WASHINGTON STATE
Statistical Analysis Center
Informing a data-driven justice system

Sex Offender Supervision in Washington State and Areas for Improvement

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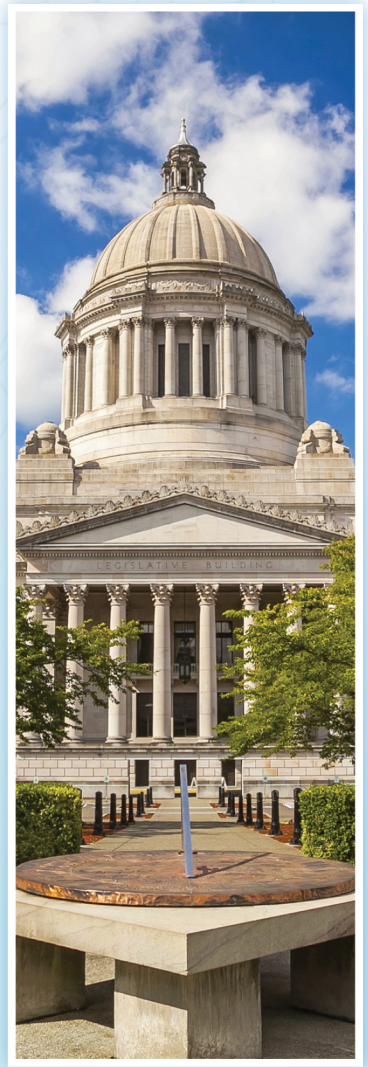

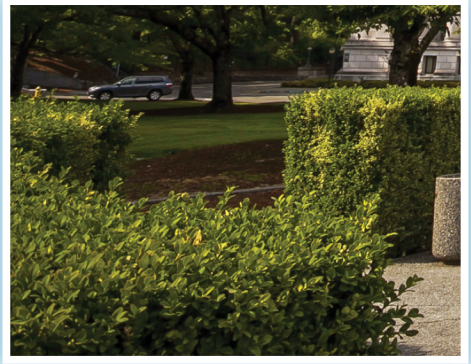

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Executive summary

The 2017 SORNA Reallocation Grant awarded to Washington state includes a review of sex offender supervision policies and practices. This review includes all levels of supervision, including lifetime supervision and examines the processes in place for convicted sex offenders who enter community supervision. Using a workgroup comprised of members from Department of Corrections, and Department of Social and Health Services Special Commitment Center, we were able to identify several areas for improvement within Washington's sex offender supervision system.

Pre-Sentence Investigations and conditions of supervision

- Missing Documentation Associated with Pre-Sentence Investigations (PSIs)
  - Recommendation:
    - Completed PSIs should be uploaded to OnBase and any other applicable databases as soon as possible by staff, and should be uploaded with all associated documentation.
- Inconsistencies in conditions of supervision and lack of definitions
  - Recommendations:
    - Continuing education and training should be provided to those completing PSIs; and
    - Conditions of supervision should be based on each individual's specific risk and criminogenic needs.

Access to the Odyssey database

- Limited access to Odyssey portal for some counties
- Incomplete information in the Odyssey portal
- Sealed and closed cases
- Recommendation:
  - A taskforce should be convened to discuss these items further and determine how to best address these issues.

Sex Offender Treatment and Assessment Programs prioritization and capacity

- Sex Offender Treatment and Assessment Programs (SOTAPs) capacity to treat average/lower risk clients
  - Recommendation:
    - SOTAP's treatment capacity should be expanded to include all clients who score a one or higher on the Static-99R at intake.
- SOTAP's capacity to treat high-risk clients with short prison sentences
  - Recommendation:
    - To address the issues of those with short prison sentences, we recommend that a taskforce be convened to discuss potential solutions.

- SOTAP's capacity to treat clients whose offense involved Child Sexual Exploitation Materials (CSEM)
    - Recommendation:
        - SOTAP's treatment capacity should be expanded to include those whose primary offense is related to CSEM.

Cost of community care

- Difficulty accessing Community Sex Offender Treatment Providers (CSOTPs) in the community
- Unaffordable cost of treatment and CSOTP licensure
- Uneven quality of treatment
- Difficulty in obtaining CSOTP licensure
- Recommendation:
    - The Supervision Workgroup recommends the reinstatement of the Sex Offender Treatment Advisory Board and the inclusion of additional stakeholders from state agencies to discuss and revise current Washington Administrative Codes (WACs).

Sex offenders and the Offender Reentry Community Safety programs

- Few individuals who would benefit from the program actually meet Offender Reentry Community Safety (ORCS) programs criteria
    - Recommendation:
        - A stakeholder group should be convened to discuss potential expansion to the ORCS program.

The Special Commitment Center - Management of high acuity track and geriatric clients on less restrictive alternatives and in the community

- There is a lack of specialized community resources for those clients that are high acuity or geriatric when the release into the community.
    - Recommendation:
        - The Supervision Workgroup recommends that one or more state-operated housing facilities be created and run through the Special Commitment Center (SCC) to house high acuity, geriatric, and medically frail individuals upon their release to a less restrictive alternative in the community. Facilities may hold between 8-10 individuals per site, and could be placed in multiple counties.

Miscellaneous Special Commitment Center issues

- The below issues were identified, but at this time have no corresponding recommendations;
    - Unconditional releases of SCC residents
        - If a resident is found to no longer meet SCC criteria, they will be unconditionally released from the SCC. Once a final decision is made in these cases, SCC staff have 24 hours to release the resident. This means that they have 24 hours (sometimes less) to prepare a resident for their transition to the community.
        - Furthermore, this provides the county a resident is releasing to with a maximum of 24-hour notice. This is oftentimes a stressor for local law enforcement as their ability to properly notify and prepare their community is limited.
    - Lack of Birth Certificates and Social Security Numbers
        - Many SCC residents do not have their birth certificate or know their Social Security Number (SSN), and without these documents it is impossible for residents to obtain other necessary items such as driver's licenses and the creation of a bank account.
        - Obtaining a copy of a resident's birth certificate may take time and can be a difficult process.
        - For those who were born outside of Washington, it is even more difficult to obtain a copy of the birth certificate.
        - Some residents have multiple SSNs, and it may be difficult to determine which number is truly their SSN.
        - The amount of time it takes to obtain the SSN and birth certificate may delay a resident's Medicare or Medicaid benefits.
        - There are no staff dedicated to working on these issues for SCC residents.

Lifetime supervision

- Several issues were identified by a Department of Corrections (DOC) Lifetime Supervision Workgroup in 2016.
- Recommendation:
    - The Supervision Workgroup recommends that a stakeholder group be convened to revisit the original recommendations provided by the DOC workgroup.

Introduction

The 2017 SORNA Reallocation Grant awarded to Washington state includes a review of sex offender supervision policies and practices. This review includes all levels of supervision, including lifetime supervision, and examines the processes in place for convicted sex offenders who enter community supervision.

The project was completed using a work group initially assembled through the Washington State Department of Corrections (DOC). Members of the group were selected based on their expertise and knowledge of the sex offender supervision system in Washington state.

- Leah Landon (Facilitator)
  - Forecast and Research Analyst, Office of Financial Management
- Jacob Bezanson
  - Correctional Program Manager, DOC
- Holly Coryell
  - Forensic Services Manager, Special Commitment Center
- Julia Crabbe
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- Keith Devos
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- David Flynn
  - Chief Executive Officer, Special Commitment Center
- Cathi Harris
  - Sex Offender Treatment and Assessment Programs Director, DOC
- John Hayes
  - Psychologist, Special Commitment Center
- Elena Lopez
  - Chief of Resident Treatment, Special Commitment Center
- Corey McNally
  - Clinical Quality Assurance Training Manager, DOC
- Jeff Patnode
  - Board Member, Indeterminate Sentence Review Board
- Mac Pevey
  - Assistant Secretary of Community Corrections, DOC
- Minna Swartz
  - SOTAP Community Program Manager, DOC
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- Jennifer Williams
  - Corrections Specialist, DOC
- Daniel Yanisch
  - Senior Forensic Evaluator, Special Commitment Center

The workgroup began by outlining the current supervision process using a flow chart. This allowed members of the group to discuss their various roles with one another, and understand in-depth the role each person has within the system. While building the flow chart, members were able to identify areas for improvement and discuss those as a group. Once areas for improvement were identified, the group created smaller focus groups for each topic comprised of additional staff who could speak to the issue. This allowed for broad discussions that included how areas may be improved upon, and what may be required to facilitate change. In some cases it was determined that additional insight or information on a topic may be needed, resulting in a recommendation for further consideration. This report summarizes the group's findings and applicable recommendations for Washington's sex offender supervision system.

Sex offender supervision

In Washington state, length of supervision is determined by the court unless it is already determined by statute or listed in the sentencing guidelines[1]. In certain instances, a convicted sex offender will receive lifetime supervision. Many Community Corrections Officers (CCOs) are facing growing caseloads, and this comes at a cost to taxpayers. In FY 2018, supervising one person in the community cost about $21.82 per day. In some cases, individuals may receive lifetime supervision, and there is no current policy allowing for supervision relief or the lessening of related supervision requirements.

Community supervision in Washington is delivered through 86 field offices, Community Justice Centers, and Community Oriented Policing shops.[2] These locations are used as places for individuals to report to as necessary. Smaller counties traditionally do not have staff specifically assigned to sex offender caseloads, while larger counties may have multiple staff assigned to sex offender specific caseloads.

Recommendations for improvement

Pre-Sentence Investigations and conditions of supervision

Pre-Sentence Investigations (PSIs) are completed prior to the sentencing hearing of those individuals who have been convicted of a felony sexual offense,[3] and DOC staff have 45 days to complete the PSI. A common misconception is that the courts are the only user of the PSI, though the completed report is utilized by DOC staff at several points between prison intake and release. Per DOC policy,[4] the PSI is to have the following items completed by the assigned CCO:

- An in-person interview with the offender, including DOC 20-155 Intake/Pre-Sentence Report Personal Information Sheet. In addition, an offender needs assessment may be used as an interview tool.
- When available, the CCO may include a victim impact statement, which should include the following:
    - The offender's relationship to the victim(s), if any,
    - Vulnerability issues of the victim,
    - Age of the victim,
    - Nature of harm to the victim/community, and

[1] For more information on who may be supervised please visit: https://app.leg.wa.gov/RCW/default.aspx?cite=9.94A.701
[2] https://doc.wa.gov/corrections/community/field-offices.htm
[3] https://app.leg.wa.gov/RCW/default.aspx?cite=9.94A.500
[4] https://www.doc.wa.gov/information/policies/files/320010.pdf

    - Victim preference for the Special Sex Offender Sentencing Alternative (if applicable).
- Conclusions/recommendations should be included for the following items:
    - Conditions of supervision, and
    - Confinement or other options
- DOC 14-029 Chemical Dependency/Mental Health/Criminal Justice System Multi-Party Authorization for Release of Information, if the offender is a juvenile or is subject to court-ordered mental health and/or chemical dependency treatment.

If an individual declines to participate in the PSI process, this is noted on the form and the CCO completes the report to the best of their ability. Completed PSIs are to be submitted to the court no less than 10 calendar days prior to the sentencing date.

In addition, the PSI often comes with recommended conditions of supervision for the associated individual. Much like the PSI itself, the conditions of supervision will vary based on county, with some CCOs providing individualized recommendations and others providing "boiler plate" conditions. The End of Sentence Review Committee (ESRC) makes recommendations on conditions of supervision for offenders who are under Indeterminate Sentence Review Board (ISRB) jurisdiction, for others, the conditions found in the PSI often follow them through their release from DOC custody. While in prison, some offenders may address the dynamic risk factors cited in their PSI through participation in DOC's Sex Offender Treatment and Assessment Programs (SOTAP); nevertheless, these conditions will remain assigned on their PSI following their release from custody.

Identified issues

The below issues were identified regarding the use of the PSI and the assignment of conditions of supervision.

Missing documentation associated with Pre-Sentence Investigations

Upon intake, members of DOC's SOTAP begin the process of assessing risk to determine treatment needs for each individual. The PSI and its associated documentation are often used to aid in the completion of the STATIC-99R. In some cases, the PSI does not include the additional documentation (such as a police report) which is necessary for this information to be considered when completing the STATIC-99R. When this happens, SOTAP staff are tasked with trying to find those documents on their own, greatly increasing the amount of time needed to complete each intake. Furthermore, other DOC staff spend time trying to re-collect this information and documentation later on in the process for other purposes, such as the ESRC's report prior to release.

Recommendation

To address the issue of missing documentation associated with PSIs, the Supervision Workgroup recommends that completed PSIs should be uploaded to OnBase and any other applicable databases as soon as possible by staff, and should be uploaded with all associated documentation.

Inconsistencies in conditions of supervision and lack of definitions

There are also inconsistencies in the conditions of supervision associated with PSIs. Some counties will assign individualized conditions, while others will assign boilerplate conditions that may have no relevance to the individual and their criminal history. While it may be difficult to assign risk-based conditions at this point as no risk assessment has been administered, it is important to find a consistent way to assign relevant individualized conditions.

Furthermore, conditions of supervision are assigned by either CCOs or the courts and often lack definitions. For example, some individuals may receive a condition that prohibits them from living near a park. The word "park" is not defined and this may lead to issues with interpretation by different CCOs. For example, an individual who was told he was not allowed to live in a trailer park, because the title included the word "park," contacted the Sex Offender Policy Board in the past. This individual's crime did not occur in or near a park, nor did it involve children. This greatly hindered the individual's ability to find stable housing, a factor that may be associated with higher risk for recidivism.[5]

[5] Luther, J., Reichert, E., Holloway, E., Roth, A., Aalsma, M. An Exploration of Community Reentry Needs and Services for Prisoners: A Focus on Care to Limit Return to High-Risk Behavior. AIDS PATIENT CARE and STDS 2011;25:475-481

Recommendations

In an effort to address the issue of inconsistencies in conditions of supervision, the supervision workgroup recommends that those completing PSIs should receive continuing training and education on the following:

- Retention periods for all records;
- The purpose of the PSI and how it is used;
- How to write an informative and useful PSI;

In addition, the development of conditions of supervision should be based on an offender's individual risk and criminogenic needs.

- For incarcerated individuals being released to the community:
  - A common set of standard conditions, consistent across jurisdictions for those individuals releasing to the community, should be created. These conditions will align with those listed in the PSI.
  - At the time of release, individualized conditions will be added to the existing conditions that are relevant to the individual's specific needs as identified during incarceration through behavioral observations, treatment programming, and general offender programming. This is to ensure that all relevant need areas are addressed to ensure public safety as well as allow for appropriate re-entry opportunities for the individual.
- For those under a Special Sex Offender Sentencing Alternative (SSOSA):
  - The above referenced common set of standards will be applied for each SSOSA individual at the time of the PSI.
  - Additional risk-relevant conditions may be added based on current knowledge of the individual.
  - As an individual progresses through their SSOSA, and additional knowledge of the specific individual is obtained, conditions can be modified as appropriate to ensure community safety and appropriate re-entry opportunities.

Finally, training on how to impose risk-relevant conditions for individuals should be provided for all staff. This training may consist of:

- Training staff to utilize treatment and discharge summaries to determine potential risk areas;
- Training on how to determine what potential relapse for an offender may look like, and how to impose conditions of supervision that will help promote success and;

- Additional education on the sex offender population in general, and how they are not a homogenous group. This training will emphasize the need for individualized conditions of supervision.

Access to the Odyssey database

In 2015, the Administrative Office of the Courts (AOC) launched a new program that allows counties to manage their Superior Court cases; this portal, known as Odyssey, is currently used by 37 counties. King and Pierce counties have their own case management systems. Odyssey is a web-based application that is used to store court records and documents by case[6]. Access to Odyssey is determined by a jurisdiction's specific needs, but in many cases, only a handful of people in a county may have access. All documents within Odyssey that can be obtained by staff are public records.

Identified issues

At various points in their daily work, DOC staff may need to access documents within Odyssey, and it is common to encounter roadblocks. Statutorily,[7] The ESRC should have access to the court documents held in Odyssey. The ESRC uses this information to accurately complete a risk assessment to inform risk level assignment, and for creating file material for law enforcement and civil commitment referrals. In addition, DOC's SOTAP uses this information when completing risk assessments upon client intake. These risk assessments cannot be accurately completed without the information included in Odyssey, and the completion of this risk assessment is statutorily required.[8]

The below issues were identified regarding the usability of the Odyssey Portal.

Limited access to Odyssey Portal for some counties

- Many counties limit access to the Odyssey Portal, even for those who have a statutory requirement that involves information held within the portal.

[6] For more information on Odyssey please visit: http://www.courts.wa.gov/subsite/sccms/docs/Odyssey_Portal_FAQ.pdf
[7] https://app.leg.wa.gov/RCW/default.aspx?cite=72.09.345
[8] https://app.leg.wa.gov/RCW/default.aspx?cite=72.09.335

- In some counties, ESRC and SOTAP staff are instructed to work with their court liaison to access Odyssey documents. Court liaisons are local DOC administrative staff who have been provided a "free" login for that specific county. The liaison's duties are in addition to their other work duties. In these cases, ESRC and SOTAP staff must email the court liaison, who is tasked with getting the necessary information from the portal. In some cases, ESRC and SOTAP staff may reach out and not hear back in a timely manner, may be sent incomplete information, or in one case, sent information for the wrong case. Each of these circumstances lengthens the amount of time it takes for staff to complete their work, delays release planning, and decreases productivity.
    - Records staff in the prisons, as well as the Criminal Convictions Record Unit, may also face the same issues mentioned above.

Incomplete information in the Odyssey Portal

- Information in the Odyssey Portal may be incomplete. During focus group discussions on this topic it was mentioned that it is not uncommon for documents, such as police reports, to be missing. This is an issue regardless of who is trying to access the documents. It would be beneficial to have consistent requirements on what information should be included for each case.

Sealed and closed cases

- In some instances, a case may be sealed or closed, making it difficult for staff to gain access.

Recommendation

The Supervision Workgroup recommends that a taskforce be convened to consider Odyssey access and completeness of information in more detail. This taskforce should include representation from DOC, as well as AOC and other relevant stakeholders. The group may consider using a Lean approach to determine the most efficient way to ensure that all stakeholders receive the information necessary to do their jobs in a timely manner. Furthermore, in order to consider the voices of everyone who uses the Odyssey Portal and its documents, the group may consider conducting a statewide survey of users to aid in identifying any additional problems, as well as solutions. This survey may also be used to determine the extent of missing data in the Odyssey Portal.

Sex Offender Treatment and Assessment Programs prioritization and capacity

SOTAP serves approximately 825 unique clients per year, 325 clients in the prison setting and an additional 500 in the community. SOTAP has two primary prison programs, located at the Airway Heights Corrections Center and the Monroe Correctional Complex Twin Rivers Unit. SOTAP has smaller programs at both the Monroe Correctional Complex Special Offenders Unit and at the Washington Correctional Center for Women.

SOTAP requires that clients participate in both the prison and community portion of the program, each lasting approximately one year. One of a handful of community-based treatment programs offered throughout the country, SOTAP is unique in its ability to follow clients as they transition back into the community. This is beneficial to clients as it enhances quality and continuity of care. Supported by 12 DOC Clinicians, SOTAP's community-based program is available to all transitioning clients.

SOTAP adheres to the Risk-Need-Responsivity model (RNR), originally formalized in 1990 by Andrews, Bonta, and Hoge. RNR is a commonly used model for the treatment and assessment of criminal offenders and is based on three (3) core principles.[9]

- Risk principle: match the level of service to an individual's risk to reoffend.
- Need principle: assess each individual's criminogenic needs, and address those during treatment.
- Responsivity principle: maximize the individual's ability to learn from and respond to treatment by providing cognitive behavioral treatment and by tailoring each intervention to the individual's "learning style, motivations, abilities, and strengths."

Research that has been done on the effectiveness of the RNR model indicates agreement among scholars that treatment and intervention programs that adhere to RNR principles are more successful in reducing recidivism.[10] A growing body of research on the model's effectiveness with violent and sexual offenders specifically is also showing promising results.[11]

[9] For more information on the RNR model please visit: http://www.courtinnovation.org/sites/default/files/documents/RNRModelForOffenderAssessmentAndRehabilitation.pdf

[10] Andrews, D. A., & Bonta, J. (2010). The psychology of criminal conduct (5th ed.). New Providence, NJ: Routledge

[11] Seewald, K., Rossegger, A., Gerth, J., Urbaniok, F., Phillips, G., & Endrass, J. (2018). Effectiveness of a risk–need–responsivity-based treatment program for violent and sexual offenders: Results of a retrospective, quasi-experimental study. *Legal & Criminological Psychology*, *23*(1), 85–99. https://doi.org/10.1111/lcrp.12122

In support of the risk principle, SOTAP uses the STATIC-99R to prioritize clients for treatment. The STABLE 2007, a dynamic assessment for treatment planning and risk assessment, is used by SOTAP to identify the clients' risk areas as a focus for treatment. SOTAP adheres to the responsivity principle by incorporating treatment modalities for different learning styles, mental health issues, and diverse client needs. SOTAP's model of change helps clients understand, clarify and live by prosocial values in order to mitigate dynamic risk primarily utilizing Cognitive Behavioral Therapy and influences from Acceptance and Commitment Therapy, Dialectal Behavior Therapy and Motivational Interviewing.

Identified issues

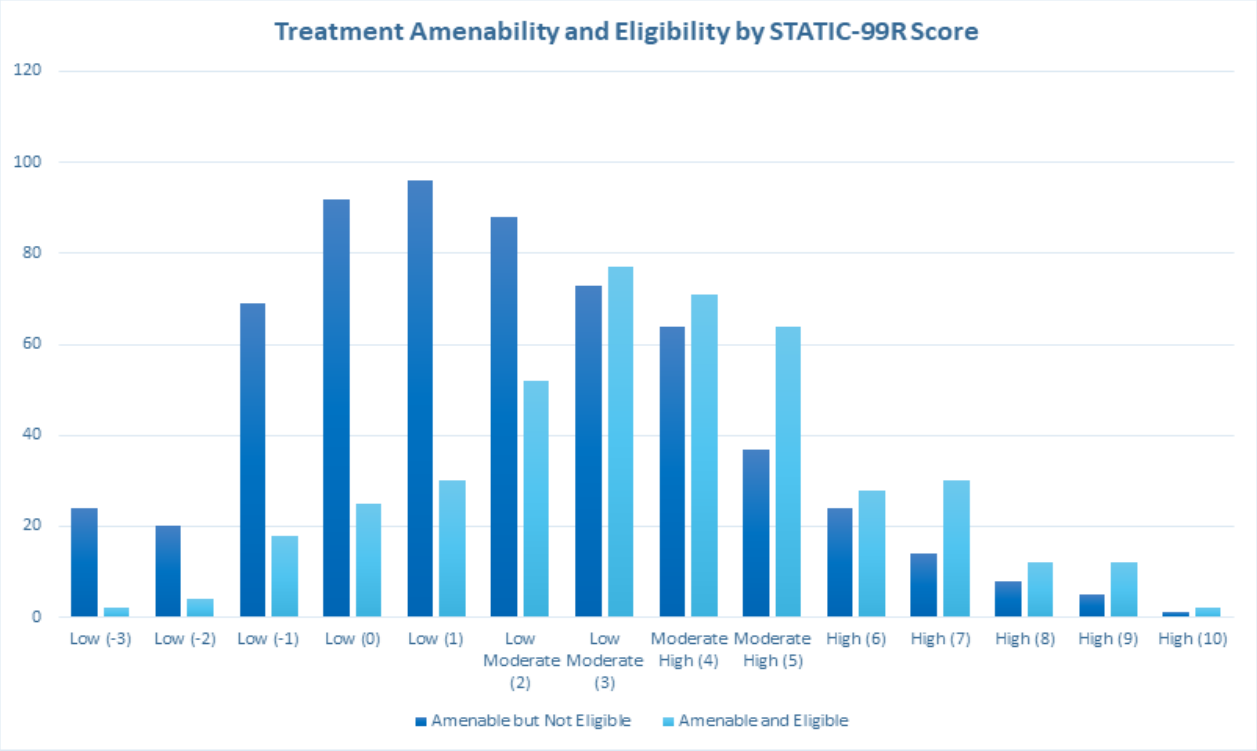
There are several issues relevant to SOTAP and their ability to prioritize and treat clients both in Washington prisons and in the community. However, SOTAP's lack of capacity to treat three main groups presents a risk to the community. SOTAP does not have the capacity to treat the following:

- Individuals who are of average risk to reoffend;
- Individuals who are of average and above average risk to reoffend who *also have less than a year in prison and therefore cannot complete the treatment program*; and
- Individuals whose only sex offense is related to child sexual exploitation materials.

SOTAP'S capacity to treat average/lower risk clients

Currently, SOTAP only has the capacity to treat those individuals who score a three or higher (above average risk) on the STATIC-99R at intake and are willing to participate in treatment. Based on the numbers provided by SOTAP (Table 1), there were approximately 184 clients in custody out of 427 who were willing to participate in treatment that were ineligible due to their STATIC-99R score. Though these offenders are average risk and lower, there are benefits to their participation in SOTAP, and these needs may only be addressed through a SOTAP expansion.

Table 1.Treatment Amenability and Eligibility by STATIC-99R Score



Recommendation

Regarding SOTAP's capacity to treat those who score as average or low risk at intake, the Supervision Workgroup recommends that SOTAP's capacity be expanded to allow for the full treatment of individuals who score a one or higher on the Static-99R at intake. Expanding to those who score a one or higher allows SOTAP to provide treatment to all individuals considered to be of "average" risk to reoffend.

[12] *Individuals are considered amenable if:

- They have been screened; and
- Are willing to engage in discussions about their sexual misbehavior.

*Individuals are considered eligible if they:

- Meet qualifying criteria;
- Have greater than one year until their Earned Release Date; and
- Can be prioritized using the SOTAP priority matrix.

SOTAP's capacity to treat high-risk clients with short prison sentences

Furthermore, there are some individuals who score a three or higher on the Static-99R that are not in prison long enough to participate in SOTAP, and are released without necessary treatment. Data demonstrates that since 2018, approximately 173 individuals have not received treatment in prison due to short prison stays. This inability to participate in SOTAP while incarcerated also renders them ineligible for SOTAP's community program.

Recommendation

For those individuals who are not in prison long enough to receive SOTAP treatment, the Supervision Workgroup recommends that a group of stakeholders be convened to discuss potential solutions.

- Some of these individuals may recidivate, leading to a decrease in community safety. An expansion to the current SOTAP program would create treatment options for individuals with shorter sentences.
- From January 2018-June 2019, approximately 13 individuals scored a seven (7) or higher on the Static-99R, but entered DOC with less than 365 days to their estimated release date. For context, individuals who score a seven (7) on the Static-99R are in the 97th percentile.[13]
- Stakeholders, including courts, prosecutors, and defense attorneys, should be provided with education regarding the potential reductions in recidivism that may be jeopardized if treatment is not received in prison.

SOTAP's capacity to treat clients whose offense involved child sexual exploitation materials

Finally, SOTAP does not routinely provide treatment services to those individuals whose sex offense is only related to "Depictions of Minors Engaged in Sexually Explicit Conduct," also known as child sexual exploitation materials (CSEM) or most commonly and inaccurately referred to as "child pornography." The Static-99R is not validated on this specific population, and as of this writing the only available risk assessment lacks strong research support. Therefore, these individuals are not consistently receiving treatment services through SOTAP. Research trends, as well as information from a forthcoming validated risk assessment for this population, suggest that these individuals pose a significant risk to the community. These individuals may be at high risk for committing further, and more serious, sexual crimes against community members.

[13] http://www.static99.org/pdfdocs/STATIC-99R_%ileTable_November2011.pdf

Currently, there are 112 individuals in DOC custody whose only sexual offense is related to CSEM and 21 of those are currently in the window of time to participate and complete SOTAP. Furthermore, all 21 individuals have a condition to participate in treatment as part of their Judgement and Sentence. Current SOTAP resource levels do not allow these individuals to receive treatment while in DOC's jurisdiction. With the increasing availability of CSEM on the internet, this population will continue to grow, as will the demand for treatment.

Recommendation

Regarding the treatment of individuals whose primary offense involves CSEM, the Supervision Workgroup recommends the expansion of SOTAP's capacity to allow for the treatment of individuals whose only sexually related offense involves CSEM.

Cost of community care

In Washington state, an individual who was convicted of a sex offense may be released to the community with a court ordered condition to participate in sex offender treatment. The goal of this treatment is to reduce an individual's risk of sexual re-offense. In some cases, individuals participated in treatment while incarcerated through DOC's SOTAP. Those who did not participate in SOTAP but still have that treatment condition are required to attend treatment provided by a Certified Sex Offender Treatment Provider (CSOTP) in the community. The individual is often responsible for finding a CSOTP and paying for costs associated with their treatment. CSOTPs are licensed through the Washington State Department of Health (DOH), and are required to adhere to the licensing requirements set forth in the Washington Administrative Code (WAC) 246-930-020.

Some peer-reviewed studies have determined that lack of access to treatment for individuals on community supervision/probation may lead to collateral consequences. Sloas, Steele, and Hare (2012) studied the number of minutes released sex offenders were required to travel to access their community treatment provider in an effort to determine the relationship between length of travel, family, and neighborhood characteristics. The authors found that there was a large disadvantage for those individuals who lived in poor and rural communities when it came to treatment access. For example, about 14% of the sample had to travel an average of one hour or more to access treatment. The study found that these lengthy travel times may lead to negative effects for these individuals, such as housing instability and an inability to access treatment. This study reinforces a need for treatment resources that are close to housing, work locations, DOC offices and/or within local communities.

Identified issues

The following issues were identified and are relevant to those individuals who did not participate in DOC's SOTAP, and are required to find a CSOTP in the community.

Difficulty accessing Certified Sex Offender Treatment Providers in the community

- The number of CSOTPs across the state is remaining relatively stable, with some counties having no providers at all.
    - Based on numbers obtained from DOH, the number of CSOTPs varies widely by county. For example, counties such as King and Pierce have several providers each. Other counties in more rural areas such as eastern Washington have one provider covering multiple counties.
- Many individuals do not have the resources necessary to commute to the nearest CSOTP, which may be a great distance away. This may negatively affect their reentry plan and increase their risk to recidivate.

Unaffordable cost of treatment and Certified Sex Offender Treatment Provider licensure

- The cost of treatment by CSOTPs is unregulated, leading to a treatment cost that is unaffordable for some individuals.
    - For those who are unable to pay for the cost of a CSOTP, they may be unable to attend treatment. In some cases, this may lead to a violation of an individual's conditions of supervision.
    - Due to their status as a registered sex offender, individuals often struggle to obtain employment to meet their basic needs. They must also pay for treatment with a private provider, creating a demand for further financial restriction in order to balance their basic needs and meet their court ordered treatment requirements.
- As detailed below, a CSOTP has significant costs to obtain/maintain their certification and these costs may be passed to the client, who often is already financially unstable.
    - When an individual is unable to pay for treatment, they are terminated from treatment and in violation of their conditions of supervision. If they are being supervised by DOC, their Community Corrections Officer (CCO) may then violate or revoke their supervision and they may be re-incarcerated at significant cost to the state.

Uneven quality of treatment

- CSOTPs in Washington are licensed through DOH, but the forms of treatment administered are not regulated. Without regulation, there is often no adherence to best practice and no quality assurance component. For context, treatment administered to individuals while they are in DOC custody is evidence-based, consistent across providers and locations, and includes a quality assurance component.

Difficulty in obtaining Certified Sex Offender Treatment Provider licensure

- It is difficult to obtain a license as a CSOTP.
  - WAC 246-930-040 outlines that a candidate must complete 2,000 hours of supervised experience by a CSOTP. They must also have an underlying healthcare professional credential.
  - The hours of supervised experience includes at least 1,000 hours of experience before working with Level III offenders.
- Those employed by DOC or the Department of Social and Health Services (DSHS) who regularly treat this population cannot count these hours towards their licensing requirements for the following reasons:
  - These DOC/DSHS providers work with clients who have not been released, registered and leveled, and therefore cannot meet required standards. For those providing SOTAP treatment in the community, these hours still do not count towards licensure as they are not being supervised by a CSOTP.
  - Furthermore, the work being done inside DOC and the DSHS's Special Commitment Center (SCC) does not count, as these providers are not being supervised by CSOTPs as required by WAC 246-930-10 and RCW 18.155.030.
    - DOC and DSHS adhere to the RNR Model and therefore target the highest risk individuals for treatment. The providers at these two state agencies are currently treating the highest risk clients using evidence-based practices and are unable to count these hours toward CSOTP certification.
    - For this reason, obtaining licensure for those working for DOC or the SCC may take up to five years as they need to complete the requirements outside of their full-time employment (often on the weekend), and this further impacts the work/life balance.
      - Additionally, it may take longer to obtain this certification due to state ethics rules. Those working for DOC cannot see clients under current DOC supervision, as this is a conflict of interest.

        - For SCC staff seeking certification as a CSOTP, it may be difficult to find another CSOTP who can supervise them, as the supervisor must not currently contract with the SCC, and these providers are already limited in availability.
    - Working with the sex offender population has one of the highest burnout rates of any mental health or social service profession. This leads to difficulty in recruitment and retention of qualified professionals to enter the field (state and private). Furthermore, the cost is often insurmountable for professionals wanting to earn this specific certification, and may unintentionally act as a deterrent.
- WAC 246-930-990 outlines the costs associated with being a CSOTP. For CSOTPs there are large fees up front,[14] in addition to the annual renewal fee of $1,000. No other similar professions are required to pay fees this high. For example, an Osteopathic Physician/Surgeon has an annual renewal fee of $375 plus $16 for journal access through the University of Washington.
    - WAC 246-930-020 requires a CSOTP to also maintain an underlying credential as a health care provider, which increases the costs as it requires CSOTPs to obtain and maintain two clinical licenses.
        - If a CSOTP is also a Licensed Mental Health Counselor (LMHC) they must also pay the annual renewal fee of $150 plus the CSOTP fee, bringing their total to $1,150 annually. For comparison, a Psychologist license only requires an annual fee of $210.
        - For those who are able to move forward and seek their certification, these costs may be passed to the clients, which may in turn lead to collateral consequences for those individuals.

Recommendations

The Supervision Workgroup recommends the reinstatement of the Sex Offender Treatment Advisory Board and the inclusion of additional stakeholders from state agencies to discuss and revise current WACs. In addition, the Board may consider other related policies in place regarding the certification of sex offender treatment providers in Washington. Should budget constraints be an issue, the Workgroup recommends that a stakeholder group be convened to complete this work. Between expanding the DOC SOTAP and revising the WACs to become as CSOTP, this would lead to an increase in access for those needing these services. In turn, this may reduce violations related to the inability to pay for or obtain treatment services, further improving community safety and reducing costs to the state for re-incarceration of non-risk related behaviors.

[14] For more information on the fees assessed to CSOTPs please visit: https://apps.leg.wa.gov/wac/default.aspx?cite=246-930-990

Sex offenders and the Offender Reentry Community Safety program

The Offender Reentry Community Safety (ORCS) program[15] is intended to promote public safety by providing intensive support services to incarcerated individuals who are "reasonably believed to be dangerous to themselves or others and have a mental health disorder"[16] as they work to transition back into the community. A referral to the ORCS program may be made by a number of people, including: classification counselors, the ESRC, various DOC employees, and behavioral health organization/community providers. ORCS provides up to 60 months of support for persons upon release from prison and program funds may cover the following services:

- Pre-release transition planning
- Intensive case management with assigned community provider
- Enhanced mental health treatment services
- Substance use evaluation and treatment
- Medical costs not covered by insurance/Medicaid/Medicare
- Sex offender treatment
- Assistance with cost of housing
- Vocational training and supplies
- Personal care needs
- Other relevant programs and services

In order to be eligible for the ORCS program, individuals who are in either partial or full confinement must meet the following criteria:

- Must have been diagnosed with a significant mental illness; or
- Must qualify for community protection placement through the Developmental Disabilities Administration; and
- Have been determined to be a high risk to public safety or self.
    - For convicted sex offenders, the offender must have been determined to be either moderate/high, or high risk by the STATIC-99R assessment.
    - If an offender was previously leveled as a sex offender in the community, they will be considered for ORCS if they were a Level 3 sex offender.

Once eligibility is determined and the steering committee votes an individual into the program, a multisystem care planning team is created. This team meets with the designee prior to their release from prison and aids in the development of a transition plan for reentry into the community. This support continues after release, with the designee continuing to work with their case manager to meet their short- and long-term goals.

[15] https://app.leg.wa.gov/RCW/default.aspx?cite=72.09.370
[16] https://www.doc.wa.gov/docs/publications/600-BR001.pdf

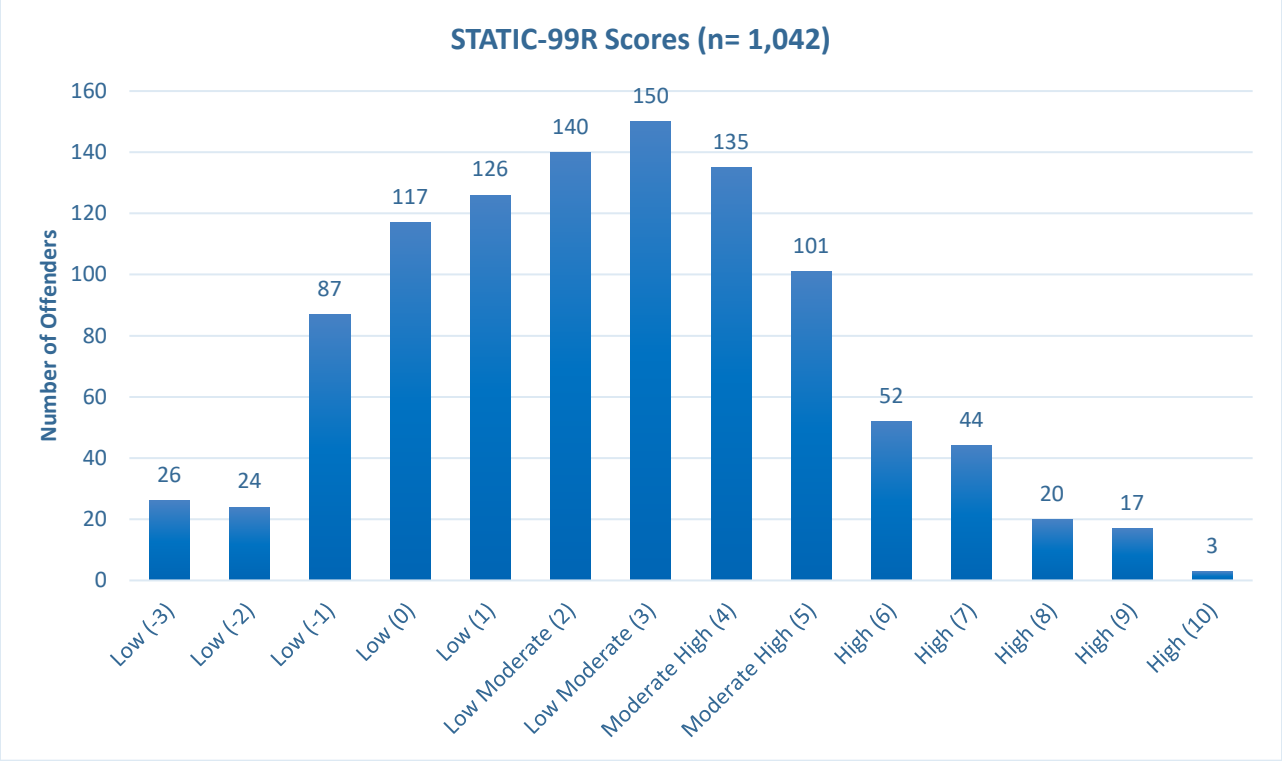
Identified issues

Few individuals meet Offender Reentry Community Safety criteria

- In order to be eligible for the ORCS program, an individual must be both high risk to the community and themselves, and have a diagnosed mental health disorder. In some cases, individuals convicted of a sex offense are missing one of these two criterion and are therefore not eligible for the ORCS program. These individuals would still benefit greatly from the services offered by the program, and this ineligibility removes a potential community resource possibly resulting in a return to the prison system.
- For sex offenders, a numeric score of four (4) or greater (moderate/high risk) on the Static 99R is required to be considered eligible for the dangerousness criterion. For context, only about 26% of sex offenders will score higher than a three (3) on the Static-99R.[17] DOC's SOTAP administers the Static-99R to all individuals convicted of a sex offense upon entry to prison, who may be eligible for treatment. Table 2 indicates that as of September 2019, approximately 670 offenders currently within DOC custody would be ineligible for the ORCS program based on their Static-99R score alone, regardless of any applicable mental disabilities.
- As mentioned previously, many individuals who score below a four (4) on the Static-99R are ineligible for the ORCS program as they do not meet the dangerousness criteria. These same individuals may still benefit from the services offered by the program. Without these services individuals may struggle to reintegrate within their communities and may end up trapped in a revolving door that is the criminal justice system.

[17] http://www.static99.org/pdfdocs/STATIC-99R_%ileTable_November2011.pdf

Table 2. STATIC-99R Scores for Offenders within DOC Custody



Recommendations

The Supervision Workgroup recommends that a stakeholder group be convened to further review potential recommendations for expanding eligibility for individuals convicted of a sex offense who may benefit from the program's services. One consideration may be the development of an override procedure for individuals who exhibit patterned behavior.

The Special Commitment Center- Management of high acuity track and geriatric clients on less restrictive alternatives and in the community

The Special Commitment Center's (SCC) High Acuity Treatment program officially launched in the Fall of 2017 following a lawsuit by Disability Rights Washington (DRW).[18] DRW argued after an extensive investigation that in some cases, residents at the SCC who suffer from various illnesses and cognitive conditions may be unable to effectively participate in the treatment program offered at the SCC. A portion of current residents were identified by DRW during the lawsuit, and other residents are identified and reviewed for eligibility by the SCC's Senior Clinical Team.

As of September 2019, the SCC has approximately 27 residents in the High Acuity Treatment program. While only three residents have released to the community, it is expected that releases will continue in the coming years. To be eligible for the program, residents must present with an intellectual disability or developmental disability, a personality disorder, a traumatic brain injury or other cognitive issues, and must require a full treatment milieu. The High Acuity Treatment program is milieu-based programming that focuses on 4-5 different modules, with an overall goal of preparing low-functioning residents to better manage behaviors and prepare them for an adult family home setting.[19] High Acuity Treatment program residents typically spend more than eight hours a day in the treatment setting.

A variety of other resident needs such as Alzheimer's disease, dementia, and cancer necessitate a similar approach in transitioning residents to assisted living. Many of these individuals are no longer in a position where they are able or capable of benefitting from the services at the SCC and now require additional specialized care that cannot be easily provided on the island.

Identified issues

Lack of specialized community resources

As more residents release, there continue to be limited beds and placement options in the community for SCC residents, as well as those who participated in the High Acuity Treatment program. One common issue the SCC encounters is the placement of high acuity track residents in facilities that are not equipped with the staff, services, and resources necessary to address their unique needs. Release for high acuity residents requires significant involvement from stakeholders, and are not like typical SCC releases. For example, one high acuity individual who released from the SCC has returned to total confinement multiple times, due in part to inadequate services and resources for his needs in the community, in addition to challenging behavior presentation.

[18] https://www.disabilityrightswa.org/cases/r-r-v-dshs/
[19] https://app.leg.wa.gov/committeeschedules/Home/Document/164979

The SCC not only faces difficulties when placing high acuity residents due to their specific and unique needs, but geriatric and medically frail residents as well. Facilities offering placements for individuals coming from the SCC are able to charge whatever contracting cost they see fit, and this further limits housing options for the SCC. For the geriatric population specifically, they are often unable to be housed through other sources such as Home and Community Services (HCS) and the Developmental Disabilities Administration (DDA) due to their label as a Sexually Violent Predator (SVP). This difficulty in placement leads to some residents sitting in beds at the SCC that could be going to clients who may still be amenable to treatment and services offered. As of 2018 the average age of SCC residents was 52.5 years (n= 186), and if this upward trend continues, this problem will only continue to grow.

Recommendation

The Supervision Workgroup recommends that one or more state-operated housing facilities be created and run through the SCC to house high acuity, geriatric, and medically frail individuals upon their release to a Less Restrictive Alternative in the community. Facilities may hold between 8-10 individuals per site, and could be placed in multiple counties.

- By creating separate state-operated facilities for both high acuity and geriatric or medically frail individuals releasing from the SCC we are able to address several issues, including;
    - Rising costs of working with contracted placement facilities;
    - Lack of specialized training and education around working with these populations;
    - The SCC can ensure continuity of care and treatment as necessary for each individual;
    - Quality of living conditions could be controlled;
    - Clients may be moved by the SCC between total confinement and their community facility as needed, allowing for the continuance of care with their treatment team.

Miscellaneous Special Commitment Center issues

There are other issues at various points in the SCC process that have been identified as areas for improvement. These areas will require additional research and consideration before a formal recommendation can be made.

Identified issues

- Unconditional releases of SCC residents
  - If a resident is found to no longer meet SCC criteria, they will be unconditionally released from the SCC. Once a final decision is made in these cases, SCC staff have 24 hours to release the resident. This means that they have 24 hours (sometimes less) to prepare a resident for their transition to the community.
  - Furthermore, this provides the county a resident is releasing to with a maximum of 24-hour notice. This is oftentimes a stressor for local law enforcement as their ability to properly notify and prepare their community is limited.
- Lack of Birth Certificates and Social Security Numbers
  - Many SCC residents do not have their birth certificate or know their Social Security Number (SSN), and without these documents it is impossible for residents to obtain other necessary items such as driver's licenses and the creation of a bank account.
  - Obtaining a copy of a resident's birth certificate may take time and can be a difficult process.
  - For those who were born outside of Washington, it is even more difficult to obtain a copy of the birth certificate.
  - Some residents have multiple SSNs, and it may be difficult to determine which number is truly their SSN.
  - The amount of time it takes to obtain the SSN and birth certificate may delay a resident's Medicare or Medicaid benefits.
  - There are no staff dedicated to working on these issues for SCC residents. If there were internal staff who could work with DSHS and the Health Care Authority to address these issues, wait times could be shortened.

Lifetime supervision

In 2017, a cross-divisional group of DOC staff members was convened to discuss and assess current practice in Washington's lifetime supervision model, and develop recommendations for an effective case management model for those sex offenders ordered to lifetime supervision[20]. Comprised of 20 members from several DOC divisions, the group's final recommendation included a Step-Down model to lifetime supervision that would be based on the following tenets:

- Promote community safety
- Support victim concerns
- Offender accountability
- Effective use of resources
- Based on Risk-Need-Responsivity principles
- Data driven

To support their final recommendations, the group researched best practices related to the supervision of sex offenders, as well as those with lifetime supervision, and they collected data from several sources, including:

- Violation data;
    - This included the number and types of violations, how long an offender was on supervision prior to their first violation, and how long since their last violation.
- Time on supervision;
- Risk level;
- Sex Offender level;
- Treatment data;
- Needs data;
- Basic demographics; and
- Location supervised

Upon completion of data collection and material review, the group determined that a Step-Down model supporting the tenets identified above would be the most beneficial and effective approach. This would provide offender accountability, while also prioritizing community safety and offender compliance.

The model recommended by the 2017 workgroup is as follows.[21]

[20] See Attachment A for full document
[21] See Attachment A for full document

Lifetime supervision Step-Down model

Individuals ordered to life time supervision would begin supervision as currently outlined in policy. Classification would be established per policy. Conditions of supervision would be based upon original sentencing documents and those set by the supervising case manager or jurisdictional entity, based upon a Risk-Need-Responsivity assessment and offense related behaviors.

The first five years of supervision would be completed based upon current policy. At the 5-year mark, the case manager would begin the process of annual evaluations for possible Step-Down in supervision requirements. Step-Down evaluation/re-evaluation will occur annually.

Lifetime Sex Offender (SO) Step-Down Evaluation Elements

All elements must be met to qualify for reduction/continued reduction in supervision:

1. No Significant Violations of Supervision in five years. Significant violation is defined as: Results in a guilty finding and includes loss of liberty sanction.
2. Successful completion of any ordered treatment program(s).
3. Compliance with mental health treatment plan.
4. No imminent victim or community concerns.
5. Stable Assessment Results (Cut-Offs T.B.D) – To be completed by trained staff.

Individuals who meet all requirements of the evaluation would have reporting and contact requirements reduced according to a Step-Down model.

Step-Down model:

1. Qualifying High Violent and High Non-Violent individuals would have reporting and contact requirements reduced to the next lower level of supervision. High Violent would be supervised as a High Non-Violent. High Non-Violent would be supervised as a Moderate.
2. Moderate/Low-R offenders would be supervised at a new level: **Low Sex-Offender +5**
3. Qualifying **Low S.O+5**, will stay at this level the remainder of their time on supervision.

Low Sex-Offender +5 Supervision Requirements:

- Affirmative Reporting (Offender Self-Report)
  - Notify DOC of intent to change residence
  - Change of Employment
  - Change in Significant Relationships
  - Law Enforcement Contact
  - Provide Quarterly Verification
- Quarterly Contact by CCO (Field or Office)
- Quarterly Urinalysis if UA conditions
- Annual Polygraph

Case managers will complete a Step-Down evaluation annually after the individual completes five years of supervision. If the individual meets all of the requirements in the evaluation, they will be stepped-down to the next lower level of supervision. If the individual fails to meet all of the criteria, they will remain at their original level of supervision and be re-evaluated the following year and annually. Each qualifying year, they will be reduced to the next lower level, until they reach **Low S.O+5**.

Once the individual reaches **Low S.O+5**, they will remain at that level for the remainder of their supervision. The case manager will continue to complete an annual re-evaluation of them. Case managers will also conduct event driven re-evaluations based upon significant events including; violation behavior, change in base-line, significant change in stabilizing factors (residence, employment, Income, significant relationships, health). All re-evaluations will include completion of the Stable Tool.[22]

If the re-evaluation finding is that the individual no longer qualifies for stepped-down supervision, they will be immediately returned to the level of supervision required by their original classification. They will then be re-evaluated in 12 months and every year (?) thereafter. Individuals who commit a significant violation will not qualify for Step-Down consideration until they demonstrate five consecutive years of compliance with conditions.

The full DOC Workgroup documentation can be found in Attachment A.

[22] See Attachment B for more information

Recommendation

The Supervision Workgroup recommends that a stakeholder group be convened to revisit the original recommendations provided by the DOC workgroup. This group can further flesh out the associated details and recommendations, making it possible for Washington to move forward on a stronger and more beneficial lifetime supervision policy.

Attachment A

2017 Department of Corrections Lifetime Supervision Recommendations

Lifetime sex offender supervision recommendations

02/24/17

Group Sponsor: Anna Aylward, Assistant Secretary

Group Members:
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Jeffrey Patnode, ISRB Board Member
Thomas Perrine, Community Corrections Specialist
Iris Peterson, CCO3
Kevin Rentner, Community Corrections Supervisor
Kecia Rongen, ISRB Chair
Sharon Semegen, Management Analyst 4
Shelley Smith, CCO3
Minna Swartz, SOTAP Community Program Manager
Randy Vanzandt, Community Corrections Supervisor

A cross-divisional group of staff, bringing many perspectives and areas of expertise, were brought together to assess current practice and develop recommendations for an effective case management model for those individuals ordered to lifetime supervision for sex offense convictions. We agreed that a lifetime supervision Step-Down model needed to be developed supporting these foundational tenants:

Lifetime Sex Offender Step-Down Model Foundational Tenets

1. Promote community safety
2. Support victim concerns
3. Offender accountability
4. Effective use of resources
5. Based on Risk-Need-Responsivity principles
6. Data driven

The group began by discussing current practice and gathering data regarding our current population ordered to lifetime supervision for sex offense convictions. Areas of data gathered included:

- Violation data which included number of violations, types, how long on supervision prior to first violation, how long since last violation.
- Time on supervision
- Risk level
- Sex offender level
- Treatment data
- Needs data
- Basic demographics
- Location supervised

We researched best practices related to supervising sex offenders and also individuals with lifetime supervision. There was not much information available on lifetime supervision practices across the Nation.

Based upon data from the current lifetime sex offender population and trends regarding violations and recidivism, we determined that a Step-Down model of supervision supporting the tenets listed above would be beneficial and effective. Understanding the priority of community safety and importance of offender accountability, we developed a model that is based upon compliance and includes evidence of lowered risk and stability.

Lifetime supervision Step-Down model

Individuals ordered to life time supervision would begin supervision as currently outlined in Policy. Classification would be established per policy. Conditions of supervision would be based upon original sentencing documents and those set by the supervising case manager or Jurisdictional entity, based upon a Risk-Need-Responsivity assessment and offense related behaviors.

The first five years of supervision would be completed based upon current policy. At the 5 year mark, the case manager would begin the process of annual evaluations for possible Step-Down in supervision requirements. Step-Down evaluation/re-evaluation will occur annually.

Lifetime Sex Offender Step-Down Evaluation Elements

All elements must be met to qualify for reduction/continued reduction in supervision:

1. No significant violations of supervision in 5 years. (Significant violation is defined as: results in a guilty finding and includes loss of liberty sanction).
2. Successful completion of any ordered treatment program(s).
3. Compliance with mental health treatment plan.
4. No imminent victim or community concerns.
5. Stable assessment results (Cut-Offs T.B.D) – To be completed by trained staff.

Individuals who meet all requirements of the evaluation would have reporting and contact requirements reduced according to a Step-Down model.

Step-Down model:

4. Qualifying High Violent and High Non-Violent individuals would have reporting and contact requirements reduced to the next lower level of supervision. So, High Violent would be supervised as an HNV. High Non-Violent would be supervised as a Moderate.
5. Moderate/Low-R offenders would be supervised at a new level: **Low Sex-Offender +5**
6. Qualifying **Low S.O+5**, will stay at this level the remainder of their time on supervision.

Low Sex-Offender +5 Supervision Requirements:

- Affirmative reporting (Offender Self-Report)
  - Notify DOC of intent to change residence
  - Change of employment
  - Change in significant relationships
  - Law enforcement contact
  - Provide quarterly verification
- Quarterly contact by CCO (Field or Office)
- Quarterly urinalysis if UA conditions
- Annual polygraph

Case managers will complete a Step-Down evaluation annually after the individual completes five years of supervision. If the individual meets all of the requirements in the evaluation, they will be stepped down to the next lower level of supervision. If the individual fails to meet all of the criteria, they will remain at their original level of supervision and be re-evaluated the following year and annually. Each qualifying year, they will be reduced to the next lower level, until they reach **Low S.O+5**.

Once the individual reaches **Low S.O+5**, they will remain at that level for the remainder of their supervision. The case manager will continue to complete an annual re-evaluation of them. Case managers will also conduct event driven re-evaluations based upon significant events including; violation behavior, change in base-line, significant change in stabilizing factors (residence, employment, Income, significant relationships, health). All re-evaluations will include completion of the Stable Tool.
If the re-evaluation finding is that the individual no longer qualifies for stepped-down supervision, they will be immediately returned to the level of supervision required by their original classification. They will then be re-evaluated in 12 months and thereafter. For individuals who commit a significant violation, they will not qualify for Step-Down consideration until they demonstrate five consecutive years of compliance with conditions.

Lifetime sex offender Step-Down model constraints/considerations:

1. External and internal perception
2. OMNI and ACI screens do not recognize reduced contacts or the new classification, Low S.O+5.
3. IT changes required to support program elements
4. External and internal communication/training
5. Some LSO's are under the jurisdiction of local courts/ISRB. Program would require their support in case management changes.
6. This program would not apply to OOS, ICE or Civil Commits
7. Implementation plan/workload
8. Training Stable Tool
9. Policy updates required

The lifetime sex offender Step-Down model is conceptually proposed. Additional development and collaboration with stakeholders, would be needed to further identify and resolve constraints and considerations related to this proposal. We are available for further discussion or direction as needed.

Attachments:
Data/Research of current lifetime sex offender population
Background of Stable Tool

Attachment B

2017 Department of Corrections Lifetime Supervision STABLE 2007 Background

Lifetime supervision and Stable information

The Risk-Needs-Responsivity (R-N-R) model provides the criminal justice system with a framework for allocating resources in a way which has the greatest impact on recidivism, thereby contributing to community safety (Andrews and Bonta, 2015). The Risk principle states the largest reduction in recidivism can be achieved by providing the most treatment to those who are found to be higher risk. This includes both traditional treatment programs and supervision activities. The Need principle states programming provided to offenders is most effective when used to target specific criminogenic needs empirically related to recidivism. Finally, the Responsivity principle states that programming must be delivered to the offender in a way which addresses how offenders as a group (general responsivity) or a specific person or subgroup (specific responsivity) is most likely to learn. For example, an offender who speaks Spanish as a first language will likely be more successful in a program taught in Spanish, or with an interpreter. The R-N-R principles translate to community supervision practices as well, supervising higher risk clients, targeting criminogenic needs while on community supervision, and providing supervision in a manner conducive to how the offender learns.

Available research outlines a number of static and dynamic factors associated with increased risk for recidivism and when taken into account, provides data for categorizing which individuals are more likely to reoffend than others. Hanson et al. (2009) states:

> *"The factors currently used to predict long-term recidivism potential are mainly static, historical variables, such as the number of prior sexual offenses and victim characteristics. Such unchangeable, static factors cannot be used to measure changes in risk levels nor to determine how or when to intervene. To measure change, evaluators require knowledge of dynamic (changeable) risk factors. There are two types of dynamic factors worth considering: a) stable-dynamic factors, which are potentially changeable but endure for months or years (e.g., alcoholism, intimacy deficits), and b) acute dynamic factors, which can change over a period of weeks or days, even hours, and signal timing of new offences (e.g., drunkenness, acute distress)."*

Through the use of meta-analytic study, a technique which combines several studies to average the findings, the field has identified several dynamic risk factors (DRFs) associated with sexual and non-sexual recidivism (Hanson & Bussierè, 1998; Hanson & Harris, 2000; Hanson & Morton-Bourgon, 2005). In general, these studies identified psycho-sexual DRFs as well as those DRFs more commonly associated with an antisocial or criminal orientation as the most significant predictors of recidivism among sexual offenders.

Furthermore, the Hanson & Morton-Bourgon (2005) meta-analysis specifically examined factors that have been hypothesized as being associated with re-offense such as: observed lack of victim empathy, low motivation for treatment, minimization of offense(s), and poor treatment progress. The results of the meta-analysis indicated these factors were not associated with recidivism. Individual sexual offenders generally do not have the same treatment needs. For example, the adult male who leads a generally pro-social and productive lifestyle who molests his minor male nephew, has different risk relevant propensities than the adult male who rapes women whom he meets in a bar. Therefore, the assessment and targeting of individual DRFs has become an essential component for effective sex offender treatment and management.

The Stable 2007 is a structured approach to evaluate DRFs of adult male sex offenders (Fernandez et. al., 2014). The Stable 2007 fulfills two important purposes: 1) it improves the accuracy related to risk prediction when combined with the Static 99R and; 2) it identifies individually relevant DRFs to be targeted in sex offender treatment and management. It is comprised of 13 empirically supported DRFs related to re-offense, in the following five domains: Significant Social Influences; Intimacy Deficits; General Self-Regulation; Sexual Self-Regulation; and Cooperation with Supervision (Hanson, Helmus & Harris, 2015). In short, the Stable 2007 assesses how the individual functions in relation to his sexuality, how he manages himself generally, who he socializes with, how he interacts with authority and manage emotions. It is noted from a management perspective that engaging in these DRFs often prevents the client from engaging in prolonged prosocial stabilizing activities such as gaining and maintaining employment, living with others successfully and other conditions of release.

These DRFs were generated through meta-analytic study (Hanson & Bussierè, 1998) and tested through interviews of hundreds of parole/probation/community corrections officers who supervise sexual offenders who reoffended to gain insight into what they have experienced as traits related to any type of re-offense. Next, the factors were analyzed through retrospective study to determine predictive accuracy as part of the Dynamic Predictors Project (DPP) (Hanson et. al 1998, 2000).

It was during this study, the DRFs were found to be predictive of re-offense while other items hypothesized to be predictive, such as victim empathy, low motivation for treatment and the minimization of the offense were found to not be predictive. Subsequent to the DPP, a set of DRFs were first combined into the Sex Offender Needs Assessment Rating (SONAR) (Hanson and Harris, 2000), later revised into the Stable 2000 (Hanson and Morton-Bourgon, 2004) and, most recently, revised into the current version of assessment, the Stable 2007. These DRFs have undergone significant scientific rigor by examining them retrospectively in the Dynamic Predictors Project (Hanson et. al, 1998, 2000) and then in a prospective research design in the Dynamic Supervision Project (Hanson et. al 2007; Hanson, Helmus & Harris, 2015).
Below is a brief description of each of the Stable 2007 items under the domain to which they belong:

Significant Social Influences:

Significant Social Influences: Criminal peer associations is one of the most well established predictors of general recidivism in the criminal population (Gendreau, Little & Goggin, 2006); this pattern remains stable with sex offenders as well.

Intimacy Deficits

Capacity for Relationship Stability: The client's capacity to engage in and maintain an intimate relationship is considered a mitigating factor related to recidivism. On the other hand, if the offender has not engaged in an intimate relationship, or has engaged in tumultuous/unhealthy relationships, this has been shown to be related to increased risk.

Emotional Identification with Children: These individuals find children more appealing to interact with than adults and view children as emotional equals. This occurs with the client giving the child more adult like qualities, or inferring some children are more mature than they are. On the other hand, clients with this DRF, may also bring themselves down in maturity level, making themselves more childlike in order to relate to the victim. In other words they seem like they have "never grown up."

Hostility Towards Women: Individuals with this DRF hold negative attitudes which may include but are not limited to sexist/misogynistic attitudes and/or outright hatred or mistrust of women in general. Also, these clients may hold a belief that women are a separate class, inferior to men, and, therefore, are unworthy of respect or trust, and may be used only for sex. For those clients who had relationships with women in the past, they were typically utilitarian relationships (serving a purpose for the client) and filled with conflict.

General Social Rejection/Loneliness: In general, the client will feel lonely, have no friends or have weak associations with others and discloses he is unhappy about this part of his life. He likely believes others don't care about him or his wellbeing and has felt this way for most of life. He will likely present as socially awkward with limited skills in making friends or lasting connections with others. This problem is not a result of his interacting with the criminal justice system but a long standing pattern in his life.

Lack of Concern for Others: Clients with this need demonstrate in their interactions and across their lifestyle a large degree of selfishness and an indifference to the rights, opinions and wellbeing of others. Their relationships with others are often characterized as utilitarian and lack warmth and caring. Clients with this need are primarily concerned with meeting their own needs, often don't notice or care about harming others. They do not have an "in-group" and demonstrate callousness across life domains. It is noted, the presence of this item is relatively rare and uncommon. Individuals with this need, generally lack empathy for the experience of others and frequently take advantage of others in order to meet their own needs.

General Self-Regulation

Impulsive Acts: Clients who present with deficits in this area, demonstrate impulsivity across life domains (e.g.: vocational, financial, relationships, conflict…). It is important to think of impulsivity as a pervasive character trait and not solely related to sexual offending. Their unstable lifestyles and poor self-control often lead them into high risk situations, and outcomes that are not in their long term best interests. These individuals often leave a trail of what might be described as "wreckage" to many aspects of their lives including employment, housing and relationships. They may lack any awareness of how they created these problems.

Poor Cognitive Problem-Solving: As the title suggests, clients with this need struggle with identifying and solving problems. They may struggle to identify problems in their life and feel as though negative circumstances are normal, or their circumstances are the result of other people's actions/inactions rather than their own. Additionally, when faced with competing options for how to address a problem, they will often choose the easiest or quickest solution regardless of outcome.

Negative Emotionality/Hostility: Clients with this DRF generally feel victimized, suspicious of and mistreated by others. They respond with anger, resentment and hostility. They may have experienced a legitimate injustice in their life, however their reactions are excessive and long standing. They struggle to "let things go" or "move on" and frequently bring up past injustices as excuses to continue to engage in maladaptive behaviors and/or in response to critical feedback of their own behavior. Clients with this need area frequently feel overwhelmed and have a generally pessimistic, grievance oriented attitude and have substantial difficulty coping with life circumstances and frequently believe the world is "out to get them."

Sexual Self-Regulation

Sex Drive – Preoccupation: Sexual preoccupation examines the frequency of clients' sexual thoughts/behaviors and the impact of these on their lives' domains. More important is consideration of how these sexual thoughts and behaviors interfere with their ability to maintain relationships and prosocial lifestyles. On the other hand, clients may disclose frequently engaging in other activities in order to distract themselves from thinking about sex (e.g., prayer, chanting, overworking, and religious activities), or discuss unrealistic strategies to manage this in their foreseeable future (e.g., living alone and avoiding others, or becoming a hermit). The rejection of sexual impulses is less important than the amount of time and energy devoted to the rejection of sexual impulses.

Sex as Coping: Clients with this need use sexually related thoughts or activities as a primary coping mechanism for stress, emotional discomfort and when experiencing adversity. Additionally they will often use these coping strategies to deal with boredom, anger, humiliation and frustration.

Deviant Sexual Interests: This DRF considers whether a client is sexually interested in activities, situations, people, or objects that are illegal, inappropriate or highly unusual. It is important to note that only about 20%-30% of sex offenders in the normative sample, were assessed with needs in this DRF, suggesting the relative infrequency of the DRF. Furthermore, a single instance of committing a sexual offense, regardless of the victim may not be enough to determine this as a risk factor for the client.

Cooperation with Supervision

Cooperation with Supervision: This DRF is best described as the clinician's or officer's experience working with a client and whether s/he gets the sense, the client is overtly or covertly working with them or against both them and other correctional professionals. Clients with this need often engage in rule violations, express a defiant attitude and are oppositional toward authority figures in general. These attitudes indicate the client doesn't take the conditions of his supervision seriously. These indicators are a core feature of criminal conduct related to all types of recidivism.

In general, offenders released from incarceration are at the highest risk for re-offense immediately after release and sex offenders follow this same pattern (Hanson et al. 2014). Recidivism studies consistently find that the longer an offender remains offense free in the community, the lower the likelihood they are for committing a new offense. For example, Hanson (2004) found in a large scale study (n=4724) in Canada, the US and the UK, the average recidivism rate for sex offenders was at 14% upon release, 7% at five years, 5.4% at 10 years and 3.7% after 15 years offense free in the community. In a follow up study conducted in 2014, Hanson et al. examined the recidivism rates of over 7,700 offenders after five and 10 years offense free in the community. From their analysis, they found similar trends that offenders are at the highest risk for recidivism upon initial release and were at lower risk the longer they remained offense free in the community. As a general heuristic, for every five years offense free in the community, the risk for recidivism of sexual offenders roughly cuts in half. For example, the recidivism rate of the high risk group was 22% at release, was 8.6% at five years and was 4.2% after 10 years. After 16 years, no one from the high risk group reoffended. The moderate risk group followed the same pattern, but the low risk group, consistently stayed in the 1-5% range regardless of time offense free in the community.

This pattern provides lessons for the responsible allocation of criminal justice resources. As indicated by the R-N-R model, the highest risk offenders should have the largest investment of resources in the form or human services in order to have the greatest impact on recidivism. These services should target DRFs associated with re-offense and be delivered in such a manner that the offender will best respond to. However, this investment needs to be time limited. More specifically, these resources need to be the most intense upon their initial release when their risk for re-offense is the highest. Over time, these resources can be reduced in intensity as time offense free in the community increases. Between five and 10 years offense free in the community, the high risk offender presents a similar level of risk as that of a low risk offender upon release. This provides more guidance on the allocation of criminal justice resources over time to manage risk offenders present to the community.