U.S.C.C.A.N. 2173, 2185). The FFHA preempts any state law that “purports to require or permit any action that would be a discriminatory housing practice under this subchapter[.]” 42 U.S.C. § 3615.

Like the Rehabilitation Act, the FFHA is typically read in tandem with the ADA. *Pac. Shores Props., LLC v. City of Newport Beach*, 730 F.3d 1142, 1157 (9th Cir. 2013) (citing *Tsombanidis v. West Haven Fire Dep’t*, 352 F.3d 565, 573 n.4 (2d Cir. 2003)). Accordingly, we will analyze the ADA, Rehabilitation Act, and FFHA together.

(a) Definition of “disability” under ADA or “handicap” under FFHA

The ADA defines a “disability” as “(A) a physical or mental impairment that substantially limits one or more major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment (as described in paragraph (3)).” 42 U.S.C. § 12102.⁵ A “mental impairment” may include “[a]ny mental or psychological disorder such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disability.” 28 C.F.R. § 35.108(b)(1)(ii). Similarly, the FFHA defines a “handicap” as “(1) a physical or mental impairment which substantially limits one or more of such person’s major life activities, (2) a record of having such an impairment, or (3) being regarded as having such an impairment[.]” 42 U.S.C. § 3602(h)(1)-(3). The courts regard the terms “handicap” or “handicapped” and “disability” or “disabled” as interchangeable. *Giebler v. M&B Assocs.*, 343 F.3d 1143, 1146 n.2 (9th Cir. 2003). This analysis will use the preferred terms, “disabled” and “disability.” *See id.*

In order to be committed under RCW 71.05, a person must suffer from a mental or substance abuse disorder, and as a result be gravely disabled or a danger to self or others. RCW 71.05.150, .153, .280, .320. Under RCW 71.05.020:

(23) “Gravely disabled” means a condition in which a person, as a result of a behavioral health disorder: (a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or

⁵ The ADA excludes a number of conditions from the definition of “disability,” including “sexual behavior disorders” and “psychoactive substance use disorders resulting from current illegal use of drugs.” 42 U.S.C. § 12211; *see also* 42 U.S.C. § 3602(h) (“handicap” under the FFHA excludes “current, illegal use of or addiction to a controlled substance”). Therefore, this analysis does not apply to the extent persons are treated differently because of a sexual behavior disorder. We note, however, that a person may suffer from both a sexual behavior disorder and also a qualifying disability under 42 U.S.C. § 12211. Such a person would still be protected by the ADA and related laws to the extent they are treated differently as a result of a qualifying disability and not a sexual behavior disorder. In addition, while current drug or alcohol use is not a protected disability, substance use *treatment* programs and facilities are protected by both the ADA and the FFHA. *See City of Edmonds*, 18 F.3d at 804; *Bay Area Addiction Research & Treatment, Inc. v. City of Antioch*, 179 F.3d 725 (9th Cir 1999); *Pac. Shores Props.*, 730 F.3d 1142.

(b) manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety;

...

(37) “Mental disorder” means any organic, mental, or emotional impairment which has substantial adverse effects on a person’s cognitive or volitional functions;

...

(52) “Substance use disorder” means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems

Under RCW 71A.10.020:

(5) “Developmental disability” means a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological or other condition of an individual found by the secretary to be closely related to an intellectual disability or to require treatment similar to that required for individuals with intellectual disabilities, which disability originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual. . . .

Because these conditions constitute mental or physical impairments that substantially limit various aspects of a person’s basic life functions, a court would likely find that any of them constitutes a “disability” as that term is used within the ADA. *See Wagner ex rel. Wagner v. Fair Acres Geriatric Ctr.*, 49 F.3d 1002, 1010 (3d Cir. 1995); *Pac. Shores Props.*, 730 F.3d at 1156-57.

In order to be committed under RCW 10.77, a person must be “criminally insane,” meaning that person has been “acquitted of a crime charged by reason of insanity, and thereupon found to be a substantial danger to other persons or to present a substantial likelihood of committing criminal acts jeopardizing public safety or security unless kept under further control by the court or other persons or institutions.” RCW 10.77.010(4). In turn, a person may be acquitted by reason of insanity only if

[a]t the time of the commission of the offense, as a result of *mental disease or defect*, the mind of the actor was affected to such an extent that: (a) He or she was unable to perceive the nature and quality of the act with which he or she is charged; or (b) He or she was unable to tell right from wrong with reference to the particular act charged.

RCW 9A.12.010(1)(a)-(b) (emphasis added). An acquittal by reason of insanity, standing alone, does not constitute a mental impairment under the ADA. *Josephs v. Pac. Bell*, 443 F.3d 1050, 1062 (9th Cir. 2005). However, a person who has been acquitted by reason of insanity—as anyone committed under RCW 10.77 has been—is still protected by the ADA to the extent that person is *perceived* as having a substantially limiting mental disability. *Id.* at 1063. Assuming that a person is dangerous because of a previous acquittal by reason of insanity, and discriminating against the person on that basis, violates the ADA. *Id.* at 1063-64.

There are two ways in which a law or policy can discriminate against people with disabilities in violation of the ADA and FFHA. First, the law may call for “disparate treatment”: it may intentionally discriminate against people with disabilities. *Ave. 6E Invs., LLC v. City of Yuma*, 818 F.3d 493, 502 (9th Cir. 2016). Disparate treatment may include, but is not limited to, a government blocking the construction of housing for a disfavored group, or imposing requirements on such housing that are not imposed upon housing for similarly situated persons outside the disfavored group. *See, e.g., Pac. Shores Props.*, 730 F.3d 1142 (holding that moratorium on group homes was disparate treatment); *Ave. 6E Invs.*, 818 F.3d 493 (holding that denial of rezoning for developer perceived as catering to Hispanics was disparate treatment); *Child. ’s All. v. City of Bellevue*, 950 F. Supp. 1491, 1499-1500 (W.D. Wash. 1997) (holding that occupancy limit on group homes for homeless youth was disparate treatment). Disparate treatment is unlawful whether the challenged law explicitly applies less favorably to people with disabilities, or is merely motivated by a discriminatory intent or applied in a discriminatory way. *Bangerter v. Orem City Corp.*, 46 F.3d 1491, 1500 (10th Cir. 1995); *Pac. Shores Props.*, 730 F.3d at 1158-60.

Second, the challenged law may have a “disparate impact” on people with disabilities, meaning that it has a “disproportionately adverse effect on minorities” and is not justified by a legitimate rationale. *Tex. Dep’t of Housing & Cmty. Affairs v. Inclusive Cmty. Proj.*, 576 U.S. 519, 524-25 (2015) (citing *Ricci v. DeStefano*, 557 U.S. 557, 577 (2009)). Disparate impact may include, but is not limited to, disproportionately approving tax credits for low-income housing within areas populated by minorities, or making zoning decisions that prevent a higher proportion of minorities from purchasing homes. *Id.* at 524-25; *Ave. 6E Invs.*, 818 F.3d at 511. We explain the differing legal tests below.

(b) Disparate Treatment

(i) Facial discrimination

A law that discriminates on its face against a member of a protected class is invalid unless the government can show either “(1) that the restriction benefits the protected class or (2) that it responds to legitimate safety concerns raised by the individuals affected, rather than being based on stereotypes.” *Cmty. House, Inc. v. City of Boise*, 490 F.3d 1041, 1050 (9th Cir. 2007) (citing *Larkin*, 89 F.3d at 290; *Bangerter*, 46 F.3d at 1503-04). Evidence of the government’s discriminatory animus against people with disabilities is not required. *Child. ’s All.*, 950 F. Supp. at 1495 (citing *Bangerter*, 46 F.3d at 1500-01). Rather, the government would bear the burden of

proving that the restriction benefited people with disabilities, or was based on documented safety concerns. *Cnty. House, Inc.*, 490 F.3d at 1051.

Whether a hypothetical law would be justified under this test cannot be answered in the abstract, and is beyond the scope of this opinion. We point out, however, that the psychological profession generally considers treatment in a community setting as beneficial to rehabilitation. See, e.g., Rohini Pahwa, Ph.D., et al., *Relationship of Community Integration of Persons with Severe Mental Illness and Mental Health Service Intensity*, 65 Psychiatric Servs. 822 (Jun 2014), <https://doi.org/10.1176/appi.ps.201300233> (“Community integration has been recognized as an essential component of recovery, an important outcome of mental health treatment . . .”); see also K.S. Jacob, *Recovery Model of Mental Illness: A Complementary Approach to Psychiatric Care*, Indian J. Psychol. Med. 117 (Apr-Jun 2015), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4418239/>. A locality attempting to block a committed person’s or group of persons’ release or placement would need to overcome this scientific evidence and show that continued treatment within an institutional setting would benefit people with disabilities. Alternatively, the locality would need to demonstrate the existence of a legitimate safety concern through documentation like police reports, incident reports, or other evidence demonstrating the danger that the challenged law would avoid. *Cnty. House, Inc.*, 490 F.3d at 1051. A “[g]eneralized interest[] in public safety, stability, and tranquility” is not enough, absent a showing that these interests are actually threatened by the person burdened by the challenged law. *Child. ’s All.*, 950 F. Supp. at 1498.

(ii) Facially neutral measures

A law that purports to be neutral on its face, but that operates to bar group homes for people with disabilities from operating in certain areas, may violate the FFHA. *City of Edmonds*, 18 F.3d at 805. A plaintiff may prove that a facially neutral law is in fact discriminatory in two ways. First, the plaintiff may show that a similarly situated entity was treated more favorably than the plaintiff. *Pac. Shores Props.*, 730 F.3d at 1158 (citing *McDonnell Douglas Corp. v. Green*, 411 U.S. 792 (1973)). For example, a law that imposes occupancy limits on group homes for youths, but not on family homes, violates the FFHA. *Child. ’s All.*, 950 F. Supp. at 1499-1500.

Second, the plaintiff may “‘simply produce direct or circumstantial evidence demonstrating that a discriminatory reason more likely than not motivated’ the defendant and that the defendant’s actions adversely affected the plaintiff in some way.” *Pac. Shores Props.*, 730 F.3d at 1158 (quoting *McGinest v. GTE Serv. Corp.*, 360 F.3d 1103, 1122 (9th Cir. 2004)). To determine whether a challenged law is motivated by discriminatory intent, the courts consider

whether the defendant’s actions were motivated by a discriminatory purpose by examining (1) statistics demonstrating a “clear pattern unexplainable on grounds other than” discriminatory ones, (2) “the historical background of the decision,” (3) “the specific sequence of events leading up to the challenged decision,” (4) the defendant’s departures from its normal procedures or substantive conclusions, and (5) relevant “legislative or administrative history.”

Pac. Shores Props., 730 F.3d at 1158-59 (quoting *Vill. of Arlington Heights v. Metro. Hous. Dev. Corp.*, 429 U.S. 252, 266-68 (1977)).

Again, whether some hypothetical law would pass this test is beyond the scope of this opinion. We point out, however, that the events leading up to a challenged law and the legislative history behind it may serve as evidence of whether the law has a discriminatory purpose. *Ave. 6E Invs.*, 818 F.3d at 504. For example, when a city has previously attempted to pass a moratorium against group homes for persons with disabilities, that history may be evidence that an otherwise facially neutral law was enacted for a discriminatory purpose. *Pac. Shores Props.*, 730 F.3d at 1162. For example, because the City of Lakewood has previously attempted to pass a moratorium on new adult family homes, there is a risk that a court may find further actions against adult family homes or their residents to be motivated by discriminatory intent. See City of Lakewood Substitute Ordinance No. 682 (2018), <https://lakewood.municipal.codes/enactments/Ord682/media/original.pdf>.

Where a purportedly neutral law is disproportionately enforced against group homes, that disparity can also help to show discriminatory intent. *Pac. Shores Props.*, 730 F.3d at 1162. Therefore, governments should ensure that housing laws are applied in an evenhanded way that does not single out adult family homes or other facilities for persons with disabilities.

(c) Disparate Impact

Even if a law is not facially discriminatory or motivated by discriminatory intent, it may still violate the FFHA if it causes or predictably will cause a discriminatory effect on a protected class without sufficient justification. 24 C.F.R. § 100.500(c)(1). A law causes a disparate impact when it bears more heavily on a minority group than on other groups. *Ave. 6E Invs.*, 818 F.3d at 508. A disparate impact may exist even when similar housing is available in the general area: a law violates the FFHA even if it only contributes to making housing unavailable to protected individuals. *Id.* at 509 (citing *Pac. Shores Props.*, 730 F.3d at 1157). However, the existence of “truly comparable housing” in close proximity to the housing being denied to a protected individual may be evidence against disparate impact. *Id.* at 512.

When a law causes a disparate impact on persons with disabilities or another minority group, the government must prove that the law is necessary to achieve a substantial, legitimate, and non-discriminatory interest. 24 C.F.R. § 100.500(c)(2). A law that causes a disparate impact may still be permissible if it is aimed at achieving legitimate objectives, such as compliance with health and safety codes, and there is no alternative means that has less disparate impact. *Tex. Dep’t of Hous.*, 576 U.S. at 533, 543-44 (citing *Ricci*, 557 U.S. at 578). Conversely, a law is invalid if it imposes an “artificial, arbitrary, and unnecessary barrier[.]” to protected individuals finding housing. *Id.* at 540 (quoting *Griggs v. Duke Power Co.*, 401 U.S. 424, 431 (1971)).

It is difficult to say in the abstract whether a court would determine that some hypothetical law is sufficiently justified by a non-discriminatory interest to survive the disparate impact test. To manage the risk of a disparate impact challenge, governments should carefully consider

whether their housing-related regulations disproportionately affect residences for persons with disabilities, and whether there are ways to meet their goals that have less of an impact on such persons.

(d) Direct threat exception

The fact that a policy or law discriminates against, or has a disparate impact upon, persons with disabilities does not end the ADA or FFHA inquiry. The ADA excludes from its protection individuals who “pose[] a direct threat to the health or safety of others.” 28 C.F.R. § 35.139(a). Similarly, the FFHA provides that a dwelling need not be made available to “an individual whose tenancy would constitute a direct threat to the health or safety of other individuals or whose tenancy would result in substantial physical damage to the property of others.” 42 U.S.C. § 3604(f)(9). As an exception to the broad remedial scheme of the FFHA, the direct threat exception is read narrowly. 42 U.S.C. § 3601; *Bangerter*, 46 F.3d at 1503 (citing *Elliott v. City of Athens, Ga.*, 960 F.2d 975, 978-79 (11th Cir.) (1992)). Furthermore, because the direct threat exception is an affirmative defense, the government bears the burden of proving that the person it is trying to exclude is a direct threat. *See Nunes v. Wal-Mart Stores, Inc.*, 164 F.3d 1243, 1247 (9th Cir. 1999).

A direct threat is defined as a “‘significant risk to the health or safety of others that cannot be eliminated or reduced to an acceptable level by the public entity’s modification of its policies, practices, or procedures, or by the provision of auxiliary aids or services.’” *Bay Area Addiction Research & Treatment, Inc. v. City of Antioch*, 179 F.3d 725, 736 (9th Cir. 1999) (quoting *The Americans with Disabilities Act: Title II Technical Assistance Manual* § II–2.8000 (1993)). A significant risk under this test may include “a reasonable likelihood of a significant increase in crime.” *Id.* at 737. However, the government may not rely on a “hypothetical or presumed risk.” *Id.* Rather, the government must make an

individualized assessment, based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence, to ascertain: the nature, duration, and severity of the risk; the probability that the potential injury will actually occur; and whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will mitigate the risk.

28 C.F.R. § 35.139(b). The government may satisfy this test by producing “objective evidence from the person’s prior behavior that the person has committed overt acts which caused harm or which directly threatened harm.” H.R. Rep. No. 711 (1988), *reprinted in* 1988 U.S.C.C.A.N. 2173, 2190. However, in evaluating a person’s prior overt acts, the government must also consider whether the person has received intervening treatment or medication that would eliminate the threat. *Simmons v. T.M. Assocs. Mgmt., Inc.*, 287 F. Supp. 3d 600, 605 (W.D. Va. 2018).

Once a significant risk has been established, the court must determine whether a reasonable modification can counteract the risk. *Bay Area Addiction Research*, 179 F.3d at 736; *see* 42 U.S.C. § 3604(f)(3)(B) (requiring reasonable accommodations in rules, policies, practices, or services, where necessary to afford persons with disabilities equal opportunity to use and enjoy a dwelling).

Whether a particular person poses a direct threat, such that the person is not protected by the ADA or FFHA, is a factual question that is beyond the scope of this opinion. As a general matter, we point out that any action to prohibit a person from taking residence in a group home would require—at a minimum—a showing through objective and individualized evidence that a person poses an actual and significant risk to the health or safety of the community, and that this risk is not mitigated by the treatment the person is receiving, in order to survive ADA and FFHA review. We also note that we have found no case in which a court has applied the direct threat defense on a group basis. A law that purported to exclude whole categories of persons with disabilities, without taking into account their individual circumstances, would probably not be supported by the direct threat defense.

(2) The WHPA prohibits different treatment of structures occupied by people who are “disabled” under the FFHA and ADA

In addition to the ADA and FFHA, another statute to consider is the WHPA, RCW 35A.63.240. This statute prohibits a city from treating structures occupied by disabled people (as defined in the FFHA) differently from other, similar structures. Unlike the FFHA, however, the WHPA does not consider whether the government intended to discriminate against persons with disabilities, nor does it require the government to reasonably accommodate a person’s disability. *Sunderland Family Treatment Servs. v. City of Pasco*, 107 Wn. App. 109, 119, 26 P.3d 955 (2001). The WHPA considers simply whether a city ordinance, practice, or policy treats a dwelling occupied by handicapped persons “differently” from a similar dwelling. *Id.*

For WHPA purposes, two dwellings are similar if the physical characteristics of the structure are similar: the “living arrangements and supervision” within the dwelling are not relevant. *Sunderland Family Treatment Servs.*, 107 Wn. App. at 124. Therefore, the fact that a group home may require more supervision than a family home, standing alone, does not make it dissimilar and does not justify differential treatment. *Id.* A regulatory scheme that imposed additional burdens on residential care facilities for disabled persons, versus similar homes for families, would violate the WHPA. *Id.* at 122-23.

(3) Persons protected by the ADA and FFHA, and potentially some who are not, are protected by the WLAD

One final statute to consider is the WLAD, RCW 49.60. Like the ADA, the WLAD protects people from discrimination on the basis of mental or physical disabilities, among other protected traits. RCW 49.60.030(1). And like the FFHA, the WLAD makes it unlawful for any “person” (including state or local governments) to “make unavailable or deny” a dwelling on the basis of disability. RCW 49.60.222(1)(f); RCW 49.60.040(19); see *Sunderland Family Treatment Servs.*, 107 Wn. App. at 112.

The WLAD defines a “disability” as “the presence of a sensory, mental, or physical impairment that: (i) Is medically cognizable or diagnosable; or (ii) Exists as a record or history; or (iii) Is perceived to exist whether or not it exists in fact.” RCW 49.60.040(7)(a). An “impairment” may include “[a]ny mental, developmental, traumatic, or psychological disorder, including but not limited to cognitive limitation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.” RCW 49.60.040(7)(c)(ii). A disability under the WLAD may be temporary or permanent, and unlike federal law, there is no requirement that the disability impair a major life activity. RCW 49.60.040(7)(b). We conclude that a person who has a disability under the FFHA and ADA would also have a disability under the WLAD.

The WLAD is generally at least as protective as its equivalent federal statutes. *Kumar v. Gate Gourmet, Inc.*, 180 Wn.2d 481, 491, 325 P.3d 193 (2014). Therefore, if a government violates the FFHA, it probably also violates the WLAD. *See Child. ’s All.*, 950 F. Supp. at 1495 n.3 (determination that city violated FFHA by blocking children’s group care facility applied equally to claims arising under WLAD).

There may also be circumstances where the WLAD protects persons or groups who are *not* protected by the equivalent federal statutes. *See, e.g., Taylor v. Burlington N. R.R. Holdings, Inc.*, 193 Wn.2d 611, 617, 444 P.3d 606 (2019) (holding that obesity is a disability that is always covered by the WLAD, even though it is not under federal law); *Phillips v. City of Seattle*, 111 Wn.2d 903, 910, 766 P.2d 1099 (1989) (holding that whether alcoholism is a disability under RCW 49.60 is a jury question, even though it is excluded under federal law). Considering the scarcity of case law interpreting the WLAD in the context of restrictions on group homes, we will not comment in the abstract on the merits of a hypothetical WLAD challenge by a person not otherwise within the scope of the FFHA and ADA, other than to point out that governments should be aware of the legal uncertainty surrounding the issue.

d. Constitutional issues

In addition to the statutes described above, any action to block or prohibit a committed person from placement within a locality would implicate the state and federal constitutions.

The Equal Protection Clause of the Fourteenth Amendment to the U.S. Constitution provides that no state shall “deny to any person within its jurisdiction the equal protection of the laws.” Similarly, the Washington Constitution provides that “[n]o law shall be passed granting to any citizen, class of citizens, or corporation other than municipal, privileges or immunities which upon the same terms shall not equally belong to all citizens, or corporations.” Const. art. I, § 12. Outside the context of special-interest legislation, the Equal Protection Clause of the federal constitution and the privileges and immunities clause of the state constitution apply in substantially the same way. *Schroeder v. Weighall*, 179 Wn.2d 566, 577, 316 P.3d 482 (2014) (when “addressing laws that burden vulnerable groups . . . our state equal protection cases based on article I, section 12 . . . have characterized article I, section 12 analysis as ‘substantially similar’ to federal equal protection analysis” (quoting *Seeley v. State*, 132 Wn.2d 776, 787 n.7, 940 P.2d 604 (1997))).

The Equal Protection Clause demands that “all persons similarly situated should be treated alike.” *City of Cleburne v. Cleburne Living Ctr.*, 473 U.S. 432, 439, 105 S. Ct. 3249, 87 L. Ed. 2d 313 (1985). This means that laws that distinguish between persons with intellectual disabilities and persons without “must be rationally related to a legitimate governmental purpose.” *Id.* at 446. It is not permissible to treat a home for persons with intellectual disabilities differently from other homes based on “mere negative attitudes, or fear” *Id.* at 448. Rather, the municipality must show that residents with intellectual disabilities would present some “different or specific hazard” that other persons not subject to the restriction do not. *Id.* at 449. Whether this standard can be met with regard to a particular committed person is beyond the scope of this opinion, but local governments should be mindful of these principles and ensure that they act evenhandedly, on the basis of documented evidence, when dealing with committed persons.

Whether a particular person may be lawfully excluded from adult family homes or similar facilities is a fact-specific question that is beyond the scope of this opinion. As a general matter, we reiterate that governments should be careful to ensure that any restrictions on the residency of a committed person are grounded in objective evidence of the person’s treatment needs and risk to the community.

We trust that the foregoing will be useful to you.



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