

**WAC 246-930-320 Standards for assessment and evaluation reports.**

(1) General considerations in evaluating clients. Providers and affiliates shall:

- (a) Be knowledgeable of current assessment procedures used;
- (b) Be aware of the strengths and limitations of self-report and make reasonable efforts to verify information provided by the client;
- (c) Be knowledgeable of the client's legal status including any court orders applicable.
- (d) Have a full understanding of the SSOSA and SSODA process, if applicable, and be knowledgeable of relevant criminal and legal considerations;
- (e) Be impartial;
- (f) Provide an objective and accurate base of data; and
- (g) Avoid addressing or responding to referral questions which exceed the present level of knowledge in the field or the expertise of the evaluator.

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

- (a) Be accurate, comprehensive and address all of the issues required for court or other disposition;
- (b) Present all knowledge relevant to the matters at hand in a clear and organized manner;
- (c) Include the referral sources, the conditions surrounding the referral and the referral questions addressed;
- (d) Include a compilation of data from as many sources as reasonable, appropriate, and available. These sources may include but are not limited to:
  - (i) Collateral information including:
    - (A) Police reports;
    - (B) Child protective services information; and
    - (C) Criminal correctional history;
  - (ii) Interviews with the client;
  - (iii) Interviews with significant others;
  - (iv) Previous assessments of the client such as:
    - (A) Medical;
    - (B) Substance abuse; and
    - (C) Psychological and sexual deviancy;
  - (v) Psychological/physiological tests;
- (e) Address, at a minimum, the following issues:
  - (i) A description of the current offense(s) or allegation(s) including, but not limited to, the evaluator's conclusion about the reasons for any discrepancy between the official and client's versions of the offenses or allegations;
  - (ii) A sexual history, sexual offense history and patterns of sexual arousal/preference/interest;
  - (iii) Prior attempts to remediate and control offensive behavior including prior treatment;
  - (iv) Perceptions of significant others, when appropriate, including their ability and/or willingness to support treatment efforts;
  - (v) Risk factors for offending behavior including:
    - (A) Alcohol and drug abuse;
    - (B) Stress;
    - (C) Mood;
    - (D) Sexual patterns;
    - (E) Use of pornography; and
    - (F) Social and environmental influences;
  - (vi) A personal history including:

- (A) Medical;
  - (B) Marital/relationships;
  - (C) Employment;
  - (D) Education; and
  - (E) Military;
  - (vii) A family history;
  - (viii) History of violence and/or criminal behavior;
  - (ix) Mental health functioning including coping abilities, adaptation style, intellectual functioning and personality attributes; and
  - (x) The overall findings of psychological/physiological/medical assessment if these assessments have been conducted;
- (f) Include conclusions and recommendations. The conclusions and recommendations shall be supported by the data presented in the report and include:
- (i) The evaluator's conclusions regarding the appropriateness of community treatment;
  - (ii) A summary of the evaluator's diagnostic impressions;
  - (iii) A specific assessment of relative risk factors, including the extent of the client's dangerousness in the community at large; and
  - (iv) The client's willingness for outpatient treatment and conditions of treatment necessary to maintain a safe treatment environment.
- (g) Include a proposed treatment plan which is clear and describes in detail:
- (i) Anticipated length of treatment, frequency and type of contact with providers or affiliates, and supplemental or adjunctive treatment;
  - (ii) The specific issues to be addressed in treatment and a description of planned treatment interventions including involvement of significant others in treatment and ancillary treatment activities;
  - (iii) Recommendations for specific behavioral prohibitions, requirements and restrictions on living conditions, lifestyle requirements, and monitoring by family members and others that are necessary to the treatment process and community safety; and
  - (iv) Proposed methods for monitoring and verifying compliance with the conditions and prohibitions of the treatment program.
- (3) If a report fails to include information specified in (a) through (e) of this subsection, the evaluation should indicate the information not included and cite the reason the information is not included.
- (4) Second evaluations shall state whether prior evaluations were considered. The decision regarding use of other evaluations prior to conducting the second evaluation is within the professional discretion of the provider or affiliate. The second evaluation need not repeat all assessment or data compilation measures if it reasonably relies on existing current information. The second evaluation must address all issues outlined in subsection (2) of this section, and include conclusions, recommendations and a treatment plan if one is recommended.
- (5) The provider or affiliate who provides treatment shall submit to the court and the parties a statement that the provider or affiliate is either adopting the proposed treatment plan or submitting an alternate plan. Any alternate plan and the statement shall be provided to the court before sentencing. Any alternate plan must include the treatment methods described in WAC 246-930-332(1).

[Statutory Authority: RCW 18.155.040. WSR 07-09-092, § 246-930-320, filed 4/18/07, effective 5/19/07; WSR 94-13-179, § 246-930-320, filed

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