

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: STANDARDS FOR COMMUNITY PROTECTION 15.04
RESIDENTIAL SERVICES

Authority: [Title 71A RCW](#) *Developmental Disabilities*
[Chapter 71A.12 RCW](#) *Developmental Disabilities: State Services*
[Chapter 388-101 WAC](#) *Certified Community Residential Services and Support*
[Chapter 388-101D WAC](#) *Requirements for Providers of Residential Services and Support*
[Chapter 388-825 WAC](#) *Developmental Disabilities Services*
[Chapter 388-829 WAC](#) *Community Residential Service Business Training Requirements*
[Chapter 388-831 WAC](#) *Community Protection Program*

Reference: [DDA Policy 15.01](#), *Community Protection Program Identification and Eligibility*
[DDA Policy 15.02](#), *Community Protection Program Services*
[DDA Policy 15.03](#), *Community Protection Standards for Employment Program Services*
[DDA Policy 15.05](#), *Community Protection Program Exit Criteria*

PURPOSE

This policy establishes guidelines for supporting Community Protection Program (CPP) participants in highly supervised community residential settings in the Community Protection Residential Service (CPRS) program.

SCOPE

This policy applies to Developmental Disabilities Administration (DDA) Field Services staff and certified residential providers serving CPP participants who are receiving or being referred to CPRS.

DEFINITIONS

Chaperone means an approved person who is delegated the responsibility to escort and supervise the CPP participant to ensure CPP participant and community safety, this may include family members, guardians, community members, or friends. Chaperones are approved by the treatment team.

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, positive behavior support plan, individual instruction and support plan, 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 clients 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 therapist. Typically, polygraph and plethysmograph reports are excluded from disclosure.

Functional assessment means a process that evaluates through use of observation and data collection: the overall quality of a person's life; factors or events that increase the likelihood of challenging and appropriate behavior; when and where the challenging behavior occurs most frequently; the presence of a diagnosed mental illness or neurological dysfunction, which may contribute to the challenging behavior; and the function or purpose of the challenging behavior.

Positive behavior support is a set of processes that combine information from social, behavioral, and biomedical science and applies this information at the individual and systems level to reduce behavioral challenges and improve quality of life.

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 people with violent or aggressive behaviors.

Security precautions means restrictions or environmental modifications to enhance protection of neighbors, children, vulnerable adults, animals and others that may include, but are not limited to, the following:

- (a) The use of door and window alarms and visual screening of windows and fence openings;
- (b) Restrictions to media, places, and populations;
- (c) Therapist-recommended supervision in the home and community; and
- (d) Other modifications or restrictions recommended by the CPP participant's treatment professional or described in the treatment plan, functional assessment or positive behavior support plan, person-centered service plan, and individual instruction and support plan.

Specialized environment means a place where the program participant has agreed to supervision in a safe, structured manner specifying rules, requirements, restrictions, and expectations for personal responsibility in order to maximize community safety.

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;

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- (b) Specific therapeutic services proposed, include frequency and duration of services and methods to be used;
 - (c) Recommendations for supervision and any other restrictions 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.

POLICY

- A. A participant who receives CPRS must agree to comply with the specialized supports and restrictions in their treatment plan, functional assessment, positive behavior support plan, person-centered service plan, and individual instruction and support plan.
- B. CPRS must include:
 - 1. An opportunity for the CPP participant to live in the community;
 - 2. Environmental and programmatic safeguards and structures that protect neighbors and community members from behaviors that endanger people or property or interfere with the rights of others; and
 - 3. Specialized supports that enable the CPP participant to make positive choices to reduce the behaviors that require intensive intervention and supervision.
- C. When segregation of CPP participants and restrictions to their freedom of movement, association, communication, and access to goods or services are necessary to enhance public safety, the least restrictive interventions that effectively meet the goal of public safety must be used. Any restrictions must meet all requirements of [DDA Policy 5.15, Restrictive Procedures: Community](#).
- D. The treatment team must meet quarterly to review the CPP participant's progress and make any changes in the CPP participant's program and support, as necessary.

PROCEDURES**A. Eligibility for CPRS**

To receive CPRS, a person must:

1. Be enrolled in the Community Protection Program under [DDA Policy 15.01, Community Protection Program Identification and Eligibility](#);
2. Voluntarily consent to participate in the program and agree to comply with program policies, therapy recommendations, and restrictions to individual freedoms; and
3. Sign a pre-placement agreement with DDA.

B. Service Delivery

A CPRS provider must:

1. Use security precautions reasonably available to enhance protection of community members, children, vulnerable adults, animals, and property;
2. Participate in the integration of treatment goals and objectives, and therapeutic interventions to assist CPP participants to function safely in society and avoid offending or re-offending;
3. Collaborate with the CPP participant, the participant's family or legal representative, therapist, DDA staff, counties, and other agencies and individuals, such as law enforcement, schools, employers, and mental health providers;
4. Promote habilitation and avoid punitive action; and
5. Implement the CPP participant's individual instruction and support plan, positive behavior support plan, and specialized therapy or recommendations, including the therapist's treatment plan.

C. Administrative Requirements

A CPRS provider must:

1. Maintain commercial general liability insurance of at least \$1,000,000 per occurrence and \$3,000,000 in the aggregate.

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2. Have a written agency policy or policies that:
 - a. Describe how the provider supports CPP participants, including:
 - i. Participant security and supervision;
 - ii. Habilitative services and supports; and
 - iii. Specialized environmental supports.
 - b. Describes how the provider communicates with treatment team members and other people and agencies as appropriate.
 - c. Include guidelines for supporting the CPP participant to choose appropriate residential and employment program settings, and appropriate locations for leisure time activities.
 - d. Include a chaperone agreement that describes who will supervise the participant when the participant is not under the direct supervision of the community protection service provider.
 - e. Include additional considerations for CPP participants when reviewing referrals as outlined in [DDA Policy 4.02](#), *Referral, Acceptance, and Change of Residential Providers*.
 - f. Establish how employees:
 - i. Supervise CPP participants at the residence;
 - ii. Supervise CPP participants outside of the residence (e.g., when transporting CPP participants and during events in the community); and
 - iii. Participate in treatment team meetings.
 - g. Establish a procedure for managing confidentiality and release of information, and for disclosing a CPP participant's community protection enrollment and risk factors to appropriate parties, including delegating nurses.
 - h. Establish and explain a CPP participant's right to grievance procedures as they relate to specialized environments and use of any restrictive measures under [DDA Policy 5.15](#), *Restrictive Procedures: Community*.
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- i. Establish response and contingency plans for:
 - i. Emergency relocation of a CPP participant;
 - ii. Emergency staffing in the event changes are required to protect employees and others;
 - iii. Situations that may be potentially dangerous (e.g., where staff working alone may cause them to be at risk or when the CPP participant obsesses about or makes threats to a specific employee); and
 - iv. General emergencies.
 - j. Describe how the provider will support CPP participants to comply with applicable state laws, sanctions, and conditions of release, such as sex offender registration requirements, DOC supervision requirements, and less restrictive alternative (LRA) conditions.
 - k. Describe how the provider will report to DDA and law enforcement when a participant violates the law or a court order.
 - l. Describe how the provider will report serious treatment violations promptly to the treatment team.
 - m. Describe incident reporting, including emergency procedures to notify DDA when a significant incident occurs or a CPP participant refuses to abide by restrictions, supervision requirements, treatment recommendations, or ceases participation in therapy. Refer to [DDA Policy 6.12](#), *Incident Management and Reporting Requirements for Residential Services Providers*, for additional guidance on incident reporting requirements. Field Services staff should also refer to [DDA Policy 12.01](#), *Incident Management and Reporting*.

D. Staff Training

1. A CPRS employee must complete all of the following training before working with a CPP participant:
 - a. Service provider general overview on community protection.

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- b. Specific information about the CPP participant they are supporting, such as training on the participant's positive behavior support plan, treatment plan, individual instruction and support plan, cross-systems crisis plan, and treatment team communication protocols.
 2. No more than 30 days after beginning working with a CPP participant, a CPRS employee must complete the *Community Protection Program Orientation and Training* developed by DDA.

E. Instruction and Support

A CPP participant must have:

1. A psychosexual evaluation or risk assessment and treatment recommendations written by a qualified professional.
2. A functional assessment and positive behavior support plan if required under [DDA Policy 5.21](#), *Functional Assessments and Positive Behavior Support Plans*.
 - a. A CPP participant's evaluation or risk assessment from a qualified professional may substitute for a functional assessment if:
 - i. The evaluation or risk assessment was written in the last five years;
 - ii. The current treatment plan developed by the CPP participant's therapist contains hypotheses for the behaviors;
 - iii. The document must include a summary statement of the certified or licensed professional's written assessment and its conclusions; and
 - iv. The CPP participant's current treatment plan and positive behavior support plan include all approved restrictions.
 - b. If the CPP participant needs a positive behavior support plan for behaviors unrelated to their community protection issues, a functional assessment is required for those behaviors.

F. CPP Participant Records

The CPRS provider must ensure all of the following CP-related documents are in a CPP participant's record:

1. The treatment plan.
2. Psychological or psychosexual evaluations and risk assessments written by a qualified professional.
3. If required, documentation of the CPP participant's registration with appropriate law enforcement authorities, as well as documentation of subsequent notification to DDA of registration.
4. Chaperone agreements for supervision of the CPP participant when program staff are not present (refer to Procedures Section K below for chaperone requirements).
5. Documentation of the CPP participant's refusal to follow conditions of the individual instruction and support plan, positive behavior support plan, or treatment recommendations of the certified or licensed professional or other treatment professional.
6. Copies of any approved exceptions to policy (ETP).

G. Transportation

A CPRS provider:

1. Must ensure or provide supervised transportation as needed for medical emergencies, appointments, to and from the employment or day program site, and community activities; and
2. Is not expected to encourage the independent use of public transportation by the CPP participant.

H. Residential Site Requirements

1. CPRS providers must:

- a. Consider specific offense patterns when determining appropriate housing locations, taking into account the preference of the person as much as possible.
 - b. Determine appropriate and necessary restrictive procedures, which may include visual screening of windows, doors and other openings, use of door and window alarms, and restricted access to certain areas.
2. When possible, a CPP participant's residence should be located within a reasonable distance of community resources.

I. Residential Site Reviews

The following procedures apply to site reviews conducted after October 31, 2021.

1. [DSHS 10-328](#), *Residential Site Review*, must be used when assisting a client to select a home. The provider must complete and submit the form to DDA before the client moves into the residence. The form must include the following elements:
 - a. Documentation that the residential provider has conducted multiple site visits of the home at different days and times of the week to assess the appropriateness of the home and surrounding area for the client. For a client with sexually aggressive or inappropriate behaviors, the provider must complete at least three site visits. For other types of risk factors, the provider must complete at least two site visits.
 - b. Documentation of how the site is appropriate given the client's specific risk factors and a description of any restrictive procedures and security precautions that will be implemented to ensure the safety of the client and others.
 - c. Approval of the selected home by the residential agency's administrator.
2. When completing a site review for a client with proximity to minors as a risk factor, the provider may contact the Department of Children, Youth, and Families for information on the proximity of the proposed residence to any licensed childcare providers.
3. The site review form must be specific to the individual CPP participant.

4. When a CPP participant moves into a new or existing CPP home, the provider must complete a site review specific to that participant. When a CPP participant is transferring from one approved home to another, the provider must complete a site review before the client moves.
5. In the event a CPP participant must move immediately into an approved CPP home and there is insufficient time to conduct a proper site review, the provider must conduct the site review and complete the form no more than seven calendar days after the participant moves.
6. The provider must notify the treatment team if they become aware that a significant change has occurred in the neighborhood that might increase the risk to the client or the community. Examples include: a change in neighbors; or a newly established childcare center, park, or school. If the treatment team comes to a consensus that a new site review is needed, the provider must conduct a new site review and submit an updated site review form to the CRM.
7. DDA may request an updated site review at any time.

J. Composition of Households

1. If a CPP participant and a non-CPP client wish to live together in a mixed household:
 - a. The treatment team must review the request and consider the following:
 - i. The choice of all potential housemates and guardians;
 - ii. Household restrictions;
 - iii. Personal compatibility; and
 - iv. Potential risk of offense to the non-CPP housemate.
 - b. The case resource managers must:
 - i. Ensure that signed consents are completed for each client or their legal representatives; and
 - ii. Obtain a prior approval in CARE for the non-CPP client to live with the CPP participant.
2. The Regional Administrator must review the request and notify each client's case resource manager of the final decision.

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3. If a CPP participant wishes to remain in their current home upon graduation from the program:
 - a. The review process above must occur before they graduate; and
 - b. The RA must provide a written decision no more than 14 days after receiving the information necessary to review the request.

K. Chaperones

1. It is critical that anyone who wishes to be a chaperone understand the specific issues of the CPP participant they support and agree to maintain the same restrictions and supervision level as residential program staff when they are functioning as a chaperone. This must be documented with a written Chaperone Agreement. Chaperone Agreements are not considered reductions in supervision.
 - a. The CPP participant's therapist reviews each Chaperone agreement and provides recommendations to the Treatment Team. This may include meeting with the proposed chaperone to discuss the CPP participant's issues and supervision needs and may include disclosure.
 - b. Chaperone agreements are not required when supervision will be provided by other paid services providers identified in the CPP participant's PCSP, such as the CPP participant's therapist and employment program service providers.
 - c. Use the [DSHS 15-356](#), *DDA Community Protection Program Chaperone Agreement* form to document all chaperone agreements. Chaperone agreements must be reviewed at treatment team meetings.
2. The residential provider must train its employees on the contents of each chaperone agreement and notify the CPP participant's therapist if the CPP participant or approved chaperone is not following a chaperone agreement.
3. Failure by the approved chaperone to provide adequate supervision to the CPP participant may result in termination of the chaperone agreement.

EXCEPTIONS

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

TITLE:

STANDARDS FOR COMMUNITY PROTECTION
RESIDENTIAL SERVICES

15.04

SUPERSESSSION

DDA Policy 15.04
Issued July 1, 2019

Approved: /s/: Shannon Manion
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: November 1, 2021