

# SEX OFFENDER POLICY BOARD

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### SEX OFFENDER POLICY BOARD

Treatment, Discharge Planning, and Conditions of Release Sub-Committee Meeting

July 28, 2020 1:00pm-3:00pm Microsoft Teams Meeting

In Attendance: Leah Landon, Staff; Michael O'Connell, Chair; Jennifer Williams, DOC; Terrina Peterson, WASPC; Dan Yanisch, SCC; Marla Polin, OPD Contract Attorney; Jamie Weimer, WASPC; Jedd Pelander, DCYC-JR; Corey McNally, DOC; Daniel Davis, Pierce County Prosecutors Office; Devon Gibbs, OPD; John Hayes, SCC; Jennifer Ritchie, King County Prosecutor's Office; Julia Newbold, 71.09 Social Worker; Aimee Martin, 71.09 Social Worker; Rachael Seevers, Disability Rights Washington, Dominic Winter, DOC; Shawn Candella, SCC; Zainab Ghazal, SCC; Andrew Morrison, OPD Contract Attorney; Neil Beaver, WACDL; Shoshana Kehoe-Ehlers; OPD; Jeff Green, DSHS-DDA; Brandon Duncan, DOC.

#### **Meeting Notes**

### Welcome & Call to Order

Leah Landon (staff) called the meeting to order and discussed tips for participating in the virtual meeting. Meeting participants were asked to mute their microphones when not actively participating. The meeting was recorded and can be provided upon request. Leah introduced Michael O'Connell as the sub-committee Chair. Michael introduced himself and then Leah invited other sub-committee members to introduce themselves.

## **Approval of Meeting Minutes**

The sub-committee was asked to approve the meeting minutes from July 14, 2020.

## MOTION 20-1-4: MOTION TO APPROVE THE MEETING MINUTES FROM JUNE 14, 2020 AS WRITTEN.

Moved: Jennifer Williams Seconded: Dan Yanisch Passed: Unanimously Abstained: None

#### **Ground Rules**

Leah reviewed Ground Rules with meeting participants. These ground rules were created to help guide participants' interactions with each other during the meetings.

## **Meeting Objectives**

## **Objective 1: Overview of the DSHS Community Protection Program**

- Jeff Green (DSHS-DDA) provided an overview of the Community Protection Program (CPP) as several sub-committee members had expressed an interest in hearing more about the program and how it may be beneficial for those releasing from the Special Commitment Center.
  - O The CPP is intended to "provide a structured, therapeutic environment for clients with community protection issues. This program allows the client to live safely and successfully in the community without re-offending while minimizing the risk to public safety."<sup>1</sup>
  - Meeting participants were invited to ask questions of Jeff throughout his overview.
  - o To be part of the CPP, you must have a qualifying disability, and a historical violent offense. For more information please see the applicable <u>RCW</u>s.
  - The current barrier to SCC releases being eligible for the CPP is that they cannot be required to participate as the CPP is a voluntary program.
- Sub-committee members determined that the unavailability of the CPP for those releasing from the SCC should be included as a sticking point and considered further.
  - o Jeff Green added that he believes part of the problem is a misinterpretation of the statute.

## **Objective 2: Sticking Point Homework Assignments**

• Leah shared the list of sticking points with the group, and worked through the list while asking sub-committee members to volunteer for items they were willing to research further. Leah asked members to be prepared to discuss sticking points, whether they are actually sticking points, and what can be done to address the issue at the next sub-committee meeting.

## • Sticking Point #1

- HB2851 discusses starting Discharge Planning upon arrival at the SCC. As many residents are at the SCC for an extended period of time, this can unnecessarily increase the workload of clinicians.
  - Rachael Seevers said she did not understand why discharge planning could not start upon arrival at the SCC as treatment plans are already updated every 6 months.
  - Devon Gibbs said the concern about waiting to do discharge planning is people who come from DOC often already have a discharge plan they would have done if not for the petition. A lot of people get discharged at various times throughout the phasing treatment. Devon added we might as

<sup>&</sup>lt;sup>1</sup> https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy15.01.pdf

- well take advantage of the time they are there and make recommendations for what they will need if they are released.
- **Dan Yanisch** said you can consider what plans are out there already and if all that is being considered is putting this on a treatment plan, this would not be too labor intensive. Having the SCC do additional work on resources out in the community though, would be.
- John Hayes agreed with Dan Yanisch, and said if we are looking at getting discharge social workers and funding for those resources, then someone could start looking at criminogenic needs and getting birth certificates, and this could be included into the treatment plan. Looking at a treatment provider and housing though is harder as those may not be available when they release.
- Rachael Seevers said her clients and their discharge plans could have things that are ADL-related, or functions related to life that they will need help with. This is a function of treatment, and it would be harder to provide treatment with out knowing these things. Rachael agreed that additional staff would be needed.
- **John Hayes** said there has been a revamp in the treatment planning, where they now consider skills and goals related to safe reentry for when an individual does leave the SCC.
- **Jennifer Ritchie** asked if treatment plans would be changing every few months as individuals adapt and learn new skills.
- Dan Davis said that when we look at releases from the SCC there have been plans for release that start early. Several discussions have talked about how so many of these individuals are behind in what is happening in the world and it sounds like there could be something put into place earlier to help address these issues (like skills, etc.), and help bring individuals up to speed.
- Shoshana Kehoe-Ehlers said depending on where a person is at there is a bigger focus on treatment, vs. life skills. It seems like it would be something that starts upon arrival, but it could be revised based on an individual's progress and as they are getting ready to release the specifics could be added.
- Brandon Duncan said the SCC has a phase system for the treatment planning and the discharge planning should follow the treatment phasing. This would require which pieces of discharge planning would be attributed to each phase of treatment.
- Jennifer Ritchie said the annual review process is supposed to identify strengths and weaknesses, and some of the most helpful things are what an individual needs to do over the next year to get closer to transition. If it is something that is required to be included in the annual review, and has a road map of what they need to do to get discharged, this may be helpful for individuals. This would also make it easier for those helping to determine the best possible transition.
- **Dan Yanisch** said that this is not one of the questions looked at in the annual review. Often the evaluator can choose to put in this sort of a

- recommendation, but it is not a required part of the annual review. If it was in the policy, it would be included more frequently.
- Brandon Duncan added that if the group wants to look at annual reviews, the entire process should be considered.
- o This sticking point was assigned to Dan Yanisch, Devon Gibbs, Rachael Seevers, and Jennifer Ritchie.

## • Sticking Point #2

- o HB2851 models Discharge Planning after Western State Hospital, but fails to recognize that SCC residents are releasing with criminogenic needs.
  - **Jennifer Williams** said she has a contact at Western State Hospital and she can assist with getting anyone in contact with this person if needed.
  - Andrew Morrison asked who added the recommendation as many some
    of the items in this recommendation are not crimonogenic needs and he is
    confused by the terminology.
    - Corey McNally said when he reviewed HB2851 it was medically driven, and what is going to make these people successful in the community is providing them with the things to make their lives successful. People need employment, recreation, etc.
    - **Devon Gibbs** said some of the things mentioned were addressed in the proposed statute, but it could address more and if increased language is needed they would be open to this.
    - Michael O'Connell said it is probably a good idea to add criminogenic needs as something the discharge plans should include.
- This sticking point was assigned to Jennifer Williams, Shoshana Kehoe-Ehlers, Michael O'Connell and Corey McNally.

### • Sticking Point #3

- The SCC does not have a process that allows them to help Residents apply for services such as Medicaid, Medicare, Social Security benefits, and food stamps.
   This is all done by the client and their defense attorney after release.
  - Jennifer Williams said a lot of these areas are discussed in the executive order from 16-05 and there is someone at DSHS who is willing to work with the SCC to utilize these resources.
- o This sticking point was assigned to John Hayes, Jennifer Williams, Rachael Seevers and Andrew Morrison.

## • Sticking Point #4

- Currently the Community SOTP and SCC Clinician do not have contact, this leads to a break in continuity of care for the client.
- o This sticking point was assigned to John Hayes, Corey McNally, Sonja Hardenbrook, and Jedd Pelander.

### • Sticking Point #5:

- Upon release, Residents are unable to contact friends and family, though they were able to do this while at the SCC.
  - Jennifer Williams asked if there was a screening process within the SCC for who the clients speak to.

- Michael O'Connell said he had heard that DOC is obliged to do background checks, and he has heard they cannot have contact with violent felons and those who have sex offenses in the past.
  - Andrew Morrison said he felt it was fair for DOC to say this is in the court order, but the defense writes those. Andrew talked more about the contact with positive and negative influences. Research has detached from blanket policies, and maybe we need to consider policies that get at protective and prosocial contacts.
  - **Brandon Duncan** said further conversation within the smaller group. There is a requirement of monitoring contacts and they need basic information on the person to do that. There is a clause that says the RCTT can say a person is no longer appropriate and if they find information they did not previously have during the background check they can bring this forward.
- O This sticking point was assigned to Dan Davis, Dominic Winter, and Andrew Morrison.

## **Next Steps**

- Leah will work with Jeff Green, the DSHS Attorney General, and other sub-committee members to discuss the current hurdles with the CPP and how these hurdles can be addressed.
- Leah asked members to send her a list of any additional sticking points they are willing to help with by 3pm on Thursday, and groups should be prepared to report out on those at the next sub-committee meeting on August 11, 2020 from 1-3pm.
- Next Full Board meeting on August 20, 2020 from 9:00am-1:00pm.

Meeting adjourned at 3:00pm

#### APPROVED AND ADOPTED BY THE SEX OFFENDER POLICY BOARD

/s/	08/18/2020
Sub-Committee Chair	Date
Michael O'Connell	