REVIEW/REVISION HISTORY:

Effective: 9/1/91
Revised: 8/20/03
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SUMMARY OF REVISION/REVIEW:

VII.C.1., and VII.D.2.a. - Adjusted form usage
VII.D.2.b.2) - Added language for clarification
Removed VII.D.2.b.3) that the offender will pay all copy expenses in advance at the prevailing rate

APPROVED:

Signature on file 4/15/16
RICHARD “DICK” MORGAN, Secretary Date Signed
Department of Corrections
REFERENCES:

DOC 100.100 is hereby incorporated into this policy; RCW 9.94A.810; RCW 9.94A.820; RCW 70.02; DOC 280.510 Public Disclosure of Records; DOC 300.380 Classification and Custody Facility Plan Review; DOC 350.200 Offender Transition and Release; DOC 460.000 Disciplinary Process for Prisons; Sex Offender Treatment Program (SOTP) Prioritization Matrix.

POLICY:

I. The Sex Offender Treatment and Assessment Program (SOTAP) provides:

A. Risk assessment,

B. Prison-based sexual deviancy treatment to incarcerated adult sex offenders, as well as aftercare for offenders who successfully complete the treatment, and

C. Follow-up treatment services in the community upon release from Prison.

II. Three main goals of SOTAP are to:

A. Provide opportunities for offenders to learn the attitudes, thinking skills, and behaviors necessary to manage their risk of future sexual offense.

B. Assist decision makers within the Department and in the community with managing offender risk by providing relevant and timely offense-related information and consultation.

C. Evaluate the effectiveness of the program through data collection and research to develop more effective treatment and management practices.

DIRECTIVE:

I. Eligibility Criteria

A. To be considered for SOTAP, offenders must meet eligibility criteria as follows:

1. Convicted of a sex offense(s) for the current or a previous term of confinement.
2. Eligible for release from Prison at some point in the future.
3. Acknowledge/recall having committed a sex offense(s).
4. Agree to attend SOTAP and follow treatment rules and expectations.

B. Offenders who cannot read or speak English, who otherwise meet the criteria, may be eligible for treatment based on available resources. Counselors should consult with the SOTAP Program Specialist 3 (PS3), and the SOTAP
Psychologist 4 will make a recommendation to the SOTAP Director, who will make the final admission decision.

II. Program Referral/Application

A. Offenders will be referred for SOTAP as follows:

1. Offenders with a current or previous sex offense conviction will automatically be referred to SOTAP during the intake process at the Washington Corrections Center (WCC) or Washington Corrections Center for Women (WCCW) Reception Diagnostic Center (RDC).

2. Manual referrals may be made for offenders who were not convicted of a sex offense, but report having committed a sex offense(s) that has not led to a charge/conviction, or who believe they may commit sex offenses upon release. The SOTAP Director will consider these offenders on a case-by-case basis.

   a. Counselors should communicate the circumstances to the SOTAP Director through the SOTAP PS3 to manually create a referral in OMNI Programs.

3. If an offender who is referred for SOTAP declines treatment services at the time of eligibility screening, the referral will be closed in OMNI Programs.

B. The SOTAP Director may also consider offenders within 24 months to their Earned Release Date (ERD) who request sexual deviancy treatment and do not have an open referral.

1. Offenders may apply for SOTAP who:

   a. Seek sexual deviancy treatment, but are identified as low priority through the SOTAP Risk Assessment.

   b. Initially declined treatment and wish to be reassessed.

   c. Seek readmission to SOTAP, including those who:

      1) Participated in SOTAP during a previous term of confinement.
      2) Left SOTAP before completion.
      3) Completed SOTAP and had community release revoked.
4) Previously terminated from treatment or subsequently had time added by the Community Custody Board (CCB)/Indeterminate Sentence Review Board (ISRB).

2. Offenders will submit DOC 02-194 Sex Offender Treatment Program Statement, Program Screening, and Application and any supporting materials to their Counselor, who will enter a manual referral in OMNI Programs.
   a. Offenders sentenced to a term of confinement less than 18 months must apply for treatment upon arrival at the RDC and will be considered for treatment at the discretion of the SOTAP Director or designee.
   b. Requests made by offenders with less than 12 months to their ERD will not be considered.

C. Counselors will encourage offenders from non-RDC facilities to apply for sexual deviancy treatment.

III. Risk Assessment

A. SOTAP will use Department approved, validated instruments and measures to assess offender risk to commit future sex offenses.
   1. Only one type of static risk assessment instrument needs to be completed for each offender, except for priority code overrides, in which case additional risk assessment instruments may be used. The specific risk instrument(s) used to determine admission priority may change over time as research dictates.

B. Male sex offenders under Department jurisdiction will be assessed as follows:
   1. The SOTAP Corrections Specialist 3 will assess male sex offenders entering Prisons through the WCC RDC with more than 12 months to ERD. The assessment will be used for determining risk to commit future sex offenses, treatment prioritization, and resource planning and for classification purposes.
   2. The SOTAP Community Corrections Specialist will assess male sex offenders released to the community from Prisons or jail. The assessment will be used for determining risk to commit future sex offenses, which will be used to calculate the offender’s Risk Level Classification (RLC).
3. Assessment data will be entered on the SOTAP assessment screen in OMNI Programs.
   a. Upon completing an override of an offender’s RLC, the SOTAP Community Corrections Specialist will communicate the updated RLC with the assigned Community Corrections Officer (CCO) and the Community Corrections Supervisor (CCS).

C. No validated risk assessment instrument is available for the female population. All female sex offenders volunteering for treatment services, who meet eligibility criteria, will be placed in treatment within available resources.
   1. Female offenders under ISRB/CCB jurisdiction will be placed in treatment at 16 months to ERD. All other female offenders will be prioritized for treatment at 12 months to ERD.

IV. Admission Priority
A. SOTAP provides treatment services to as many as 180 offenders each at the Twin Rivers Unit of Monroe Correctional Complex and Airway Heights Corrections Center. Treatment is also available for up to 12 female offenders at WCCW.

B. Based on program availability, treatment beds will be prioritized by the SOTAP PS3 and coordinated with the Sex Offender Treatment Program (SOTP) Manager using the Sex Offender Treatment Program (SOTP) Prioritization Matrix.
   1. Once a priority code is assigned, offenders with less time to their ERD will be prioritized before those with more time to serve. Priority code overrides must be approved by the SOTAP Director.
   2. Within available resources, SOTAP may provide programming for higher risk sex offenders who have been determined ineligible for treatment.
   3. Within available resources, offenders with intellectual/developmental disabilities and/or major mental illness may be prioritized before those with more time to serve to ensure offenders have sufficient time to complete the program.
   4. Offenders releasing to Washington State will be prioritized before offenders with detainers to other states or countries and offenders that reside in other states.
C. If the offender’s interest or ability to participate changes before transfer to treatment facility and/or placement, a classification employee will notify the SOTAP PS3, who will enter a Sexual Deviancy Chronological Event (chrono) in the offender’s electronic file and update the referral screen in OMNI Programs.

V. Transfers

A. The SOTAP PS3 will coordinate with the Transportation Manager and Corrections Specialists at Headquarters to arrange for offender transfers.

B. Once eligibility is determined, and upon transfer to the treatment facility, failure to participate in/completion of the program will result in a 557 violation per DOC 460.000 Disciplinary Process for Prisons.

VI. Treatment Services

A. A Department approved, validated needs assessment will be completed on all male SOTAP participants. The assessment will be used for treatment planning, determining dosage, establishing the Sex Offender Risk Category in OMNI Programs, and identifying targeted interventions related to the individual criminogenic risk factors empirically linked to sexual recidivism.

1. Assessment data will be entered in OMNI Programs.

B. Based on the needs assessment, the assigned sexual deviancy treatment provider will complete an initial treatment plan within 30 days of intake to SOTAP Prison and community-based programs. Every effort will be made to engage offenders in their treatment plan.

1. Offenders who object to specific, assigned tasks and procedures will, whenever possible, be given an option to perform alternate tasks to achieve the same clinical goals.

2. Offenders who object to a number of treatment components or the basic treatment philosophy may be asked to withdraw from the program.

C. SOTAP clinical personnel will use cognitive behavioral principles of intervention and relapse prevention during the course of treatment.

D. The SOTAP Psychologist 4 provides clinical consultation, conducts research, and prepares comprehensive reports using psychological testing for program participants at the request of the SOTAP Director or designee.
1. The SOTAP Psychologist 4 is not the offender’s primary mental health care provider, but consults with Health Services regarding any mental health-related concerns.

E. SOTAP employees/contract staff will be responsible for preparing the summary for all offenders discharging from treatment.

F. Within available resources, Prison-based aftercare treatment services may be provided to male offenders consistent with the Sex Offender Treatment Program (SOTP) Prioritization Matrix. Aftercare may also be available for female offenders at WCCW.

G. The SOTAP employees will provide the offender with DOC 02-330 Sex Offender Treatment Program Rules of Confidentiality and Informed Consent.

VII. Prison-Based Treatment Records and Confidentiality

A. Throughout the course of treatment, SOTAP clinical personnel will keep written group and individual notes documenting progress towards addressing dynamic risk factors.

B. All offender risk assessment reports will be made available to SOTAP employees to assist in treatment planning. The risk assessment will be uploaded into the offender’s electronic imaging file and documented in the offender’s electronic file.

C. Information provided by offenders and described in any non-psychological reports prepared by SOTAP personnel will be shared with Department employees and criminal justice entities on a need-to-know basis.

   1. Unless authorized by law, offenders must sign DOC 02-406 Sex Offender Treatment and Assessment Programs Release of Confidential Information to share relevant information with other parties (e.g., family members, private treatment providers).

   2. Treatment documentation and other treatment-related material will be maintained by SOTAP in the offender’s treatment file.

D. Psychological testing and reports completed by the SOTAP Psychologist 4 will be treated as confidential, protected health information.

   1. Records will be maintained in a secure location separate from the central file, offender health record, and treatment file. Psychological testing, including raw scores, reports, and diagnoses, will only be disclosed as
authorized by law and will only be photocopied for official Department purposes.

2. Disclosure with Offender Authorization

a. Any authorization by an offender for voluntary disclosure of his/her psychological testing reports must be made in writing per RCW 70.02.030 using DOC 02-406 Sex Offender Treatment and Assessment Programs Release of Confidential Information.

1) An offender may revoke a disclosure authorization by written request to the SOTAP Psychologist 4 at any time before a disclosure is made per RCW 70.02.040.

b. Offenders may request to examine or obtain a copy of their own SOTAP psychological testing results.

1) Offender requests to examine their own testing results will be submitted in writing to the SOTAP Psychologist 4/designee. A response will be made within 15 working days of receiving the request.

   a) The records should be reviewed in the presence of the SOTAP Psychologist 4 or, in his/her absence, a duly qualified and licensed mental health provider.

   b) Examination may be denied if the SOTAP Psychologist 4 concludes the knowledge of the information may be injurious to the offender’s health, could reasonably be expected to endanger the life or safety of any person, or for other reasons cited in RCW 70.02.090.

2) Offender requests for copies of their own testing results will be submitted to the Department Public Disclosure Unit per DOC 280.510 Public Disclosure of Records.

3. Disclosure without Offender Authorization

a. The SOTAP Psychologist 4 will share information with the SOTAP Director, Superintendent, and health services personnel related to protecting and preserving the safety/security of the facility.
b. Information may be disclosed to Prison and Field Office classification/supervision employees and contract staff on a need-to-know basis.

c. Information may be disclosed and/or exchanged with health services providers in the community to ensure the continuity of care per RCW 70.02.050(1)(a) and RCW 74.09.555.

d. Psychological reports will be disclosed without the offender’s permission when required by law or court order. Reports will also be released to fulfill the Department’s obligation to warn or to protect the public while preserving details (e.g. diagnosis).

e. Records will be released to the ISRB upon written request. A copy of such requests will be placed in the treatment and SOTAP psychological files.

f. Records may be disclosed in other circumstances, as permitted by court order or by RCW 70.02.050, RCW 70.02.900, or other statute.

4. In the course of official duties, access to the SOTAP psychological file is granted to SOTAP employees and Department mental health providers.

5. Employees, contract staff, volunteers, interns, and researchers within the Department having access to SOTAP psychological reports will:

a. Receive orientation and/or training regarding the expectations for use and treatment of confidential SOTAP records,

b. Sign DOC 14-003 Confidentiality Statement, and

c. Be advised of the consequences for misuse or abuse of health information, including disciplinary action.

VIII. Voluntary Withdrawal/Involuntary Termination

A. Offenders may voluntarily withdraw from treatment at any time. Offenders who voluntarily withdraw will be subject to disciplinary action.

1. If an offender reconsiders participation, a request to return must be submitted to the SOTP Manager within 3 days of the withdrawal notice.

B. Offenders may be terminated from treatment for the following reasons and may be subject to disciplinary action:
1. Intentional violation of confidentiality of other participants
2. Fighting or assaultive behavior
3. Prohibited sexual behavior with others
4. Behaviors that are disruptive to the orderly operation of the program or the secure and orderly operation of the facility
5. Classification into close or maximum custody, unless granted an override by Headquarters
6. Lack of progress in treatment, as determined by the SOTP Manager.
7. The use of alcohol, marijuana, or illicit substances

C. Offenders who are terminated from treatment may appeal to the SOTAP Director or designee. Appeals must be submitted within 3 days of the termination notice.

IX. Community Treatment

A. Offenders who have completed the Prison-based portion of SOTAP are expected to participate in follow-up treatment services in the community, not to exceed the period of supervision. These services will be provided by the SOTAP Community Corrections Specialist.

1. In areas where SOTAP Community Corrections Specialists are unavailable, SOTAP may contract with certified sexual deviancy providers to provide community-based treatment.

2. The SOTAP Community Clinical Supervisor will provide clinical supervision direction, and major decisions (e.g., worksites, personnel, policy decisions affecting SOTAP and its employees) will be made by the SOTAP Director.

B. Upon transfer from Prison to Work Release or community supervision, information regarding the offender and his/her participation in SOTAP will be forwarded to the SOTAP Community Corrections Specialist. This typically includes the SOTAP Treatment Summary, Community Consent Agreement, and the offender’s release/relapse prevention plan.

C. A Department-approved, validated needs assessment will be completed on all male SOTAP participants upon intake and successful discharge from treatment. The assessment will be used for treatment planning, determining dosage, establishing the Sex Offender Risk Category in OMNI Programs, and identifying targeted interventions related to the individual criminogenic risk factors empirically linked to sexual recidivism.

1. The SOTAP Community Corrections Specialist will enter assessment outcomes into OMNI Programs within 48 hours of completion of treatment.
D. The SOTAP Community Corrections Specialist will regularly share pertinent information and collaborate with the assigned CCO about the offender, including updates concerning the offender’s progress in treatment and any other information that may affect public safety or the offender’s status on supervision.

E. When an offender completes treatment in the community, the SOTAP Community Corrections Specialist will complete a discharge summary. The summary and community treatment file will be forwarded to the SOTAP Administrative Assistant at Headquarters.

X. Quality Assurance

A. Within available resources, SOTAP will engage in regular, ongoing quality assurance activities and develop a quality assurance program to:

1. Develop standards for the treatment model based on established best practices in the field of sex offender treatment.

2. Measure and demonstrate:
   a. Adherence to the established treatment model standards by SOTAP clinical personnel.
   b. Outcomes of treatment interventions on offender behaviors.

3. Direct the supervision of SOTAP clinical personnel to improve adherence to treatment model standards.

B. SOTAP clinical personnel will participate in ongoing Motivational Interviewing (MI) training, working towards a minimum skill level of competency as defined by the Department’s approved tool.

C. The SOTAP Correctional Specialist 3 and SOTAP Community Corrections Specialists conducting risk assessments will:

1. Within available resources, become certified by an approved trainer in the use of the Department-approved validated risk assessment as close to their start date as training is available.

2. Participate in ongoing training and recertification when available.

3. Participate in monthly interrater reliability exercises to ensure adherence to established risk assessment tool standards.

XI. Sex Offender Program Consultation and Collaboration
A. The SOTAP Director will collaborate on a regular basis with:

1. The Extended Leadership Team
2. Offender Change Programs
3. Members of the Association for the Treatment of Sexual Abusers (ATSA) and the Washington Association for the Treatment of Sexual Abusers (WATSA)
4. Internal/external victim services
5. The ISRB

DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Sex Offense. Other words/terms appearing in this policy may also be defined in the glossary.

ATTACHMENTS:

None

DOC FORMS:

DOC 02-194 Sex Offender Treatment Program Statement, Program Screening, and Application
DOC 02-330 Sex Offender Treatment Program Rules of Confidentiality and Informed Consent
DOC 02-406 Sex Offender Treatment and Assessment Programs Release of Confidential Information
DOC 14-003 Confidentiality Statement