



STATE OF WASHINGTON

SEX OFFENDER POLICY BOARD

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SEX OFFENDER POLICY BOARD SB 5163 Workgroup Kickoff Meeting

July 29, 2021 1:00pm-3:00pm

Zoom Meeting

Attendees: Shoshana Kehoe-Ehlers, WA Office of Public Defense; Brad Meryhew, WACDL; Jedd Pelander, DCYF; Brandon Williams, DOH; David Flynn, SCC; Jonathan Sherry, SCC; Dr. Zainab Ghazal, SCC; Dr. Elena Lopez, BHA HQ; Priscilla Hannon, Treatment Provider; Sonja Hardenbrook, Snohomish County PDA; Joshua Choate, Attorney General's Office; Alex Mayo, WA Voices; Megan Schoor, OFM; Thea Mounts, OFM

Meeting Notes

Welcome & Call to Order

- **Megan** welcomed everyone to the meeting. Meeting participants were asked mute their microphones when not speaking and asked to use the chat function and “Raise your hand” function through Zoom whenever they would like.
- **Megan** reminded people that the meeting was being recorded and the recording is available upon request.
- **Brad** invited people to introduce themselves.

Meeting Objectives

- **Megan** summarized the objectives for the meeting, including the outlining of workgroup expectations, responsibilities, and the scope of the assignment.

Assignment Overview

- **Brad** reviewed the details of the SB 5163 Workgroup assignment ([See Notes below](#)). Brad highlighted the key role of a chair or co-chairs, and the support that the SOPB Coordinator and OFM provides to the workgroup.
- According to a recent DOH update from **Brandon**, there are 97 SOTPs who are registered to provide treatment in the state of Washington, but not all of them are listed on the DOH website or in DOH's SOTP Directory document.

- We have a very short timeframe to address the workgroup assignment components, since the report is due on December 1st.

Workgroup Expectations and Responsibilities

- **Joshua** suggests that we should fully explain/identify the problem, potentially through statistics or other data. This may be an issue that is new to legislators, so it is important to set the stage from a financial and workload perspective, including the number of SOTPs that can provide these services.
- **Dr. Ghazal** and **Jonathan** volunteered to share information about SCC caseloads to discuss at a future meeting, including number of providers and how many residents are currently serving from a geographic standpoint. Data that projects future caseloads may be more difficult to project, but Jonathan will see what information can be compiled.
- **Dr. Lopez** wondered, with the passing of ESSB 6641 which changed the licensing requirements for SOTPs, were there any increases in individuals who meet the licensing qualifications?
 - While it is still early in the data analysis work to understand long-term projections, **Brandon** has not yet found an increase in applications between 2020 and 2021. A majority were full SOTP licensure applications received over the timeframe. There has been a decrease in the number of affiliate SOTP applications over the last five years.
- **Dr. Lopez** also mentioned the need to clarify whether annual or biannual trainings should be mandatory. Does this assignment suggest that annual or biannual trainings should be mandatory, in addition to all the other training requirements in place? The wording is unclear, and there is a considerable amount of CEU requirements already for providers to complete. Do the current standards meet the requirements, or are there additional trainings necessary to complete in order for SOTPs to meet mandatory requirements?
 - **Joshua** raised the idea that DSHS and other agencies could consider preparing specific continuing education trainings on more generalized topics for SCC's SOTPs and any other LRA providers, community partners, etc. If an SOTP wants to utilize those trainings, then SCC could make those available to them. If the trainings are not mandatory, then there is no additional burden on SOTPs to meet the mandatory requirements.
 - **Dr. Lopez** noted that the licensing cost for an SOTP was a topic not fully investigated with the passing of ESSB 6641. It costs thousands of dollars for an SOTP to get licensed in Washington, and on a renewal basis it continues to be expensive. Perhaps this workgroup looks at this topic, since licensing cost may contribute to the number of SOTP applications coming into the state.
 - **Brandon** reiterated that is a topic being explored by the SOTP Advisory Committee, including initial licensing fees, disciplinary costs, and maintenance fees to stay licensed. With such few SOTPs in the state, the licensing costs are based on how many people are working in the field and

the cost to maintain the profession. One way to make the cost lower is to get more providers in the field.

- **What's the definition of an affiliate provider?** "Certified affiliate sex offender treatment provider" means an individual who is a licensed psychologist, licensed marriage and family therapist, licensed social worker, licensed mental health counselor, or psychiatrist as defined in RCW 71.05.020, who is certified as an affiliate to examine and treat sex offenders pursuant to chapters 9.94A and 13.40 RCW and sexually violent predators under chapter 71.09 RCW under the supervision of a qualified supervisor.
- **Shoshana** asked, should this workgroup also focus on the legal aspects of an SOTP (i.e., being a witness) with juvenile offenders / juveniles in LRAs and how that may be a challenge to attracting these providers to our state? Some SOTPs may work with clients who have complex issues to address beyond a sexual offense (i.e., mental health issues, disabilities, etc.). Caseload size may also have a considerable impact on the ability to attract and retain SOTPs.
- **Sonja** echoed support for **Joshua's** idea that DSHS have CEUs/trainings that are available to SOTPs but not mandatory. When she recruits new SOTPs for LRAs, the most challenging part is often the rate of pay. The second challenge is that they want to learn and want resources that aren't just internal, but they want more outside resources to support them. Having CEUs that are available but not mandatory sounds like a great idea.
- **Priscilla** shared her insight as a treatment provider and her experience working through the SOTP licensure requirements. The cost of the certification was not the most concerning thing for her as an SOTP. The trials and interviews she has engaged in as an SOTP have been very challenging and adversarial at times.
- **Megan** transitioned the group to a collaborative brainstorming exercise to capture what topics are in-scope versus out-of-scope for the workgroup to complete.
 - When the assignment mentions "the department," what agency is being referenced? DSHS is referenced as "the department," and any subagencies like DCYF may be mentioned in further language. RCW 71.09 defines "the department" as DSHS.
 - **Sonja asked** whether #1 of the assignment references if SOTPs are currently required to contract with DSHS, or whether SOTPs should be required to contract with DSHS? Workgroup should make a recommendation as to whether or not SOTPs should contract with DSHS if they are providing LRA services to the community. Should SOTPs be required to contract with DSHS to provide those services, or should SOTPs be able to operate as independent providers?
 - **Alex asked**, are we stuck to only the bullets, or can we offer suggestions to the greater question "to increase the availability and quality"? For instance, changing the funding structure for licensure so that the fees are not tied to number of folks certified.

- **Brandon replied** that major structural updates or shifts at DOH and/or a legislative carve-out for those changes to happen. Overall, finding ways to increase access to care is in our scope. Recommendations may include potential changes to structures.
- **Sonja reiterated** that finding ways to increase incentives is in the workgroup’s scope, especially ideas that would not necessarily require significant statutes or structural changes to DOH or other agencies. Perhaps there is a possibility for a DSHS grant that could help support SOTPs seeking certification who provide services to LRA clients each year. This type of incentive would be especially helpful for new providers given the major upfront financial commitment. It wouldn’t be a waiver, which falls more heavily on the other SOTPs and may hurt the overall pool of SOTPs.
- **Dr. Lopez wondered** how frequent information is shared about current incentives, like the waiver process for providers who serve in underserved areas. Do practicing SOTPs use the waiver process? How much information about this incentive is shared among SOTPs?
 - **Brandon stated** generally that SOTPs do utilize the waiver process to renew their credentials, but that topic brings up the importance of increasing access and incentives. One topic that the workgroup can consider in-scope is the education and outreach process, especially because new providers may not be aware of existing resources.
- **Shoshana wondered** whether there may be other barriers (non-monetary) that are equally or more important to SOTPs.
- A general discussion was had regarding Fair Share and if/how that falls in-scope or out-of-scope. It would be helpful to visualize how SOTPs are located geographically by county and the number of individuals who are committed in an LRA by county. See the graphic on page # of last year’s SOPB report.
- **Brad asked Priscilla** to share why an experienced SOTP would want to do this work. **Priscilla** shared that this work is rewarding, makes her a better treatment provider, and pushes her to stay involved and current on best practices, available trainings, etc.
- **Sonja stated** that the first few questions she gets asked is the rate of pay and whether the provider would have to sign a contract. Once she provides the information including contract, many providers do not reconnect. If they are a Master’s level and see the difference in pay for a PhD level, then they are often not willing to talk further because they get paid more for doing other work. **Priscilla** also reiterated that there is a heavier case management, paperwork, and time commitment in this work.
 - **Joshua asked**, can SOTPs get paid for that additional work based on the current contract structure? There may be those opportunities, but it may

not always be consistent. If the contracts read in a way that they can be ‘nit-picked,’ then that may result in limitations to increase and attract SOTPs in the state. **Dr. Ghazal** shared that some updates to the contract wording have been made but is open to identifying other potential improvements to the contract language.

- The workgroup discussed the current rates of pay for a Master’s level (\$125/hr) and PhD level (\$150/hr), depending on the service. **Joshua mentioned** that the 71.09 statute outlines this topic at some level. The workgroup will examine the possibility of a range or a minimum rate of pay for SOTPs who work in LRAs.
 - **Joshua asked Priscilla**, about how many hours are typically spent to provide services for a given LRA client? Around 12-15 hours per LRA client per month. **Joshua suggested** that we may be able to prepare some helpful statistics on this topic.
 - **Brad also suggested** the workgroup understand, how much it costs to provide services on the island compared to providing services in the community. **Brad also suggested** that we research reimbursement rates, policies, and practices in other states. **Sonja mentioned** the possibility of other finding SOTPs in nearby states like Idaho or Oregon who may be able to practice/be fully credentialed in Washington.
 - **Dr. Ghazal agreed and wondered** if licenses are transferable across states. **Sonja mentioned** that there is a reciprocity provision in the statute. It’s not simple or automatic, but it seems like a much more streamlined process with the Washington Licensing Board than the credential or affiliate process. This could be another idea / way to promote or increase access to SOTPs in Washington.
- Workgroup members continued discussing in-scope versus out-of-scope tasks for the assignment, including possible ways to increase access to care, possible ways to increase incentives for SOTPs, and ways to promote existing/current incentives for SOTPs. Members are interested in exploring the makeup of different SOTP types in Washington, including affiliates and non-affiliates. The workgroup should also align their recommendations with the existing efforts underway at SCC to build SCTFs in the state, based on Fair Share and provider availability among counties.
- **Shoshana Kehoe-Ehlers** and **Joshua Choate** are willing to serve as Co-Chairs for the SB 5163 Workgroup.

For the Good of the Order

- If you are interested in attending the next SOTP Advisory Committee on August 13th, please let Brandon Williams know.

Wrap-up / Next Steps

Question	Person / Resource	Next Steps
What immediate resources can we share with each other?	<ul style="list-style-type: none"> • Dr. Ghazal / Jonathan – SOTPs, contracts, and caseloads in the community (+ projections) <ul style="list-style-type: none"> ○ Along with contract template 	Dr. Ghazal / Jonathan will email information to Megan
What other resources do we want to leverage / review at future workgroup meetings?	<ul style="list-style-type: none"> • Information from bordering states (Idaho, Oregon, maybe California) practices re: SOTPs and contracting <ul style="list-style-type: none"> ○ Presentations or handouts from a representative of ATSA or WATSA • Utilize Priscilla and her SOTP contacts 	<ul style="list-style-type: none"> • If you have an ATSA or WATSA contact/resource, please email Megan, Shoshanna, or Joshua • What survey questions would we ask? Sonja will send some survey questions that she previously compiled.
What topics or issues should we know more about? What do we need to know that we don't already know?	<ul style="list-style-type: none"> • Data on the variety of in-scope topics listed above 	

Meeting Adjourned at 3 pm

Notes

NEW SECTION. Sec. 13. A new section is added to chapter 71.09 RCW to read as follows:

(1) Subject to the availability of amounts appropriated for this specific purpose, the department, the sex offender policy board, and department of health shall convene a work group to develop recommendations to increase the availability and quality of sex offender treatment providers to meet the growing number of persons qualifying for conditional release to a less restrictive alternative. The work group shall gather data on...

1. best practices in other states and make recommendations whether sex offender treatment providers should be required to contract with the department;
2. whether annual or biannual trainings by the department should be mandatory for prospective and existing sex offender treatment providers;
3. whether the department should provide competitive wages for services or pay that is commensurate with the years of experience or education level of the treatment provider; and
4. whether the department should provide other incentives such as a cost-of-living pay increase or compensating providers for the cost of mandated trainings associated with the sex offender treatment provider license under chapter 18.155 RCW.

A report shall be submitted to the legislature by December 1, 2021.

APPROVED AND ADOPTED BY THE SB 5163 Workgroup

_____/s/_____

Co-Chair Joshua Choate

___8/12/21___

Date

_____/s/_____

Co-Chair Shoshana Kehoe-Ehlers

___8/12/21___

Date