

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: COMMUNITY PROTECTION PROGRAM POLICY 15.01
IDENTIFICATION AND ELIGIBILITY

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

Reference: DDA Policy 15.02, *Community Protection Program Services*
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 Exit Criteria*

PURPOSE

The Developmental Disabilities Administration (DDA) Community Protection Program (CPP) is intended to provide a structured, therapeutic environment for persons with community protection issues. This program allows the participants 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 eligible persons 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, and/or opportunistic behavior which a qualified professional has determined demonstrates a likelihood to commit a violent, sexually violent and/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, such as murder, attempted murder, arson, first degree assault, kidnapping, or use of a weapon to commit a crime ([RCW 9.94A.030 \(45\) and \(54\)](#)).

Note: A person who exhibits sexually inappropriate behaviors, not necessarily predatory or violent in nature (e.g., exposing, inappropriate touching, masturbating in public, stripping for sexual gratification in the presence of others) is considered to have community protection issues **for information tracking purposes only**. Such individuals are not eligible for CPP services.

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

Constitutes a risk to others means a determination of a person’s risk to re-offend and/or dangerousness based upon a thorough assessment by a qualified professional (i.e., a Licensed Psychologist or Psychiatrist, Certified Sex Offender Treatment Provider (SOTP), or Affiliate SOTP working under the supervision of a Certified SOTP). It is expected that actuarial risk assessment instruments will be used to supplement clinical judgment.

CRM means the DDA Case Resource Manager and/or the Social Worker or Social Service Specialist.

Disclosure means providing copies of professional assessments, incident reports, legal documents, and other verbal or written information pertaining to community protection issues to

ensure the provider has all relevant information. 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/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, that is 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 and/or rehearsing the act; stalking; and/or grooming the victim.

Qualified Professional means a person with at least three (3) 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 (3) 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.

Treatment Plan means an individualized plan written by a qualified professional/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 and/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 person's individualized supports and

services. This group may include, but is not limited to, the case resource manager, therapist, residential provider, employment program provider, and the person's legal representative and/or family.

Violent Offense means any felony so defined in [RCW 9.94A.030 \(45\) and \(54\)](#).

POLICY

The Developmental Disabilities Administration (DDA) staff must:

- A. Implement a process of evaluation any time there is reason to be concerned that a DDA client may have community protection issues as defined in this policy.
- B. Notify persons identified as having community protection issues and their legal representatives that they are being identified as Specialized Clients in the Comprehensive Assessment and Reporting Evaluation (CARE) system.
- C. Provide the necessary information to enable persons identified as having community protection issues and their legal representatives to make informed choices about services that are (and are not) available to them as a result of their community protection issues.
- D. Treat community protection information as highly sensitive and confidential in nature.
- E. Follow the procedures set forth in this policy regarding the disclosure of information to others.

PROCEDURES

- A. Identification of Persons with Community Protection Issues
 1. Case Resource Managers (CRM) and Social Workers/Social Service Specialists (SW) will use the criteria established in [Chapter 388-831 WAC](#) and as defined in this policy to identify children and adults who should be evaluated for having community protection issues.
 2. When a CRM becomes aware of any of the above conditions, complete [DSHS 10-258, Individual with Community Protection Issues](#) within five (5) working days and send the form with copies of supporting documentation to the designated regional CP Coordinator or Committee for consideration.
 3. In consultation with the CRM, the regional CP Coordinator/Committee will:
 - a. Identify and obtain any additional information needed, including a current professional assessment if indicated (see Section B, [Professional Assessments](#), below); and

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- b. Determine whether or not the person meets the criteria for “individual with community protection issues” as defined in this policy. If the person meets criteria, record the identification status on the Specialized Client screen in CARE.
 - c. If the person does not meet the criteria, but does exhibit sexually inappropriate behaviors, identify the person as “information tracking only” on the Specialized Client screen in CARE.
 - d. Notify the Field Services Administrator (FSA) of the final determination by the regional CP committee.
4. For clients in DOC or JJRA custody, the following applies:
 - a. Six (6) months prior to the client’s Earned Release Date (ERD), DDA staff will contact the facility to inquire if the client is interested in DDA services upon their release.
 - b. If the client is interested, proceed with eligibility determination unless the client has been reviewed since January 1, 2005.
 - c. If the client is not interested, do not pursue eligibility redetermination.
 5. For clients at a state hospital, follow the *DSHS Protocol for Discharge of DDA Enrolled Clients at State Psychiatric Hospitals*.
 6. When it has been determined that a person has community protection issues (after verification of conviction(s) and/or confirmation by the professional assessment) and will be identified as a Specialized Client in CARE, the CRM/CP Coordinator will:
 - a. Revise the [DSHS 10-258](#), *Individual with Community Protection Issues*, to reflect additional information obtained in the review process;
 - b. Notify the person and their legal representative and/or NSA as described in the Procedures, Section C, of this policy.
 - c. Notify current service providers of community protection status;
 - d. Label the person’s case record in accordance with local procedures; and
 - e. Modify the Individual Support Plan (ISP) and send the amended ISP with a Planned Action Notice (PAN).

7. When the decision is made not to place a person on the Specialized Client screen in CARE, the regional CP Coordinator/Committee must:
 - a. Notify the FSA;
 - b. File the completed [DSHS 10-258](#), *Individual with Community Protection Issues*, in a separate file from the client record; and
 - c. Note the final decision in the client's Service Episode Record (SER).

B. Professional Assessments

1. The process of identifying a person as having community protection issues must include assessment of risk and/or dangerousness by a certified and/or licensed professional (i.e., psychologist, psychiatrist). If the person has a history of sexual deviancy, there must be an evaluation by a Certified SOTP (C-SOTP) or an Affiliate SOTP (A-SOTP) working under the supervision of a C-SOTP. These professionals must have prior experience working with individuals with developmental disabilities.
2. Prior to referring the person for a professional assessment, the CRM/CP Coordinator must meet with the person and their legal representative or family and explain the purpose of the assessment, the possible consequences based on the outcome of the assessment, the person's right to choose the treatment professional, and the right to have someone accompany the person to the assessment if the person is unable to understand the questions being asked.

The CRM/CP Coordinator will use [DSHS 10-348](#), *CP Program Information Checklist* to document the presentation of this information and include the signatures of all persons present.

3. The CRM/CP Coordinator must:
 - a. Refer for eligibility re-determination per DDA Policy 11.03, Eligibility Expirations and Reviews, if necessary;
 - b. Request approval to authorize a professional assessment if none exists;
 - c. Request approval to authorize an update if an existing assessment is less than two (2) years old, but there is reason to be concerned that circumstances have changed significantly;
 - d. Consult with their supervisor about whether an updated assessment must be obtained if an assessment is more than two (2) years old;

- e. Consult with their supervisor on whether an additional assessment should be obtained if the person being evaluated or the person's legal representative disagrees with the conclusions of an assessment; and
- f. Request more specific clarification in writing from the evaluator if information provided in a professional assessment is not clear enough to allow a determination as to whether a person should be identified as having community protection issues.

Note: If the person has not been convicted of an offense, the professional assessment must determine that the person presents a current risk to others and poses a danger to the community in order to be identified as having community protection issues.

4. Refer to Attachment A of this policy, *Guidelines for Risk Assessments and Psychosexual Evaluations*, for more information on professional assessments.
5. If the person refuses to participate in the professional assessment, they will not be eligible for any DDA services except Medicaid Personal Care (MPC), if eligible.
 - a. Individuals refusing to participate in a professional assessment will be identified as Specialized Clients in CARE.
 - b. The CRM must inform the person and their legal representative/NSA in writing what services will not be available (refer to DDA Policy 15.02, *Community Protection Program Services*).

C. Notification to Persons Identified as Having Community Protection Issues

1. The CRM/CP Coordinator must notify the person and their legal representative/NSA in writing when the identification process results in a decision to identify the person as a Specialized Client in CARE.
2. The notification letter must:
 - a. State whether the person meets the criteria for CP or is identified for information tracking purposes only. (Note: notification letter templates are available on the DSHS DDA Intranet website only); and
 - b. Offer an opportunity for the person and/or their legal representative/NSA to get information about the Community Protection Program (see Section D, Informed Consent, below).

3. In the case of minor children, the CRM/SW must provide written notification to the parent or legal representative. Careful consideration will be given whether to advise a minor child. This decision should be discussed with the parent or legal representative and, if possible, with the professional who assessed the child. Any notice to the child of their community protection status should be done in person with the parent or legal representative present.

D. Informed Consent

1. For all persons on the Specialized Client screen in CARE who request information about the program, the CRM/CP Coordinator will provide the opportunity to receive the following basic information, regardless of the immediate availability of resources:
 - a. Limitations regarding the services that will be available due to the person's community protection issues;
 - b. Disclosure requirements as a condition of receiving services other than case management;
 - c. The requirement to engage in therapeutic treatment may be a condition of receiving certain services;
 - d. Review [DSHS 03-387](#), *Notice of Privacy Practices for Client Confidential Information*, with the person and/or legal representative and ensure that a signed acknowledgment form is in the client record;
 - e. Anticipated restrictions that might be provided (e.g., intensive supervision, limited access to reading material, television viewing, videos, etc.);
 - f. Identification of all parties who will participate in any treatment team that will monitor the person's services;
 - g. The right to accept or decline services;
 - h. The anticipated consequences of declining services (i.e., loss of existing services, removal from waiver services);
 - i. The right to an administrative fair hearing in accordance with department and division policy; and
 - j. The requirement to sign a pre-placement agreement as a condition of receiving Community Protection Residential Services (CPRS).

2. The CRM/CP Coordinator will use [DSHS 10-348](#), *CP Program Information Checklist*, to document the presentation of this information and include the signatures of all persons present. The purpose of the [Checklist](#) is to make sure that the CRM/CP Coordinator conveys all of the information to the person and/or legal representative so they can make an informed decision.
3. If the person refuses to participate in an information-sharing process, or fails to attend a meeting scheduled for that purpose, the CRM/CP Coordinator will document this in the person's SER.

E. Offering Services to Persons Who Have Community Protection Issues

When resources are available to offer services to a person who has community protection issues and who has received the information described in Section D above, the CRM/CP Coordinator will have the person and/or legal representative document the person's acceptance or refusal of services on [DSHS 10-268](#), *Pre-Placement Agreement*.

1. When a person declines the offer of services, the CRM/CP Coordinator will make every effort to ensure that the person fully understands the possible consequences of their refusal. The CRM/CP Coordinator will clearly advise the person about the possible inability to receive other services, possible lack of resources at a later date, and/or anticipated loss of existing services;
2. The CRM/CP Coordinator will engage a witness to the process of providing the above information. If the person has a legal representative, the legal representative may serve as a witness. If there is no legal representative, the witness should be an individual who is in a position to represent and/or advocate for the person (e.g., parent, relative, friend or advocate); and
3. If the professional assessment states that the person cannot be managed successfully in the community with reasonably available safeguards, the CRM/CP Coordinator will refer the person to the Regional Support Network (RSN) and request an evaluation by a Designated Mental Health Professional (DMHP).

F. Confidentiality and Disclosure

1. Persons who are identified as having community protection issues continue to have a right to privacy. DDA staff and service providers must treat information regarding a person's community protection issues as highly sensitive and confidential in nature.
2. Due to the safety interests of the community as well as the individual, DDA must be able to disclose community protection information to all parties to whom it

refers CP program participants and to providers who are currently providing services.

3. Particular care must be paid to respecting the confidentiality of victims. The CRM/CP Coordinator and service providers are responsible to protect the identity of victims whenever possible.
4. The CRM/CP Coordinator will inform the person who has community protection issues and their legal representative of the need to disclose community protection information to both current and prospective service providers.
5. If a person or their legal representative refuses to authorize the disclosure of community protection information, the CRM/CP Coordinator will advise them that DDA will not authorize any services without disclosure.

EXCEPTIONS

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

SUPERSESSON

DDD Policy 15.01
Issued April 25, 2013

Approved: /s/ Donald Clintsman
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: March 14, 2014

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/or 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 the division in addressing treatment and planning issues for clients.

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

Whenever possible, the DDA seeks to avoid implementing services that restrict a person’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 assessment, which concludes that such restrictions are necessary to protect the person, 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 professional(s) participating in evaluation
- Evaluation date
- Name of person requesting the assessment and the concerns/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

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

ATTACHMENT A

Findings

- Medical history and current medical status, including any neurological and/or developmental conditions
- Historical, familial, environmental and other contextual conditions, including a chronology of significant events in the person's life
- Alcohol and other drug use history
- Sexual history:
 - Chronology of sexual development
 - Self-reports of sexual interests, fantasies, and physical/sexual abuse
 - Is behavior opportunistic or predatory?
- Criminal history (all known charges and convictions, including dates)
- Offense history
 - All known sexually deviant and/or predatory behavior
 - Gender and age of victim(s)
 - Force used
 - Use of weapon(s)
 - Nature and extent of any injuries to victim(s) 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/assessment results and interpretation of those findings (including plethysmograph and/or 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 Person Poses to Self, Others, and/or Property

- Potential target populations, triggers, and grooming patterns
- Is primary threat to persons or property
- Hypotheses about function or purpose of behavior(s) and whether there are multiple risk issues (e.g., sexual deviance, assault, arson)
- Mental health issue(s) contributing to the performance of risk behaviors, including mental states that increase the likelihood of re-offense
- Likelihood the person 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);
 - Provide a clear statement of risk (Low/Moderate/High or similar)

ATTACHMENT A

- If a prior risk assessment or psychosexual evaluation is available, discuss any recommendations that may be in conflict with the recommendations you are making
- 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?
- Specific recommendations regarding any restrictions or restrictive procedures per DDA policy:
 - Are restrictions on activities, social relationships, and/or possession of certain material items indicated (e.g., 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?