Sex Offender Treatment Provider Advisory Committee

Regular Meeting Notice

March 19, 2024

Time:	1:00 p.m.
Location:	Washington State Department of Health Town Center East 2 (TC2) Building, Room #153 111 Israel Road SE, Tumwater, WA 98501
Contact Person:	Lana Crawford, Program Manager (564) 669-1455
Board/Committee Members:	Corey McNally, MS, LMHC, Dept. of Corrections, Chair Larraine Lynch, MSW, LICSW, CSOTP, Vice Chair Bryce Nelson, J.D. Daniel Yanisch, Psy.D, CSTOP (inactive) Jason Bailey, MA, LMHC, NCC, CSOTP Sonja Hardenbrook, J.D. Jedd Pelander, Dept. of Children, Youth, and Families Holly Coryell, Ph.D., Dept. of Social and Health Services Daniel Knoepfler, LMHC, CSOTP Vacant, Superior Court Judge
Assistant Attorney General:	Noelle Chung, Assistant Attorney General
Staff:	Joe Miller, Executive Director Eve Austin, Executive Director Lana Crawford, Program Manager Joan Simmons, Program Support James Smartt, Program Support Tiffany Drake, Credentialing Supervisor Melody Casiano, Policy Analyst
Guest Presenters:	None

In accordance with the Open Public Meetings Act, the agenda for this regular meeting was made available online at least 24 hours prior to the start time of the meeting pursuant to RCW 42.30.077.

Open Session:

1. **Call to Order – Corey McNally, MS, LMHC, Dept. of Corrections, Chair**
   - 1.1. Introductions
   - 1.2. Approval of the March 19, 2024, agenda
   - 1.3. Approval of the December 4, 2023, meeting minutes and January 23, 2024, special meeting minutes.

2. **Public Comment – Corey McNally, MS, LMHC, Dept. of Corrections, Chair**
   The public will have an opportunity to provide comments during this time.

3. **SOTP Program Statistics**
   - 3.1. Credentialing Report – **Lana Crawford, Program Manager**
     Committee members will review data relating to issuance of SOTP credentials.
   - 3.2. Budget Report – **Lana Crawford, Program Manager**
     Committee members will review data relating to the program budget.

4. **HSQA Re-organization - Eve Austin, Executive Director**
   The executive director will provide information on the re-organization.
   - 4.1. Handout: Communication to BCC

5. **HELMS - Eve Austin, Executive Director**
   The executive director will provide information on the HELMS project.
   - 5.1. Handout: HELMS Lite GO-Live

6. **Jurisprudence Exam Discussion – Lana Crawford, Program Manager**
   The committee will review and discuss the recommendation.
   - 6.1. Handout: 1724 Section 8 JP Exam Recommendation

7. **Rulemaking Workshop – Lana Crawford, Program Manager**
   The committee will explore draft language to support the current rulemaking in progress for 246-930 WAC.
   - 7.1. Handout: Chapter 246-930 WAC

8. **Advisory Committee Outreach – Corey McNally, MS, LMHC, Dept. of Corrections, Chair**
   The committee will be updated on the progress of the committee.
   - 8.1. Handout: DRAFT outline of presentation

9. 2024 Legislative Session – Lana Crawford, Program Manager
The program manager will provide an update on the legislative session.

9.1. Bill Tracker

10. Open Discussion of SOTP Advisory Committee – Corey McNally, MS, LMHC, Dept. of Corrections, Chair
The committee will discuss topics of interest to the advisory committee.

11. Future Agenda Items – Lana Crawford, Program Manager
The committee will discuss agenda items for future meetings.

11.1. Credentialing Trends over an extended time (1-3 years) to include data such as:

- Application trends by license type
- Effectiveness of outreach efforts
- Pending applications (new or lingering)
- Application processing times by license type

12. Adjournment - Corey McNally, MS, LMHC, Dept. of Corrections, Chair

Next Scheduled Meeting:

June 11, 2024 @ 1pm

Meeting Link:

Virtual Meeting Access: This meeting is being held via Microsoft Teams. **Join on your computer, mobile app or room device.** **Click here to join the meeting** **Meeting ID: 211 703 120 407** **Passcode: siSrGQ** **Download Teams | Join on the web** **Or call in (audio only)** **+1 564-999-2000,,685739552# US, Olympia** **(833) 322-1218,,685739552# US (Toll-free)** **Phone Conference ID: 685 739 552#**	**Times and Order:** The meeting will begin at 1:00 p.m. and will continue until all agenda items are complete. This agenda is subject to change. Comments from the public in attendance will be taken after each agenda item. **This meeting is being recorded.** If anyone objects or does not consent, please let us know.

Sex Offender Treatment Provider Advisory Committee
Special Meeting Minutes

January 23, 2024

Committee members present:	Larraine Lynch, MSW, LICSW, CSOTP, Vice Chair (arrived at 1:20 pm) Bryce Nelson, J.D. Jason Bailey, MA, LMHC, NCC, SOTP Sonja Hardenbrook, J.D. Holly Coryell, Ph.D., Dept. of Social & Human Services Jedd Pelander, Dept. of Children, Youth & Families Daniel Yanisch, Psy.D., CSTOP (inactive) Daniel Knoepfler, LMHC, CSOTP
Committee members absent:	Corey McNally, MS, LMHC, Dept. of Corrections, Chair Vacant, Superior Court Judge
Staff members present:	Lana Crawford, Program Manager Eve Austin., Executive Director John Simmons, Assistant Program Manager Katie Hao, BHSS Legislative Support Joan Simmons, Program Support Noelle Chung, Assistant Attorney General Melody Casiano, Policy Analyst
Guest presenters:	None

On January 23, 2024, the Sex Offender Treatment Providers Advisory Committee met via web conference and in-person at Washington State Department of Health, Town Center East 2 (TC2) Building, Room #153, 111 Israel Road SE, Tumwater, WA 98501. Notice of the meeting was published on the profession website and was sent out through the GovDelivery listserv.

OPEN SESSION:

1. Call to Order – Sonya Hardenbrook, J.D., Committee Member

1.1. Introductions – Ms. Hardenbrook called the meeting to order at 1:03 p.m. Committee members, agency staff, and public participants introduced themselves and their area of practice.

1.2. Approval of the January 23, 2024, special meeting agenda. *Motion to approve the agenda, seconded, vote 7-0.*

2. Public Comment – Sonya Hardenbrook, J.D., Committee Member

2.1. There was no public comment.

3. Jurisprudence (JP) Exam Discussion – Lana Crawford, Program Manager

3.1. Ms. Crawford provided a summary of the previous discussion the committee had regarding the JP exam, specifically as it relates to SSHB 1724, section 8(1). The committee had a discussion to determine whether or not to keep the exam and use it as part of obtaining licensure or continuing education requirement.

3.2. The Department and AG will access the feedback received from the committee including the four areas of concern and gather additional information to share with the committee for further discussion.

4. Adjournment

The meeting was adjourned at 2:03 p.m.

Submitted by:
Lana Crawford, Program Manager
Sex Offender Treatment Provider Advisory Committee

On file
SIGNATURE

DATE

Approved by:
Sonya Hardenbrook, Committee Member
Sex Offender Treatment Provider Advisory Committee

On file
SIGNATURE

DATE

Sex Offender Treatment Provider Advisory Committee
Regular Meeting Minutes

December 4, 2023

Committee members present:	Corey McNally, MS, LMHC, Dept. of Corrections, Chair Larraine Lynch, MSW, LICSW, CSOTP, Vice Chair Bryce Nelson, J.D. (left at 1:46 pm) Jason Bailey, MA, LMHC, NCC, SOTP Sonja Hardenbrook, J.D. Holly Coryell, Ph.D., Dept. of Social & Human Services Jedd Pelander, Dept. of Children, Youth & Families Daniel Yanisch, Psy.D., CSTOP (inactive)
Committee members absent:	Daniel Knoepfler, LMHC, CSOTP Vacant, Superior Court Judge
Staff members present:	Lana Crawford, Program Manager Eve Austin., Executive Director Brandon Williams, Project Manager Joan Simmons, Program Support Noelle Chung, Assistant Attorney General Melody Casiano, Policy Analyst Jeanine Johnson, Deputy Credentialing Manager
Guest presenters:	None

On December 4, 2023, the Sex Offender Treatment Providers Advisory Committee met via web conference and in-person at Washington State Department of Health, Town Center East 2 (TC2) Building, Room #153, 111 Israel Road SE, Tumwater, WA 98501. Notice of the meeting was published on the profession website and was sent out through the GovDelivery listserv.

OPEN SESSION:

1. Call to Order – Corey McNally, MS, LMHC, Dept. of Corrections, Chair

1.1. Introductions – Mr. McNally called the meeting to order at 1:02 p.m. Committee members, agency staff, and public participants introduced themselves and their area of practice.

1.2. Approval of the December 4, 2023, regular meeting agenda. Mr. Williams asked to change item 6 title from "rules workshop" to "rules update" *Motion to approve the agenda as amended, seconded, vote 8-0.*

1.3. Approval of the September 11, 2023 regular meeting minutes. *Motion to approve the minutes, seconded, vote 7-0-1. Abstained: McNally*

2. Public Comment – Corey McNally, MS, LMHC, Dept. of Corrections, Chair

2.1. There was no public comment.

3. SOTP Program Statistics

3.1. Credentialing report – Ms. Johnson briefed the committee on the SOTP credentialing statistics as of November 9, 2023. There are currently 100 active SOPT licenses and 2 pending applications. In addition, there are currently 12 active affiliate certifications and 3 pending applications.

Ms. Johnson will work with Ms. Crawford to provide the requested data trends.

3.2. Budget – Ms. Crawford briefed the committee on the program budget as of October 2023. The fund balance is currently $715,160.

4. 2024 Meeting Dates – Lana Crawford, Program Manager

4.1. The committee established meeting dates for 2024 as March 19, June 11, September 17, and December 10, 2024. *Motion to approve the proposed dates, seconded, vote 8-0.*

5. Jurisprudence (JP) Exam Discussion – Lana Crawford, Program Manager

5.1. Ms. Crawford updated the committee on the progress of going online and discussed the reference guide for the jurisprudence exam due April 2024. She also asked for volunteers from the committee to partner with reviewing and updating the exam.

5.2. Mr. Williams provided a background to the 50-question exam and the need to provide a reference guide with the exam.

5.3. Volunteers from the committee will split the questions evenly. Volunteers include Ms. Hardenbrook, Mr. Nelson, Mr. Bailey. Ms. Lynch recommended Mr. Knoepfler and will reach out to him to confirm whether or not he is able to volunteer. If not, Ms. Lynch will volunteer.

6. **Advisory Committee Outreach – Corey McNally, MS, LMHC, Dept. of Corrections, Chair**

   6.1. Mr. McNally reported the subcommittee has a meeting in December to develop each presenter's topic and will combine their portions into one presentation.

7. **Engrossed Substitute Senate Bill 5229 - Update – Lana Crawford, Program Manager**

   7.1. Ms. Crawford provided an update on ESSB 5229 and mentioned the CR-103 was filed with the Code Reviser Office and will go into effect January 1, 2024.

8. **Second Substitute House Bill 1724 Update – Brandon Williams, Project Manager**

   8.1. Mr. Williams provided an update on SSB 1724 and noted the CR-103 was filed regarding lowering the UH postgraduate supervised experience requirements for the LICSW. He also provided an overview highlighting section 8 of 1724 and lead a discussion for the committee to make a decision regarding the JP exam. Options may include moving the JP exam as a CEU, maintaining the exam as a condition of initial licensure, or requiring the exam to be completed within an established timeframe after initial licensure.

   8.2. Motion to hold a special meeting on January 23, 2024 at 1:00 pm for the committee to review options and provide JP recommendation to DOH regarding 1724, seconded, vote 7-0.

9. **Rulemaking Workshop – Lana Crawford, Program Manager.** ***This item has been tabled for the next regular meeting.***

10. **Open Discussion of SOTP Advisory Committee – Corey McNally, MS, LMHC, Dept. of Corrections, Chair**

    10.1. Mr. McNally asked if there are any other interested parties for the chair position since he has held that position for over a year. After committee discussion it was agreed that he would remain as the committee's chairperson as there were no other interested parties or nominations.

11. **Future Agenda Items – Lana Crawford, Program Manager**

- Rulemaking workshop for 246-930 WAC (recommended to move up on agenda after public comments)
- Credentialing Trends over an extended time (1-3 years) to include data such as:
  - Application trends by license type
  - Effectiveness of outreach efforts
  - Pending applications (new or lingering)
  - Application processing times by license type
- ESSB 6641
  - Find out if there was a drop in overall applications due to the language change

12. Adjournment

The meeting adjourned at 3:11 p.m.

Submitted by:
Lana Crawford, Program Manager
Sex Offender Treatment Provider Advisory Committee

On file
SIGNATURE

DATE

Approved by:
Corey McNally, Chair
Sex Offender Treatment Provider Advisory Committee

On file
SIGNATURE

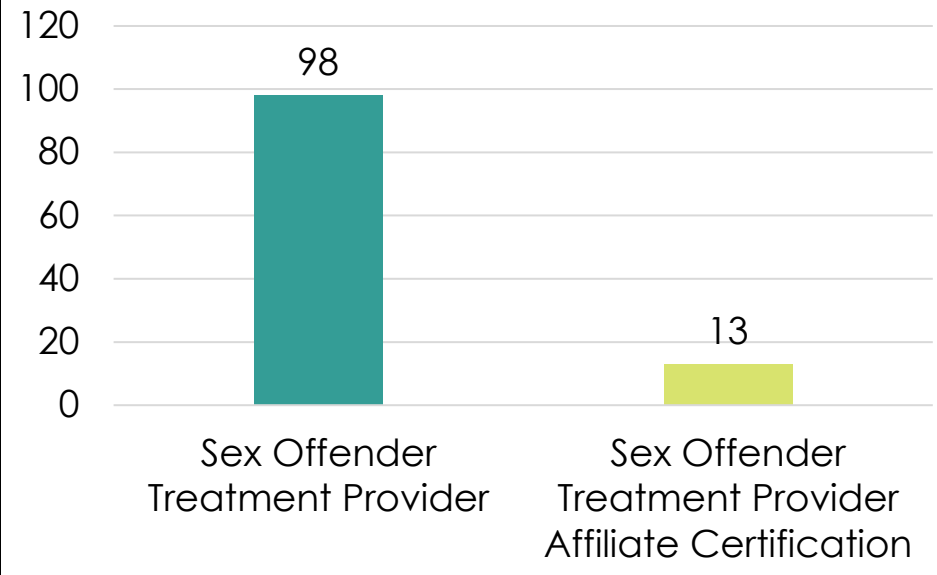
DATE

Washington State Department of HEALTH

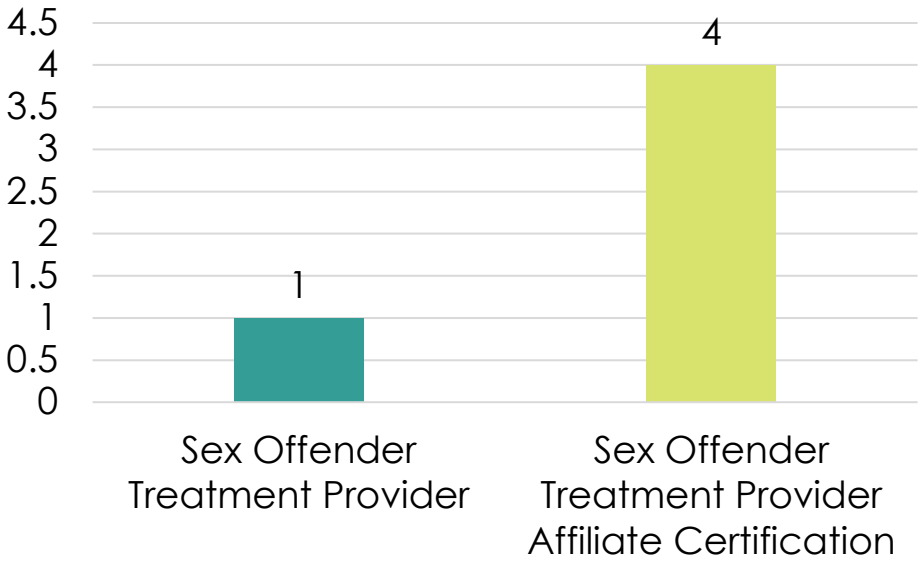
SEX OFFENDER TREATMENT PROVIDER ADVISORY COMMITTEE

March 19, 2024

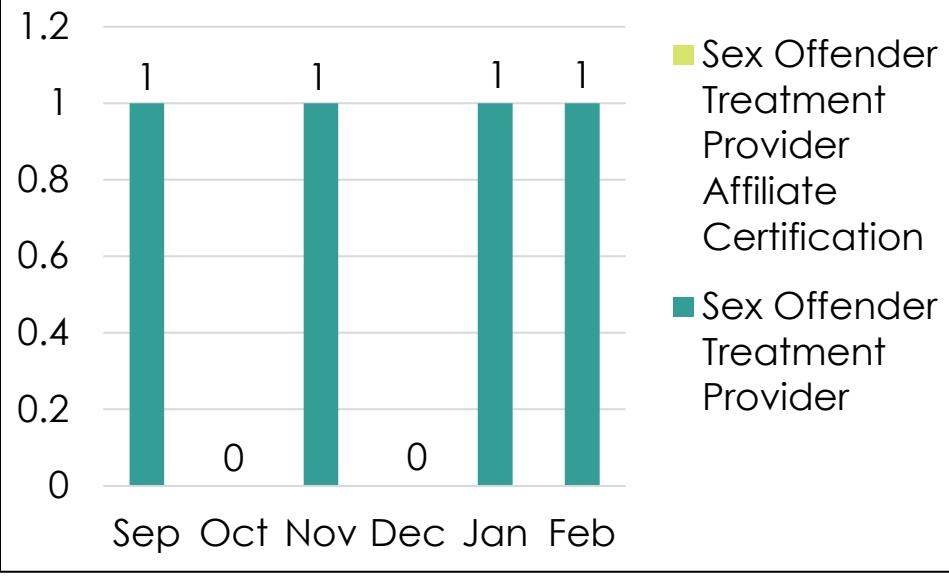
Active Status Counts



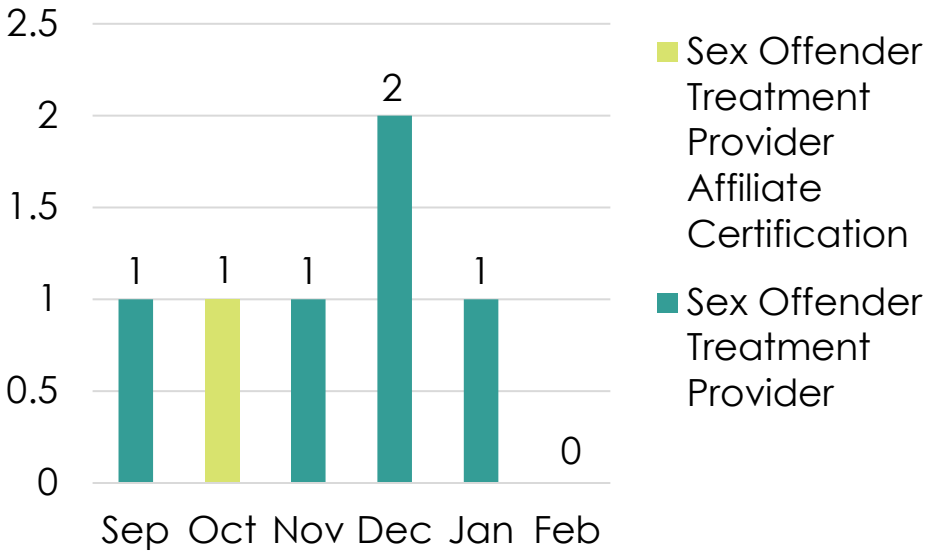
Pending Status Counts

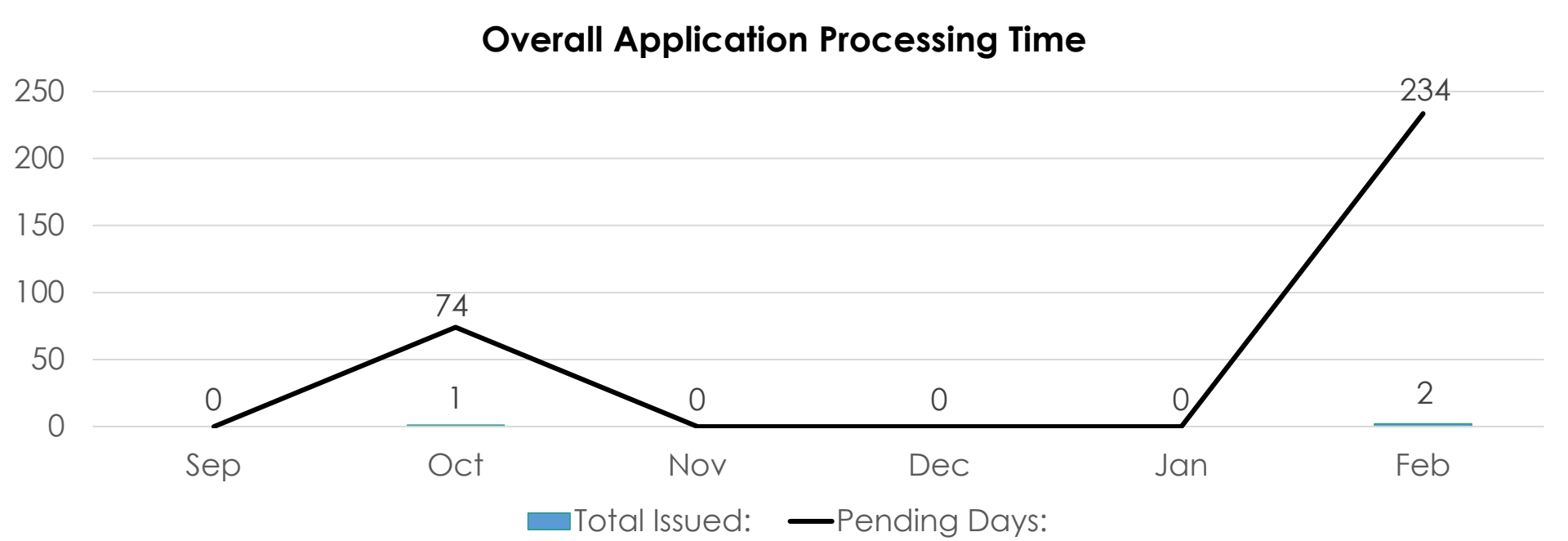


Applications Received



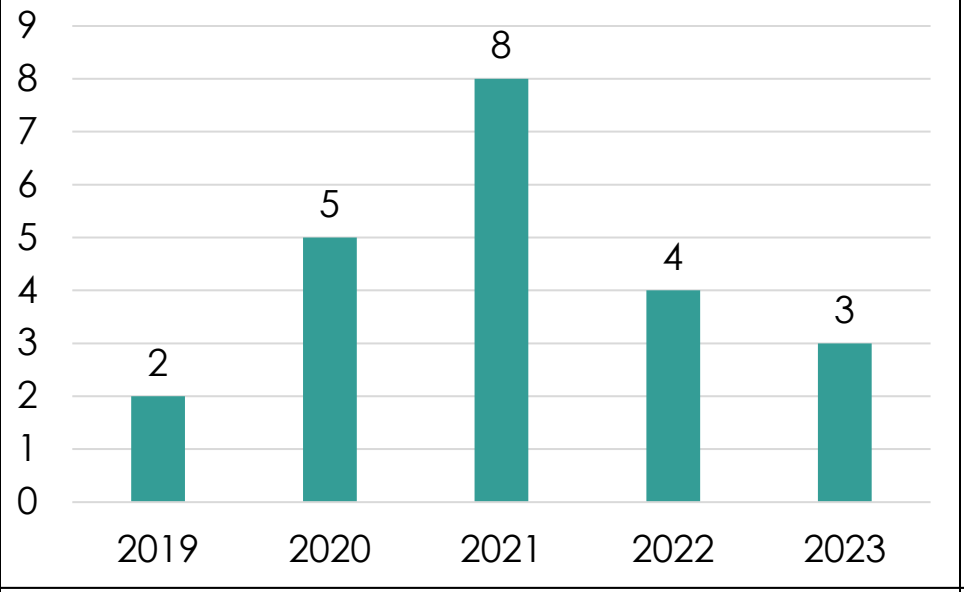
Credentials Expiring by Month



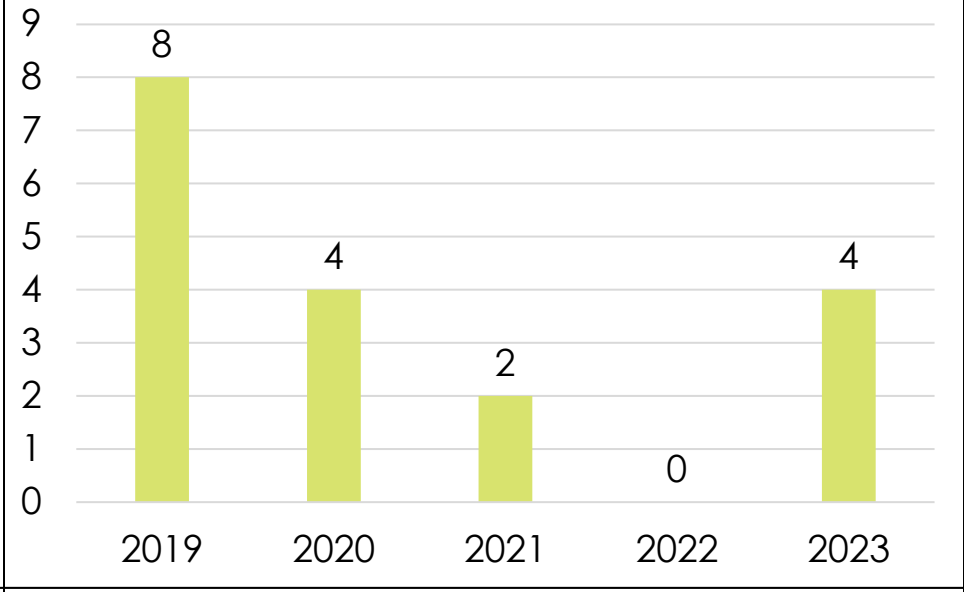

Overall Application Processing Time
250
200
150
100
50
0
74
234
0
1
0
0
0
2
Sep
Oct
Nov
Dec
Jan
Feb
Total Issued:
Pending Days:

Updates:

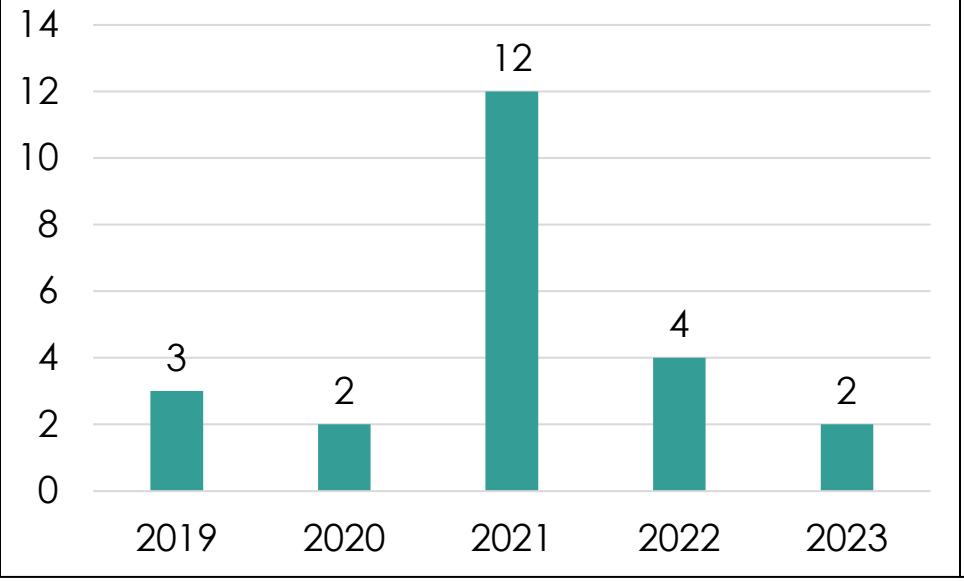
SOTP Applications Received by Year



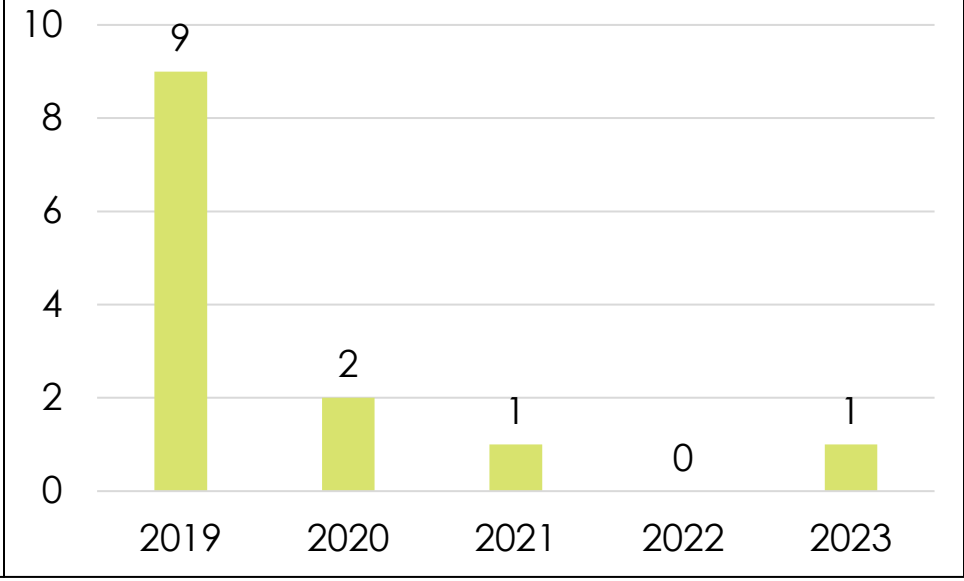
SOTA Applications Received by Year



SOTP Credentials Issued by Year



SOTA Credentials Issued by Year



Contact Information

DOH website: www.doh.wa.gov
Licensing/Certification link for requirements and forms and the Provider Credential Search link for credential status

QA/CQI Administrator:
Zach Patnode zachary.patnode@doh.wa.gov

Behavioral Health Executive Director:
Joseph Miller joseph.miller@doh.wa.gov 564-669-1225

Deputy Credentialing Manager:
Jennifer Herbrand jennifer.herbrand@doh.wa.gov 360-236-4828

Health Professions Supervisor
Tiffany Drake tiffany.drake@doh.wa.gov 360-236-4933

Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.

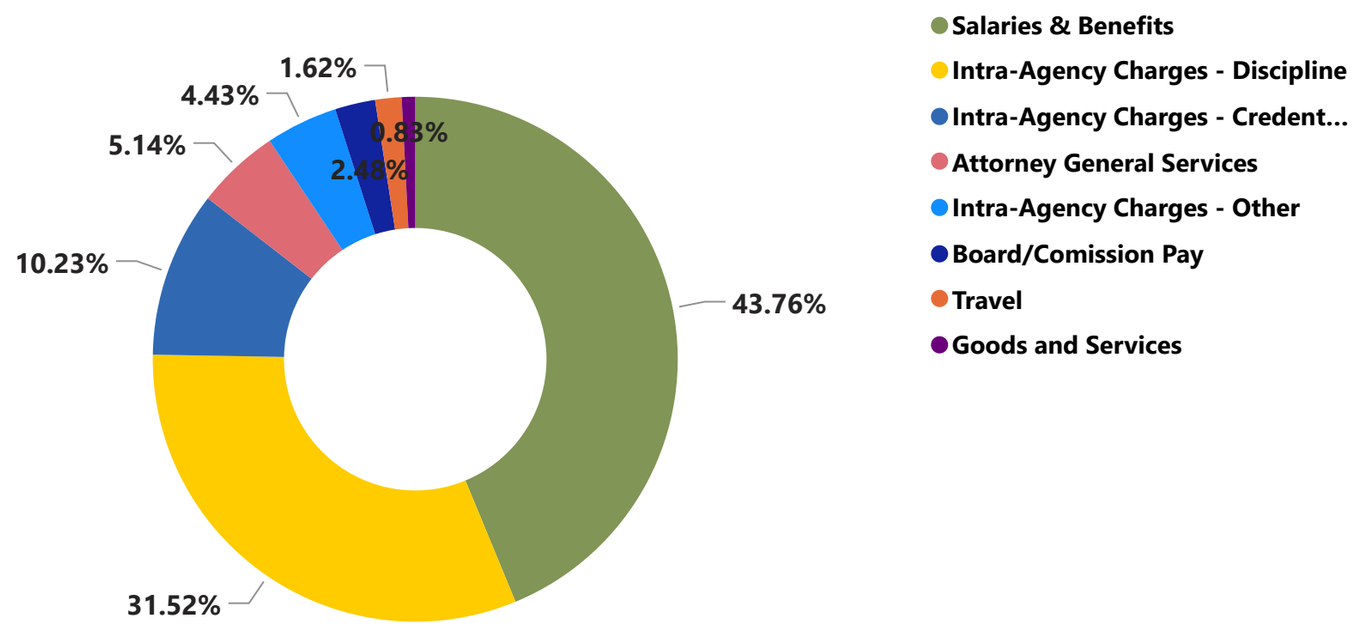
Sex Offender Treatment Provider

FY2024 Starting Fund Balance	Current Fund Balance	Helms Cost Allocation	Revenue	Expenses+Total Indirect+HELMS
$714.03K	$703.45K	$347	$29,990	$40,911

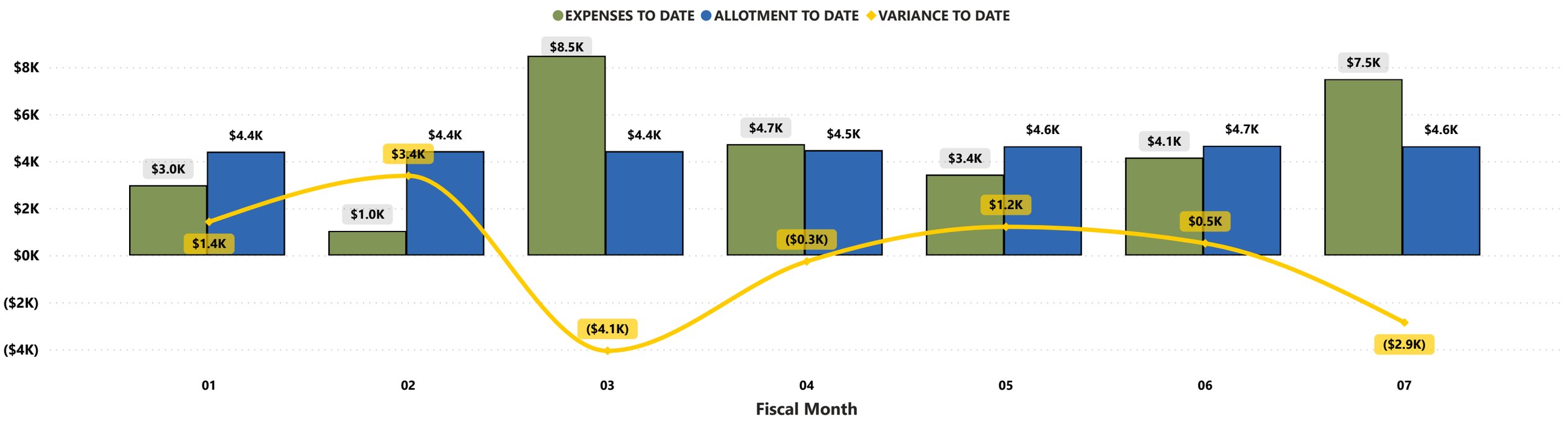
Budget Status by Spending Category

Health Professions	ALLOTMENT TO DATE	EXPENSES TO DATE	VARIANCE TO DATE
Sex Offender Treatment Provider	$31,616	$32,271	($655)
Travel		$524	($524)
Salaries & Benefits	$13,671	$14,122	($451)
Intra-Agency Charges - Other	$1,994	$1,429	$565
Intra-Agency Charges - Discipline	$9,478	$10,171	($693)
Intra-Agency Charges - Credentialing	$2,917	$3,300	($383)
Goods and Services	$42	$267	($225)
Board/Comission Pay		$800	($800)
Attorney General Services	$3,514	$1,659	$1,855
Total	$31,616	$32,271	($655)

Expenses By OHP Spending Category

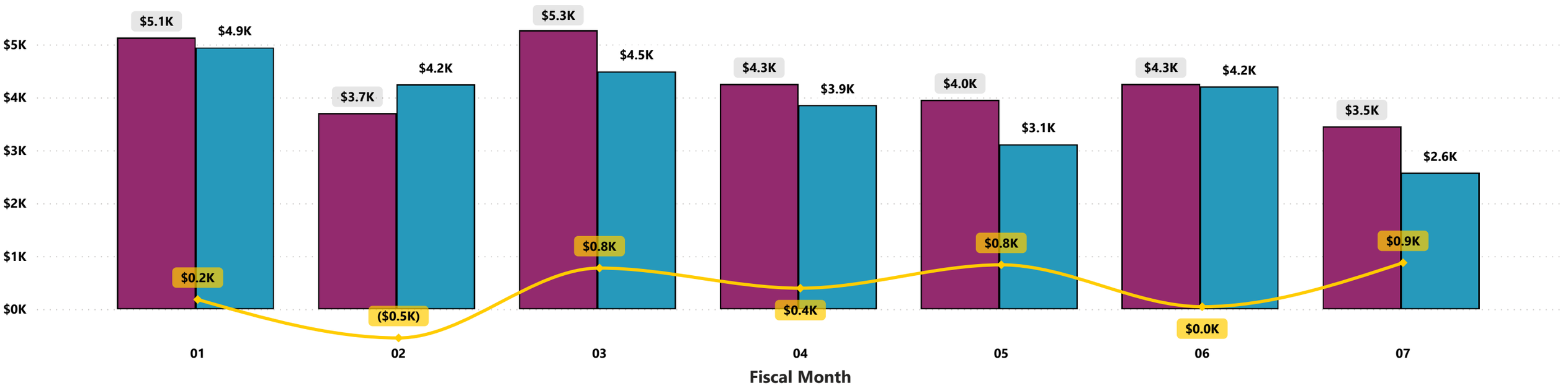


Estimated and Actual Expenditure Variance



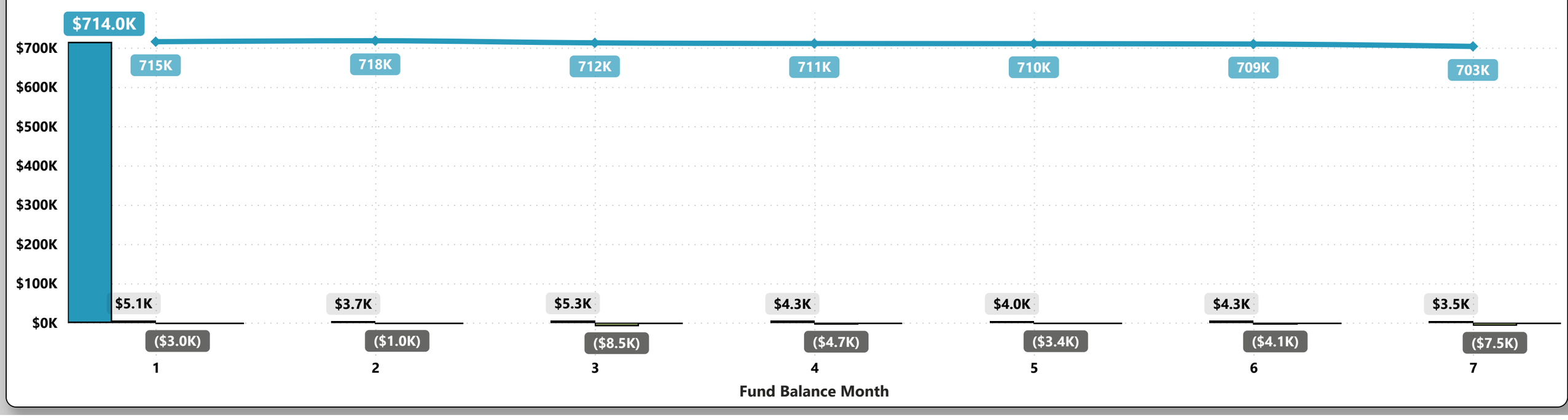
Health Professions	ESTIMATED REVENUE	REVENUE	REVENUE VARIANCE
Sex Offender Treatment Provider	$27,419.00	$29,990	$2,571
Total	$27,419.00	$29,990	$2,571

Estimated and Actual Revenue Variance



Health Professions	REVENUE	EXPENSES + TOTAL INDIRECT
Sex Offender Treatment Provider	$29,990	$40,564
Total	$29,990	$40,564

Revenue vs Expenditure - Fund Balance by Fiscal Month



Good afternoon BCC,

You may have heard that HSQA is involved in a re-organization to improve outcomes and timelines for credentialing. I am writing to provide you with some additional information about our plans; please keep in mind, this effort is part of a larger initiative to improve customer service and timeliness across Health Systems, Quality Assurance.

What is happening?

- Approximately one hundred positions, which are responsible for licensing health professionals, are moving from the Office of Customer Service to the Office of Health Professions.
- Teams will be organized under Executive Directors to include both program and credentialing staff working together under shared leadership.

Why is this change occurring?

- We have heard from customers and other interested parties that they are interested in faster and more efficient processing of applications.
- In 2023, the Office of Health Professions conducted a pilot, "Project Pathway" that combined program and credentialing staff, working in partnership with the Examining Board of Psychology, under one leader to improve outcomes in the psychology profession. This pilot resulted in dramatic improvements for both program and credentialing.
    - Improved customer satisfaction
    - Shortened timelines for licensure
    - Improvements that simplify the application process
    - Created data driven individual and team scorecards to document performance and progress.

What should you expect in the next forty-five days?

- Personnel changes (additional staff) in the teams you are accustomed to working with
    - Filling leadership, program and credentialing vacancies
- Process improvement efforts
    - You will have opportunities to engage in these efforts with your DOH partners.
    - Expect these efforts to be iterative and continuous over the next several years.
- The development of a robust data management and quality assurance team.
- Increased communication

We will continue to provide updates throughout this process. The Office of Health Professions is excited about these changes, and we welcome your questions and feedback.

Warmly,

Shawna Fox, Director, Office of Health Professions shawna.fox@doh.wa.gov

Harold Wright Jr., Deputy Director, Office of Health Professions harold.wright@doh.wa.gov

We are now 6 weeks from HELMS Lite GO-Live!

HELMS Lite will be live on Wednesday, April 24th.

What is HELMS?

HELMS (Healthcare Enforcement and Licensing Management System) is a modernized electronic licensing system that will replace the current outdated system for The Department of Health.

HELMS Lite is the first release in the HELMS project. It is a replacement for the Online Licensing and Information Collection (OLIC) system used for the initial.application process.

Here is what you need to know.

What is not changing for new applicants:

- Applicants will still apply through the SAW system.

What is changing for new applicants:

- Applicants will now have the ability to:
  - Submit applications from their mobile phone or device.
  - Update their profile.
  - Delete draft applications.
  - Attach required documentation.
  - Print a payment confirmation and receipt.

How you can stay informed.

Starting the week of 4/1/2024 through 4/22/2024 the Department of Health will hold open forum Q&A sessions for staff and partners on HELMS Lite, anyone who has unanswered questions is encouraged to join in.

Those meetings are scheduled for:

- 4/2/2024 at 9am
- 4/10/2024 at 2PM
- 4/18/2024 at 11am

You can sign up for these by emailing the HELMS team and indicating which session you would like to join.

Be on the lookout for more updates through the coming weeks. Please feel free to share this information and as always if you have any questions, please email the HELMS team.

1724 Section 8 codified as RCW 18.130.077 and Substantial Equivalency Review by DOH and SOTP Advisory Commission.

The department supports the advisory committee's recommendation for indicating no state can be substantially equivalent to Washington due to several key factors:

- The SOTP profession heavily relies on Washington-specific state laws to protect public safety.
- Many evaluations performed by this specific credential require thorough knowledge and understanding of Washington state laws.
- This profession requires a clear understanding of Washington state law to perform supervision expectations; affiliates being supervised by state SOTPs, that entered into the profession from another state, would be at an unrealistic disadvantage and put public safety at risk.
- The advisory committee, comprised of Mental Health Counselors, SOTP providers, a Prosecuting Attorney, a Defense Attorney, and institutional experts indicates the complexity required to support the state decision-making pertaining to this field and strongly opposes any removal of crucial resources that maintain a clear, transparent understanding of the profession.
- SOTP credentials are intertwined with the legal/criminal justice system. Each of the following items falls within their designated scope and requires extensive knowledge of Washington-specific rules, regulations, and laws.
    - Special Sex Offender Disposition Alternative (SSODA)
    - Special Sex Offender Sentencing Alternative (SSOSA)
    - Less Restrictive Settings (LRA) outpatient treatment programs in community settings for sexually violent predators
    - Chapter 71.09 RCW Sexually Violent Predators
    - Level 3 high risk to sexually reoffend within the community at large.

Thus, indicating no states being substantially equivalent, this profession will continue utilizing the existing credentialing process and instituting the Juris Prudence exam before any applicant obtains the SOTP credential. The rate of SOTP being credentialed per year is less than 0-3 per 5-year average.

Chapter 246-930 WAC

SEX OFFENDER TREATMENT PROVIDER

Last Update: 6/15/21

WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-930-050 Education required for affiliate prior to examination. [Statutory Authority: RCW 18.155.040. WSR 94-13-179, § 246-930-050, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-050, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-050, filed 5/16/91, effective 6/16/91.] Repealed by WSR 07-09-092, filed 4/18/07, effective 5/19/07. Statutory Authority: RCW 18.155.040.

246-930-060 Professional experience required for affiliate prior to examination. [Statutory Authority: RCW 18.155.040. WSR 94-13-179, § 246-930-060, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-060, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-060, filed 5/16/91, effective 6/16/91.] Repealed by WSR 07-09-092, filed 4/18/07, effective 5/19/07. Statutory Authority: RCW 18.155.040.

246-930-220 Reexamination. [Statutory Authority: RCW 18.155.040. WSR 05-12-014, § 246-930-220, filed 5/20/05, effective 6/20/05; WSR 94-13-179, § 246-930-220, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-220, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-220, filed 5/16/91, effective 6/16/91.] Repealed by WSR 21-13-079, filed 6/15/21, effective 7/16/21. Statutory Authority: RCW 18.155.040 and 2020 c 266, and 2020 c 76.

246-930-300 Mandatory reporting. [Statutory Authority: RCW 18.155.040. WSR 94-13-179, § 246-930-300, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-300, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-300, filed 5/16/91, effective 6/16/91.] Repealed by WSR 21-13-079, filed 6/15/21, effective 7/16/21.

Statutory Authority: RCW 18.155.040 and 2020 c 266, and 2020 c 76.

246-930-400 Issuance and renewal of certification. [Statutory Authority: RCW 18.155.040. WSR 92-12-027 (Order 275), § 246-930-400, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-400, filed 5/16/91, effective 6/16/91.] Repealed by WSR 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-930-430 Reinstatement. [Statutory Authority: RCW 18.155.040. WSR 94-13-179, § 246-930-430, filed 6/21/94, effective 7/22/94.] Repealed by WSR 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-930-499 Temporary and provisional certificate during initial implementation of certification program. [Statutory Authority: RCW 18.155.040. WSR 93-14-095, § 246-930-499, filed 7/1/93, effective 8/1/93; WSR

92-12-027 (Order 275), § 246-930-499, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-499, filed 5/16/91, effective 6/16/91.] Repealed by WSR 99-07-018, filed 3/9/99, effective 4/9/99. Statutory Authority: RCW 18.155.040.

246-930-995 Conversion to a birthday renewal cycle. [Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-930-995, filed 2/13/98, effective 3/16/98.] Repealed by WSR 05-12-014, filed 5/20/05, effective 6/20/05. Statutory Authority: RCW 18.155.040.

WAC 246-930-010 General definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise:

(1) "Certified affiliate sex offender treatment provider" or "affiliate" 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.

(2) "Certified sex offender treatment provider" or "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 to examine and treat sex offenders pursuant to chapters 9.94A and 13.40 RCW and sexually violent predators under chapter 71.09 RCW.

(3) "Client" means a person who has been investigated by law enforcement or child protective services for committing or allegedly committing a sex offense, or who has been convicted of a sex offense.

(4) "Community protection contract" means the document specifying the treatment rules and requirements the client has agreed to follow in order to maximize community safety.

(5) "Credential" or its derivative means the process of licensing, registration, certification or the equivalent through

which a person is legally recognized by a state agency as lawfully authorized to practice a health profession.

(6) "Department" means the department of health.

(7) "Evaluation" means a comprehensive assessment or examination of a client conducted by a provider, affiliate, or employee of a state-run facility or state-run treatment program that examines the client's offending behavior and risk potential. Evaluation results are detailed in a written report. Examples of evaluations include forensic, SSOSA, and SSODA evaluations.

(8) "Parties" means the defendant, the prosecuting attorney, and the supervising officer.

(9) "Qualified supervisor" means an individual recognized by the department to provide oversight to a certified affiliate sex offender treatment provider in accordance with WAC 246-930-075, based on the individual's certification, training, and life experience in the field, as set forth in RCW 18.155.020 and WAC 246-930-067.

(10) "Secretary" means the secretary of the department of health.

(11) "SSODA" means special sex offender disposition alternative, authorized under RCW 13.40.160.

(12) "SSOSA" means special sex offender sentencing alternative, authorized under RCW 9.94A.670.

(13) "Supervising officer" is the designated representative of the agency having oversight responsibility for a client sentenced under SSOSA or SSODA, for example, a community corrections officer or a juvenile probation counselors.

(14) "Treatment" means face-to-face individual, group, chaperone training or family therapy, provided by an affiliate or provider, to a client. Treatment is focused on the client's offending behavior.

(15) "Treatment plan" means a written statement of intended care and services as documented in the evaluation that details how the client's treatment needs will be met while protecting the community during the course of treatment.

(16) " Telehealth" means the delivery of health care services through the use of HIPAA compliant interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the

purpose of diagnosis, consultation, or treatment. "Telemedicine" does not include the use of audio-only telephone, facsimile, or electronic mail.

[Statutory Authority: RCW 18.155.040 and 2020 c 266, and 2020 c 76. WSR 21-13-079, § 246-930-010, filed 6/15/21, effective 7/16/21. Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-010, filed 4/18/07, effective 5/19/07; WSR 94-13-179, § 246-930-010, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-010, filed 5/28/92, effective 6/28/92; WSR 91-23-076 (Order 212), § 246-930-010, filed 11/19/91, effective 12/20/91; WSR 91-11-063 (Order 168), § 246-930-010, filed 5/16/91, effective 6/16/91.]

WAC 246-930-020 Underlying credential required. (1) Under RCW 18.155.020 (2), only a person 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 may be certified as a provider.

(2) Under RCW 18.155.030(6), a person certified by the department as a provider prior to June 11, 2020, is considered to have met the requirement of holding an underlying health license or credential, provided the underlying license or credential remains active and in good standing.

(3) A person who is a licensed psychologist, licensed marriage and family therapist, licensed social worker, licensed mental health counselor, or psychiatrist in a state or jurisdiction other than Washington may satisfy this requirement by submitting the following:

(a) A copy of the current credential issued by the credentialing state meeting the requirements of RCW 18.155.080(3);

(b) A copy of the statute, administrative regulation, or other official document of the issuing state which sets forth the minimum requirements for the credential;

(c) A statement from the issuing authority:

(i) That the credential is in good standing;

(ii) That there is no disciplinary action currently pending; and

(iii) Listing any formal discipline actions taken by the issuing authority with regard to the credential;

(d) A statement signed by the applicant, on a form provided by the department, submitting to the jurisdiction of the Washington state courts for the purpose of any litigation

involving his or her practice as a sex offender treatment provider; and

(e) A statement signed by the applicant on a form provided by the department, that the applicant does not intend to practice the health profession for which he or she is credentialed by another state within the state of Washington without first obtaining an appropriate credential to do so from the state of Washington, except as may be authorized by Washington state law.

(4) A person who has a comparable certification or has met work experience requirements in another state or jurisdiction under RCW 18.155.080(3) is considered for certification.

(5) Underlying registration, certification, or licensure shall be maintained in good standing. If an underlying registration, certification, or licensure is not renewed or is revoked, certification as a sex offender treatment provider or affiliate sex offender treatment provider is revoked. If an underlying registration, certificate or license is suspended, the sex offender treatment provider certification is suspended. If there is a stay of the suspension of an underlying

registration, certificate or license the sex offender treatment provider program must independently evaluate the reasonableness of a stay for the sex offender treatment provider. [Statutory Authority: RCW 18.155.040 and 2020 c 266, and 2020 c 76. WSR 21-13-079, § 246-930-020, filed 6/15/21, effective 7/16/21. Statutory Authority: RCW 18.19.050, 18.29.130, 18.29.210, 18.34.120, 18.46.060, 18.55.095, 18.84.040, 18.88B.060, 18.89.050, 18.130.050, 18.138.070, 18.155.040, 18.200.050, 18.205.060, 18.215.040, 18.230.040, 18.240.050, 18.250.020, 18.290.020, 18.360.030, 18.360.070, 70.41.030, 70.230.020, 71.12.670, and 18.108.085. WSR 21-02-002, § 246-930-020, filed 12/23/20, effective 1/23/21. Statutory Authority: RCW 18.155.040. WSR 05-12-014, § 246-930-020, filed 5/20/05, effective 6/20/05. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-930-020, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.155.040. WSR 94-13-179, § 246-930-020, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-020, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-020, filed 5/16/91, effective 6/16/91.]

WAC 246-930-030 Education required prior to certification as an affiliate or a provider. An applicant shall have completed all educational requirements necessary for the applicant's primary certification as a licensed psychologist,

licensed marriage and family therapist, licensed social worker, licensed mental health counselor, psychiatrist as defined in RCW 71.05.020, or other health professional under WAC 246-930-020. [Statutory Authority: RCW 18.155.040 and 2020 c 266, and 2020 c 76. WSR 21-13-079, § 246-930-030, filed 6/15/21, effective 7/16/21. Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-030, filed 4/18/07, effective 5/19/07; WSR 94-13-179, § 246-930-030, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-030, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-030, filed 5/16/91, effective 6/16/91.]

WAC 246-930-040 Experience required prior to certification as a provider. (1) An applicant for certification must complete at least two thousand hours of treatment and evaluation experience, as required in WAC 246-930-350. These two thousand hours shall include at least two hundred fifty hours of evaluation experience and two hundred fifty hours of treatment experience.

(2) All of the claimed treatment and evaluation experience shall have been within the ten-year period preceding application for certification.

(3) Applicants who have completed the required experience hours outside of the required ten-year period preceding application for certification may qualify for the experience requirements if they have completed the necessary continuing education requirements within two years prior to applying for licensure.

[Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-040, filed 4/18/07, effective 5/19/07; WSR 94-13-179, § 246-930-040, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-040, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-040, filed 5/16/91, effective 6/16/91.]

WAC 246-930-065 Requirements for certification. (1) An applicant for certification must:

(a) Be credentialed as provided in WAC 246-930-020. The credential must be in good standing without pending disciplinary action;

(b) Successfully complete an examination;

(c) Be able to practice with reasonable skill and safety; and

(d) Have no sex offense convictions, as defined in RCW 9.94A.030 or convictions in any other jurisdiction of an offense that under Washington law would be classified as a sex offense as defined in RCW 9.94A.030.

(2) An applicant for certification as a provider must also complete treatment and evaluation experience required in WAC 246-930-040.

[Statutory Authority: RCW 18.155.040 and 2020 c 266, and 2020 c 76. WSR 21-13-079, § 246-930-065, filed 6/15/21, effective 7/16/21. Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-065, filed 4/18/07, effective 5/19/07.]

WAC 246-930-067 Requirements for qualified supervisors.

(1) A qualified supervisor must be:

(a) Credentialed as a sex offender treatment provider under this chapter. The credential must be in good standing without pending disciplinary action; or

(b) A person who meets the requirements for certification as a sex offender treatment provider; or

(c) A person who meets a lifetime experience threshold under RCW 18.155.020 and who continues to maintain professional involvement in the field.

(2) A qualified supervisor not credentialed by the department as a sex offender treatment provider must sign and submit an attestation form provided by the department. [Statutory Authority: RCW 18.155.040 and 2020 c 266, and 2020 c 76. WSR 21-13-079, § 246-930-067, filed 6/15/21, effective 7/16/21.]

WAC 246-930-070 Training required for certified providers. (1) All applicants for certification as providers shall submit documentation of attendance at fifty hours of formal conferences, symposia, or seminars directly related to the treatment and evaluation of sex offenders. No more than ten hours of training may be related to victims of abuse.

(2) All such training shall have been received within the three years preceding application for certification. [Statutory Authority: RCW 18.155.040. WSR 01-02-065, § 246-930-070, filed 12/29/00, effective 1/29/01; WSR 94-13-179, § 246-930-070, filed 6/21/94, effective 7/22/94; WSR 91-11-063 (Order 168), § 246-930-070, filed 5/16/91, effective 6/16/91.]

WAC 246-930-075 Supervision of affiliates. Supervision of affiliates by a qualified supervisor is considerably different than consultation with other professionals. Consultation is solely advisory; consultants do not assume responsibility for

those individuals with whom they consult. Affiliates are responsible for the care they provide, however the qualified supervisor may be responsibility for the quality of work of the affiliate. A qualified supervisor may not supervise more than three affiliates.

(1) Supervision includes, but is not limited to:

(a) Discussion of services provided by the affiliate;

(b) Case selection, treatment plan, and review of each case or work unit of the affiliate;

(c) Discussions regarding theory and practice of the work being conducted;

(d) Review of Washington laws, rules, and criminal justice procedures relevant to the work being conducted;

(e) Discussion of the standards of practice for providers and affiliates as adopted by the department and the ethical issues involved in providing professional services for sex offenders;

(f) Discussion regarding coordination of work with other professionals and parties;

(g) Discussion of relevant professional literature and research; and

(h) Periodic review of the contract.

(2) The qualified supervisor shall:

(a) Have expertise and knowledge to directly supervise affiliate work.

(b) Provide sufficient training and supervision to the affiliate to assure the health and safety of the client and community.

(c) Avoid presenting himself or herself as having qualifications in areas that he or she does not have qualifications.

(d) Assure that the affiliate being supervised has sufficient and appropriate education, background, and preparation for the work he or she will be doing.

(3) The qualified supervisor and affiliate must enter into a formal written contract that defines the parameters of the professional relationship. The contract must be submitted to the department for approval and shall include:

(a) Supervised areas of professional activity;

(b) Amount of supervision time and the frequency of supervisory meetings. This information may be presented as a ratio of supervisory time to clinical work conducted by the affiliate;

(c) Supervisory fees and business arrangements, when applicable;

(d) Nature of the supervisory relationship and the anticipated process of supervision;

(e) Selection and review of clinical cases;

(f) Methodology for recordkeeping, evaluation of the affiliate, and feedback; and

(g) How the affiliate will be represented to the public and the parties.

(4) Supervision of affiliates shall involve regular, direct, face-to-face supervision.

(a) Depending on the affiliate's skill and experience levels, the qualified supervisor's supervision shall include direct observation of the affiliate by:

(i) Sitting in sessions;

(ii) Audio tape recording;

(iii) Videotaping, etc.

(b) In some cases, such as geographic location or disability, more flexible supervision arrangements may be allowed. The qualified supervisor must submit requests for more flexible supervision arrangements to the department for approval.

(5) The qualified supervisor must assure that the affiliate is prepared to conduct professional work, and must assure adequate supervision of the affiliate. The qualified supervisor shall meet face-to-face with the affiliate a minimum of one hour for every ten hours of direct client contact. Supervision meetings shall regularly occur at least every other week.

(6) A qualified supervisor may not undertake a contract that exceeds the qualified supervisor's ability to comply with supervision standards.

(7) The department recognizes the needs of certain locales, particularly rural areas, and may allow a variance from the standards in subsections (3)(b) and (5) of this section. The supervisor must submit any variance request to the department

for approval with the supervision contract. Variances will be granted or denied in writing within thirty days.

(8) The nature of the affiliate-qualified supervisor relationship must be communicated to the public, other professionals, and all clients served.

(9) An affiliate may represent himself or herself as an affiliate only when performing clinical work supervised by the contracted qualified supervisor.

(10) The qualified supervisor must cosign all written reports and correspondence prepared by the affiliate. The written reports and correspondence must include a statement that indicates the work has been conducted by the affiliate acting under the qualified supervisor's supervision.

(11) Both the qualified supervisor and affiliate shall maintain full documentation of the work done and supervision provided. The department may audit the qualified supervisor's and affiliate's records to assure compliance with laws and rules.

(12) All work conducted by the affiliate is the responsibility of the qualified supervisor. The qualified

supervisor shall have authority to direct the practice of the affiliate.

(13) It is the qualified supervisor's responsibility to correct problems or end the supervision contract if the affiliate's work does not protect the interests of the clients and community. If the qualified supervisor ends the contract, he or she must notify the department in writing within thirty days of ending the contract. A qualified supervisor may only change or adjust a supervision contract after receiving written approval from the department.

(14) Supervision is a power relationship. The qualified supervisor must not use his or her position to take advantage of the affiliate. This subsection is not intended to prevent a provider from seeking reasonable compensation for supervisory services.

(15) A qualified supervisor must provide accurate and objective letters of reference and documentation of the affiliate's work at the affiliate's request.

(16) The qualified supervisor shall ensure that the affiliate has completed at least one thousand hours of

supervised evaluation and treatment experience before the affiliate is authorized to evaluate and treat Level III sex offenders. The qualified supervisor will submit to the department documentation that the affiliate has completed a minimum of one thousand hours within thirty days of completion of the experience.

[Statutory Authority: RCW 18.155.040 and 2020 c 266, and 2020 c 76. WSR 21-13-079, § 246-930-075, filed 6/15/21, effective 7/16/21. Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-075, filed 4/18/07, effective 5/19/07; WSR 94-13-179, § 246-930-075, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-075, filed 5/28/92, effective 6/28/92; WSR 91-21-035 (Order 201), § 246-930-075, filed 10/10/91, effective 11/10/91.]

WAC 246-930-200 Application and examination. (1) In order to be certified to practice under this chapter as a provider or affiliate provider in the state of Washington all applicants shall pass an examination approved by the secretary.

(2) In order to qualify to sit for the examination, an applicant shall hold a current qualifying credential and meet education, experience, and training requirements as described in WAC 246-930-030, 246-930-040, and 246-930-070.

(5) Any applicant may be subject to disciplinary action if they are found to not follow instructions when taking the exam.

(6) The department shall approve the method of grading each examination, and apply the method uniformly to all applicants taking the examination.

(7) Applicants will be notified in writing of their examination scores.

(8) Applicant's examination scores are not disclosed to anyone other than the applicant, unless requested to do so in writing by the applicant.

(9) An applicant who fails to make the required grade in the first examination may take up to two additional examinations upon the payment of a reexamination fee for each subsequent examination. After failure of three examinations, the secretary may require remedial education before admission to future examinations.

[Statutory Authority: RCW 18.155.040 and 2020 c 266, and 2020 c 76. WSR 21-13-079, § 246-930-200, filed 6/15/21, effective 7/16/21. Statutory Authority: RCW 18.155.040. WSR 05-12-014, § 246-930-200, filed 5/20/05, effective 6/20/05; WSR 94-13-179, § 246-930-200, filed 6/21/94, effective 7/22/94; WSR 92-12-027

(Order 275), § 246-930-200, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-200, filed 5/16/91, effective 6/16/91.]

WAC 246-930-210 Examination appeal procedures. (1) Any candidate who takes and does not pass the sex offender treatment provider examination may request an informal review of the results of the examination.

(a) The examination results shall not be modified unless the candidate presents clear and convincing evidence of error in the examination content or procedure, or bias, prejudice, or discrimination in the examination process.

(b) Any challenges to examination scores shall not be considered unless the total of the potentially revised score would result in issuance of a certificate.

(2) The procedure for requesting an informal review of examination results is as follows: The request shall be in writing and shall be received by the department within thirty days of the date on the letter of notification of examination results sent to the candidate.

(3) The candidate shall be identified only by candidate number for the purpose of this review. The candidate shall be notified in writing of the decision.

Letters of referral or requests for special consideration shall not be read or considered.

(4) Any candidate not satisfied with the results of the informal examination review may request a formal hearing before the secretary to challenge the informal review decision. The procedures for requesting a formal hearing are as follows:

(a) The candidate shall complete the informal review process before requesting a formal hearing.

(b) The request for formal hearing shall be received by the department within twenty days of the date on the notice of the results of the informal review.

(c) The written request shall specifically identify the challenged portion(s) of the examination and shall state the specific reason(s) why the candidate believes the examination results should be modified.

(d) Appeals are brief adjudicative proceedings, as provided under the Administrative Procedure Act, chapter 34.05 RCW and

chapter 246-11 WAC. The presiding officer is the secretary or the secretary's designee.

(5) The hearing shall be restricted to the specific portion(s) of the examination the candidate had identified in the request for formal hearing.

[Statutory Authority: RCW 18.155.040. WSR 94-13-179, § 246-930-210, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-210, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-210, filed 5/16/91, effective 6/16/91.]

WAC 246-930-301 Purpose—Professional standards and ethics.

(1) Sex offender treatment providers are subject to the standards of practice of their primary field of practice. However, standards of practice vary from profession to profession, and sex offender evaluation and treatment represents significant differences in practice from general mental health interventions.

(2) The standards set forth in WAC 246-930-301 through 246-930-340 apply to all sex offender treatment providers.

(3) Standards of practice specific to this area of specialization are necessary due to the unique characteristics

of this area of practice, the degree of control that a provider exercises over the lives of clients, and the community protection issues inherent in this work.

(4)

() The mandatory reporting standards set forth in chapter 246-16 WAC apply to all sex offender treatment providers. [Statutory Authority: RCW 18.155.040 and 2020 c 266, and 2020 c 76. WSR 21-13-079, § 246-930-301, filed 6/15/21, effective 7/16/21. Statutory Authority: RCW 18.155.040. WSR 05-12-014, § 246-930-301, filed 5/20/05, effective 6/20/05; WSR 94-13-179, § 246-930-301, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-301, filed 5/28/92, effective 6/28/92; WSR 91-23-076 (Order 212), § 246-930-301, filed 11/19/91, effective 12/20/91.]

WAC 246-930-305 Standards for providing treatment. (1) Licensed Sex Offender Treatment Providers may provide treatment either in person or through telehealth.

(2)The treatment method chosen must be clinically appropriate for the patient. The method of treatment and factors supporting the decision must be documented in the patient's notes.

WAC 246-930-310 Standards for professional conduct and client relationships. (1) General considerations. Sex offender treatment providers shall:

(a) Not discriminate against clients with regard to race, religion, gender, sexual orientation, age, language spoken or disability; and

(b) Treat clients with dignity and respect, regardless of the nature of their crimes or offenses.

(2) Competence in practice. Providers shall:

(a) Be fully aware of the standards of their area of credentialling as health professionals and adhere to those standards;

(b) Be knowledgeable of statutes and scientific data relevant to specialized sex offender treatment and evaluation practice;

(c) Be familiar with the statutory requirements for assessments, treatment plans and reports for the court under SSOSA and SSODA;

(d) Perform professional duties with the highest level of integrity, maintaining confidentiality within the scope of statutory responsibilities;

(e) Be committed to community protection and safety;

(f) Be aware of all statutes related to client confidentiality;

(g) Not make claims regarding the efficacy of treatment that exceed what can be reasonably expected;

(h) Make appropriate referrals when they are not qualified or are otherwise unable to offer services to a client; and

(i) Exercise due prudence and care in making referral to other professionals.

(3) Confidentiality. Providers shall:

(a) Insure that the client fully understands the scope and limits of confidentiality, and the relevance to the client's particular situation. The provider shall inform the client of the provider's method of reporting disclosures made by the client and to whom disclosures are reported, before evaluation and treatment commence;

(b) Inform clients of any circumstances which may trigger an exception to the agreed upon confidentiality;

(c) Not require or seek waivers of privacy or confidentiality beyond the requirements of evaluation, treatment, training, or community safety. Providers shall evaluate the impact of authorizations for release of information upon their clients; and

(d) Understand and explain to their juvenile clients the rights of their parents and/or guardians to obtain information relating to the client.

(4) Conflict of interest. Providers shall:

(a) Refrain from using professional relationships to further their personal, religious, political, or economic interest other than accepting customary fees;

(b) Avoid relationships with clients which may constitute a conflict of interest, impair professional judgment and risk exploitation. (For example, bartering, service for service, and/or treating individuals where a social, business, or personal relationship exists); and

(c) Have no sexual relationships with a client.

(5) Fee-setting and client interaction. Providers shall:

(a) Prior to commencing service, fully inform the client of the scope of professional services to be provided and the fees associated with the services;

(b) Review any changes in financial arrangements and requirements with the client pursuant to the rules initially specified;

(c) Neither offer nor accept payment for referral; and

(d) Provide clients or their responsible person timely statements accurately indicating all services provided, the fees charged, and payments made.

(6) Termination or alteration of therapist/client relationship. Providers shall:

(a) Not unreasonably withdraw services to clients, and shall take care to minimize possible adverse effects on the client and the community;

(b) Notify clients promptly when termination or disruptions of services are anticipated, and provide for a transfer, referral, or continuation of service consistent with client needs and preferences, when appropriate; and

(c) Refrain from knowingly providing treatment services to a client who is in mental health treatment with another professional without consultation with the current provider.

(7) The department neither requires nor prohibits the use of psychological or physiological testing. The use of these and other treatment and evaluation techniques is at the discretion of the provider, subject to the terms of the court order in a particular case. The following standards apply when such techniques are used.

(a) Psychological testing: Psychological testing may provide valuable data during the assessment phase and in determining treatment progress. However, psychological testing should not be conducted by a provider who is not a licensed psychologist, unless the specific test(s) standardized administration procedures provide for administration by a nonpsychologist.

Psychological assessment data provided by a psychologist, other than the examiner, shall not be integrated into an assessment report unless the provider is familiar with the

psychological instruments used and aware of their strengths and/or limitations.

The interpretation of psychological testing through blind analysis has significant limitations. Providers reporting psychological test data derived in this manner shall also report the way in which the information was derived and the limitations of the data.

It is important to report any information which might influence the validity of psychological test findings. Examples of such information include, but are not limited to, the context of the evaluation, the information available to the professional who interpreted the data, whether the interpretations were computer derived and any special population characteristics of the person examined.

(b) Use of polygraph: The use of the polygraph examination may enhance the assessment, treatment and monitoring processes by encouraging disclosure of information relevant and necessary to understanding the extent of present risk and compliance with treatment and court requirements. When obtained, the polygraph data achieved through periodic examinations is an important

asset in monitoring the sex offender client in the community. Other alternative sources of verification may also be utilized. Sex offender treatment providers shall be knowledgeable of the limitations of the polygraph and shall take into account its appropriateness with each individual client and special client populations. Examinations shall be given in accordance with the treatment plan. Sex offender treatment providers shall not base decisions solely on the results of the polygraph examination.

(c) Use of plethysmography: The use of physiological assessment measures, such as penile plethysmography, may yield useful information regarding the sexual arousal patterns of sex offenders. This data can be useful in assessing baseline arousal patterns and therapeutic progress. Decisions about the use of plethysmography should be made on a case-by-case basis with due consideration given to the limitations and the intrusiveness of the procedure. Consideration also should be given to the available literature on the usefulness of the information obtained as it relates to a specific sex offender population.

When obtained, physiological assessment data shall not be used as the sole basis for offender risk assessment and shall

not be used to determine if an individual has committed a specific sexually deviant act. Providers shall recognize that plethysmographic data is only meaningful within the context of a comprehensive evaluation and/or treatment process. Sex offender treatment providers shall ensure that physiologic assessment data is interpreted only by sex offender treatment providers who possess the necessary training and experience. Sex offender treatment providers shall insure that particular care is taken when performing physiological assessment with juvenile offenders and other special populations, due to concerns about exposure to deviant materials. Given the intrusiveness of this procedure, care shall be given to the dignity of the client.
[Statutory Authority: RCW 18.155.040. WSR 94-13-179, § 246-930-310, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-310, filed 5/28/92, effective 6/28/92; WSR 91-23-076 (Order 212), § 246-930-310, filed 11/19/91, effective 12/20/91.]

WAC 246-930-320 Standards for assessment and evaluation reports. (1) General considerations in evaluating clients. Providers and affiliates shall:

(a) Be knowledgeable of current assessment procedures used;

(b) Be aware of the strengths and limitations of self-report and make reasonable efforts to verify information provided by the client;

(c) Be knowledgeable of the client's legal status including any court orders applicable.

(d) Have a full understanding of the SSOSA and SSODA process, if applicable, and be knowledgeable of relevant criminal and legal considerations;

(e) Be impartial;

(f) Provide an objective and accurate base of data; and

(g) Avoid addressing or responding to referral questions which exceed the present level of knowledge in the field or the expertise of the evaluator.

(2) Providers and affiliates must complete written evaluation reports. These reports must:

(a) Be accurate, comprehensive and address all of the issues required for court or other disposition;

(b) Present all knowledge relevant to the matters at hand in a clear and organized manner;

(c) Include the referral sources, the conditions surrounding the referral and the referral questions addressed;

(d) Include a compilation of data from as many sources as reasonable, appropriate, and available. These sources may include but are not limited to:

(i) Collateral information including:

(A) Police reports;

(B) Child protective services information; and

(C) Criminal correctional history;

(ii) Interviews with the client;

(iii) Interviews with significant others;

(iv) Previous assessments of the client such as:

(A) Medical;

(B) Substance abuse; and

(C) Psychological and sexual deviancy;

(v) Psychological/physiological tests;

(e) Address, at a minimum, the following issues:

(i) A description of the current offense(s) or allegation(s) including, but not limited to, the evaluator's

conclusion about the reasons for any discrepancy between the official and client's versions of the offenses or allegations;

(ii) A sexual history, sexual offense history and patterns of sexual arousal/preference/interest;

(iii) Prior attempts to remediate and control offensive behavior including prior treatment;

(iv) Perceptions of significant others, when appropriate, including their ability and/or willingness to support treatment efforts;

(v) Risk factors for offending behavior including:

(A) Alcohol and drug abuse;

(B) Stress;

(C) Mood;

(D) Sexual patterns;

(E) Use of pornography; and

(F) Social and environmental influences;

(vi) A personal history including:

(A) Medical;

(B) Marital/relationships;

(C) Employment;

(D) Education; and

(E) Military;

(vii) A family history;

(viii) History of violence and/or criminal behavior;

(ix) Mental health functioning including coping abilities, adaptation style, intellectual functioning and personality attributes; and

(x) The overall findings of psychological/physiological/medical assessment if these assessments have been conducted;

(f) Include conclusions and recommendations. The conclusions and recommendations shall be supported by the data presented in the report and include:

(i) The evaluator's conclusions regarding the appropriateness of community treatment;

(ii) A summary of the evaluator's diagnostic impressions;

(iii) A specific assessment of relative risk factors, including the extent of the client's dangerousness in the community at large; and

(iv) The client's willingness for outpatient treatment and conditions of treatment necessary to maintain a safe treatment environment.

(g) Include a proposed treatment plan which is clear and describes in detail:

(i) Anticipated length of treatment, frequency and type of contact with providers or affiliates, and supplemental or adjunctive treatment;

(ii) The specific issues to be addressed in treatment and a description of planned treatment interventions including involvement of significant others in treatment and ancillary treatment activities;

(iii) Recommendations for specific behavioral prohibitions, requirements and restrictions on living conditions, lifestyle requirements, and monitoring by family members and others that are necessary to the treatment process and community safety; and

(iv) Proposed methods for monitoring and verifying compliance with the conditions and prohibitions of the treatment program.

(3) If a report fails to include information specified in (a) through (e) of this subsection, the evaluation should indicate the information not included and cite the reason the information is not included.

(4) Second evaluations shall state whether prior evaluations were considered. The decision regarding use of other evaluations prior to conducting the second evaluation is within the professional discretion of the provider or affiliate. The second evaluation need not repeat all assessment or data compilation measures if it reasonably relies on existing current information. The second evaluation must address all issues outlined in subsection (2) of this section, and include conclusions, recommendations and a treatment plan if one is recommended.

(5) The provider or affiliate who provides treatment shall submit to the court and the parties a statement that the provider or affiliate is either adopting the proposed treatment plan or submitting an alternate plan. Any alternate plan and the statement shall be provided to the court before sentencing. Any

alternate plan must include the treatment methods described in WAC 246-930-332(1).

[Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-320, filed 4/18/07, effective 5/19/07; WSR 94-13-179, § 246-930-320, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-320, filed 5/28/92, effective 6/28/92; WSR 91-23-076 (Order 212), § 246-930-320, filed 11/19/91, effective 12/20/91.]

WAC 246-930-330 Standards and documentation of treatment. Effective sexual deviancy treatment involves a broad set of planned therapeutic experiences and interventions designed to ultimately reduce the client's risk of engaging in criminal sexual behavior. Treatment must be consistent with current professional literature and emphasize community safety.

General considerations.

(1) In most cases a provider or affiliate treats clients at least once per week for at least forty-five minutes for an individual or ninety minutes for a group.

(2) Changes in client circumstances or provider/affiliate schedule may require less frequent or shorter sessions. Changes to the number or duration of sessions may be made on a case-by-

case basis, and must be reported to the department. A provider or affiliate must:

(a) Communicate permanent changes in the treatment plan or changes that may reduce community safety to the supervising officer, the prosecutor and the court before the changes may be implemented;

(b) Report other short term, temporary changes in the treatment plan due to illness, vacation, etc., in the regular progress report; and

(c) Report any reduction in frequency or duration of contacts that constitutes a variance from the treatment plan to the supervising officer, the prosecutor, and the court.

(3) The treatment methods employed by the provider or affiliate shall:

(a) Reflect concern for the well-being of clients, victims and the safety of potential victims;

(b) Take into account the legal/civil rights of clients, including the right to refuse therapy and return to court for review; and

(c) Be individualized to meet the unique needs of each client.

(4) Providers and affiliates shall maintain and safeguard client files consistent with the professional standards and with Washington state law regarding health care records. Providers and affiliates shall ensure that the client files include the following information for completion of required reports:

(a) Content of professional contact;

(b) Treatment progress;

(c) Sessions attended; and

(d) Any treatment plan changes.

[Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-330, filed 4/18/07, effective 5/19/07; WSR 94-13-179, § 246-930-330, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-330, filed 5/28/92, effective 6/28/92; WSR 91-23-076 (Order 212), § 246-930-330, filed 11/19/91, effective 12/20/91.]

WAC 246-930-332 Treatment methods and monitoring. (1) The treatment methods used by the provider or affiliate shall:

(a) Address the client's deviant sexual urges and recurrent deviant sexual fantasies;

(b) Educate the client and the individuals who are part of the client's support system about the potential for reoffense, and risk factors;

(c) Teach the client to use self-control methods to avoid sexual reoffense;

(d) Consider the effects of trauma and past victimization as factors in reoffense potential where applicable;

(e) Address the client's thought processes which facilitate sexual reoffense and other victimizing or assaultive behaviors;

(f) Modify client thinking errors and cognitive distortions;

(g) Enhance the client's appropriate adaptive/legal sexual functioning;

(h) Assure that the client has accurate knowledge about the effect of sexual offending upon victims, their families, and the community;

(i) Help the client develop sensitivity to the effects of sexual abuse upon victims;

(j) Address the client's personality traits and personality deficits which are related to increased reoffense potential;

(k) Address the client's deficits in coping skills;

(l) Include and integrate the client's family, guardian, and residential program staff into the treatment process when appropriate; and

(m) Maintain communication with other significant persons in the client's support system, when deemed appropriate by the provider.

(2) The provider or affiliate shall monitor compliance with treatment requirements by:

(a) Recognizing the reoffense potential of the client, the damage that may be caused by sexual reoffense or attempted reoffense, and the limits of self report by the client;

(b) Considering multiple sources of input regarding the client's out-of-office behavior;

(c) Increasing monitoring during those times of increased risk and notifying the supervising officer when:

(i) A client is in crisis;

(ii) Visits with victims or potential victims are authorized; and

(iii) A client is in high-risk environments.

(d) Working in collaboration with the supervising officer, when applicable, to verify that the client is following the treatment plan by reducing the frequency of those behaviors that are most closely related to sexual reoffense and that the client's living, work and social environments have sufficient safeguards and protection for victims and potential victims; and

(e) Discussing with the supervising officer the verification methods used so that each can fully collaborate to protect community safety and assist the client in successfully completing treatment.

[Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-332, filed 4/18/07, effective 5/19/07.]

WAC 246-930-334 Planning and interventions. (1) The treatment plan and the interventions used by the provider or affiliate to achieve the goals of the plan shall:

(a) Address the sexual deviancy treatment needs identified;

(b) Include provisions for the protection of victims and potential victims;

(c) Give priority to those treatment interventions most likely to avoid sexual reoffense; and

(d) Take reasonable care not to cause victims to have unsafe, unauthorized, or unwanted contact with their offenders.

(2) The community protection contract shall be presented to the client within ninety days of the start of treatment by the provider or affiliate that:

(a) Details the treatment rules and requirements that the client must follow in order to preserve community safety;

(b) Outlines the client's responsibility to adhere to the contract, and the provider's responsibility to report any violations;

(c) Is a separate document from any other evaluation or treatment agreements between the client and the provider;

(d) Is signed by both client and provider;

(e) Is sent to the supervising officer after sentencing; and

(f) Is updated when conditions change throughout the course of treatment.

[Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-334, filed 4/18/07, effective 5/19/07.]

WAC 246-930-336 Contacts with victims and children by clients. (1) The provider or affiliate shall recognize that supervision during contact with children is critical for those clients who have had crimes against children, or have the potential to abuse children. When authorizing clients to have contact with victims or children, the provider or affiliate shall:

(a) Consider the victim's wishes about contact and reasonably ensure that all contact is safe and in accordance with court directives;

(b) Restrict, as necessary, client decision-making authority over victims and children;

(c) Collaborate with other relevant professionals about contact with victims prior to authorizing client contact with children, rather than making isolated decisions;

(d) Consult with the victim's parents, custodial parents, or guardians prior to authorizing any contact between clients and children;

(e) Include educational experiences for chaperones/ supervisors of clients; and

(f) Devise a plan/protocol for reuniting or returning clients to homes where children reside. This plan/protocol must emphasize child safety, and provide for some monitoring of the impact to the victim and other children.

(2) While the rationale behind the standards for clients in subsection (1)(a) through (f) of this section is equally relevant for juvenile clients, there are some substantial differences that warrant specific standards. The prohibitions on contact with children are not intended to prohibit reasonable peer-age social or educational contacts for juvenile clients. Providers or affiliates working with juvenile clients have limited authority over their clients, in that they have limited authority to govern the decisions or supervision of a juvenile client's parents. Reasonable and practical supervision plans/strategies for juvenile clients require the cooperation and involvement of parents, foster parents, group home staff, and the supervising officer. Providers and affiliates shall work in collaboration with the supervising officer to:

(a) Establish reasonable guidelines for contacts with victims or children commensurate with the client's offending history, treatment progress, and the current disposition order;

(b) Make reasonable efforts to advise, inform, and educate adults who will be in contact with and responsible for the client's behavior around victims or children;

(c) Restrict, as necessary, client decision-making authority over victims and children;

(d) Devise plans/protocols for reuniting or returning clients to homes where the victim or other children reside, specifically considering the victim's wishes and victim impact of reunification;

(e) Closely scrutinize victim requests for client contact to ensure the request is free of emotional strain and is in the victim's best interests; and

(f) Follow court ordered no contact provisions, or seek modification of court ordered restrictions if appropriate. [Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-336, filed 4/18/07, effective 5/19/07.]

WAC 246-930-338 Completion of court ordered treatment. In fulfilling requirements for the end of court ordered treatment hearing, if applicable, the provider or affiliate shall:

(1) Assess and document how the treatment plan goals have been met, what changes in the client's reoffense potential have been accomplished, and what risk factors remain; and

(2) Report to the court in a timely manner regarding the client's compliance with treatment and monitoring requirements, and make a recommendation regarding modification of conditions of community supervision, and either termination of treatment or extension of treatment for up to the remaining period of community supervision.

[Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-338, filed 4/18/07, effective 5/19/07.]

WAC 246-930-340 Standards for communication with other professionals. (1) Professional relationships with corrections/probation officers and other supervising agencies.

(a) The provider shall establish a cooperative relationship with the supervising officer and/or responsible agency for

purposes of the effective supervision and monitoring of an offender's behavior in the community.

(b) All violations of the provider client contract shall be reported immediately to the supervising officer.

(c) Quarterly progress reports documenting dates of attendance, treatment activities and duration, changes in the treatment plan, client compliance with requirements, and treatment progress shall be made in a timely manner to the court and parties. Providers shall provide additional information regarding treatment progress when requested by the court or a party. If there is more than one provider, the primary provider shall confer on all quarterly reports and provide one report to the required parties in a timely manner.

(d) Prior to implementation, plans for contact with the victim, potential victims and plans for family reunification or return (where appropriate) should be reviewed with the supervising officer.

(e) Prior to implementation the provider shall communicate with the supervising officer when approving chaperones and supervisors for offender contact with children. If an urgency of

circumstances requires independent approval of a chaperone by a provider, the provider will notify the community correction officer or supervising officer in a timely manner.

(2) Communication with the department of social and health services or other agencies responsible for the care or supervision of the client. When appropriate, the provider shall seek an authorization for release of information from the client to communicate with such agencies for treatment or monitoring purposes.

(3) Communication with others. Where appropriate and consistent with the offender's informed consent, the provider shall communicate with the victim's therapist, guardian ad litem, custodial parent, guardian, caseworker, or other involved professional in making decisions regarding family reunification or return, or victim contact with the offender.

(4) Reporting of additional victims.

(a) Providers are expected to comply with the mandatory reporting law, RCW 26.44.030.

(b) All clients shall be notified of the limits of confidentiality imposed on therapists by the mandatory reporting law (RCW 26.44.030).

[Statutory Authority: RCW 18.155.040. WSR 94-13-179, § 246-930-340, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-340, filed 5/28/92, effective 6/28/92; WSR 91-23-076 (Order 212), § 246-930-340, filed 11/19/91, effective 12/20/91.]

WAC 246-930-350 Evaluation and treatment experience credit. (1) Evaluation experience credit. The following can be counted for evaluation experience credit:

(a) Preparation of a written SSOSA, SSODA, self-referral or forensic evaluation;

(b) Primary or secondary responsibility for interviewing the client;

(c) Preparation of the written evaluation report;

(d) All contact with clients; and

(e) Preparation of limited assessments for the purpose of:

(i) Institution classification;

(ii) Treatment monitoring; and

(iii) Reporting.

(2) Treatment experience credit. The following can be counted for treatment experience credit:

(a) Face-to-face treatment hours performed by affiliates under the supervision of qualified supervisors;

(b) Time spent as a co-therapist. Both therapists must have formal responsibility for the group session; and

(c) Time spent maintaining collateral contacts and written case/progress notes.

[Statutory Authority: RCW 18.155.040 and 2020 c 266, and 2020 c 76. WSR 21-13-079, § 246-930-350, filed 6/15/21, effective 7/16/21. Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-350, filed 4/18/07, effective 5/19/07.]

WAC 246-930-410 Continuing education requirements.

Certified sex offender treatment providers must complete forty hours of continuing education every two years as required in chapter 246-12 WAC, Part 7.

(1) **Purpose and scope.** The aim of continuing education for sex offender treatment providers is to ensure that professionals practicing in this specialty field are knowledgeable of current scientific and practice principles that affect the supervision and treatment of sex offenders in community-based treatment.

Since the treatment of sex offenders in communities raises significant public safety concerns, continuing education is required to help sex offender treatment providers deliver the highest quality of professional service by being familiar with current developments in a rapidly changing profession. Certified sex offender treatment providers, regardless of certification status (e.g., full, affiliate, or provisional), shall meet the continuing education requirements set forth in this section as a prerequisite to license renewal.

(2) **Specific requirements.**

(a) A minimum of thirty hours of the CE shall be earned through attendance at courses, workshops, institutes, and/or formal conference presentations with direct, specific relevance to the assessment and treatment of sex offenders.

(i) Consultative or supervisory training obtained from other certified sex offender treatment providers is not creditable under this CE definition.

(ii) Independent study of audio or video tapes of seminar presentations not actually attended are creditable under this definition, up to a maximum of ten hours in any two-year period.

Credit for independent study will only be granted if accompanied by documentation of the learning activity, such as a written summary of the independent study activity.

(iii) CE credit for assessment and treatment of sex offender training courses presented to other professionals may be claimed by the certified provider who provides the training one time only (usually the first time it is taught, unless there is substantial revision), up to a maximum of ten hours in any two-year period.

(iv) Courses specifically oriented toward assessment or treatment of sex offenders may be claimed as CE. The following are examples of subjects that qualify under this definition:

(A) Ethics and professional standards;

(B) Relapse prevention with sex offenders;

(C) Plethysmographic assessment;

(D) Sexual arousal assessment and reconditioning;

(E) Risk assessment with sex offenders;

(F) Psychopharmacological therapy with sex offenders;

(G) Family therapy with sex offenders;

(H) Research concerning sexual deviancy;

(I) Sexual addiction; and

(J) Therapy/clinical methods specific to sex offenders.

(b) In addition to the thirty hours of CE with direct, specific relevance to the assessment and treatment of sex offenders, ten hours of the total requirement may be earned through participation in training courses with indirect relevance to the assessment and treatment of sex offenders. The following subjects qualify under this definition:

(i) Victimology/victim therapy;

(ii) General counseling methods;

(iii) Psychological test interpretation;

(iv) Addiction/substance abuse;

(v) Family therapy;

(vi) Group therapy; and

(vii) Legal issues.

(3) **Program or course approval.** The department shall accept any CE that reasonably falls within the above categories and requirements. The department relies upon each individual provider's integrity with the intent and spirit of the CE requirements.

(4) **CE requirement for newly certified providers.** Providers who are newly certified within six months of their renewal date shall not be required to submit proof of continuing education for the preceding twelve-month period. Providers who are newly certified from six to nine months prior to the renewal date shall be required to submit proof of ten hours of the annual CE requirement for the preceding twelve-month period. Providers who are newly certified from nine to twelve months prior to the renewal date shall be required to submit proof of the full twenty hour annual CE requirement at the renewal date. The above noted prorated CE requirements apply only to the first renewal following certification. If proof of CE is not required at the first renewal (dependent on birthdate), the prorated amount shall be added to the full twenty hour annual requirement for the second year following certification.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-930-410, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.155.040. WSR 94-13-179, § 246-930-410, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-410, filed 5/28/92, effective 6/28/92.]

WAC 246-930-420 Inactive credential. A practitioner may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-930-420, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.155.040. WSR 94-13-179, § 246-930-420, filed 6/21/94, effective 7/22/94.]

WAC 246-930-431 Recertification. (1) If the certification has expired for three years or less, the provider must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If the certification has expired for over three years or has been revoked or suspended, the practitioner must:

(a) Successfully pass the examination and achieve a passing score as provided in WAC 246-930-200;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

(3) The secretary may require reexamination in any disciplinary order as a condition of reissuing a certificate or confirming recertification.

(4) Whenever reexamination is required, the applicant shall pay the examination fees set forth in WAC 246-930-990.

[Statutory Authority: RCW 18.155.040 and 2020 c 266, and 2020 c 76. WSR 21-13-079, § 246-930-431, filed 6/15/21, effective 7/16/21. Statutory Authority: RCW 18.155.040. WSR 05-12-014, § 246-930-431, filed 5/20/05, effective 6/20/05. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-930-431, filed 2/13/98, effective 3/16/98.]

WAC 246-930-490 Sexual misconduct. (1) The definitions and prohibitions on sexual misconduct described in chapter 246-16 WAC apply to affiliate sex offender treatment providers and certified sex offender treatment providers except WAC 246-16-100 (3) and (4).

(2) An affiliate sex offender treatment provider or certified sex offender treatment provider shall never engage, or attempt to engage, in the activities listed in WAC 246-16-100(1) with a former patient, former client or former key party. [Statutory Authority: RCW 18.155.040, 18.19.050, 18.225.040, 18.205.060, 18.130.050. WSR 08-07-090, § 246-930-490, filed 3/19/08, effective 4/19/08. Statutory Authority: RCW 18.155.040. WSR 05-12-014, § 246-930-490, filed 5/20/05, effective 6/20/05; WSR 94-13-179, § 246-930-490, filed 6/21/94, effective 7/22/94.]

WAC 246-930-990 Sex offender treatment provider fees and renewal cycle. (1) Certificates must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC.

(2) The following nonrefundable fees will be charged for:

Title of Fee	Fee
Sex offender treatment provider:	
Application and examination	$600.00
Reexamination	250.00
Initial certification	200.00
Renewal	1,000.00
Inactive status	300.00
Late renewal penalty	300.00
Expired certificate reissuance	300.00
Expired inactive certificate reissuance	150.00
Duplicate certificate	15.00
Verification of certification	15.00

(3) The following nonrefundable fees will be charged for affiliate treatment provider:

Title of Fee	Fee
Application and examination	400.00
Reexamination	250.00
Renewal	500.00
Inactive status	250.00
Late renewal penalty	250.00
Expired affiliate certificate reissuance	250.00
Expired inactive affiliate certificate reissuance	100.00
Duplicate certificate	15.00

(4) Under RCW 71.09.360, fees established in this section may be waived for sex offender treatment providers contracted to provide treatment services to persons on conditional release in underserved counties as determined by the department of social and health services.

[Statutory Authority: RCW 18.155.040 and 2020 c 266, and 2020 c 76. WSR 21-13-079, § 246-930-990, filed 6/15/21, effective

7/16/21. Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329. WSR 08-15-014, § 246-930-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 18.155.040. WSR 05-12-014, § 246-930-990, filed 5/20/05, effective 6/20/05. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. WSR 05-12-012, § 246-930-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250. WSR 99-08-101, § 246-930-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-930-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.155.040. WSR 94-13-179, § 246-930-990, filed 6/21/94, effective 7/22/94; WSR 92-12-027 (Order 275), § 246-930-990, filed 5/28/92, effective 6/28/92; WSR 91-11-063 (Order 168), § 246-930-990, filed 5/16/91, effective 6/16/91.]

1. **What is a sex offender treatment provider?**
    a. WAC 246-930-010 General definitions.
        i. "Certified affiliate sex offender treatment provider" or "affiliate" 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.

        ii. "Certified sex offender treatment provider" or "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 to examine and treat sex offenders pursuant to chapters **9.94A** and **13.40** RCW and sexually violent predators under chapter **71.09** RCW.

    b. Sex offender treatment provider in WA are governed by state regulations within chapter 246-930 WAC with the corresponding statutes are found in chapter 18.155 RCW.

2. Who do they serve and what is the setting.
    a. Who they serve.
        i. Children
            - The Association for the Treatment and Prevention of Sexual Abuse (ATSA) Task Force on Children with Sexual Behavior Problems defines children with SBP (sexual behavior problems) as those children ages 12 and younger who initiate behaviors involving sexual body parts (i.e. genitals, anus, buttocks, or breasts) that are developmentally inappropriate or potentially harmful to themselves or others.
            - Sexual behaviors may include aggression, force, or coercion, and have the potential for harm. These behaviors can range from mild to more aggressive and abusive actions directed toward other children.
            - Although the term sexual is used, the intentions or motivations may not be related to sexual gratification or sexual stimulation. May be related to curiosity, anxiety, imitation, attention-seeking, self-calming or other reasons (Silvosky & Bonner, 2003).
            - Different from normal child sexual play.
            - Normal Child Sexual play is;
                - spontaneous
                - intermittent
                - mutual and non-coercive
                - does not cause emotional distress.

                *Some degree of focus on sexual body parts, curiosity about sexual behavior, and interest in sexual stimulation is normal.

            - Problematic Child Sexual Behavior is;

- substantial age/developmental differences of children involved.
- more advanced sexual behaviors
- any use of force, intimidation, or coercion
- the presence of emotional distress in the children involved.
- if behavior is interfering with the social development of the children involved
- if the behavior causes physical injury.

*Preoccupation on sex and sexual behavior rare for their developmental stage that persist despite normal corrections from adults and caregivers.

- There is considerable range in overall SBP severity and intensity. Children with more intense SBP tend to have more co-morbid mental health, social and family problems (Bonner, Walker, Berliner, Bard, & Silovsky, 2005; Hall et al., 1996)
- These children typically do not have legal involvement.

ii. Adolescence
- The Association for the Treatment and Prevention of Sexual Abuse (ATSA) Adolescent Practice Guidelines defines youth ages 13 through 17 who have engaged in sexually abusive behavior or may be at risk to engage in sexually abusive behavior as Adolescents who Have Engaged in Sexually Abusive Behaviors or Illegal Sexualized Behaviors
  - may have legal involvement or not.

iii. Adults

iv. Specialization
- WA state Department of Health has a Directory of Providers that can designate specializations and populations served including-
  - Adult
  - Developmentally Disabled
  - Female
  - Juvenile
  - LGBT+
  - Partners
  - Veterans

b. What is the setting.

Treatment services are offered along a continuum -from community-based (outpatient) interventions to more secure residential or correctional-based treatment programs. This is determined by risk factors for re-offending and community safety needs. For those where intense supervision is needed for community safety, treatment will include learning pro-social skills to eventually generalize and successfully apply in less restrictive community-based settings.

a. Community: Individuals remain in the community and participate in services with an out-patient provider.
b. Residential: Individuals may reside in a group home setting, either with 24-hour staff supervision or some reduced level of supervision and/or support.
c. Facilities/Correctional: JRA or DOC facilities. Risk

c. What are the priorities.
   Risk, Need, Responsivity Principles
   a. Community Safety: Risk factors will determine the level of supervision and intensity of treatment needed.
   b. Individual growth: Treatment focuses on factors related to recidivism as well as individual needs to develop healthy attitudes/beliefs about sexual behaviors/intimate relationships, pro-social skills, healthy relationships and lead healthy lives. Protective factors and strengths are built upon to achieve treatment goals.
   c. Restitution for the victims, families, communities: Harm was caused to a primary victim (s), their loved ones, and the community when an individual perpetrates sexual assault. Repairing the harm caused is of vital importance when working with those who sexually victimize individuals. Monetary restitution is one form of restitution but also
   d. Accountability and restoration: acknowledgement and accountability for harm caused, providing a meaningful apology when requested through the process of clarification and offering to make restorative amends meaningful to the victim(s) and the community.

3. Why is it important?
   a. Personal
      i. Corey – service, science, challenge
         - Serving the Community by serving individuals
            - Helping individuals convicted of a sexual offense prevents future crimes.
         - The field is advancing and getting better at helping people and reducing risk.
            - Significant research backs risk assessments and treatment modalities
            - Treatment works shown through meta-analytic study to reduce recidivism.
         - Challenging
            - Helping people talk about the worst thing they have ever done and helping them move forward to living healthy productive lives isn't easy and significantly different than many other areas of mental health and criminal justice work.
            - Getting systems to adapt to research is challenging.
               - Emotions, and unsupported opinions have driven policies that have not led to the Outcomes we are hoping for.
               - Research demonstrates the foundation on which policies should be made to reduce the risk to the public.
      ii. Larraine – balance
      Most victims of all types of sexual violence knew their abuser. Whether they were an acquaintance, current or former intimate partner, family member, a person in a position of authority. In addition to acknowledgement of and accountability for the harm caused, many victims also want the person who perpetrated sexual violence against them to receive a meaningful intervention, so they never harm anyone else again. They want them to receive the treatment they need so they will be safe in the community. They may even want future contact if deemed safe to do so. Facilitating treatment for those who perpetrate sexual violence may provide some level of restoration for victims who have identified this as important to them.

iii. Jason – service and community safety
iv. Sonja – changing lives.
v. Lana - Competency

b. State credentialing statistics over the past 5 years
c. Justice Gap
d. DOC stats
    i. Currently 3,576 individuals in prison or jail for a sexually related offense
        - 2,200 under ISRB Jurisdiction in prison (60%)
    ii. 1,348 individuals under ISRB jurisdiction in the community for a sexual offense
        - 1,328 (99%) on supervision for Life.
    iii. DOC Treatment Program is getting better:
        - Old Program 7.4% recidivism rate (3yrs any new crime) (92.6% survival rate)
        - New Program 2.1% (3yrs any new crime) (97.9% survival rate)
        - Everyone released from DOC 30% (3yrs any new crime) (70% survival rate)
e. Needs – people retiring, Spanish speaking, diversity in the profession.
f. Specific programs/treatment/evaluation

4. Why is it interesting (aspects of treatment)
    a. Treatment modalities: Practitioners use empirically supported interventions including cognitive behavioral therapy, skills oriented such as DBT skills and socio-ecological interventions that target dynamic risk factors, mitigate risk, and enhance protective factors. Treatment involves other providers such as psychiatrists, primary care, probation counselors, schools, families, victim therapists, etc. Modalities include individual therapy, group therapy, family therapy. When/if clarification/reunification is determined to be safe, appropriate, and desired by the victim, treatment providers work closely with victim therapists to help facilitate this process.
    b. Nuances: Treatment must be tailored to the individual needs of the clients and based on a comprehensive psychosocial and risk assessment. Co-occurring mental health, substance use problems or other disorders must also be addressed. Determining what interventions are needed, the sequencing of the interventions, the level and intensity of the interventions, all need to be determined by the provider to ensure community safety and successful treatment outcomes.
    c. Science to practice/risk assessment:
        i. Risk, Need, Responsivity
        - Prior to the development of actuarial risk assessments, clinical judgement of the "expert" was relied upon to determine who was riskier to reoffend.
            - Clinical Judgement has been found to have about a 50% accuracy rate which is the same as flipping a coin.
            - Actuarial risk assessments distinguish and rank order individuals far more accurately (AUC .70).
                - Leveling
                - State Treatment Prioritization

- Prior to the development of dynamic risk assessments treatment included shaming, and trying to make people feel bad for what they did and many other topics that have been demonstrated to not be related to the risk of re-offense.
    - Dynamic assessments identify specific characteristics that are empirically related to recidivism so now treatment only focuses on what contributes to safer communities.
        - Dynamic factors include problem solving deficits, cooperating with authority, along with finding ways to reduce sexual preoccupation or how to cope with being attracted to minors.
- Treatment previously included now unethical treatments such as conversion therapy.
    - Research demonstrates that Cognitive Behavioral Treatment that addresses the dynamic risk factors assessed to be in the person's life is the best course of action to reduce the risk of re-offense.
- It is important to state that the Risk Need Responsivity Principles apply to the 3 distinct populations, however, look quite different.
    - Adults, Juveniles and Cognitively Disabled populations have different:
        - validated risk and needs assessments.
        - Treatment remains rooted in CBT but how it is delivered, and the treatment looks very different.

ii. <u>Science to Practice</u>

- The field has evolved dramatically in the past 40 years, and it is considered a very young field which makes it exciting.
    - Research is ever solidifying assessments and treatments, and fine-tuning knowledge about the vaguer topics.
        i. For example, we know how to treat the risk for re-offense, but a large question is dosage: How much treatment and how to measure it is a big question. Or Another is how to tell if someone has changed and are safe?
- The main goals of the different populations are the same, to help individuals not reoffend.
    - Research is showing the paths are different.
        i. Applying concepts from treating adults doesn't work for treating juveniles or those that are disabled. There is a lot of room and need for specialization.
- Other mental health fields can measure if someone has achieved their treatment goals and symptom reduction.
    - In this field, the added confusion of the legal system makes things more difficult because what is being discussed includes illegal acts.

5. Who is eligible?
    a. Associate psychologist, licensed marriage and family therapist, licensed social worker, licensed mental health counselor, psychiatrist as defined in RCW 71.05.020, or other health professional under WAC 246-930-020.

b. Licensed psychologist, licensed marriage and family therapist, licensed social worker, licensed mental health counselor, psychiatrist as defined in RCW 71.05.020, or other health professional under WAC 246-930-020.

6. Training requirements? How to become
   a. **WAC 246-930-030 Education required prior to certification as an affiliate or a provider.** An applicant shall have completed all educational requirements necessary for the applicant's primary certification as a licensed psychologist, licensed marriage and family therapist, licensed social worker, licensed mental health counselor, psychiatrist as defined in RCW 71.05.020, or other health professional under WAC 246-930-020.
   b. Supervisory hours – **dual licensure (Lana)**

7. Two pathways to getting your SOTP certification.
   a. Work for the State
      i. Pros
         - Salaried Pay
         - Surrounded by colleagues.
         - Training as part of the job at no or minimal cost.
         - Oftentimes can earn both underlying credential and SOTP simultaneously.
         - No need to search for clients and access to discovery.
         - Can choose which populations to work with
            - Adults: Includes Adults with cognitive disabilities
            - Juveniles
      ii. Cons
         - No experience of how to run a private practice.
         - No experience submitting reports to the court.
         - Minimal experience testifying in court.
         - Limited to working with either adults or juveniles, no facility has both.

   b. Under the practice of a SOTP approved supervisor
      i. Pros
         - Experience in treatment, in the running of a private practice and testifying in court etc.
      ii. Cons
         - Must pay for benefits and no vacation/sick leave etc.

8. Day in the life
   a. How great it is to be in community based
      i. Private practice
      ii. residential
   b. How great is to be in the state.
      - Work in a secure facility in a building that has your other treatment providers and supervisors.

- Get training on risk assessment and treatment programs and the research behind all of it.
- Good training: While learning, co-facilitate groups and staff cases with supervisor and colleagues to best understand the treatment approach.
    - Graduated decrease reliance on co-workers and may or may not continue to co-facilitate groups as you become more independent.
    - The State can pay to attend some conferences.

Regular clinical supervision (acquiring hours toward licensure etc.)
Complete intake/exit assessments and write treatment plans and discharge documents.
Collaborate with facility and community staff for a rounded picture of the client and to collaborate support etc.

- Complicated and difficult work and it helps to have others around you to support you and help learn and get better.

- Actual work entails:
    - 8-20 client hours/week
    - Team meetings
    - Documentation

Legislative Update Call Bills - 3.6.2024

Health Systems Quality Assurance - Office of Health Professions

Bill Number/Companion and Bill Name	Current Status	If Alive, Current Location
1909 SHB - Adjusting Membership of PQAC	Dead	
1937 HB -Reporting Suspected Victims of Human Trafficking	Dead	
1939 SHB - Adopting the Social Work Licensure Compact	Passed Both Houses	Signed By House Speaker on 2/29
2116 HB - Pharmacist Prescriptive Auth	Dead	
2176 HB - Preventive Dental Care	Dead	
2245 E2SHB - Co-Response Services for Crisis Care	Dead	
2247 E2SHB- Addressing behavioral health shortages	Passed Both Houses	Passed in the Senate on 2/29
2339 HB - Cert Renewal for Care Aides and NA's	Dead	
5481 ESSB - Uniform Telehealth Act	Passed Both Houses	Passed in the House on 3/1
5811 SB - Home Care Aide - Definition of Family	Passed Both Houses	Passed in the House on 2/28
5822 SB - Increasing Licensure Fees for WPHP	Dead	
5880 SSB - MRI Tech Certifications	Dead	
5983 PSSB - Medical Assistant Syphilis Treatment	Passed Both Houses	Passed in the House 2/27
6144 SB - Prescribing Psychologist	Dead	
6165 SB - Wellness programs health care professionals	Dead	
6172 SB - Birth Doulas	Dead	
6178 SB - Midwife Prescriptive Authority	Passed Both Houses	Passed in the House on 2/27