STATE OF WASHINGTON
SEX OFFENDER POLICY BOARD
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SEX OFFENDER POLICY BOARD
Treatment, Discharge Planning, and Conditions of Release
Sub-Committee Meeting
August 18, 2020 1:00pm-3:00pm
Microsoft Teams Meeting

In Attendance: Leah Landon, Staff; Michael O'Connell, Chair; Jennifer Williams, DOC; Terrina Peterson, WASPC; Marla Polin, OPD Contract Attorney; Jamie Weimer, WASPC; Jedd Pelander, DCYC-JR; 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, Shawn Candella, SCC; Zainab Ghazal, SCC; Neil Beaver, WACDL; Shoshana Kehoe-Ehlers; OPD; Brandon Duncan, DOC; Melanie Church, DSHS.

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 28, 2020.

MOTION 20-1-5: MOTION TO APPROVE THE MEETING MINUTES FROM JULY 28, 2020 AS WRITTEN.

Moved: Jedd Pelander
Seconded: John Hayes
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: Report Out on Work Group Items

- At the last sub-committee meeting, participants reviewed the list of discharge planning sticking points and volunteers were requested to consider each sticking point further and craft a recommendation.
- One representative from each of the work groups provided a report out on their sticking point, if the sticking point was truly an issue, and if so, the recommendation they had developed for the sticking point.
    - These are attached at the end of the meeting minutes.

Next Steps

- Leah will develop a survey with all sticking points and associated recommendations so sub-committee participants can indicate whether they support recommendations and submit additional questions for the work group members if they have them.
- After the survey has been completed the group will revisit and discuss any sticking points that people would like to discuss further and then vote on final recommendations.
- 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/ September 9, 2020
Sub-Committee Chair Date
Michael O'Connell

Discharge Planning Recommendations

Sticking Point	Recommendation	Work Group Members
#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.	Discharge plans should be included in all treatment plans and should be completed at intake and updated at every treatment plan review, which already occurs every six months. We imagine it's a dynamic plan that changes as a person progresses through treatment and is updated as the person's needs change. Discharge plans should not be connected to phases of treatment because people release at all phases, including to unconditional release, and should therefore be in place at all times. The inclusion of a discharge plan is not intended to be used in any sort of litigation or as proof that the SCC supports release but instead is intended to be used to guide and benefit a resident in meeting treatment goals. We recommend adopting the below language from SB 2851, and adding the underlined phrases as well: (4) In developing an individualized discharge plan as part of a person's treatment plan, the department must verify that, at a minimum, the following are addressed, based on information known to the department: (a) A functional assessment of physical health, functioning, and any need for health aid devices or <u>health supports and services</u>; (b) Any history of substance use and abuse; (c) Any history of risk and impulsive behaviors <u>and criminogenic needs</u>; and (d) A summary of the individual's treatment needs, including the community services and supports needed for safe living in the community, and providers of such services and supports.	Dan Yanisch Devon Gibbs Rachael Seevers Jennifer Ritchie

	The SCC treatment plan already has a discharge plan section and while we believe these more detailed plans outlined above may require additional SCC staffing/ staff time, we think those costs can be offset, in part, by the savings realized by avoiding litigation, etc.	
#2: HB2851 models Discharge Planning after Western State Hospital, but fails to recognize that SCC residents are releasing with criminogenic needs.	Add the following section to RCW 71.09.080: (3) Any person committed pursuant to this chapter has the right to adequate care, individualized treatment which includes individualized treatment and discharge planning. NEW (4) Individualized discharge planning requires as part of a person's treatment plan, the department to verify that, at a minimum, the following are addressed, based on information known to the department: (a) A functional assessment of physical health, functioning, and any need for healthy aid devices; (b) Any history of substance use and abuse; (c) A summary of any history of risk and impulsive behaviors; related criminogenic needs and treatment interventions to address them; and (d) A summary of the individual's treatment needs, including the community services and supports needed for a safe living in the community, and providers of such services and support. (e) A plan to mitigate the needs identified in (a)(b)(c)(d) to also include a plan for the development of social support(s), recreation opportunities, gainful employment and if applicable spiritual needs.	Jennifer Williams Shoshana Kehoe-Ehlers Corey McNally Michael O'Connell
#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	-Social worker positions need to be allocated to be able to provide these services prior to release. The social workers/case managers must have the responsibility to create and utilize checklists to ensure that these things are completed prior to release. -Potentially add these to the Bridging Transitions classes and reach out to those that may not be able to utilize Bridging Transitions (high acuity population). -SCC needs to implement and utilize a process to access the resources from other agencies as established by Executive Order 16-05 prior to a resident's release.	Dr. Hayes Jennifer Williams Rachael Seevers Andrew Morrison

their defense attorney after release.	-SOAR training would be beneficial for submitting Social Security applications for those assisting residents in applying (https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/soar). -SNAP food benefits – can be submitted 30 days prior to release -Apple Health (Medicaid health insurance) – can be submitted prior to release, helps ensure continuity of health care on release, some insurance companies offer additional coordination of care services on release. DOC may be a good resource for this as they routinely do this in advance of release and may have streamlined the process. -Medicaid waiver eligibility (Home and Community Based Services) - Community Options Program Entry System (COPES) or Comprehensive Assessment Reporting Evaluation (CARE) assessments for supportive livings services, personal care hours, etc- DSHS-SCC should revisit its 2006 MOU with DSHS-HCS to determine the point in time when referrals should be made between agencies, likely 60 days prior to release. -Social Security – establish prerelease agreement with Social Security Administration so applications can be submitted in advance of release (see https://www.ssa.gov/pubs/EN-05-10504.pdf) If that is not possible, start application process 60 days prior to release.	
#4: Currently the Community SOTP and SCC Clinician do not have contact, this leads to a break in continuity of care for the client.	• The clinical pass off between the community SOTP and the last treating clinician at the SCC should occur in the last 30 days before release from the SCC. • The SCC is responsible for initiating this meeting. • The SCC is to develop a standardized discharge process outlined in policy which dictates the responsibilities of each task related to release and related timeframes for each task akin to the related legal process to SCC positions. These responsibilities are to also include coordinating and connecting the community SOTP and the last treating clinician at the SCC for a given resident. The policy would also dictate the requirements of initiating a CHAT or CAM meeting (e.g. resident needs that would qualify for one of these meetings). ○ If the SCC is funded for a FTE social worker, it is recommended that the social worker be the primary holder of these responsibilities.	Corey McNally Dr. Hayes Sonja Hardenbrook Jedd Pelander

#5: Upon release, Residents are unable to contact friends and family, though they were able to do this while at the SCC.	• An MOU with SCC, OPD, and the prosecutorial agencies to ensure records/discovery are disseminated as expediently as possible to minimize delays related to DOC receiving discovery relevant to its investigation of the LRA plan. • Resident is responsible for providing relevant contact information for proposed contacts to include: Name, mailing address, and phone numbers. Missing information may cause a delay. • Resident can request a 'reasonable' number of contacts during the investigation period. We did not give a firm number but I stated 5 is typically doable within the investigation time frame. • The DOC will standardize how it formulates its recommendations that a person is an appropriate or negative social influence to include actions beyond just a criminal background check. This includes an interview to verify relationship to the resident, and attitudes towards treatment and supervision (Andrew, I know you had more detail on this one so please fill it in with what you were thinking so it more accurately reflects what we talked about). • The parties will add a standard condition requiring the RCTT to meet pre-release to review and approve/disapprove requested contacts among other things (the other things being out of scope for the purpose of our sticking point).	Dominic Winter Dan Davis Andrew Morrison
#6: Employment is difficult for Residents to obtain, though is a protective factor and would help increase their chances of successful reintegration.		Marla Polin Andrew Morrison Shoshana Kehoe-Ehlers
#7: In many cases, Residents release without a Washington State ID card.		Aimee Martin Julia Newbold Andrew Morrison Dr. Hayes

#8: Residents may not become eligible for Bridging Transitions until later in the process and in some cases, this may lead to them missing several weeks of the course.	• Attach to recommendations from other discharge planning sticking points. This includes an ala carte type of self-referral or opt-in for adjunct classes (such as ADLs, cooking, budgeting, etc.) related to more general community issues, while keeping a core group of classes that would apply to all releases. • Add the ability for residents to self-refer to Bridging Transitions, or the adjunct classes. • Add that case managers/group therapists can refer a resident to Bridging Transitions or other adjunct classes. • Residents can start Bridging Transitions or attend adjunct classes at any time. • The SCC should review the current Bridging Transitions curriculum and remove subjects from the core classes that make more sense as adjunct classes with a shorter cycle. This may help offset potential new costs. • Residents should not be excluded from Bridging Transitions for missing some classes. • Priority for a Bridging Transitions class spot should be given to those releasing imminently and those who have not taken the course previously.	Dominic Winter Devon Gibbs Dr. Hayes
#9: There are additional life skills that Residents are missing when released into the community, such as how to use a cell phone, access the internet, purchase groceries, how to use a debit card, etc.	First, a comprehensive needs assessment should be undertaken to identify all of the pre-release skills that need to be added. The following groups need to be solicited for input: DOC LRA supervision unit, past and current released persons (both LRA and unconditional release), LRA landlords, chaperones, SOTPs, supportive living providers and employment/voc-ed partners. SCC should lead this but the defense and others must help carry out this survey. Second, a small committee of interested stakeholders should assist the SCC in identifying existing external curriculum and other community resources to meet these needs. Curriculum should include video testimonials from released persons to be shared with persons still in custody. Third, individual needs assessments should be done at intake to help inform discharge planning. Part of the discharge plan should refer the person to modules that can held address identified deficits. Finally, stakeholders should explore providing additional modules of Bridging Transitions post-release, covering topics like internet usage.	Devon Gibbs Andrew Morrison Dr. Hayes

#10: Residents do not have the opportunity to hear from others who have successfully released to the community.	First, a comprehensive needs assessment should be undertaken to identify all of the pre-release skills that need to be added. The following groups need to be solicited for input: DOC LRA supervision unit, past and current released persons (both LRA and unconditional release), LRA landlords, chaperones, SOTPs, supportive living providers and employment/voc-ed partners. SCC should lead this but the defense and others must help carry out this survey. Second, a small committee of interested stakeholders should assist the SCC in identifying existing external curriculum and other community resources to meet these needs. Curriculum should include video testimonials from released persons to be shared with persons still in custody. Third, individual needs assessments should be done at intake to help inform discharge planning. Part of the discharge plan should refer the person to modules that can held address identified deficits. Finally, stakeholders should explore providing additional modules of Bridging Transitions post-release, covering topics like internet usage.	Devon Gibbs Dr. Hayes
#11: It is often difficult and time consuming to find important documents for residents (birth certificates, etc.).	Create document checklist for use during intake to SCC for SCC staff to complete and verify. The checklist includes: o Power of Attorney o Do Not Resuscitate/ Advance Directives re medical care o Birth Certificate o DD214 o State Identification Card Need: two level A docs: (1) SCC ID (2) SCC verification letter to DOL We believe that this will enable people to get state ID cards without changing any WACs or statutes but there may be changes that could be made to the MOU between DSHS and DOL, which Dr. Hayes is tracking down. Note: Part of release planning/ benefit sign-up could include a similar checklist that has "Current ID Card" as one of the things to check on and make sure it's still current- see sticking point 3)	Rachael Seevers Marla Polin Andrew Morrison Dr. Hayes
#12: Residents are unsure of who to contact for help		

with different items. In addition, social works and others often do not know what others in the process are responsible for.		
#13: In some instances, residents have been given their ID and then had it confiscated as contraband.	Update Policy 202 with the procedure to be followed if a photo ID is received in the mail, including how the documents will be stored and how it will be returned to resident at discharge. Include IDs to be returned in a discharge checklist.	Dr. Hayes
#14: In general, the release process lacks any sense of collaboration.		Sonja Hardenbrook Andrew Morrison
#15: The SCC does not currently have a role in planning the LRA.	Bridging Transitions should have an ala carte type of self-referral or opt-in for adjunct classes (such as ADLs, cooking, budgeting, etc.) related to more general community issues, while keeping a core group of classes that would apply to all releases.	Shoshana Kehoe-Ehlers Rachael Seevers Dr. Hayes
#16: CHAT meetings currently do not have clear guidelines related to when a meeting can be called and who qualifies for one.	Addressed in Item #4 and can be removed.	Rachael Seevers Sonja Hardenbrook Dr. Hayes
#17: It is difficult to secure housing in the community during the LRA and release process as funding is not available to hold housing for the resident.	Waiting on SCC approval.	Shoshana Kehoe-Ehlers Marla Polin Andrew Morrison

#18: There currently is not a step-down process for those releasing to the community.	All LRAs should have an individualized case plan that reduces conditions over time towards discharge. SCC should develop written policies regarding Transition Team operation and step-down progression on LRA. See DOC 300.000 continuous case plans. Stakeholders need to coordinate on solutions for greater SCC staffing role on LRA (lead case planner) with consideration of the current fiscal climate.	Brandon Duncan Devon Gibbs Marla Polin Andrew Morrison
#19: HB 2851 has Community Transition Facilities but lacks additional information on how to get there.	We recommend that DSHS/ SCC explore the development of Community Transition Facilities, which may include community-based state-operated living alternatives similar to the current SOLA model. These facilities or placements may be identified via an RFP process undertaken by the SCC or created via direct state acquisition/ development. Any RFP for these facilities should include SCC oversight to ensure that programs are operating as promised. The SCC would necessarily need additional funding to conduct this RFP process and contractual oversight. Note, this recommendation relates strongly to the outcomes of sticking points 1 and 15, both of which relate to the SCC's role in LRA and discharge planning. For information about SOLAs, see: https://fortress.wa.gov/dshs/adsaapps/about/factsheets/DDA/SOLA%202020.pdf	Devon Gibbs Rachael Seevers Andrew Morrison Jennifer Williams
#20: There is a lack of treatment providers who can treat SCC residents once they release into the community.	• The SCC develop a Standard Operating Procedure to review and evaluate newly contracted SOTP to ensure they are meeting the requirements of the contract. • The SCC provide regular trainings for prospective SOTP contractors and existing contractors to provide information as to contract requirements, expected client treatment needs, interactions with the legal system. This would be mandatory for prospective SOTP's interested in contracting with SCC to treatment clients in the community and existing contracted providers. These trainings would also provide an avenue to give existing contracted providers any updates and/or changes and connect existing providers with new prospective ones.	Sonja Hardenbrook Jennifer Williams Corey McNally Dan Yanisch

	- These trainings would be annual, or bi-annual and could be pre-recorded or delivered via an online platform to reduce travel costs if determined appropriate. - The SCC be provided with designated staff to manage SOTP contracts to ensure contracted providers adhere to the contract requirements. - If designated contracted managers are not provided, SCC will make contract management as part of an existing position's duties and relieve that position of other duties to ensure appropriate attention can be given to this task. - The SCC ensures the pay associated with contracting to provide services to those on LRA is competitive: - The contract would allow for a pay range allowing room for a higher wage for those accruing more experience with LRA clients. For example, an SOTP who has contracted with SCC for several years is paid more than a newly contracted provider. - The pay range would also have a difference in pay depending on education level, paying someone with a doctorate more than a master's level clinician. It is suggested a up to a $25/hour increase for a licensed psychologist over a provider with a master's level license. - The cost of the SOTP license is a barrier to increasing providers for clients on LRA. - The SCC contracts have built in cost of living pay increases for SOTP's commensurate with that state employees receive. - The SCC provides incentives for providers to contract to treat the LRA population, such as paying for some mandated trainings required by the SOTP license, or providing a stipend for trainings in a set dollar amount. - SB 6641 changed the requirements to become an SOTP and will likely lead to slowly increasing the number of SOTP's in the state. - Included in this bill is direction for the SOTP advisory committee to examine ways at reducing the cost of the SOTP license.	

	○ HB 2851 proposes reducing or eliminating the cost of the SOTP license for those contracting to provide services to LRA clients in underserved counties.	