



Sex Offender Treatment Provider Advisory Committee
Regular Meeting Notice
September 17, 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: Lorraine 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
David G. Medved, PhD, Dept. of Corrections
Vacant, Superior Court Judge

Assistant Attorney General: Marie Carp, Assistant Attorney General

Staff: Lana Crawford, Program Manager
Kalon Robinson-Goodman, Program Manager
John Simmons, Program Support
James Smartt, Program Support
Melody Casiano, Policy Analyst
Evan Shigaya, 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 – Lorraine Lynch, MSW, LICSW, CSOTP, Vice Chair

- 1.1. Introductions
- 1.2. Approval of the September 17, 2024, agenda
- 1.3. Approval of the December 4, 2023, meeting minutes, January 23, 2024, special meeting minutes and March 19, 2024, meeting minutes.

2. Public Comment – Lorraine Lynch, MSW, LICSW, CSOTP, Vice Chair

The public will have an opportunity to provide comments during this time.

3. Assistant Attorney General Report – Marie Carp, AAG

The AAG will report on any items relevant to the advisory committee.

4. Presentation: Robert’s Rules of Order & Parliamentary Procedures - Marie Carp, AAG

The AAG will give a presentation on Robert’s Rule of Order.

5. SOTP Program Statistics – Lana Crawford, Program Manger

Committee members will review data relating to the issuance of SOTP credentials and program budget.

- 5.1. Credentialing Report
- 5.2. Budget Report

6. Committee Chair Election – Lana Crawford, Program Manager

Committee will elect a new chair to preside over committee meetings.

7. Bylaws– Lana Crawford, Program Manager

The committee will vote to select members for a subcommittee to assist with the review and implementation of the bylaws

- 7.1. Bylaws Draft

8. Advisory Sub-Committee Outreach - Lana Crawford, Program Manager

The committee will be updated on the progress of the committee.

- 8.1. Handout: DRAFT outline of presentation

9. Open Discussion of SOTP Advisory Committee – Lorraine Lynch, MSW, LICSW, CSOTP, Vice Chair

The committee will discuss topics of interest to the advisory committee.

10. Future Agenda Items – Lana Crawford, Program Manager

The committee will discuss agenda items for future meetings.

10.1. Rule Workshop - Chapter 246-930 WAC

11. Adjournment - Lorraine Lynch, MSW, LICSW, CSOTP, Vice Chair

Next Scheduled Meeting:

December 10, 2024 @ 1pm

Meeting Link:

Virtual Meeting Access: This meeting is being held via Microsoft Teams.

Join on your computer, mobile app or room device.

[Join the meeting now](#)

Meeting ID: 285 455 016 035

Passcode: fhX3v2

[Download Teams](#) | [Join on the web](#)

Or call in (audio only)

[+1 564-999-2000,,562650830#](#) United States, Olympia

[\(833\) 322-1218,,562650830#](#) United States (Toll-free)

Phone conference ID: 562 650 830#

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
Regular Meeting Minutes
December 4, 2023**

Committee members present: Corey McNally, MS, LMHC, Dept. of Corrections, Chair
Lorraine 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.

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:
 - o Application trends by license type
 - o Effectiveness of outreach efforts
 - o Pending applications (new or lingering)
 - o Application processing times by license type
- [ESSB 6641](#)
 - o 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

Approved by:

Corey McNally, Chair
Sex Offender Treatment Provider Advisory
Committee

On file

SIGNATURE

DATE

On file

SIGNATURE

DATE





**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

Approved by:

Sonya Hardenbrook, Committee Member
Sex Offender Treatment Provider Advisory
Committee

On file

SIGNATURE

DATE

On file

SIGNATURE

DATE





**Sex Offender Treatment Provider Advisory Committee
Regular Meeting Minutes
March 19, 2024**

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

On March 19, 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.

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

- 1.1. Introductions – Ms. Crawford called the meeting to order at 1:05 p.m. However, due to not meeting quorum, this meeting was informational only. Committee members and agency staff introduced themselves and their area of practice.
- 1.2. Approval of the March 19, 2024, regular meeting agenda. Mr. Williams asked to change item 6 title from "rules workshop" to "rules update". – ***This item was not covered due to no quorum.***
- 1.3. Approval of the December 4, 2023 regular meeting minutes and January 23, 2024 special meeting minutes. – ***This item was not covered due to no quorum.***

2. Public Comment – Corey McNally, MS, LMHC, Dept. of Corrections, Chair – This item was skipped.

- 2.1. There was no public comment.

3. SOTP Program Statistics – Eve Austin, Executive Director and Lana Crawford, Program Manager

- 3.1. Credentialing report – Ms. Austin briefed the committee on the SOTP credentialing statistics as of February 2024. There are currently 98 active SOPT licenses and 1 pending application. In addition, there are currently 12 active affiliate certifications and 4 pending applications.
- 3.2. Budget – Ms. Crawford briefed the committee on the program budget as of January 2024. The fund balance is currently \$703,045.

4. HSQA Re-organization – Eve Austin, Executive Director

- 4.1. Ms. Austin shared the communication to BCC document explaining the reorganization and provided a breakdown of the behavioral health professions that are split between her and Mr. Miller. She also announced the transition of program manager from Ms. Crawford to Mr. Robinson-Goodman.

5. HELMS – Eve Austin, Executive Director

- 5.1. Ms. Austin provided information on the HELMS project and answered questions from the committee.

6. Jurisprudence (JP) Exam Discussion – Lana Crawford, Program Manager - *This item has been tabled to be covered in the next meeting.*

6.1. Ms. Crawford shared the recommendations received from committee members for the Jurisprudence exam. This item will be covered in the next meeting.

7. Rulemaking Workshop – Lana Crawford, Program Manager. - *This item has been tabled to be covered in the next meeting.*

7.1. The committee reviewed draft language to support the current rulemaking in progress for 246-930 WAC.

8. Advisory Committee Outreach – Corey McNally, MS, LMHC, Dept. of Corrections, Chair - *This item has been tabled to be covered in the next meeting.*

8.1. Ms. Crawford provided an update on the progress of the committee. They are working on the PowerPoint presentation that will be presented at the various schools in Washington in September.

9. 2024 Legislative Session – Lana Crawford, Program Manager

9.1. Ms. Crawford presented the Bill Tracker with details of bill statuses.

10. Open Discussion of SOTP Advisory Committee – Corey McNally, MS, LMHC, Dept. of Corrections, Chair – *This item was not covered.*

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:
 - o Application trends by license type
 - o Effectiveness of outreach efforts
 - o Pending applications (new or lingering)
 - o Application processing times by license type
- ESSB 6641
 - o Find out if there was a drop in overall applications due to the language change.
- Jurisprudence Exam Discussion
- Rulemaking Workshop
- Advisory Committee Outreach

12. Adjournment

The meeting adjourned at 1:43 p.m.

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

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

On file

SIGNATURE

DATE

On file

SIGNATURE

DATE



ROBERT'S RULES OF ORDER & PARLIAMENTARY PROCEDURE

**LUKE EATON
ASSISTANT ATTORNEY GENERAL
AGRICULTURE & HEALTH DIVISION**



PARLIAMENTARY PROCEDURE- AN INTRODUCTION

- Parliamentary procedure is the rules and precedence governing the proceedings of deliberative assemblies and other organizations
- Most commonly thought of the as the process for proposing, amending, approving, and defeating legislative motions
- Based on a set of customs, rules, and guidelines that have evolved over the last 500 years to govern the conduct of meetings



STATUTORY FRAMEWORK & BYLAWS

- RCW 18.225.220 – Mental Health Counselors, Marriage & Family Therapists, Social Workers – Generally
- RCW 18.225.060 discusses the composition of the Committee
 - Does not directly address the framework for running meetings
- Bylaws often formally adopt Roberts Rules, or “Modified” Roberts Rules; however this advisory committee has not adopted them in by-laws
 - See Article VI- Meeting Procedures



Mental Health Counselors, Marriage and Family Therapists, and Social Workers Advisory Committee Bylaws

Adopted/Revised Effective _____
Date

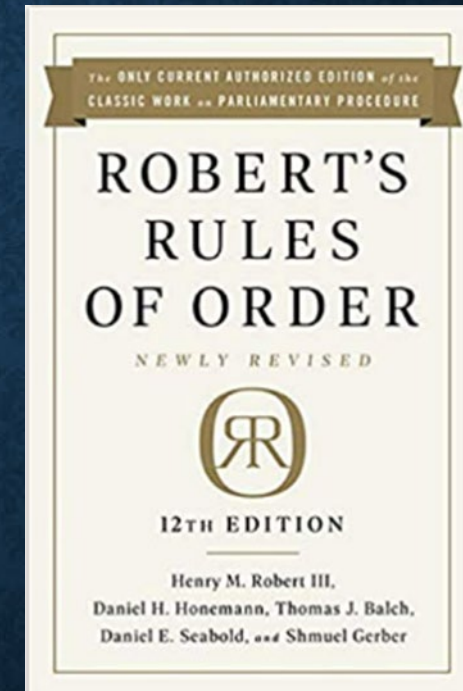
Article I.	Name and Statutory Authority
Article II.	Mission and Purpose
Article III.	Membership
Article IV.	Officers
Article V.	Meetings
Article VI.	Meeting Procedures
Article VII.	Committees
Article VIII.	Administrative Responsibilities of Members
Article IX.	Adoption and Amendment of Bylaws

Article I – Name and Statutory Authority

1. The full name of the advisory committee is the Mental Health Counselors, Marriage and Family Therapists, and Social Workers Advisory Committee; for brevity, these bylaws will refer to it as “the Committee.”
2. The Committee derives its authority from the Washington State Legislature. The Committee’s authority is codified in Chapter 18.225 RCW.

ROBERT'S RULES

- First edition published in February 1876 – “Pocket Manual of Rules of Order for Deliberative Assemblies”
- Most current editions are:
 - Robert's Rules of Order Newly Revised (Twelfth Edition) in September 2020.
 - *In Brief* (Third Edition) in September 2020.
- The Rules are “Based, in its general principles, upon rules and practices of Congress, and adapted in its details of the use of ordinary societies”



BASIC OVERARCHING PRINCIPLES

Only One Subject

“Negative
Motions” Should
be Avoided

Only One Person
to Speak

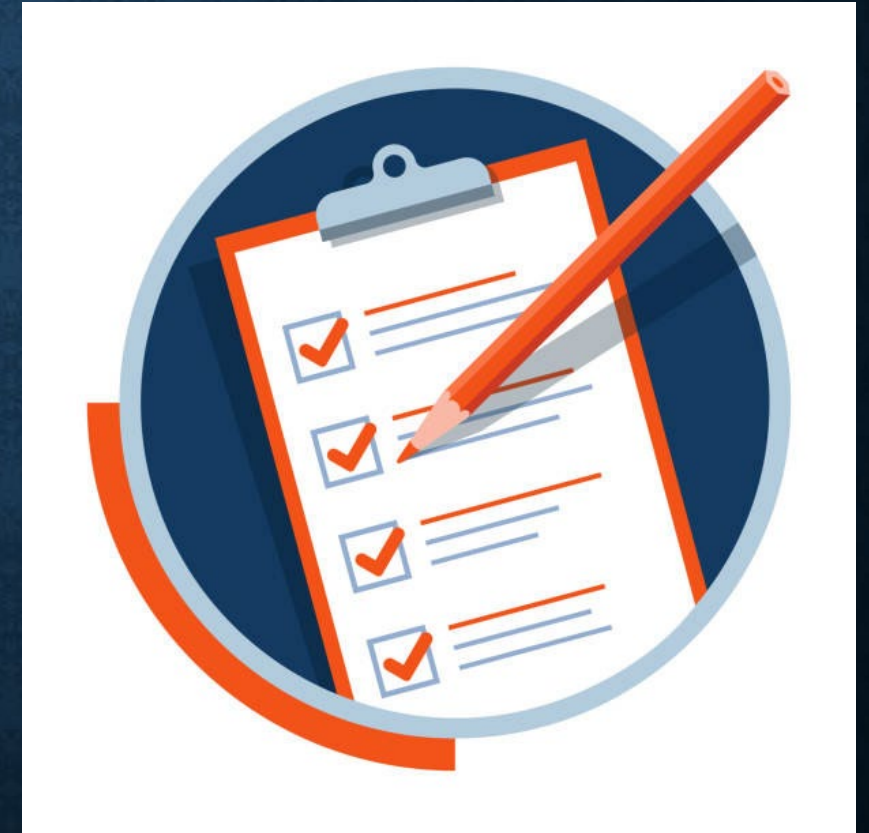
All Members are
Equal

Each Item Entitled
to Full and Free
Debate

Rights of Minority
Must be Protected
but Majority
Prevails

MEETING ORGANIZATION UNDER ROBERTS RULES

- Follows an agenda, which is a plan of action on how to efficiently and effectively run the meeting
- Agenda generally includes:
 - A call to order,
 - Adoption of the Agenda
 - Introduction, public comment, etc.
- Discussion/work done by motion
- Two types of motions:
 - Main motions
 - Secondary Motions



CHARACTERISTICS OF A MOTION

- Motions are:
 - Debatable
 - The pros and cons can be discussed
 - Amendable
 - The motion can be changed
 - Adoptable
 - If a majority votes (i.e., more than half the vote) it can be adopted



TYPES OF MOTIONS

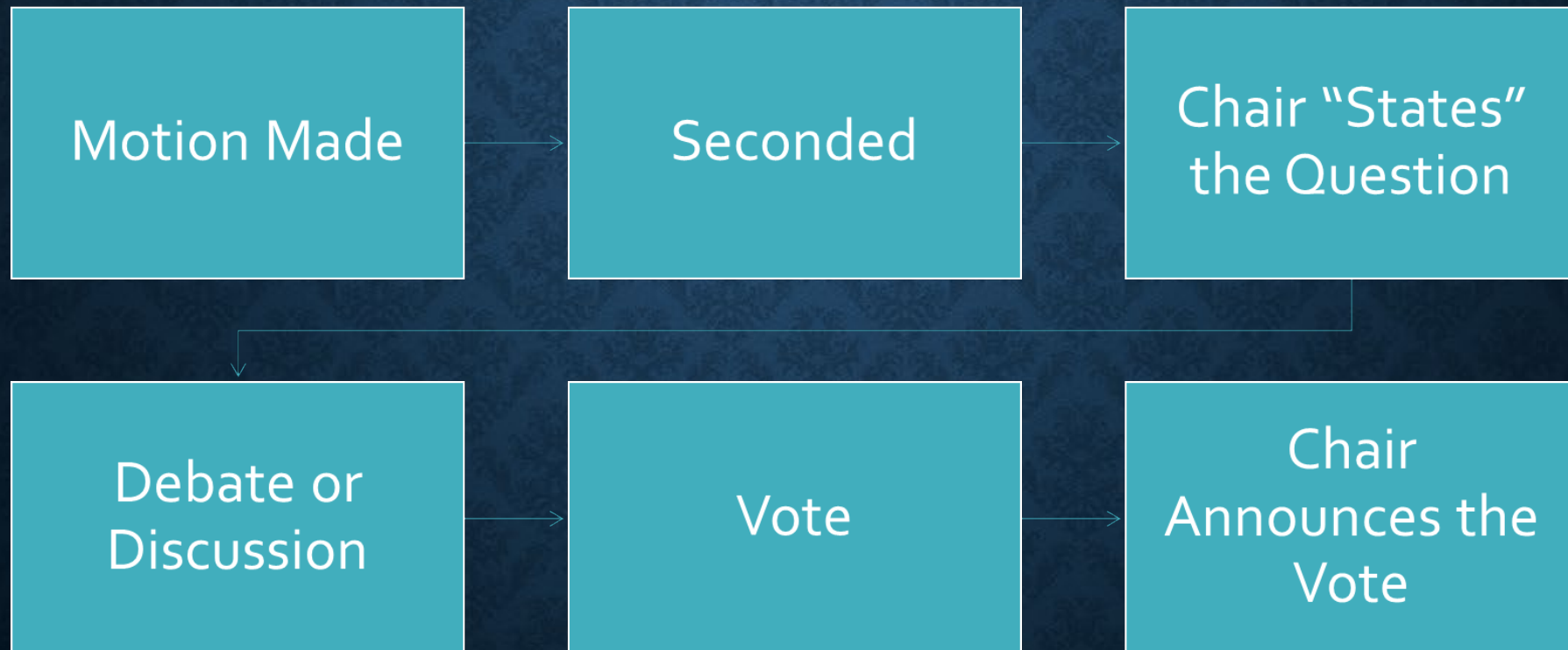
Main Motions

- A proposal that certain action be taken or an opinion be expressed by the group
- Allows the group to do work
- “I move...”
- Main motions cannot be made when any other motions are before the group.

Secondary Motions

- May be used while the main motion is on the floor
- Various types
 - Subsidiary motions
 - Incidental Motions
 - Renewal Motions

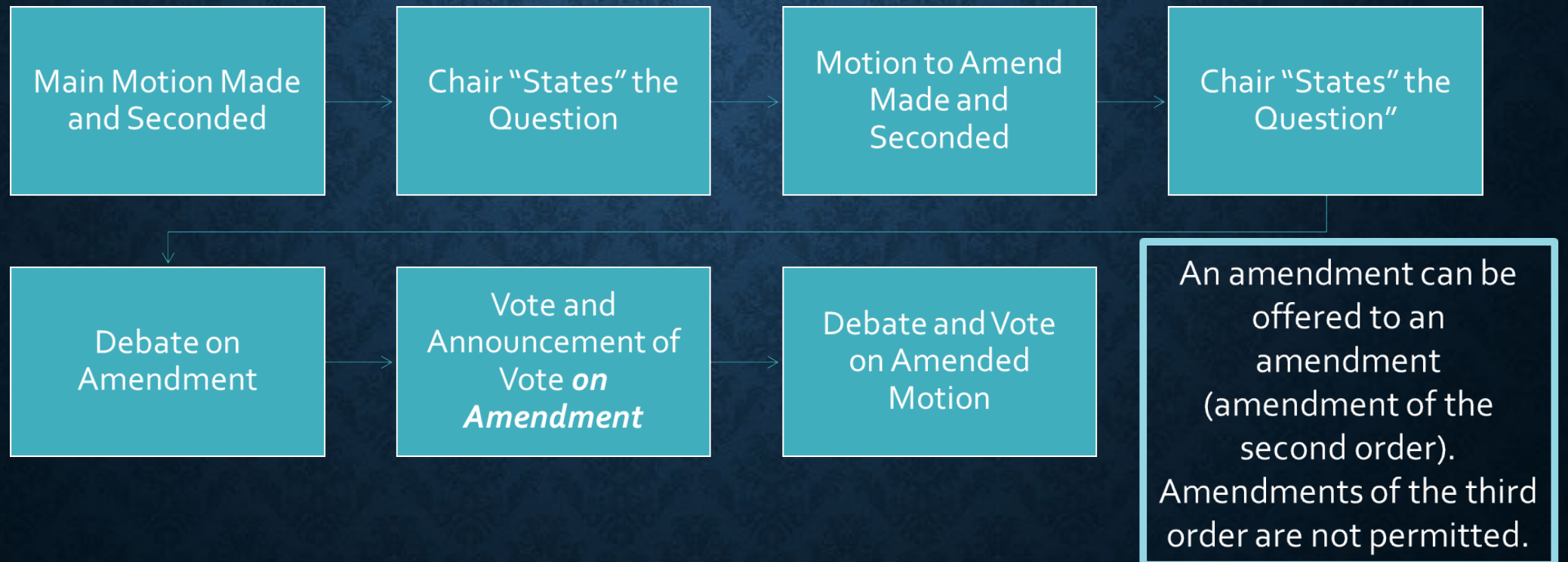
MAIN MOTIONS



SUBSIDIARY MOTIONS

- These motions direct or change how a main motion is handled.
- Examples include
 - Amendment
 - Used to “fine tune” a motion to make it more acceptable to the group
 - Tabling
 - Used to postpone discussion until the group decides by majority vote to resume discussion.
 - Refer to Committee
 - Directs that some other body will study the matter and report back.

SUBSIDIARY MOTION IN ACTION- AMENDMENT



OTHER SUBSIDIARY MOTIONS

Tabling

Previous
Question or
Close Debate

Limit/Extend
Debate

Postpone to a
Definite Time

Refer to
Committee

Postpone
Indefinitely

INCIDENTAL MOTIONS

- Incidental Motions are questions of procedure that arise out of other motions and must be considered before the other motion.
- These are “housekeeping” motions
 - Example: Withdrawal of a motion



INCIDENTAL MOTIONS- WITHDRAWAL



OTHER INCIDENTAL MOTIONS

Point Of
Order

Point of
Information

Division of a
Question

Division of
the Assembly

RENEWAL MOTIONS

Take From the
Table

Reconsider

Rescind

Amend Something
Previously
Adopted

WHEN A MEETING IS OUT OF ORDER

- Individual members making personal remarks
- Members bringing up the same motion or essentially one like it
- Putting a debatable issue to vote before the full debate is complete
- Debates are not directed to motions but to motives, principles and personalities.
- Members yelling out in opposition
- Members not being in recognized by the Chair



ANY
questions?



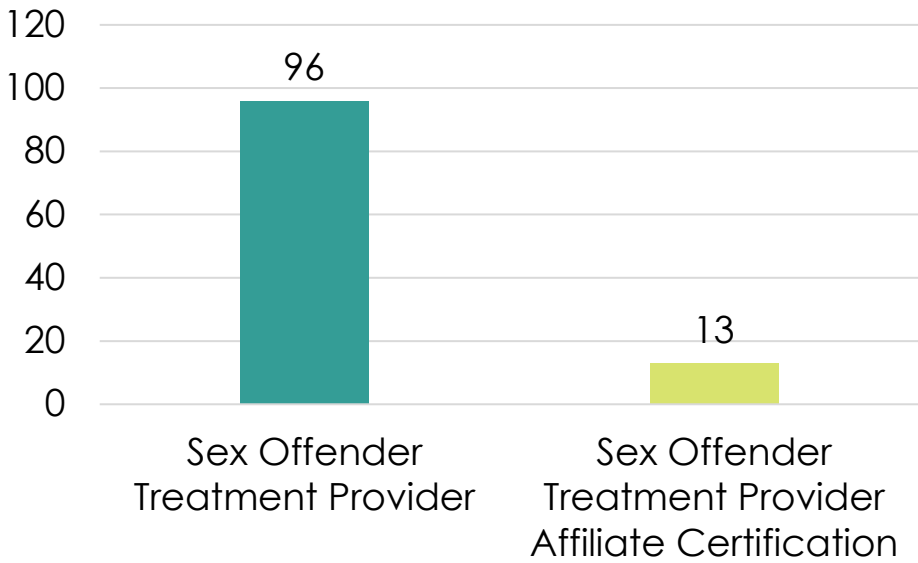
THANK YOU



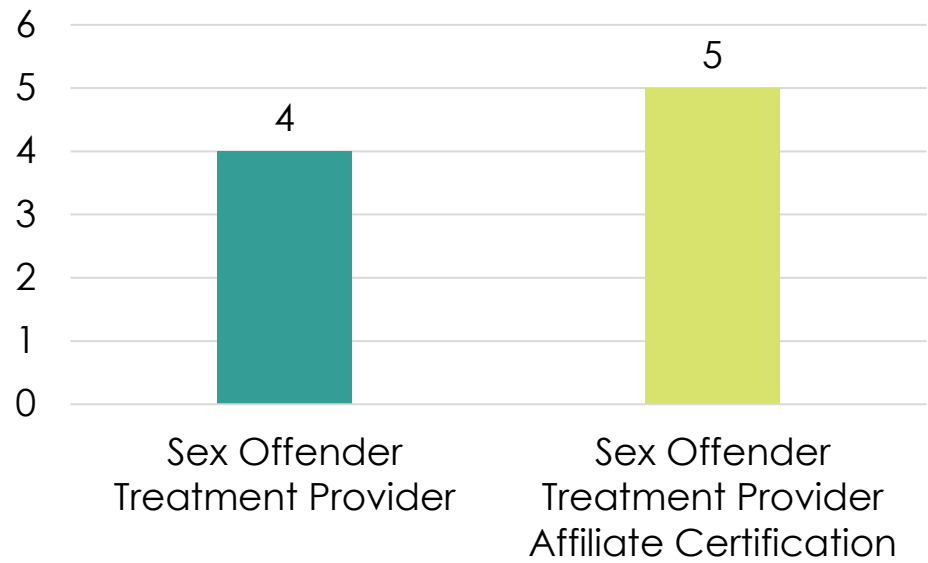
SEX OFFENDER TREATMENT PROVIDER ADVISORY COMMITTEE

September 17, 2024

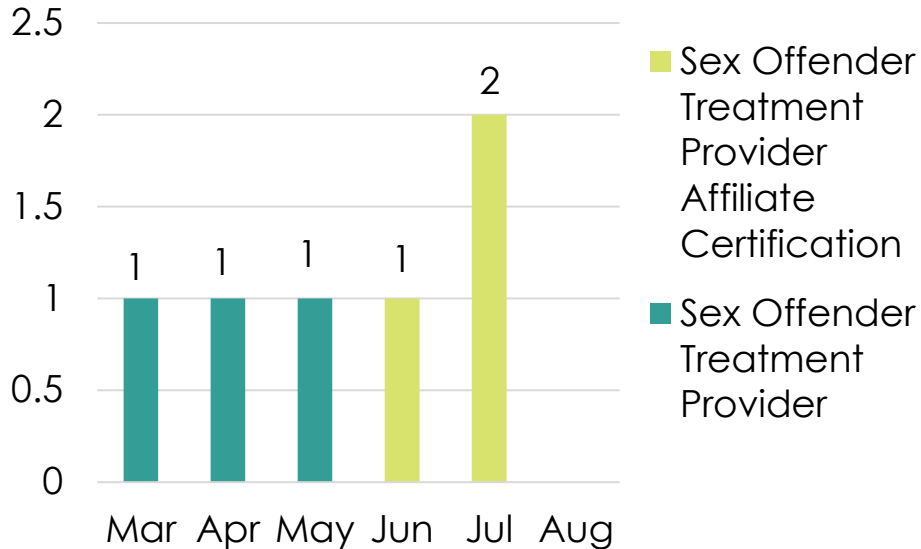
Active Status Counts



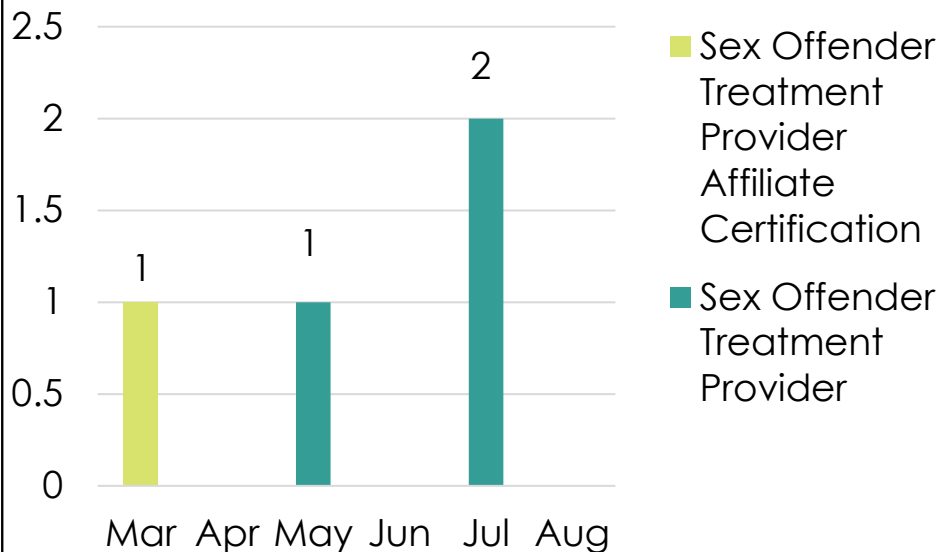
Pending Status Counts



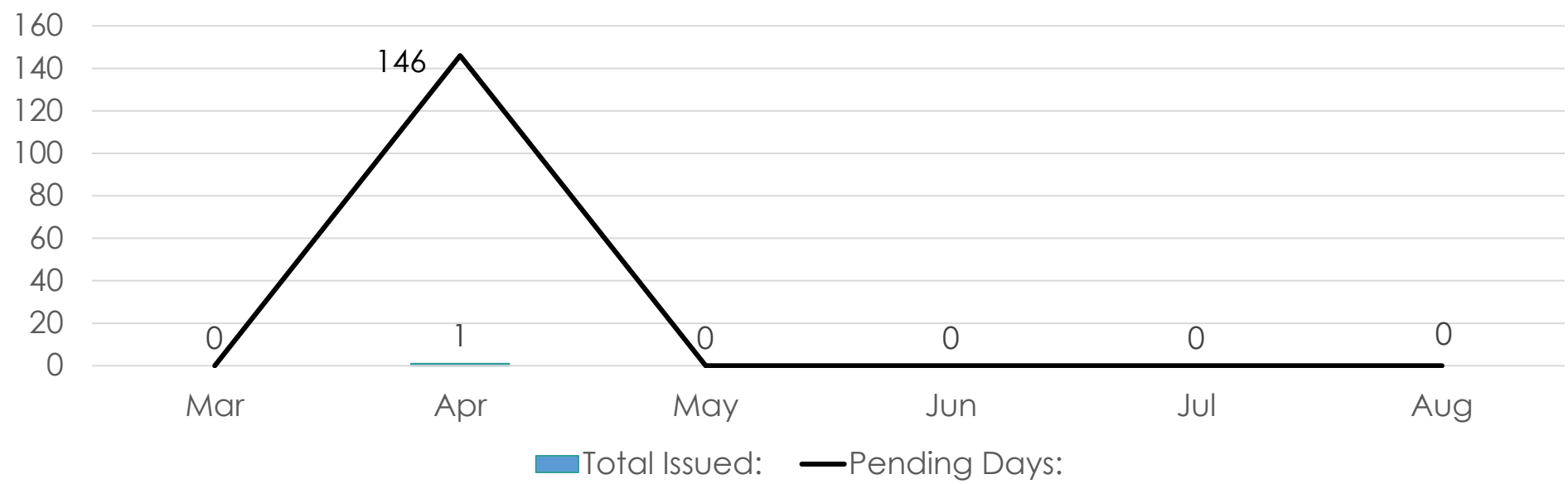
Applications Received



Credentials Expiring by Month

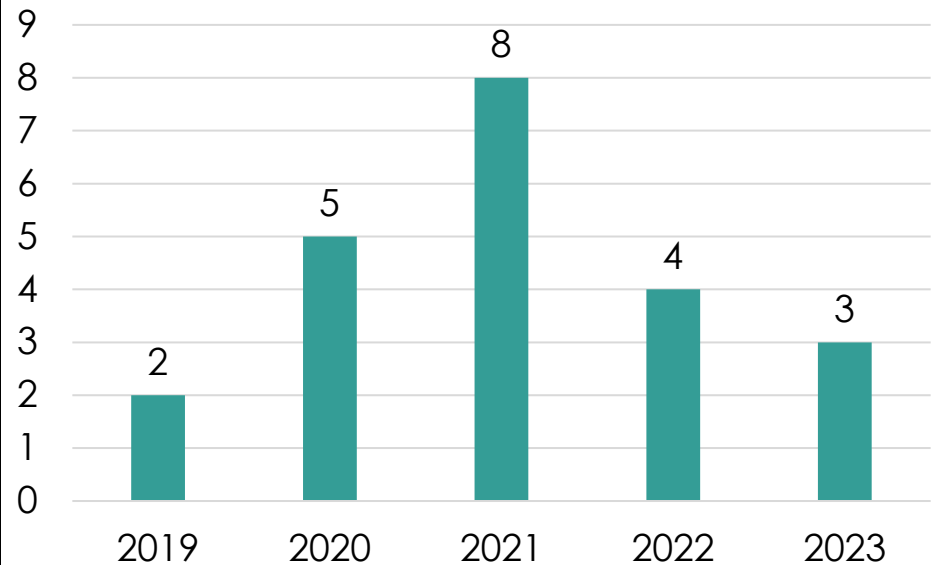


Overall Application Processing Time

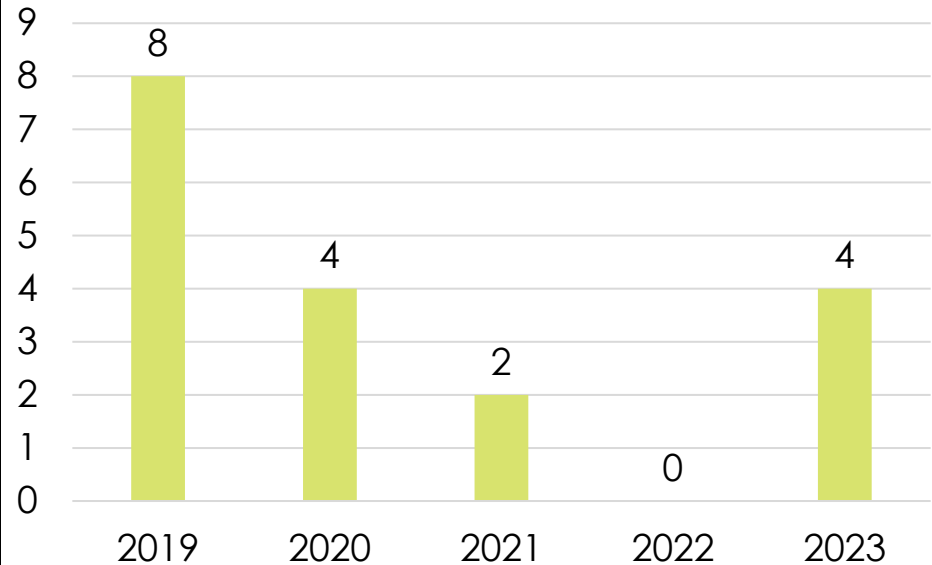


Updates:

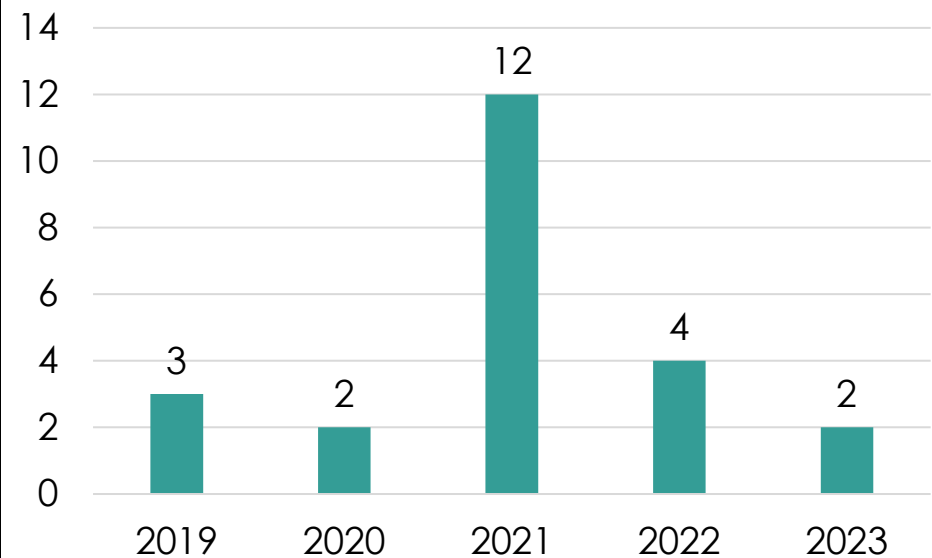
SOTP Applications Received by Year



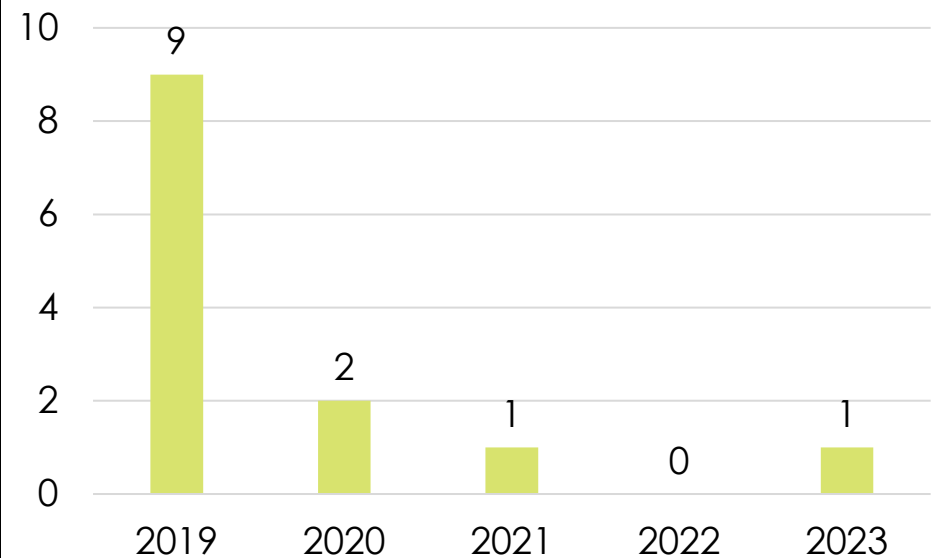
SOTA Applications Received by Year



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

Behavioral Health Executive Director:

Joseph Miller joseph.miller@doh.wa.gov 564-669-1225

Health Professions Supervisor

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

QA/CQI Administrator:

Zach Patnode zachary.patnode@doh.wa.gov

Deputy Credentialing Manager:

Vacant



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

\$714.03K

Current Fund Balance

\$685.59K

Helms Cost Allocation

\$346.88

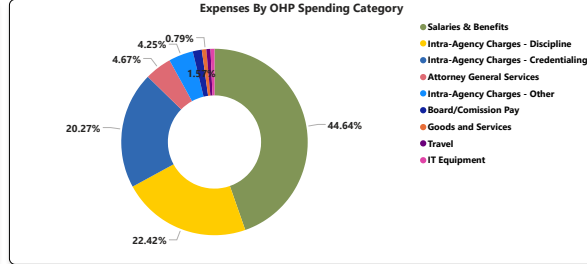
Revenue

\$66.32K

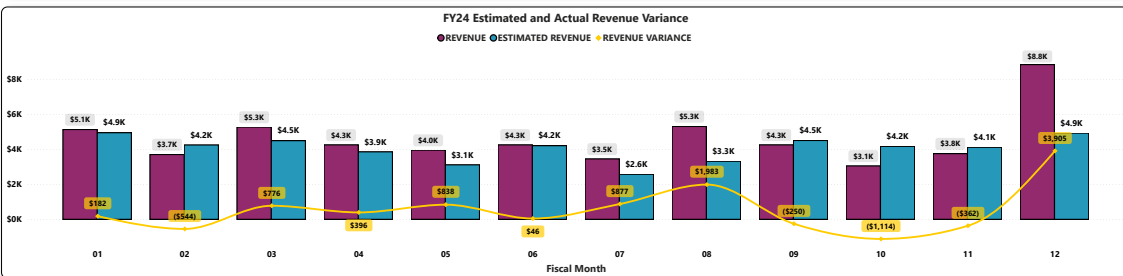
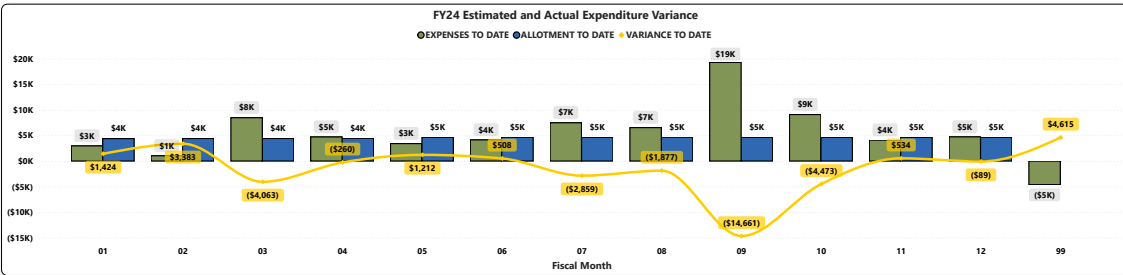
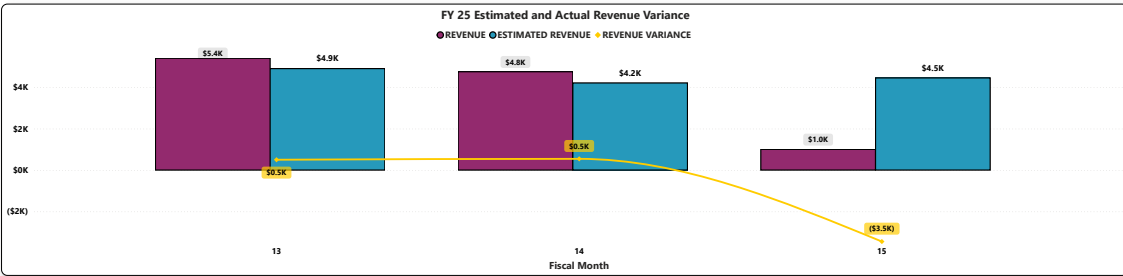
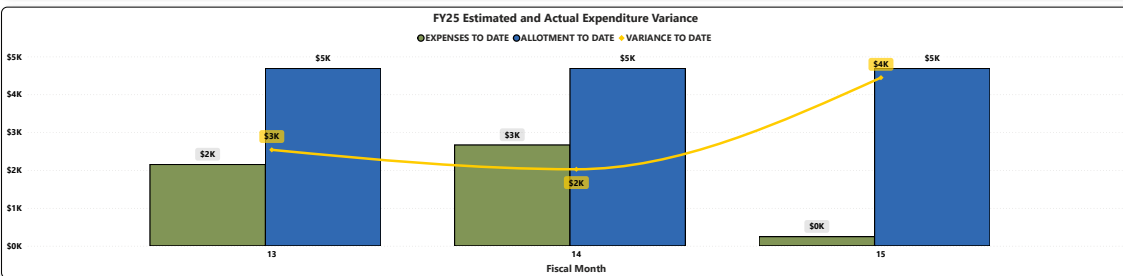
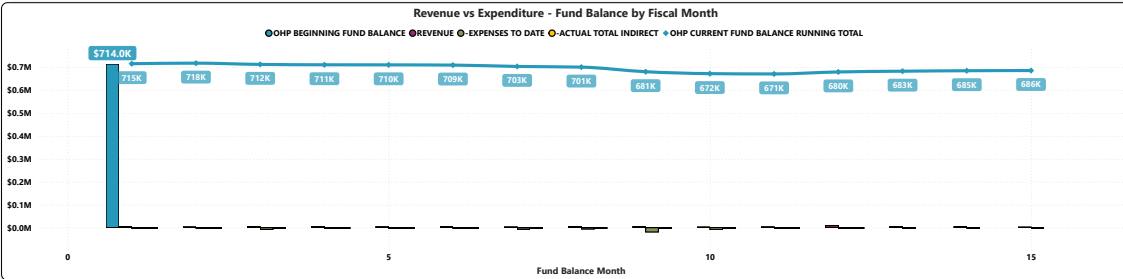
Expenses+Total Indirect+HELMS

\$95.10K

Budget Status by Spending Category			
Health Professions	ALLOTMENT TO DATE	EXPENSES TO DATE	VARIANCE TO DATE
Sex Offender Treatment Provider	\$68,901	\$76,239	(\$7,338)
Travel		\$546	(\$546)
Salaries & Benefits	\$29,349	\$34,154	(\$4,805)
IT Equipment		\$521	(\$521)
Intra-Agency Charges - Other	\$4,487	\$3,255	\$1,232
Intra-Agency Charges - Discipline	\$21,164	\$17,149	\$4,015
Intra-Agency Charges - Credentialing	\$6,281	\$15,242	(\$8,961)
Goods and Services	\$90	\$603	(\$513)
Board/Commission Pay		\$1,200	(\$1,200)
Attorney General Services	\$7,530	\$3,570	\$3,960
Total	\$68,901	\$76,239	(\$7,338)



Health Professions	ESTIMATED REVENUE	REVENUE	REVENUE VARIANCE
Sex Offender Treatment Provider	\$61,007.00	\$66,315	\$4,374
Total	\$61,007.00	\$66,315	\$4,374





Sex Offender Treatment Providers Advisory Committee Bylaws

Adopted/Revised Effective _____
Date

- Article I. [Name and Statutory Authority](#)
- Article II. [Mission and Purpose](#)
- Article III. [Membership](#)
- Article IV. [Officers](#)
- Article V. [Meetings](#)
- Article VI. [Meeting Procedures](#)
- Article VII. [Committees](#)
- Article VIII. [Administrative Responsibilities of Members](#)
- Article IX. [Adoption and Amendment of Bylaws](#)

Article I – Name and Statutory Authority

1. The full name of the advisory committee is the Mental Health Counselors, Marriage and Family Therapists, and Social Workers Advisory Committee; for brevity, these bylaws will refer to it as “the Committee.”
2. The Committee derives its authority from the Washington State Legislature. The Committee’s authority is codified in Chapter 18.225 RCW.

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Article II – Mission and Purpose

The mission and purpose of the Committee is to advise and assist the Secretary of the Department of Health (Secretary) on issues including, but not limited to, the educational requirements, continuing education, and discipline of mental health counselors, marriage and family therapists and social workers. The Committee may also make recommendations to the Secretary regarding the enhancement of consumer education.

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Article III - Membership

1. Committee membership composition. The committee shall be comprised of nine members: two licensed mental health counselors; two licensed marriage and family therapists; one licensed independent clinical social worker; and one licensed advanced social worker. Three members must be consumers representing the public at large and may not be licensed mental health care providers. Committee members are appointed by the Secretary.
2. Duration of Terms. Appointments are made for three-year terms. No person may serve as a member of the committee for more than two consecutive terms.
3. Resignation. Any committee member may resign at any time by providing written notice to the Secretary's office, with a copy to the committee chair and the program.
4. Vacancies. As vacancies occur on the committee by resignation, death, incapacity, etc., the vacancy shall be filled by appointment by the Secretary for the remainder of the term.

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Article IV - Officers

1. Officer Positions. The committee designates the officer positions of Chair and Vice Chair to provide leadership to the committee. The duties of each officer are as follows:
 - A. Chair. The Chair of the committee provides overall leadership to the work of the committee. This may include, but is not limited to:
 - i. Presiding over business meetings
 - ii. Regulating comment by members of the public at meetings
 - iii. Representing the committee, at public events, with the media as needed, etc.
 - iv. Assigning tasks to other members of the committee
 - v. Counseling other members on proper attendance and participation in committee work.
 - B. Vice Chair. In the absence of the Committee Chair, the Vice Chair shall perform the duties of the Chair. The Vice Chair may be delegated duties, on a standing basis, by the Chair.
2. Terms of office. The terms of office for all officer positions for the committee shall be one year in length. Allowances in the terms of office will be made to accommodate the differences in calendaring committee meetings from year to year.

3. Elections.

- A. Date(s) for Election. Elections will be held during the last committee meeting of each year for the following year.

Procedure. As with other forms of action taken by the committee (See Article VI, Section 4), elections of officers shall be public. Secret ballots are not allowed. Members of the committee can volunteer or be nominated by another committee member for a position. Voting shall be a majority vote of the committee at any regular or special meeting of the committee at which a quorum is present

4. Vacancies in Officer Positions.

- A. In the event that the office of Chair becomes vacant, the Vice-Chair shall assume the office of Chair in the interim until an election can be scheduled to permanently fill the position for the unexpired portion of the term.
- B. In the event that office of Vice Chair becomes vacant, the Chair shall appoint an interim officer(s) to fill the vacant office until an election can be scheduled to permanently fill the position for the unexpired portion of the term.

5. Removal/replacement of Officer Positions.:

An officer of the committee may be removed by a majority vote of the committee at any regular or special meeting of the committee at which a quorum is present, or by the Secretary.

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Article V - Meetings

1. Type and frequency of meetings. The committee may, at the end of each calendar year, set a schedule of regular meetings¹ for the upcoming year. This schedule shall be filed in accordance with the Open Public Meeting Act (OPMA), RCW 42.30.075. Cancellation of any regular meetings must also be done in accordance with the OPMA.
2. Should the committee wish to change or add to its meeting schedule for the year, it may schedule special meetings². At a special meeting, final disposition by the committee is

¹ According to RCW 42.30.075, "state agencies which hold regular meetings shall file with the code reviser a schedule of the time and place of such meetings on or before January of each year for publication in the Washington state register. Notice of any change from such meeting schedule shall be published in the state register for distribution at least twenty days prior to the rescheduled meeting date. For the purposes of this section "regular" meetings shall mean recurring meetings held in accordance with a periodic schedule declared by statute or rule."

² According to RCW 42.30.080, "a special meeting may be called at any time by the presiding officer of the governing body of a public agency or by a majority of the members of the governing body by delivering written notice personally, by mail, by fax, or by electronic mail to each member of the governing body; and to each local

limited to the matters identified as the business to be conducted in the notice. The publication of the meeting includes the agenda, and the committee must stick to that agenda.

3. Use of conference calls, videoconferencing and other media. The committee may make use of electronic media, such as conference calls, videoconferences, and webinars to conduct regular meetings, and special meetings. Such meetings will provide public access in at least one location as is required by subsection 5A below.
4. Adherence to the Open Public Meetings Act.
 - A. The committee will provide public notice and conduct its meetings in adherence with the OPMA. The committee will limit its use of executive session to the circumstances outlined in RCW 42.30.110.
 - B. The committee will afford members of the public with disabilities an equal opportunity to participate in meeting by holding meetings in facilities which are accessible to persons with disabilities.
5. What about cancellations? How notified, who is responsible, who reschedules?
Cancellation- the Chair may cancel meetings. Regularly scheduled meetings will be cancelled in accordance with the OPMA. Quorum:
 - A. A quorum is the number of members who must be present to conduct official business. A majority of the committee members currently serving constitutes a quorum for committee meetings, and a majority vote of those present decides any issue.
 - B. At meetings where a quorum is not present, the only actions that may be legally taken by the committee members present are to fix a time for adjournment, adjourn, recess or take measures to obtain a quorum (such as contacting absent members). If a quorum is not present, any official business conducted is null and void.

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Article VI - Meeting Procedures

1. Leadership.

newspaper of general circulation and to each local radio or television station which has on file with the governing body a written request to be notified of such special meeting or of all special meetings...such notice must be delivered or posted, as applicable, at least twenty-four hours before the time of such meeting as specified in the notice.”

- A. Meetings shall typically be led by the committee Chair. At any point during the meeting, the Chair may designate the Vice Chair or another committee member to lead the meeting on a pro-tem basis.
 - B. In the event that the Chair will not be present at a meeting, the Vice Chair shall lead the meeting in the Chair's absence.
 - C. If neither the Chair nor the Vice Chair are expected to be present at a meeting, the Chair may designate another committee member to lead the meeting on a pro-tem basis. If, due to unforeseen circumstances, neither the Chair nor the Vice Chair are present at the meeting, the remaining committee members shall elect a pro-tem leader for the meeting until either the Chair or Vice Chair is available.
2. Agenda/Order of Business. The first task of the committee at each meeting will be to approve an agenda or order of business. For regular meetings, the committee may amend or change the order of the agenda. For special meetings, the committee must adhere to the agenda as publicly posted.
 3. Decisions by Consensus. Minor administrative or procedural decisions may be made by a consensus of the committee. An example of a consensus decision would be when the committee chooses to take breaks during a meeting.
 4. Actions Requiring Motion and Vote. Any committee transaction of official business is defined as an action and requires a motion and vote.
 5. Voting.
 - A. The committee chair may vote on any action as would any other member. The chair has only one vote and may not vote both as a member and as a presiding officer (that is, for example, to break a tie or to attain a two-thirds majority).
 - B. Voting by secret ballot is prohibited by the OPMA.
 - C. If the Committee meeting is convened by conference call, the voting shall be by rollcall.
 6. Public Participation. The Chair will recognize members of the audience if/when public comment is part of the agenda or at the discretion of the Chair.
 7. Disruptions. In the event that a committee meeting is interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible and order cannot be restored by the removal of individuals who are interrupting the meeting, the Chair, Vice-Chair, or other pro-tem presiding member may:
 - A. Order the meeting room cleared and continue in session or

- B. May adjourn the meeting and reconvene at another location selected by majority vote of the members. In such a session, final disposition may be taken only on matters appearing on the agenda.
- C. The committee shall allow individuals not responsible for disturbing the orderly conduct of the meeting to be readmitted to the reconvened meeting.
- D. Representatives of the press or other news media, except those participating in the disturbance, shall be allowed to continue to attend the meeting.

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Article VII - Committees

- 1. Standing sub-committees.
 - A. The Committee may establish standing committees to help execute its mission. Standing committees will be comprised of Committee members.
 - B. The Committee Chair may designate a committee member to serve as the standing sub-committee Chair.
- 2. All committee meetings must conform to the requirements of the OPMA.

Article VIII – Administrative Responsibilities for Committee Members

- 1. Attendance. All committee members shall attend and participate in meetings and other official business events of the committee. If any member fails to attend two or more consecutive meetings without a good and valid cause, that person may be subject to counseling by the Chair and/or the Secretary. Additional attendance problems may be cause for the committee to notify the Secretary’s Office in writing about concerns of malfeasance and request that appropriate action(s) be taken.
- 2. Commitment to Participation in the Full Range of committee Activities. All committee members, in volunteering to serve, must commit to actively participating in the full range of committee activities, including business meetings, conference calls, and administrative hearings. This may also include attending professional organization meetings, interacting with schools and training programs, and other forms of outreach.
- 3. Conflict of Interest and Ethics.

- A. All committee members are responsible to uphold a high ethical standard and to avoid conflicts of interest or even the appearance of conflicts of interest. Using a public position for private gain is improper and illegal, as is taking or facilitating actions that benefit friends or close relatives.
 - B. Examples of conflicts of interest include:
 - i. Directing state contracts to a business in which a member has a financial interest.
 - ii. Using confidential information for private investments.
 - iii. Accepting gifts or favors in exchange for certain regulatory rulings.
 - iv. Accepting gifts or favors in exchange for making certain purchases.
 - v. Obtaining personal favors from employees.
 - vi. Accepting favors for disclosure of confidential information.
 - vii. Engaging in outside employment which assists non-governmental entities in their quests for state business.
 - C. All committee members are responsible for knowing and must adhere to the Ethics in Public Service Act, Chapter 42.52 RCW while serving on the committee. The committee members may incur penalties for violations of state ethics statutes.
4. Lobbying and Political Activity.
- A. Committee members are in a unique position that allows them to provide information and recommendations on issues. However, a committee member becomes a lobbyist when he or she attempts to influence the passage or defeat of any legislation by the Legislature³, or the adoption or rejection of any rule, standard, rate or other legislative enactment or any state agency action under the Administrative Procedure Act, Chapter 34.05 RCW.
 - B. Any committee member that undertakes lobbying must submit quarterly reports to the Program that detail all lobbying expenditures, regardless of source, made or incurred by the committee member during the calendar quarter. Lobbying that must be reported includes in-person contacts with legislators or staff to influence action or inaction on legislation.

³ Lobbying also includes trying to influence the Governor's actions on legislation that has passed both houses.

- C. Providing legislative testimony is not a form of lobbying if it is done on behalf of the committee and at the request of the committee. However, testimony provided by individuals outside of their official committee activities and for personal interest may be considered lobbying.
- D. As committee members, it is inappropriate to assist in a campaign or election of any person to any office or the promotion or opposition to any ballot proposition, per Chapter 42.17A RCW.
- 5. Preserving Confidentiality. All committee members are required to safeguard information provided to them in their roles on the committee. Especially important is that they preserve the confidentiality of protected information, such as attorney-client opinions from the committee's advising assistant attorney general.
- 6. Proper Communication and Ex-parte Contact. As representatives of the committee and, by extension, the Department of Health, all members should refrain from inappropriate communications, including e-mail communications, including those that may represent ex-parte contact. This may include, but is not limited to, unauthorized communication with the media on behalf of the committee.
- 7. Public Disclosure. All committee members are responsible for knowing and must adhere to state requirements for public disclosure of documents. These requirements are set forth in Chapter 42.56 RCW. Records relating to the conduct of official business of the committee, including e-mail, are subject to disclosure, even if they are the personal computer of the committee member.

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Article IX - Adoption and Amendment of Bylaws

- 1. These bylaws will be initially adopted by the committee by a majority vote of the committee. The bylaws will take effect immediately upon adoption.
 - A. These bylaws may be altered, amended or repealed by a majority of the committee members at any committee meeting. A majority vote of the entire committee is required for approval.
 - B. Amendments to these bylaws may be proposed from any committee member at a committee meeting.
 - C. Proposed amendments to these bylaws will be circulated to the entire committee between meetings and voted upon at a future committee meeting as stipulated in *Article VI - Meeting Procedures*.

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These bylaws adopted on the above date and signed/attested to below, hereby nullify and replace any prior committee bylaws.

APPROVED:
Sex Offender Treatment Provider Advisory Committee

By: _____

Chair

Attest: _____

Kalon Robinson-Goodman
Program Manager

DRAFT

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. **Lorraine – 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

[Discussion]

“Hanson and colleagues (2009) conducted a meta-analysis of 23 recidivism outcome studies to determine whether the risk, need and responsivity principles associated with effective interventions for general offenders also apply to sex offender treatment.¹⁰ (For more on intervention principles, see Chapter 7, “Effectiveness of Treatment for Adult Sex Offenders,” in the Adult section.) This meta-analysis produced an average sexual recidivism rate of 10.9 percent for treated offenders and 19.2 percent for untreated comparison offenders, based on an average followup period of 4.7 years.¹¹ The average overall recidivism rate (for any crime) was 31.8 percent for treated sex offenders and 48.3 percent for untreated comparison subjects...”

“...One of the largest meta-analyses of studies of the effectiveness of sex offender treatment was conducted by Lösel and Schmucker (2005). The analysis included 69 independent studies and a combined total of 22,181 subjects.¹³ The researchers found an average sexual recidivism rate of 11.1 percent for treated sex offenders and 17.5 percent for untreated sex offenders based on an average follow-up period of slightly more than five years.¹⁴ The average recidivism rate for any crime was 22.4 percent for treated sex offenders and 32.5 percent for untreated sex offenders.

In 2015, Schmucker and Lösel published an update of their original study using more recent research and a slightly different, but arguably more robust methodology. Overall, 29 independent comparisons containing a total of 4,939 treated and 5,448 untreated sexual offenders were included in the analysis and all of the comparisons were based on equivalent treatment and control groups. The researchers found that treated offenders had a mean sexual recidivism rate of 10.1 percent, and that without treatment the recidivism rate would have been 13.7 percent. Treated offenders in the analysis had a general recidivism rate of 32.6 percent on average compared to an expected general recidivism rate of 41.2 percent without treatment.¹⁵ Finally, it should be noted that of the 29 studies, five involved adolescents, while the specific population (adult or juvenile) was unclear in 10 studies.” [include citation fr: <https://smart.ojp.gov/somapi/chapter-5-adult-sex-offender-recidivism>]

“Sexually abusive behavior by adolescent youth is a serious public health, public safety, and public policy problem. The most recent available estimates of abusive sexual behavior find that adolescents commit more than one-third of all sexual offenses against minors. However, the percent of adolescents committing these offenses is low – approximately 4 to 5 percent of teenaged males and slightly more than 1 percent of teenaged females have perpetrated acts of sexual abuse.

Current data also show that the base rate for sexual recidivism is low – between 3 and 10 percent, with a global average of approximately 5 percent. Studies from the past 15 years

have found the reported mean sexual recidivism rate to be approximately 2.75 percent. Research shows that sexually abusive behavior in adolescents rarely persists into adulthood. The vast majority of most adolescents who have engaged in sexually abusive behavior do not continue to sexually abuse and are not on a life trajectory for repeat offending. Youth who do reoffend are far more likely to do so with nonsexual offenses than with sexual ones. There have been some studies that report higher rates of sexual reoffending and there is a small subset of adolescents with considerable and/or persistent risk for perpetrating sexual harm who require special consideration. However, these youth are the exception rather than the norm.” [insert citation fr: <https://members.atsa.com/ap/CloudFile/Download/Lyy4KRWL>]

iv. **Sonja – changing lives.**

Commented [CLA(1)]: Sonja

v. **Lana - Competency**

Commented [CLA(2)]: Lana/Kalon

b. **State credentialing statistics over the past 5 years**

Commented [LC3]: Trends: Active, Pending, apps received, expiration, processing times

c. **Justice Gap**

Commented [CLA(4)]: Larraine - in folder

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 [Discuss in presentation:]**

- i. **Clinical vs. forensic practice,**
- ii. **Evaluation vs. SO Treatment,**
 - **Evaluation: Methodology? Outcomes? How is it used?**
 - **Forms of treatment: individual + group treatments, self-referred clients vs.**
- iii. **Court mandated. curriculums**

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. **Science to Practice**

- 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?

- 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**

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

- Develop private practice; Flexibility of being a business owner on schedule
- Choose your own work; Focus on evaluation or treatment? What populations/crimes/risk level/etc.?
- Become an expert!

ii. Cons

- Manage a business and pay for insurance/rent/services/etc. out-of-pocket
- Testifying as an expert witness during Court proceedings
- More difficult to stay connected to colleagues/professional isolation

8. Day in the life

a. How great it is to be in community based

i. Private practice

- F2F with clients (treatment/evaluation)
- Collaborating with other professionals: consulting with colleagues, consulting/coordinating with defense attorneys, working with case managers and social workers re: Client needs in housing, education/employment.
- Business management: scheduling clients, billing, financial management, contact management, etc.
- Residential treatment: visiting treatment centers and group homes, meeting clients where they're at, interacting with their case managers, social workers, families, teachers, etc.

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

DRAFT

