

STATE OF WASHINGTON SEX OFFENDER POLICY BOARD

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SEX OFFENDER POLICY BOARD SB 5163 Workgroup Kickoff Meeting

August 12, 2021 2:30 – 4:00 pm Zoom Meeting

<u>Attendees:</u> Jedd Pelander, DCYF; Brandon Williams, DOH SOTP Program; 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. Members were reminded that the meeting was being recorded and the recording is available upon request.
- Megan invited people to introduce themselves.

Objective 1 - Review Meeting Objectives

• **Joshua** summarized the objectives for the meeting, including the need to discuss what should be included in the final report as far as topics covered.

MOTION #21-5-1: MOTION TO APPROVE THE July 29, 2021 MEETING MINUTES.

MOVED: Sonja Hardenbrook SECONDED: Joshua Choate ABSTAINED: Jedd Pelander PASSED: Unanimously

Objective 2 – Current SOTP Caseload in Washington

• Review and discuss key takeaways from two handouts prepared by Megan, Thea, and Jonathan.

- What are the caseload statistics for SOTPs in Washington who serve juvenile sex offenders?
- What is the current breakdown of SOTPs by certification/license type? What client groups and counties are served by SOTPs?
- What results from the Treatment Subcommittee's SOTP Survey resonate with you, given this workgroup's assignment?
 - 17 of the 30 survey responders do not have a state Sexually Aggressive Youth (SAY) program contract.
 - Jedd explained that SAY is an outpatient treatment program for youth that are dependent on WA state and have exhibited sexual behavior or crime before the age of culpability. Youth meet with community treatment providers through this program.
 - **Joshua** asked the group about the adoption and acceptance of virtual services instead of in-person services. Is it working? Have there been any concerns with the idea of providing virtual services to LRA clients?
 - Priscilla shared that while there are certainly Pros and Cons, it is widely being accepted. There has been some flexibility due to the pandemic with providing virtual sessions. Some SOTPs have transitioned to providing virtual services entirely to clients. Video sessions, including for groups of adolescents, can be effective. Doing in-person sessions and individual evaluations with masks could be challenging because it may complicate the SOTP's ability to assess body language.
 - Jedd also mentioned that virtual services have helped reduce gaps in services for youth who are moving out of state, because they are able to connect with their SOTP virtually before their transition.
 - **Priscilla** also pointed out that virtual services can be problematic depending on where you're licensed. SOTPs typically are only allowed to provide services in the same state as their client.
 - **Sonja mentioned** that the SOTP Committee is getting ready to make a recommendation regarding suspending the face-to-face requirement.
 - **Brandon shared** that the suspension has been extended multiple times through DOH via emergency rulemaking process. The understanding early on was that the suspension would not be permanent. However, there are discussions happening about making it so that providers can have that option.
 - Joshua clarified, would the rule change involve making the virtual format a permanent option?

- **Brandon stated,** Yes, it would remove the limitation. If it was something to be adopted into permanent rule, that would need to go through public rulemaking process including public hearings and stakeholder hearings.
- Alex asked, Can SOTPs in private practice offer a sliding scale option?
 - Joshua replied that he was not sure, but typically there is a contract established between DSHS/SCC and the SOTP to serve LRA clients. It may not be a significant issue for this workgroup.
 - **Priscilla shared** that most SOTPs she knows have a sliding scale for clients who must pay out-of-pocket.
 - Joshua asked, is this type of treatment typically covered by SSI benefits or other insurance?
 - **Priscilla said** No, SOTP services are not typically covered by insurance. Only way to bill is that if you have a separate diagnosis, and providers vary whether they go that direction. **Sonja** also shared that if some clients obtain insurance after an LRA, their SOTP may apply PTSD diagnosis codes and continue to work with the client. There must be a different diagnosis, and the client must be off state insurance.
- Jonathan reviewed the current caseloads of SOTPs who serve LRA clients. Pierce County and King County have largest number of SOTPs who are contracted with the SCC to provide services to LRA clients. There are three contracted SOTPs who provide LRA services in Spokane County. It is based on the county of residence, i.e., where the resident is residing. It is not based on county of commitment, but rather the county where the client is physically in an LRA and where the provider is providing service to them. Some SOTPs provide LRA services to multiple counties. There are 31 LRA clients who reside in Pierce County.
- The group also reviewed some summary statistics on SOTPs who are voluntarily listed in the DOH SOTP Directory.
 - Brandon stated that less than half of the individuals who are legally able to provide SOTP services in WA are represented on the directory. Perhaps there is an opportunity for DOH to recruit additional SOTPs to the directory, and the process for adding SOTPs to the directory. Sonja shared that sometimes she uses the old pdf directory documents instead of the searchable online directory to try and identify potential SOTPs to recruit because there are more providers listed in the pdfs.

- Brandon asked, what are the desires to <u>not</u> be included in the DOH SOTP directory? Could an SOTP's current caseload be large enough that they don't want to advertise and potentially increase their caseload size? Is it a lack of SOTP knowledge that the directory exists? No need to advertise?
 - **Priscilla** suggested that it may be more due to not needing to advertise. Other SOTPs may still be licensed but not taking clients or are no longer in private practice.
 - **Brandon** also mentioned the multiple hoops to jump through when it comes to an SOTP renewing their license after a period of non-use/inactivation.
 - **Priscilla** also mentioned that one other barrier to entering the SOTP field may be a misperception about the amount of money that an SOTP makes right after graduate school. Coming out of graduate school, SOTPs must work on their LMHC or LICSW, which can be very costly. A new provider must pay someone for the supervision to get their certification. Established SOTPs may not be willing to take on a graduate without an underlying credential because of liability concerns. When people have their license, they likely would not want to pay someone for the supervision for the SOTP. Sometimes people lose interest in getting certified because of cost.
- **Sonja asked,** do we have the capacity to gather insight from people who have an underlying credential who are not yet SOTPs but show potential in being an SOTP?
 - **Brandon** thinks that this would require a public records disclosure request due to the need for contact information. There may be restrictions which could pose barriers in doing this.
 - Sonja wondered if we could reach out to professional associations?
 Priscilla suggested looking at provider websites but it may take a considerable amount of time.
- **Priscilla** also shared that another potential barrier could be conflicting dynamics or differing opinions in how to provide services / what approach an SOTP should take.
- **Brandon** was surprised to see that Licensed Mental Health Counselors were one of the most common SOTP types listed in the DOH directory. The requirements to obtain this credential are more straightforward than some of the other types, and the exam is administered more often than the exam for licensed family and marriage counselors. Perhaps having more funds available for contracted work will incentivize LMHCs to become SOTPs than becoming a supervisor.

- Joshua asks, is the SOTP certification process in Washington comparable to the process in other states? Perhaps there is a recommendation for change that may help improve the accessibility of the certification process. It would also be worth looking at other states to compare funding to SOTP in order to make a better recommendation to SOPB. Megan will capture this idea and start reviewing information from other states.
- Members agree that there is value to explore new and existing incentives that may expand SOTPs. It would also help to hear how the SCC contract is set up and why, along with a few SOTPs who may be willing to share their input on the financial side of contracting and any barriers, benefits, or incentives.
- **Brandon** asks, has there been any discussions about the potential for SOTP designation live with DSHS instead of DOH? Are there process improvements to consider that may streamline steps and ultimately increase the availability and quality of SOTPs? **Megan** suggested that we discuss that idea further at the next meeting after reviewing the contract details.

For the Good of the Order

- Deadline for recommendations from SB5163 workgroup is October 8, 2021.
- SOBP voting on SB5163 workgroup recommendations takes place on October 14, 2021.

Next Steps

• Next workgroup meeting scheduled for August 26, 2021.

Meeting Adjourned at 4:06 pm

APPROVED AND ADOPTED BY THE SB 5163 Workgroup

/s/

8/26/21

Co-Chair Joshua Choate

Date

____/s/_____

8/26/21

Co-Chair Shoshana Kehoe-Ehlers

Date

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.