

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: COMMUNITY PROTECTION PROGRAM SERVICES POLICY 15.02

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Authority: [Title 71A RCW](#) *Developmental Disabilities*  
[Chapter 388-101 WAC](#) *Certified Community Residential Services and Supports*  
[Chapter 388-825 WAC](#) *Developmental Disabilities Services*  
[Chapter 388-831 WAC](#) *Community Protection Program*  
[Chapter 388-850 WAC](#) *County Employment and Day Programs*

Reference: [DDA Policy 15.01](#), *Community Protection Program Identification & Eligibility*  
[DDA Policy 15.03](#), *Community Protection Standards for Employment Program Services*  
[DDA Policy 15.04](#), *Standards for Community Protection Residential Services*  
[DDA Policy 15.05](#), *Community Protection Program Reductions and Exit Criteria*

## **PURPOSE**

This policy establishes guidelines for Field Services staff to follow when offering and authorizing services to eligible persons participating in the Developmental Disabilities Administration's (DDA's) Community Protection Program (CPP).

## **SCOPE**

This policy applies to DDA field services staff.

## **DEFINITIONS**

**Community Protection Residential Services (CPRS)** means supported living services with access to 24-hour supervision and instruction and support services, as identified in the CPP participant's person-centered service plan (PCSP), positive behavior support plan (PBSP), individual instruction and support plan (IISP), and treatment plan. CPRS are provided by DDA-contracted and certified community residential service providers in housing that is owned, leased, or rented by the CPP participant.

**Community Protection Program (CPP)** means services specifically designed to support persons with community protection issues as defined in [DDA Policy 15.01](#), *Community Protection Program Identification and Eligibility* and in "CPP Participant" below.

**Community protection program (CPP) participant** means a client receiving CPP services under [Chapter 388-101D WAC](#) and [DDA Policy 15.01](#), *Community Protection Program Identification and Eligibility*.

**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 professional assessments, incident reports, legal documents, and other verbal or written information pertaining to community protection issues as determined in coordination with the participant's therapist. Typically, polygraph and plethysmograph reports are excluded from disclosure.

**Qualified professional** means a person with 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.

**Supervision level** means the level of supervision defined in the participant'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 participant that includes the following, at a minimum:

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

**Treatment team** means the program participant and the group of people responsible for the development, implementation, and monitoring of the participant'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 participant's legal representative or family.

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

## **POLICY**

- A. Services offered to a CPP participant must be:
1. Consistent with their individual support and supervision needs;
  2. Provided in a manner that minimizes the likelihood of offending behavior;
  3. Provided in the most integrated setting appropriate to the participant's needs; and
  4. Provided in the least restrictive manner possible.
- B. DDA staff will only authorize services to CPP participants that:
1. Are designed to provide the intensity of support and supervision necessary to maximize the safety of the CPP participant and the safety of the community; and
  2. Follow the treatment recommendations set forth by the qualified professional evaluating or treating the CPP participant.
- C. If there is disagreement among the treatment team or CP committee concerning the qualified professional's recommendations, the CRM must consult with their supervisor and the regional CP coordinator. If a satisfactory resolution is not achieved, the regional CP coordinator must consult with regional leadership or the DDA headquarters CP Program Manager.
- D. When referring a person with community protection issues, DDA must disclose to prospective providers information related to the person's community protection issues. DDA staff and service providers must protect the identity of a victim whenever possible. CRMs must redact (i.e., block out) a victim's name and other identifying information on all referral documents. A victim's identity must be contained only in the CPP participant's permanent DDA file.

E. The following list specifies which services may be authorized for CPP participants. Some services may have additional eligibility requirements.

1. Professional Therapy

- a. Therapy that addresses a participant's community protection issues must be provided by a qualified professional.
- b. Only a Certified Sex Offender Treatment Provider (C-SOTP) or an Affiliate SOTP (A-SOTP) working under the supervision of a C-SOTP may provide sexual deviancy treatment.
- c. If a qualified professional determines a participant is no longer in need of treatment, the program requirement for the CPP participant to engage in treatment may be waived. The CRM must document this determination in the participant's file. If the treatment team agrees that the participant is not benefiting from treatment and treatment is terminated, the program may consult with the treatment professional regarding recommendations for program restrictions and ongoing support.
- d. The use of restrictive procedures during therapy or as part of treatment shall be governed by the requirements of [DDA Policy 5.15, Use of Restrictive Procedures](#).
- e. The CRM will review the following documents from the participant's therapist and document in CARE:
  - 1) Individualized Treatment Plan;
  - 2) Quarterly Progress Reports; and
  - 3) Any other correspondence or reports.

2. Treatment Team Meetings and Documentation

- a. Treatment Teams will meet at least quarterly to discuss the development, implementation and monitoring of the participant's individualized supports. The meeting must include review and discussion regarding:
  - 1) The participant's progress in treatment;
  - 2) The participant's current restrictions/restrictive procedures;
  - 3) Possible reductions in restrictions, including supervision; and

- 4) Progress toward graduation from the CPP.
  - b. The CRM must document notes for each treatment team meeting in the Specialized Client/Treatment Team Meeting screen in CARE. The CRM may use [DSHS 15-365](#), *Community Protection Treatment Worksheet Quarterly Review*, to document the issues and the outcomes discussed.
  - c. If the participant refuses to participate in the quarterly treatment team meeting, the CRM will document the meeting's occurrence in CARE and note the participant refused to participate.
3. In-home Personal Care
- a. In-home personal care services are available to participants who meet the eligibility criteria.
  - b. The CRM is responsible to provide full disclosure to the personal care agency or individual provider. The plan for personal care shall be documented in the PCSP.
4. Residential Services
- a. Children or youth under age eighteen who have been determined to have CP issues may request voluntary placement services when the reason for the placement is solely due to the child's disability in accordance with [Chapter 74.13.350 RCW](#).
  - b. Adults age eighteen and older will be referred to certified Community Protection Residential Services (CPRS).
  - c. Other DDA residential services, including alternative living, companion homes, group homes, group training homes, and non-CPRS supported living, will not be authorized for CPP participants. When a person receiving services in these settings is identified as a CPP participant, they may continue in that residence if:
    - 1) A professional assessment supports the residential setting;
    - 2) The residential provider agrees to provide supervision and services needed, consistent with the recommendations of a qualified treatment professional;
    - 3) The residential provider meets the criteria described in [DDA Policy 15.04](#), *Standards for Community Protection Residential Services*; and

- 4) The Assistant Secretary approves an exception to policy (ETP).
  - d. Adults who meet CPP criteria but decline CP services may still receive case management and Community First Choice (CFC) services for which they are eligible. Disclosure requirements to prospective providers regarding CP issues will still apply.
5. Employment
- a. Employment services may be authorized for eligible participants.
  - b. A person who is offered and declines CPRS is not eligible for DDA-funded employment supports.
  - c. Persons who have been in employment services prior to being identified as having CP issues, and who have not been offered certified Community Protection Residential Services (CPRS), may remain with their employment provider or seek new employment under the following conditions:
    - 1) There is disclosure to both the county and the employment provider;
    - 2) The employment provider agrees to provide the level of supervision needed, consistent with the recommendations of a qualified professional;
    - 3) The employment provider meets the criteria described in DDA Policy 15.03, *Standards for Community Protection Employment Services*;
    - 4) There is disclosure to the employer when recommended by the person's treatment team; and
    - 5) The regional administrator or designee approves continuation or new employment.
  - d. County-funded supports that are not related to employment are not available to a CP participant.

## **PROCEDURES**

- A. When a DDA client is identified as having or possibly having community protection issues, the CRM must immediately:

1. Advise their supervisor and the regional administrator or designee;
  2. Submit a request for the authorization of temporary resources to the client's service provider or providers to enhance support and supervision (e.g., residential staff add-on, county resources for one-time funding, or technical assistance and consultation);
  3. Schedule a meeting with the regional CP coordinator or CP Committee.
  4. Follow the procedures for obtaining a professional risk assessment described in [DDA Policy 15.01](#), *Community Protection Program Identification and Eligibility*.
- B. If DDA determines that a DDA client residing in an adult family home (AFH), or other setting licensed by Aging and Long-Term Support Administration, has community protection issues, the DDA regional administrator or designee must notify the Home and Community Services regional administrator for expedited coordination of services and to ensure the health and safety of the individual as well as other residents and staff in the home.
- C. Field services staff must use the following guidelines to determine whether or not to continue authorizing a DDA client's existing services once they become eligible for CPP:
1. If the client does not meet criteria for CPP, the CRM may continue to authorize the client's existing services.
  2. If the client meets criteria for CPP, field services staff must refer to the parameters established in the Policy Section to determine what services can be provided.
  3. If the client has been receiving in-home personal care, their services must be consistent with the requirements of this policy.
  4. For a child or youth who is receiving Voluntary Placement Services, the client's social worker or social service specialist must consult with the birth, adoptive or foster parents, or the licensed facility to determine whether to provide technical assistance and training as needed, or to refer the client to an alternative provider who can meet the client's specialized needs.
  5. If the client is receiving residential services, field services staff must:
    - a. Expedite the referral process for community protection residential services;
    - b. Notify CP Program Manager; and

