

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 DDD Services Community Protection Program County Employment and Day Programs</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>

PURPOSE

The Developmental Disabilities Administration (DDA) Community Protection Program (CPP) is intended to provide a structured, therapeutic environment for clients with community protection issues. This program allows the client to live safely and successfully in the community without re-offending while minimizing the risk to public safety. This policy establishes guidelines for DDA Field Services staff to follow when identifying and offering services to clients with community protection issues.

SCOPE

This policy applies to DDA Field Services staff.

DEFINITIONS

Individual with Community Protection Issues means a person who:

- (1) Has been convicted of or charged with a crime of sexual violence as defined in Chapters [9A.44](#) and [71.09](#) RCW, including, but not limited to, rape, rape of a child, and child molestation, and constitutes a current risk to others as determined

by a qualified professional. (Note: excluding charges or crimes that resulted in acquittal).

- (2) Has been convicted of or charged with sexual acts directed toward strangers; individuals with whom a relationship has been established or promoted for the primary purpose of victimization; or persons of casual acquaintance with whom no substantial personal relationship exists, and constitutes a current risk to others as determined by a qualified professional. (Note: excluding charges or crimes that resulted in acquittal).
- (3) Has not been charged with or convicted of a crime, but has a history of violent, stalking, sexually violent, predatory, or opportunistic behavior which a qualified professional has determined demonstrates a likelihood to commit a violent, sexually violent or predatory act; and constitutes a current risk to others as determined by a qualified professional. (Note: “violent” includes fire-setting behaviors where the intent is to hurt or damage someone or property).
- (4) Has committed one or more violent offenses under [RCW 9.94A.030](#), such as murder, attempted murder, arson, first degree assault, kidnapping, or use of a weapon to commit a crime.

Community Protection Program (CPP) means services specifically designed to support clients who meet the definition of “individual with community protection issues” as described above.

Constitutes a risk to others means a determination of a client’s risk to re-offend or dangerousness based on a thorough risk assessment by a qualified professional. It is expected that actuarial risk assessment instruments will be used to supplement clinical judgment.

CRM means the DDA Case Resource Manager.

Disclosure means notification of parties responsible for supervision of current risk and issues related to community protection for the purpose of receiving supports. This will include the CPP participant self-disclosing. It may also include sharing copies of risk assessments, incident reports, legal documents, and other verbal or written information pertaining to community protection issues as determined in coordination with therapist. Typically, polygraph and plethysmograph reports are excluded from disclosure.

Opportunistic behavior means an act committed on impulse, which is not premeditated. Consider what was the original motive or intent of the offense or crime. For example, if the offender in the commission of a burglary encounters a person and then takes advantage by committing a sexual act against that person, it is considered opportunistic: the sex offense was an afterthought to the original crime, or the environment enabled the sex offense to occur.

Predatory means acts directed toward strangers, individuals with whom a relationship has been established or promoted for the primary purpose of victimization, or casual acquaintances with

whom no substantial personal relationship exists. Predatory behavior may be characterized by planning or rehearsing the act, stalking, or grooming the victim.

Qualified professional means a person with at least three years of experience working with individuals 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 in CARE means a sub-folder in the DDA Case Management folder in CARE. Information available in this folder may include an identifier for community protection or tracking-only for DDA enrolled participants who meet criteria.

Supervision level means the level of supervision defined in the client's treatment plan, and may be specific to the setting (home, work, community). Supervision level includes specific recommendations such as line-of-sight (within direct field of vision), arm's length (within close physical proximity), auditory (within earshot), and use of alarms to alert staff to movement.

Treatment plan means an individualized plan written by a qualified professional or therapist for a client that includes the following, at a minimum:

- Specific time-limited goals and objectives based upon evaluation data;
- Specific therapeutic services proposed, include frequency and duration of services and methods to be used;
- Recommendations for supervision and any other restrictions or restrictive procedures;
- A description of how client progress will be assessed; and
- Treatment discharge criteria.

Treatment 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 may include the case resource manager, therapist, residential provider, employment program provider, Community Corrections Officer, Mental Health Case Manager and the client's legal representative or family.

Violent offense means any felony so defined in [RCW 9.94A.030](#).

POLICY

A person is eligible for the Community Protection Program if:

- A. The person is a DDA client over age 18;
- B. A qualified professional determines the client constitutes a current risk to others; and
- C. The Community Protection (CP) Committee verifies that the client:
 1. Has been convicted of or charged with a crime of sexual violence 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. As determined by a qualified professional, 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; or
 4. Has committed a violent offense under [RCW 9.94A.030](#).

PROCEDURES

- A. Identifying a Client with Community Protection Issues
 1. If a CRM learns of a client who may have community protection issues, in no more than five working days, the CRM must discuss the client's case with their supervisor to determine if a referral to a Regional CP Coordinator is warranted. If the decision is to not refer then document that in a service episode record.
 2. If the referral is triggered by a critical indicator in CARE, based on a discussion with their supervisor, the CRM must:
 - a. Select "Yes" on the referral panel in CARE to refer the client to the Regional CP Coordinator for further evaluation; or
 - b. Select "No" on the referral panel in CARE and indicate reasons for not referring the client to the Regional CP Coordinator.
 3. If the client is referred to the Regional CP coordinator, the CRM must:

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- a. Complete [DSHS 10-258](#), *Individual with Possible Community Protection Issues*; and
 - b. Send the form and supporting documents to the Regional CP Coordinator or the CP Committee.
4. In consultation with the CRM, the Regional CP Coordinator and the CP Committee must:
 - a. Identify and obtain any additional information necessary, including a risk assessment if indicated; and
 - b. Determine if the client meets the eligibility criteria for the Community Protection Program under this policy and [WAC 388-831-0030](#).
 5. 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.
 6. A minor with community protection issues may benefit from a risk assessment to determine the extent of their risk factors and services that could mitigate those risks. Before a child undergoes a risk assessment, the child's CRM must follow all notification requirements under Procedures Section (A)(7).
 - a. The community protection program is not available to clients under the age of 18; however, a minor may be identified in CARE as "information tracking only."
 - b. Communication regarding a child's community protection status must be approached carefully and discussed with:
 - 1) The child's parent or legal guardian; and
 - 2) The professional who assessed the child, if possible.
 - c. Any notice to a child of their community protection status must occur with the child's parent or legal guardian present.
 7. Before a client undergoes a risk assessment, the CRM or other appropriate DDA staff must meet with the client and their guardian or legal representative to explain:
 - a. The purpose of the risk assessment;
 - b. The client's right to choose the DDA-contracted professional performing the risk assessment;
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- c. The client's right to have someone accompany them during the risk assessment;
 - d. Limitations regarding the services that will be available due to the client's community protection issues;
 - e. The client's right to accept or decline services;
 - f. The client's right to refuse to participate in the Community Protection Program;
 - g. Disclosure requirements as a condition of receiving services other than case management;
 - h. Engaging in therapeutic treatment may be a condition of receiving certain services;
 - i. Restrictions that may apply to the client, such as intensive supervision, door and window alarms, and limited access to reading material, television, and videos;
 - j. Identification of parties who may participate in the client's treatment team and monitor the client's services;
 - k. The anticipated consequences of declining services, such as (i.e., loss of existing services, removal from waiver services);
 - l. The client's right to an administrative fair hearing in accordance with Department and Administration policy;
 - m. The requirement to sign a pre-placement agreement as a condition of receiving Community Protection Residential Services (CPRS);
 - n. The client's right to retain certain services during the pendency of any challenge to the Department's decision; and
 - o. Information about how to contact a disability rights organization.
8. The CRM or CP 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.
 9. If the client agrees to participate in the risk assessment, the CRM or CP Coordinator must:

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- a. Refer the client for an eligibility re-determination under [DDA Policy 11.01](#), *Intake and Eligibility Determination*, if necessary;
 - b. Request approval for a risk assessment, if indicated;
 - c. Request approval for an updated risk assessment if an existing risk assessment is less than two years old, but there is reason to believe that circumstances have changed significantly;
 - d. If a risk assessment is more than two years old, consult with their supervisor about whether an updated risk assessment must be obtained;
 - e. Request written clarification from the evaluator if the client's risk assessment is not clear enough to allow a determination as to whether a client should be identified as having community protection issues.
10. If the client or the client's legal representative disagrees with the conclusions of a risk assessment, the CRM must consult their supervisor to decide whether an additional risk assessment should be obtained.
 11. If the client refuses to participate in an information sharing process, or fails to attend a meeting scheduled for that purpose, the CRM or CP coordinator must document the refusal in a service episode record.
 12. If the client refuses to participate in the risk assessment, the CRM or CP coordinator must:
 - a. Document the refusal in a service episode record;
 - b. Identify the client as a "specialized client" in CARE; and
 - c. Notify the client and their legal representative or NSA in writing that the client may only receive in-home personal care, if eligible.

B. CP Committee Review

1. If the CP Committee determines the client does not have community protection issues, the CRM or CP Coordinator must:
 - a. Notify the client and their legal representative of the outcome;
 - b. Notify the Regional Administrator or designee of the outcome;

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- c. File completed [DSHS 10-258](#), *Individual with Possible Community Protection Issues*; and
 - d. Note the outcome in a service episode record.
2. If the CP Committee determines the client does not meet program criteria, but exhibits sexually inappropriate or violent behavior the CP Committee believes should be monitored, the CRM or CP Coordinator must:
 - a. Notify the client and their legal representative of the outcome, which will state they do not meet criteria for the Community Protection Program;
 - b. Notify the Regional Administrator or designee of the outcome; and
 - c. Identify the client as “information tracking only” on the Specialized Client screen in CARE. A risk assessment is not required for the committee to determine a client should be designated as information tracking only.
 3. If the CP Committee determines the client has community protection issues (after verification of convictions or confirmation by the risk assessment) the CRM or CP Coordinator must:
 - a. Send the client and their legal representative a notice that:
 - 1) Informs them the client will be identified as “Community Protection” on the Specialized Client screen in CARE; and
 - 2) 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 of their community protection status;
 - e. Label the client’s 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.
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4. If the risk assessment states that the client cannot be managed successfully in the community with reasonably available safeguards and the committee's determination is that services will not be offered, the CRM or CP Coordinator:
 - a. Must notify the client and their legal representative in writing;
 - b. Notify the Regional Administrator or designee of the outcome; and
 - c. May refer the client for evaluation by a Designated Crisis Responder (DCR).

C. Monitoring Tracking-Only Clients

1. At the client's annual assessment the CRM must review the client's tracking-only status to determine if the client should be referred back to the CP committee for further evaluation or consideration for removal from the tracking only list.
2. The CP committee may remove the client from the tracking only list if the initial dangerous behaviors no longer occur, or do not appear to be increasing in frequency or severity and are no longer in need of formal tracking.
3. The CP committee must inform the CRM of any decisions about the client's CP or tracking-only status.

D. Offering Services to Clients Who Have Community Protection Issues

1. The CRM or CP Coordinator must document the client's acceptance or refusal of services on [DSHS 10-268](#), *Pre-Placement Agreement*.
2. If the client declines the offer of services, the CRM or CP Coordinator must make every effort to ensure that the client fully understands the possible consequences of their refusal and record these efforts in a service episode record. The CRM or CP Coordinator must advise the client that any of the following may occur as a result of the refusal:
 - a. The client may not be able to receive services through the Community Protection Program at a later date;
 - b. The client's current services may be terminated; and
 - c. The client may not be able to receive other DDA services in the future.
3. The CRM or CP Coordinator must have a witness present while providing the above information. If the client has a legal representative, the legal representative may serve as a witness. If there is no legal representative, the witness should be a

person who is in a position to represent or advocate for the client, such as a parent, relative, friend, or advocate.

E. Special Cases

1. For clients in Department of Corrections (DOC) custody, or clients age sixteen and older in Juvenile Rehabilitation 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](#).

F. Confidentiality and Disclosure

1. A client with community protection issues continues to have a right to privacy. DDA staff and service providers must treat information regarding a client's community protection issues as highly sensitive and confidential in nature.
2. DDA may 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.
3. The CRM or CP Coordinator must inform the participant and their legal representative they are required to disclose community protection information to both current and prospective service providers.
4. If the participant or their legal representative refuses to authorize the disclosure of community protection information, the CRM or CP Coordinator must inform them that DDA will not authorize any DDA services without disclosure.
5. DDA staff and service providers must protect the identity of a victim whenever possible.

TITLE:

COMMUNITY PROTECTION PROGRAM
IDENTIFICATION AND ELIGIBILITY

15.01

EXCEPTIONS

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

SUPERSESION

DDA Policy 15.01

Issued December 1, 2015

Approved: /s/ Deborah Roberts
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: November 1, 2019

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 treatment 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 treatment and planning issues for clients.

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.

Whenever possible, 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 decision to offer services that incorporate restrictions on activities and possessions must be thoroughly grounded in a comprehensive risk assessment, which concludes that such restrictions are necessary to protect the client, property, and the community. 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 treatment 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))

ATTACHMENT A

- Description of information sources not available at the time of risk assessment and possible relevancy to the evaluation process

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:
 - Chronology of sexual development
 - Self-reports of sexual interests, fantasies, and physical or sexual abuse
 - Is behavior opportunistic or predatory
- Criminal history (all known charges and convictions, including dates)
- Offense history
 - All known sexually deviant or predatory behavior
 - Gender and age of victim
 - Force used
 - Use of weapon
 - Nature and extent of any injuries to victim or property destruction
 - Victim empathy
- Assessment of the client's understanding of appropriate and legal sexual behavior
- Mental health treatment
- Diagnoses per current DSM criteria
- Summary of any test or assessment results and interpretation of those findings (including plethysmograph and polygraph testing)
- 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

- Potential target populations, triggers, and grooming patterns
- Is primary threat to individuals or to property
- Hypotheses about function or purpose of behavior and whether there are multiple risk issues (e.g., sexual deviance, assault, arson)
- Mental health issues contributing to the performance of risk behaviors, including mental states that increase the likelihood of re-offense
- Likelihood the client will engage in risk behaviors, with and without supervision
- Supporting rationale for the risk level:
 - Identify risk assessment tools used and results (e.g., Static 99-R, Stable 2007; Mn SOST-R, VRAG, PCL-R)

ATTACHMENT A

- 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
- Client's amenability to treatment
- Client's amenability to supervision

Recommendations

- Description of services currently in place that serve to reduce the potential risks
- Additional supports that are likely to substantially reduce the potential risks (please be as detailed as possible for each recommendation)
- Is the involvement of a psychiatrist, SOTP or other therapist, mental health agency or neurologist indicated
- Treatment goals and expected outcomes for individual, group or family therapy, if recommended
- Specific recommendations regarding supervision level at home, in the workplace, and in the community
- Is an increase or decrease in supervision indicated
- Client specific recommendations regarding any restrictions or restrictive procedures per DDA policy:
 - Are restrictions on activities, social relationships, or possession of certain material items indicated such as; cell phones, alcohol, children's clothing, TV, video, or other media (computers, magazines, etc.)
- Are there locations the client should not frequent
- Environmental recommendations:
 - Are any victim considerations present
 - Is an increase in access to constructive activities, such as work or recreation, indicated
 - What changes in the residential setting are indicated
 - What changes in the workplace are indicated
 - What additional supports to family, residential providers or others are indicated