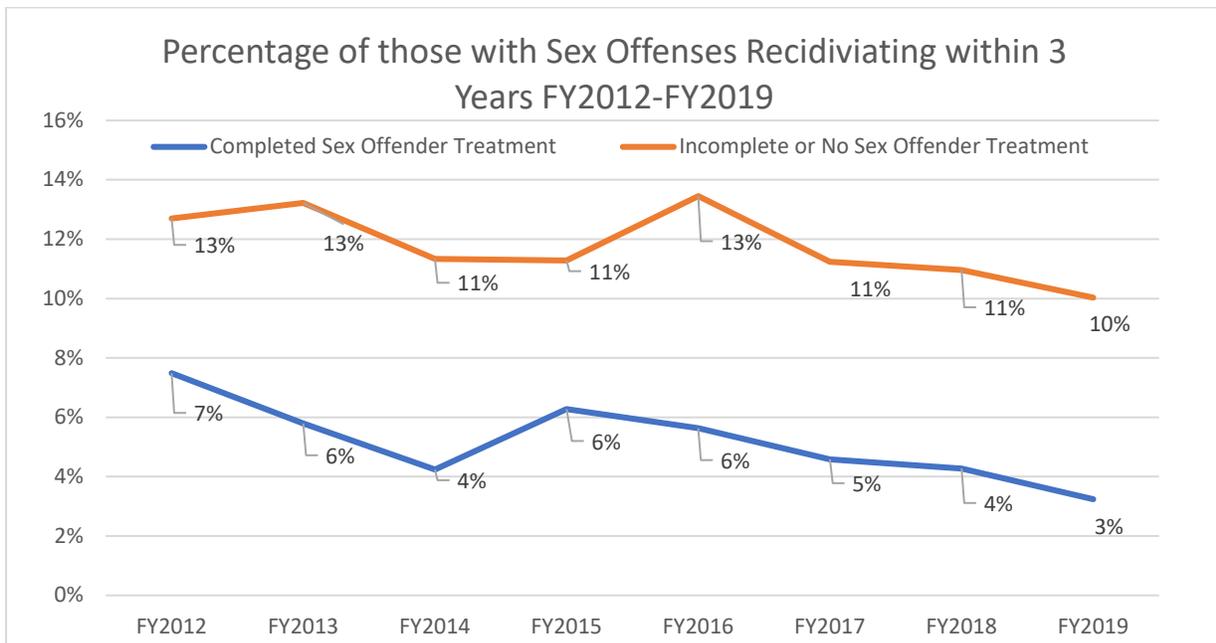




## Sex Offense Treatment and Assessment Programs (SOTAP)

Effective sex offense treatment can address multiple criminogenic needs, reducing risk of both sexual reoffending and general criminal recidivism. The Washington State Department of Corrections began treating those individuals with sex offense histories in 1988 at the Monroe Correctional Complex’s Twin Rivers Unit (MCC/TRU) and continues today in four (4) institutions and multiple community field offices across the state. Currently SOTAP provides treatment to approximately 360 unique individuals a year in prisons and up to 420 in the community.

Those with sexual offense histories recidivate at lower rates than individuals who have crimes in other categories. Individuals who participate in DOC’s sex offense specific treatment have an even lower recidivism rate. DOC tracks recidivism at three-year intervals and the data comparing those who participate in sex offense treatment to those who do not or do not complete treatment is summarized below.



In 2017 SOTAP redesigned its treatment program and copyrighted a therapist guide to ensure that treatment is state-of-the-art, consistent with the Risk, Need, Responsivity (RNR) principles, and that therapists are implementing the evidence-based treatment program in a consistent manner. DOC's Research and Data Analytics Unit (RDA) in 2023, published a research study evaluating the outcome of those who completed treatment with SOTAP under the newly designed program as compared to the original treatment program. Overall, the study concluded that the new treatment program is having an even more positive impact on recidivism by reducing readmissions for new crimes than the original program (<https://www.doc.wa.gov/docs/publications/reports/500-RE003.pdf>).

**Critical Points** - This section provides critical points for quick reference. For more information, please refer to the body of the document.

- If the court is considering a resentencing, which will shorten the length of confinement, DOC is only able to offer treatment (if prioritized to receive treatment) if the individual has a minimum of 24 months to serve.
- Sex offense treatment is voluntary; clients must be willing to participate and be willing to engage in on-going conversation about their inappropriate/illegal sexual behaviors.
- Clients must meet qualifying, eligible, and amenability criteria and be prioritized for treatment according to [DOC Policy 570.000](#).
  - SOTAP has approximately 360 treatment seats available at any one time. Prioritization for these limited seats is based on the risk principle of the RNR model, treating the highest risk clients first. (See SOTAP Prioritization Matrix)
  - Client that will be released to the community with no DOC supervision time are not eligible for treatment.
- Clients must have a minimum of 24 months to complete the institutional portion of treatment prior to release.
  - Individuals with 23 to 13 months will be considered based on facility and transport availability.
  - Individuals with less than 13 months to their ERD will not be considered for treatment as they do not have enough time to complete the institutional portion of treatment.
- Clients must participate and be successful in both the institutional and community-based portions of the program to complete treatment.
- Completion of SOTAP's treatment fulfills court ordered requirements for sex offense specific treatment.

## **Risk Assessment**

SOTAP prioritizes clients into treatment based on the Risk, Need, Responsivity (RNR) principles where risk is determined by a department approved, internationally validated actuarial risk

assessment tool, the Static-99R. SOTAP's current financial allocation informs [DOC Policy 570.000](#) and individuals scoring a 3 or higher (moderate risk to reoffend and above) are prioritized into treatment (see attached Prioritization Matrix). Individuals with a score of less than 3 (low moderate to low) may be considered for a prioritization override based on risk need and available treatment space.

Clients who are admitted into treatment will undergo a department approved, internationally validated assessment instrument to determine their specific treatment needs or treatment targets. The instrument, the Stable-2007, is administered during intake in the institutional portion of treatment and is instrumental in the development of the treatment plan.

### **Treatment Services**

Individuals must meet qualifying, eligible, and amenability criteria to be admitted into sex offense treatment with DOC. These criteria are defined in DOC Policy 570.000. In short, a person must:

- have a current or past conviction containing sexual elements,
- be releasable from prison,
- have time on their sentence to complete the institutional portion of the program,
- have a risk score that prioritizes them into treatment, and
- be willing and able to participate in both the institutional and community portions of the program to successfully complete sex offense specific treatment.
- Clients who do not have community supervision time with DOC do not meet eligibility criteria as there is no way to ensure treatment participation in the community to complete the necessary dosage commiserate with risk.

Clients admitted to treatment must be transferred to one of the four institutional programs where treatment is available. Facility assignment is based on the client's specific treatment needs. SOTAP provides institutional treatment at Airway Heights Correctional Center (AHCC), the Twin Rivers Unit and the Special Offenders Unit in the Monroe Correctional Complex, and at the Washington Correctional Center for Women. The institutional portion of treatment is 12 to 24 months based on the third principle of RNR, responsivity. Clients who demonstrate cognitive challenges and/or severe mental health challenges that may impact treatment progress are provided more time in institutional sex offense specific treatment to address need areas and identified dynamic risks.

Institutional-based sex offense treatment consists of weekly group therapy sessions and monthly individual case management sessions. Core treatment is provided to all clients and occurs multiple times per week for a total of 6 treatment hours per week. Based on dynamic risk as identified through the intake process and needs assessment, clients may be assigned Specialty Groups specific to individual need resulting in an additional 3 treatment hours per week.

Clients who are successful in the institutional portion of treatment will transition upon release to the community portion of SOTAP. Only individuals who participated in the institutional-based program are eligible for SOTAP's community treatment. SOTAP's treatment in the community builds on information and skills acquired while in institutional-based treatment.

Currently SOTAP has 11 community therapists who provide sex offense specific treatment to clients in 16 field offices across the state. Clients are expected to attend treatment group weekly (3-hour sessions), and individual sessions and clinical staffings as needed for 12 months. Every effort is made to provide treatment groups that allow clients to seek and maintain work and reintegrate into their communities to foster protective factors and build health life strategies.

Community treatment provided through SOTAP is free of cost and once a client has completed the program (successful in both institutional and community-based treatment) they will have met court ordered treatment requirement. Individuals who have court ordered treatment and are unable to participate in SOTAP are required to secure treatment in the community through a certified Department of Health Sex Offender Treatment Provider (SOTP) at their own cost.

In summary, SOTAP's treatment program is designed to meet evidence-based, best practices identified in the scientific literature for both treatment approach and dosage to reduce recidivism for sexual re-offense. To be considered to have successfully completed DOC's sex offense treatment program, a client must be successful in both the institutional and community-based portions of the program. In total, clients will receive approximately 400 hours of sex offense specific treatment over the course of their participation to completion.

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Attachments:

## Sex Offense Treatment and Assessment Programs Prioritization Matrix

<b>Sentence</b>	<b>Static 99R Risk Level</b>			
	<b>High 6+</b>	<b>Moderate/High 4 - 5</b>	<b>Low/Moderate 2 - 3</b>	<b>Low (-) 3 - 1</b>
<i>Individuals released by the Indeterminate Sentence Review Board (ISRB) per RCW 9.95.017 with court ordered sex offense treatment</i>	<b>1A</b>	<b>2A</b>	<b>3A</b>	<b>4A</b>
<i>Individuals released by Department of Corrections (DOC) per RCW 9.94A.728 with court ordered sex offense treatment</i>	<b>1B</b>	<b>2B</b>	<b>3B</b>	<b>4B</b>
<i>Individuals released by DOC per RCW 9.94A.728 with no court ordered treatment</i>	<b>1C</b>	<b>2C</b>	<b>3C</b>	<b>4C</b>