

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE:	COMMUNITY PROTECTION PROGRAM IDENTIFICATION AND ELIGIBILITY	15.01
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Authority:	Title 71A RCW Chapter 388-101 WAC Chapter 388-825 WAC Chapter 388-831 WAC Chapter 388-850 WAC	<i>Developmental Disabilities Certified Community Residential Services and Supports DDA Service Rules Community Protection Program County Plan for Developmental Disabilities</i>
Reference:	DDA Policy 15.02 DDA Policy 15.03 DDA Policy 15.04 DDA Policy 15.05	<i>Community Protection Program Services Community Protection Standards for Employment Program Services Standards for Community Protection Residential Services Community Protection Program Exit Criteria</i>

BACKGROUND

The Developmental Disabilities Administration (DDA) Community Protection Program (CPP) is intended to provide a structured, habilitative environment for clients found eligible for the Community Protection Program. This program allows the client to live safely and successfully in the community without engaging in behaviors that increase risk to both the participant and their community.

PURPOSE

This policy establishes guidelines for identifying and offering services to clients who may benefit from participating in CPP.

SCOPE

This policy applies to DDA field services staff.

DEFINITIONS

Community Protection Program (CPP) means services specifically designed to support individuals who meet criteria under [RCW 71A.12.210](#).

CPP Committee means a group of DDA staff comprised of regional or statewide representatives who review a client's eligibility for program and reductions in supervision for participants in the program.

CPP participant means a DDA client who has agreed to receive CPP services under [Chapter 388-101D WAC](#).

CPP plan means an individualized plan written by a qualified professional, therapist, or CPP skills provider.

CPP team means the program participant and the group of people responsible for the development, implementation, and monitoring of the client's individualized supports and services. This group includes the CPP participant and CPP case resource manager (CRM) and may also include the CPP supported living provider, therapist, CPP skills provider, employment provider, corrections specialist, mental health case manager, legal representative or family, and anyone else the CPP participant chooses to include.

Constitutes a risk to others means a determination of a client's risk to engage in behaviors that put the participant and their surrounding community at risk of harm based on a thorough risk assessment by a qualified professional.

Disclosure means providing relevant information pertaining to the person's Community Protection Program eligibility. This may include copies of professional assessments, legal documents, and other verbal or written information to ensure the provider has information for the purpose of providing supports. Polygraph and plethysmograph reports are excluded from disclosure.

Legal representative means a parent of a client if the client is under age eighteen, a court-appointed guardian if a decision is within the scope of the guardianship order, or any other person authorized by law to act for the client.

Qualified professional means a person conducting a risk assessment who has at least three years of experience working with people with developmental disabilities and:

- (a) If the person being assessed has demonstrated sexually aggressive or sexually violent behavior, the qualified professional must be a Certified Sex Offender Treatment Provider (C-SOTP), or an Affiliate SOTP (A-SOTP) working under the supervision of a C-SOTP; or

- (b) If the person being assessed has demonstrated violent, dangerous, or aggressive behavior, the qualified professional must be a licensed psychologist or psychiatrist who has received specialized training in the treatment of violence or has at least three years of experience treating individuals with violent or aggressive behaviors.

Specialized Client Screen means a sub-folder in the DDA Case Management folder in the Comprehensive Assessment Reporting and Evaluation (CARE) database. Information available in this folder may include an identifier for CPP or tracking-only for DDA enrolled participants who meet criteria.

POLICY

A person is eligible for CPP if:

- A. The person is a DDA client age 18 or older;
- B. A qualified professional determines the client constitutes a current risk to others using statistically relevant measures; and
- C. The CPP Committee verifies that the client:
 1. Has been convicted of or charged with a crime of sexual violence under Chapter [9A.44](#) or [71.09](#) RCW;
 2. Has been convicted of or charged with sexual acts directed toward a stranger, a client with whom a relationship has been established or promoted for the primary purpose of victimization, or a casual acquaintance with whom no substantial personal relationship exists;
 3. Has been convicted of or charged with a violent offense under [RCW 9.94A.030](#); or
 4. Has a history of stalking, violent, sexually violent, predatory, or opportunistic behavior that demonstrates a likelihood to commit a violent, sexually violent, or predatory act.

PROCEDURES

- A. Identifying a client who may be eligible for CPP
 1. A referral to the CPP may occur if:
 - a. Triggered by a critical indicator in CARE; or

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- b. DDA becomes aware that a client may be engaging in a behavior that would make the client eligible for CPP as described in Policy Section (C) above.
 2. No more than five working days after learning that a client is engaging in a behavior that may meet CPP eligibility criteria, the CRM must discuss the client's case with their supervisor to:
 - a. Review services that might meet the client's needs; and
 - b. Determine if a referral to the CPP Committee is warranted.
 3. If no referral is made, the CRM or supervisor must document the rationale for the decision in a service episode record and include alternatives that will be explored if any are suggested.
 4. If a referral to CPP is triggered by a critical indicator in CARE, the CRM must process the referral as follows.
 - a. For adults 18 and over:
 - i. Review CARE to ensure that scoring accurately represents the behavior occurring;
 - ii. Discuss the client's case with their supervisor to review services that might meet the client's needs and determine if a referral to the CPP Committee is warranted; and
 - iii. On the referral screen in CARE:
 - A) Select "Yes" refer the client to the CPP Committee for further review; or
 - B) Select "No" and indicate the rationale for the decision in a comment box on the referral screen and include alternatives that will be explored if any are suggested.
 - b. For minors over the age of 16 but prior to their 18th birthday:
 - i. Review the trigger with their supervisor to identify potential services;

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- ii. Discuss options for services and referrals with the child and family team that might address the behaviors that triggered CPP;
 - iii. Discuss the trigger with the Regional CPP coordinator for a minor who is age 17 and planning for their adult services;
 - iv. If a referral is recommended, follow the process beginning at Procedures Section (A)(5) below for referring to CPP committee; and
 - v. If the outcome of the committee referral is that a risk assessment is determined necessary, communication regarding a minor's referral for a risk assessment must be discussed with:
 - A) The minor; and
 - B) The minor's parent or legal guardian.
 - c. For minors between the ages of 12 and 16:
 - i. Review the trigger with their supervisor to identify potential services;
 - ii. Discuss options for services and referrals with the child and family team that may address the behaviors that triggered CPP; and

Note: Services may be provided through DDA, school districts, the client's health plan, or other community resources.
 - iii. Select "No" on the referral screen in CARE and indicate that the client is under 16.
 - 5. If the client is referred to the CPP committee, the CRM must:
 - a. Complete Section 1 and 2 of [DSHS 10-258](#), *Community Protection Program Referral and Review form*; and
 - b. Send the form and supporting documents to the [CPP Committee Inbox](#).
 - 6. In consultation with the CRM, the Regional CPP Coordinator and the CPP Committee must:
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- a. Identify and obtain any additional information necessary, including a risk assessment if indicated; and
 - b. Determine if the client meets CPP eligibility criteria under [WAC 388-831-0030](#); and
 - c. Complete Section 3 of [DSHS 10-258](#), *Community Protection Program Referral and Review form*.
7. The risk assessment must be performed by a qualified professional credentialed to evaluate behaviors demonstrated by the client. For more information about risk assessments, see Attachment A, *Guidelines for Risk Assessments and Psychosexual Evaluations*.
 8. Before the risk assessment is completed, a CPP CRM, CPP Regional Coordinator, or someone delegated by the regional coordinator must meet with the client, and their legal representative if the client has one, to explain:
 - a. The purpose of the risk assessment is used to review the client's eligibility for the CPP, including whether less restrictive alternatives including other DDA services might meet the client's needs;
 - b. The client's right to choose the DDA-contracted qualified professional performing the risk assessment;
 - c. The client's right to have someone accompany them during the risk assessment;
 - d. Limitations to services that will be available if the client is determined CPP eligible;
 - e. The client's right to accept or decline services;
 - f. The client's right to decline to participate in CPP;
 - g. Disclosure requirements as a condition of receiving services other than case management;
 - h. Engaging in therapeutic treatment or skill building is a component of the CPP;

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- i. If the client is found eligible for CPP and chooses to engage in the program, individual restrictions may apply to the client based on the areas they are determined to need support that are related to their CPP eligibility;
 - j. Identification of parties who may participate in the client's treatment team and monitor the client's services;
 - k. That declining to participate in the risk assessment, or in the CPP if determined eligible, affects eligibility for other programs and services, such as waiver programs and services;
 - l. Services that may still be available to the client if the client declines to participate in CPP;
 - m. The client's right to an administrative fair hearing in accordance with [WAC 388-831-0300](#);
 - n. The requirement to sign a pre-placement agreement as a condition of receiving CPP from a supported living provider;
 - o. The client's right to continued benefits while awaiting the outcome of a challenge to DDA's decision; and
 - p. Information about how to contact a disability rights organization.
9. The CPP CRM or CPP Coordinator must use [DSHS 10-348](#), *CP Program Information Checklist and Risk Assessment Consent*, to document the presentation of information under Procedure Section (A)(7) above, and include the signatures of all people present.
 - a. Regardless of whether the client has a legal guardian, the client must sign that they agree and understand the information provided.
 - b. If the client does not have a legal guardian, the CRM must have someone present to sign as witness to ensure that the client receives all the information and has an opportunity to ask questions.
 10. If the client agrees to participate in the risk assessment, the CRM or CPP Coordinator must:
 - a. Request approval for a risk assessment;

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- b. If the client has an existing risk assessment that is less than two years old, but there is reason to believe that circumstances have changed significantly, request approval for an updated risk assessment;
 - c. Submit an authorization in CARE as pending;
 - d. Submit the risk assessment to the CPP committee for review;
 - e. Request written clarification from the evaluator as needed if the client's risk assessment does not contain the information necessary for the CPP committee to determine if the client meets criteria for CPP; and
 - f. After receiving the finalized risk assessment, update the authorization to approved status.
 11. If the client or the client's legal representative disagrees with the conclusions of the risk assessment, the CRM must consult their supervisor to decide whether an additional risk assessment should be obtained.
 12. If the client declines to participate in an information-sharing process or fails to attend a meeting scheduled for that purpose, the CRM must notify the CPP coordinator and document the decision in a service episode record.
 13. If the client declines to participate in the risk assessment, the CPP coordinator must:
 - a. Document the decision in a service episode record;
 - b. Identify the client as eligible for CPP in the specialized client screen in CARE; and
 - c. Notify the client and their legal representative or NSA in writing using [DSHS 27-135](#), *Community Protection Status*, that the client may only receive case management and Community First Choice services, if eligible.
 - B. CPP Committee Review
 1. The CPP Committee is responsible for determining if a person meets eligibility criteria for CPP or if the person's needs can be met by a less restrictive alternative.
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2. The initial review by the CPP Committee may determine one of the following:
 - a. That the client does not meet CPP eligibility criteria;
 - b. Meets criteria for CPP Information Tracking Only; or
 - c. That a risk assessment is necessary to determine supports and possible eligibility for CPP.
 3. If a risk assessment is determined to be needed, the Committee must review the finalized risk assessment to determine one of the following:
 - a. The client does not meet CPP eligibility criteria;
 - b. The client will be identified as CPP Information Tracking Only; or
 - c. The client meets CPP eligibility criteria.
 4. Review of the risk assessment by the CPP committee will include a discussion by the committee to determine if the supports recommended for mitigating risk can be met by other less restrictive programs or services available to the client.
 5. If the CPP Committee determines the client does not meet CPP eligibility criteria, the CRM or CPP Regional Coordinator must:
 - a. Notify the client and their legal representative of the outcome;
 - b. Upload a completed [DSHS 10-258](#), *Individual with Possible Community Protection Issues*, to the records management tool in CARE; and
 - c. Note the outcome in a service episode record.
 6. If the CPP Committee determines the client engages in sexually inappropriate behaviors or violent behavior that do not meet CPP eligibility criteria and the CPP Committee believes these behaviors should be monitored for additional supports during the DDA annual assessment, the CRM or CPP Coordinator must:
 - a. Notify the client and their legal representative that they do not meet eligibility criteria for the Community Protection Program but have been identified as CPP Information Tracking Only and document in an SER how the information was communicated;
 - b. Notify the Regional Administrator or designee of the outcome; and
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- c. Identify the client as “information tracking only” on the Specialized Client screen in CARE.

Note: A risk assessment is not required for the CPP Committee to determine a client should be designated as information tracking only.

7. If the CPP Committee reviews the risk assessment and other supporting documentation and determines the client meets CPP eligibility, the CRM or CPP Coordinator must:
 - a. Send the client and their legal representative a notice that:
 - i. Informs them the client will be identified as “Community Protection” on the Specialized Client screen in CARE using form 27-135, *Notification letter: Community Protection Status*; and
 - ii. Provides information about the Community Protection Program;
 - b. Identify the client as a specialized client in CARE and complete the Identification Criteria panel;
 - c. Complete [DSHS 10-258](#), *Individual with Possible Community Protection Issues*, to reflect additional information obtained in the review process;
 - d. Notify the client’s current service providers, if any, of their eligibility for CPP;
 - e. Update the client’s physical case record in accordance with regional procedures; and
 - f. Update the client’s person-centered service plan and send it to the client with a planned action notice.
 8. If the risk assessment recommends supports that cannot be provided in the community with reasonably available safeguards, the CPP Committee may refer the client for evaluation by a Designated Crisis Responder (DCR) before deciding CPP eligibility.
- C. Offering Program to Clients Who Meet CPP Eligibility Criteria
1. The CRM or CPP Coordinator must document the client’s acceptance or decision to decline participation in CPP on [DSHS 10-268](#), *Pre-Placement Agreement*.

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2. If the client declines the offer to participate in CPP, the CRM or CPP Coordinator must make every effort to ensure that the client fully understands the consequences of their choice and record these efforts in a service episode record. The CRM or CPP Coordinator must advise the client that any of the following may occur as a result of the decision:
 - a. The client's current waiver services, if any, will be terminated due to their support needs requiring the CPP waiver;
 - b. Disclosure requirements around support needs to any providers who may provide services as part of Community First Choice Program; and
 - c. The client may not be able to receive other DDA waiver services while identified as eligible for CPP.
 3. The CRM or CPP Coordinator must have a witness present while providing the above information to the client. The witness should be a person who is in a position to represent or advocate for the client, such as a legal representative, parent, relative, friend, or advocate.

D. Special Cases

1. For clients in Department of Corrections (DOC) custody, or clients aged sixteen and older in Juvenile Rehabilitation Administration custody, the following applies:
 - a. Twelve months before the client's Earned Release Date (ERD), DDA staff must contact the facility to arrange a discussion with the client regarding DDA services that may be available upon their release.
 - b. If the client is interested in paid services, proceed with an eligibility review under WAC 388-823-1010. Once eligibility is confirmed, proceed with planning for services to be provided upon release.
2. If the client is not interested in paid services:
 - a. Do not pursue eligibility review, risk assessment, or other services; and
 - b. Document the client's decision in a service episode record.
3. For a client at a state hospital, follow the [DSHS State Hospital Discharge Protocol for DDA-Enrolled Clients at State Psychiatric Hospitals](#).

E. Confidentiality and Disclosure

1. A client eligible for CPP has a right to privacy. DDA staff and service providers must treat information regarding a client's eligibility for CPP as highly sensitive and confidential in nature.
2. DDA must disclose a participant's community protection information to providers currently supporting the participant and any other contracted party to whom DDA might refer the participant if the information is necessary to keep the participant, provider, and other community members safe.
3. The CRM or CPP Coordinator must inform the participant and their legal representative they are required to disclose CPP eligibility criteria to both current and prospective service providers.
4. If the participant or their legal representative declines to authorize the disclosure of CPP eligibility criteria, the CRM or CPP Coordinator must inform them that DDA will not authorize services without disclosure.
5. DDA staff and service providers must protect the identity of a victim to the greatest extent possible.

EXCEPTIONS

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary.

SUPERSESSSION

DDA Policy 15.01
Issued November 1, 2019

Approved:



Deputy Assistant Secretary
Developmental Disabilities AdministrationDate: March 15, 2024

Attachment A – *Guidelines for Risk Assessments & Psychosexual Evaluations*

ATTACHMENT A
DEVELOPMENTAL DISABILITIES ADMINISTRATION
GUIDELINES FOR RISK ASSESSMENTS AND PSYCHOSEXUAL EVALUATIONS

The DSHS Developmental Disabilities Administration (DDA) contracts with certified and licensed professionals to assist in determining whether clients require additional supports to live safely in the community. These guidelines are intended to describe elements of written reports and recommendations that are useful to DDA in addressing support needs for clients. DDA will utilize the information and recommendations in the evaluation to identify services that will best meet the individual needs of each client.

DDA requests that evaluators refrain from suggesting a particular agency to provide recommended services. Though a recommendation may reasonably suggest that the client requires 24-hour supervision, please do not use the term “community protection” to describe both the client and configuration of recommended services.

DDA seeks to avoid implementing services that restrict a client’s capacity to make choices and to engage in a wide range of social relationships, community activities, and vocational and recreational activities. The recommendation to implement restrictive procedures must include how the restriction is related to their risk, what skills can be taught to reduce the need for the restriction and evidence that this is the lowest level restrictive procedure necessary. Refer to DDA Policy 5.15, *Use of Restrictive Procedures*, for more information.

It is the Administration’s expectation that actuarial risk assessment instruments will be used to supplement clinical judgment.

Basic Information

- Name of professionals participating in evaluation
- Evaluation date
- Name of client requesting the risk assessment
- The concerns or behaviors that prompted the request and are the focus of the evaluation
- Basic client information, including gender, age, nature of developmental disability, etc.
- Client presentation

Information Sources

- Interviews with client (dates, length, and setting)
- Collateral contacts and interviews with others (dates, names and relationship to client, length and settings)
- Records and files reviewed (i.e., previous assessments and evaluations, medical, school, police, court records, and incident reports (include source, date, type for all)
- Description of information sources not available at the time of risk assessment and possible relevancy to the evaluation process

ATTACHMENT A
DEVELOPMENTAL DISABILITIES ADMINISTRATION
GUIDELINES FOR RISK ASSESSMENTS AND PSYCHOSEXUAL EVALUATIONS

Findings

- Medical history and current medical status, including any neurological or developmental conditions
- Historical, familial, environmental and other contextual conditions, including a chronology of significant events in the client’s life
- Alcohol and other drug use history
- Sexual history (for clients receiving a psychosexual risk assessment)
 - Chronology of sexual development
 - Self-reports of sexual interests, and physical or sexual abuse
 - Is behavior opportunistic or predatory
- Criminal history if any (all known charges and convictions, including dates)
- History of behaviors being assessed
 - All known illegal sexual or violent behaviors
 - Gender and age of victim(s)
 - Force used
 - Use of weapon
 - Nature and extent of any injuries to victim or property destruction
- Assessment of the client’s understanding of consensual and legal sexual behavior including extent of sex education the person has received (for clients receiving a psychosexual risk assessment)
- Mental health treatment received
- Summary of any test or assessment results and interpretation of those findings. Polygraphs and plethysmographs are not to be used for these evaluations
- Description of corroborated information that appears dependable and accurate
- Description of discrepancies (if necessary, include an assessment of the veracity of conflicting information sources)

Assessment of Possible Risk the Client Poses to Self, Others, and Property

- Are there multiple risk areas e.g, sexual, assaultive or arson behaviors
- Potential target populations, triggers, and grooming patterns
- Is primary threat to individuals or to property
- Hypotheses about function or purpose of behavior
- Known diagnosis or mental health concerns that may contribute to the risk-taking behaviors, including mental states that increase the likelihood of engaging in assessed behaviors
- Likelihood the client will engage in risk behaviors, without supervision
- Supporting rationale for the risk level:
 - Identify risk assessment tools used and results (e.g., Stable 2007; Mn SOST-R, VRAG, PCL-R; HCR-20, Saprof)

ATTACHMENT A
DEVELOPMENTAL DISABILITIES ADMINISTRATION
GUIDELINES FOR RISK ASSESSMENTS AND PSYCHOSEXUAL EVALUATIONS

- Provide a clear statement of risk (Low, Moderate, High, or similar)
- If a prior risk assessment or psychosexual evaluation is available, discuss any changes to previous recommendations

Recommendations

- Additional supports that are likely to substantially reduce the potential risks i.e., staff who are familiar with supporting a particular diagnosis or services from a health plan provider (please be as detailed as possible for each recommendation)
- Habilitative skills to be targeted to assist the client to reduce their risk to engage in the assessed behaviors (ie, sex education, training around specific laws, fire safety training, etc.),
- Specific recommendations regarding supervision level at home, in the workplace, and in the community (Supervision needs may vary by location)
- Client specific recommendations regarding any restrictions or restrictive procedures to be utilized while developing skills and supports that will mitigate the risk to engage in the assessed behaviors per DDA [Policy 5.15](#) Restrictive Procedures: Community. Please note that each person’s recommendations are individualized to them, and the least restrictive methods must be utilized:
 - Are restrictions to possession of certain material items indicated.
 - Are there locations or activities the client will need additional support to attend.
- Environmental recommendations:
 - Are any victim considerations present
 - Are visual or auditory barriers indicated to increase engagement in skill development
 - What additional supports to family, residential providers or others are indicated