



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: COMMUNITY PROTECTION PROGRAM POLICY 15.01
IDENTIFICATION AND ELIGIBILITY

Authority: Chapter 71A RCW Developmental Disabilities
Chapter 388-820 WAC Community Residential Services and Supports
Chapter 388-825 WAC DD Services Rules
Chapter 388-850 WAC County Employment and Day Programs

PURPOSE:

This policy establishes guidelines for the Field Services staff of the Division of Developmental Disabilities (DDD) to follow when identifying and offering services to eligible persons whom have community protection issues.

SCOPE:

This policy applies to DDD Field Services staff.

DEFINITIONS:

Individual with Community Protection Issues means:

- (1) The person has been convicted of or charged with a crime of sexual violence as defined in Chapter 71.09 RCW, including, but not limited to, rape, statutory rape, rape of a child, and child molestation;
- (2) The person has been convicted of or charged with 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;

- (3) The person has been convicted of or charged with a sexually violent offense and/or predatory act, and may constitute a future danger;
- (4) The person has not been convicted and/or charged, but has a history of stalking, sexually violent, predatory, and/or opportunistic behavior which demonstrates a likelihood to commit a sexually violent and/or predatory act based on current behaviors that may escalate to violence;
- (5) The person has committed one or more violent crimes, such as murder, attempted murder, arson, first degree assault, kidnapping, or use of a weapon to commit a crime.

Note: A person who exhibits sexually inappropriate behaviors, not necessarily predatory or violent in nature (e.g., exposing, inappropriate touching, inappropriate verbal behavior that is sexual in nature, public masturbation, stripping for sexual gratification) is considered to have community protection issues for informational tracking purposes only. Such individuals are not eligible for Community Protection Program services.

Community Protection Program means services specifically designed to support persons who meet the Community Protection definition as described in this policy.

Disclosure means providing copies of professional assessments, incident reports, legal documents, and other information pertaining to community protection issues to ensure the provider has all relevant information.

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/day program provider, and the person's legal guardian and/or family.

POLICY:

Case resource managers (CRM) must:

- A. Implement a process of evaluation any time there is reason to be concerned that a DDD client may have community protection issues as defined in this policy.
- B. Notify persons and their guardians identified as having community protection issues that they are being placed on the DDD Community Protection (CP) database.

- C. Provide the necessary information to enable persons identified as having community protection issues and their guardians 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) will use the criteria established on DSHS Form 10-258, *Individual With Community Protection Issues*, (Attachment A) 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 Form 10-258 within five (5) working days and forward it, together with copies of supporting documentation, to the designated regional CPP coordinator or committee for consideration.
3. In consultation with the CRM, the regional CPP coordinator or committee will:
 - a. Identify and obtain any additional information needed, including a current professional assessment if indicated (see section B, Professional Assessments, below); and
 - b. Determine whether the person meets the criteria for “individual with community protection issues” as defined in this policy. If so, place the person on the DDD CP database.
 - c. If the person does not meet the criteria but does exhibit sexually inappropriate behaviors, place the person on the DDD CP database for informational tracking only.
4. 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 placed on the database, the CRM or other designated staff will:

- a. Revise the person's DSHS Form 10-258 to reflect additional information obtained in the review process;
 - b. Add the person's name and essential information to the DDD CP database;
 - c. Label the person's case record in accordance with local procedures;
 - d. Obtain authorization to release information using DSHS Form 14-012A, *DDD Authorization to Obtain/Release Information*, and notify current service providers of community protection status;
 - e. Modify the Individual Service Plan (ISP);
 - f. Notify the person and his or her guardian as described in Procedures, Section C, of this policy.
5. When the decision is made not to place a person on the DDD CP database, the regional CPP coordinator or committee must forward a copy of the form and accompanying documentation to the Field Services Administrator (FSA) for final resolution.

B. Professional Assessments

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. If the person has a history of sexual deviancy, there must be an evaluation by a certified Sex Offender Treatment Provider (SOTP). Whenever possible, evaluators should have prior experience with individuals with developmental disabilities, and the person should have the opportunity to choose the treatment professional. The person has the right to have someone accompany them to the assessment if they are unable to understand the questions being asked.

CRMS must:

1. Request approval to authorize a professional assessment if none exists.
2. Request approval to authorize an update if an assessment exists is less than two (2) years old, but there is reason to be concerned that circumstances have changed significantly.
3. Consult with their supervisor about whether an updated assessment must be obtained if an assessment is more than two (2) years old.

4. 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 risk and poses a danger to the community in order for the person to be identified as having community protection issues.

5. Refer to *Guidelines for Risk Assessments and Psychosexual Evaluations* (Attachment B) for more information on professional assessments.
6. Consult with his or her supervisor on whether an additional assessment should be obtained if the person being evaluated and/or his or her guardian disagree with the conclusions of an assessment.

If the person refuses to participate in the professional assessment, he or she will not be eligible for any DDD services except for Medicaid Personal Care (MPC). The CRM must inform the person and his or her guardian what services will not be available (refer to DDD Policy 15.02, *Community Protection Program Services*, for more information).

C. Notification to Persons Identified as Having Community Protection Issues

CRMs must:

1. Notify the person and his or her guardian when the identification process results in a decision to place the person on the DDD CP database. This notice must be in writing via certified mail-return receipt requested and offer an opportunity for the person and/or guardian to get information about the Community Protection Program (see section D, Informed Consent, below). See Attachment C for sample notification letter.
2. In the case of minor children, provide written notification to the parent or legal guardian. Careful consideration will be given whether to advise a minor child. This decision should be discussed with the parents or guardian and, if possible, with the professional who assessed the child. Any notice to the child of his or her community protection status should be done in person with the parent or guardian present.

D. Informed Consent

1. For all persons on the CP database who request information about the program, the CRM 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 to them due to their 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. The requirement to sign a pre-placement agreement as a condition of receiving Community Protection Intensive Supported Living Services (CP-ISLS);
 - e. Anticipated restrictions that might be provided (i.e., 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); and
 - i. The right to an administrative fair hearing in accordance with department and division policy.
2. The CRM will use the *CP Program Information Checklist* (Attachment D) to document the presentation of this information and include the signatures of all persons present. The purpose of the *Checklist* is to make sure the CRM conveys all of the information to the individual and/or guardian 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 will document this in the person's case record.

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 will document the person's acceptance or refusal of services on DSHS Form 10-268, *CP Pre-Placement Agreement* (Attachment E).

1. When a person declines the offer of services, the CRM will make every effort to ensure that the person fully understands the possible consequences of his or her refusal. The CRM 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; and
2. The CRM will engage a witness to the process of providing the above information. If the person has a legal guardian, the guardian may serve as witness. If there is no guardian, 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);
3. If the professional assessment states that the person cannot be managed successfully in the community with reasonably available safeguards, the CRM will refer the person to the Regional Support Network (RSN) and request an evaluation by a Community Designated Mental Health Professional (CDMHP).

F. Confidentiality and Disclosure

1. Persons who are identified as having community protection issues continue to have a right to privacy. DDD 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, DDD must be able to disclose community protection information to all parties to whom it refers CP program participants, or providers who are currently providing services.
3. Particular care must be paid to respecting the confidentiality of victims. The CRM and service providers are responsible to protect the identity of victims whenever possible.
4. The CRM will inform the person who has community protection issues and his or her guardians of the need to disclose community protection information to both current and prospective service providers.

5. If a person or his or her guardian refuses to authorize the disclosure of community protection information, the CRM will advise them that DDD will not authorize any services without disclosure.

EXCEPTIONS:

Any exceptions to this policy must have the prior written approval of the Division Director.

SUPERSESSSION:

None.

Approved: /s/ Linda Rolfe
Director, Division of Developmental Disabilities

Date: July 1, 2001

Attachment A - DSHS Form 10-258, *Individual With Community Protection Issues*
Attachment B - *Guidelines for Community Protection Evaluations*
Attachment C - Sample notification letter
Attachment D - *CP Program Information Checklist*
Attachment E - DSHS Form 10-268, *CP Pre-Placement Agreement*



DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)
INDIVIDUAL WITH COMMUNITY PROTECTION ISSUES

CLIENT'S NAME	DDD NUMBER	ETHNICITY	DATE OF BIRTH	REGION
MENTAL HEALTH DIAGNOSIS <input type="checkbox"/> Yes <input type="checkbox"/> No	GUARDIANSHIP <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name: _____		and type: <input type="checkbox"/> Full <input type="checkbox"/> Limited	
SECTION I CHECK ONE OR ALL THAT APPLY (DOCUMENTATION MUST BE PRESENT IN FILE)				
Has this person received a formal psychological/sexual assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assessment date: _____				
Has this person been scheduled for a psychological/sexual assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assessment date: _____				
SEXUALLY VIOLENT/PREDATORY				
Sexually violent offense: Convicted of or charged with a crime of sexual violence (as defined in RCW 71.09 including rape, statutory rape, child molestation; see RCW 71.09 for specific offenses within these categories).				
Predatory: 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.				
<input type="checkbox"/> Has been convicted of or charged with a crime of sexual violence as defined in RCW 71.09, including, but not limited to, rape, statutory rape, and child molestation; <input type="checkbox"/> Has been convicted of or charged with acts directed toward strangers or individuals with whom a relationship has been established or promoted for the primary purpose of victimization; <input type="checkbox"/> Has been convicted of and/or charged with a sexually violent offense and/or predatory act, and may constitute a future danger; <input type="checkbox"/> Has not been convicted and/or charged, but has a history of stalking, sexually violent, predatory, and/or opportunistic behavior which demonstrates a likelihood to commit a sexually violent and/or predatory act based on current behaviors that may escalate to violence; and/or <input type="checkbox"/> Has committed one or more violent crimes, such as murder, attempted murder, arson, first degree assault, kidnapping, or use of a weapon to commit a crime.				
I. INFORMATION TRACKING ONLY				
<input type="checkbox"/> Individual exhibits sexually inappropriate behaviors, not necessarily predatory or violent in nature (e.g., exposing, inappropriate touching, inappropriate verbal behavior which is sexual in nature (to or about someone), public masturbation, stripping for sexual gratification, voyeurism).				
BRIEF DESCRIPTION OF PERSON AND ISSUES/CRIMINAL OFFENSE				
SECTION II ADDENDUM				
INFORMATION VERIFICATION BY: <input type="checkbox"/> Police report <input type="checkbox"/> Court records <input type="checkbox"/> Self-reporting of history <input type="checkbox"/> Parent/guardian <input type="checkbox"/> Psycho-social assessment <input type="checkbox"/> Other (specify): _____		COOPERATION WITH SUPERVISION <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____	CURRENT DAY PROGRAM <input type="checkbox"/> Employment <input type="checkbox"/> School <input type="checkbox"/> Community access <input type="checkbox"/> Other <input type="checkbox"/> None	
CURRENT RESIDENCE <input type="checkbox"/> CP ITS <input type="checkbox"/> ITS <input type="checkbox"/> Group Home <input type="checkbox"/> IMR <input type="checkbox"/> AFH <input type="checkbox"/> ARC <input type="checkbox"/> ESH <input type="checkbox"/> Foster care <input type="checkbox"/> DJR <input type="checkbox"/> WSH <input type="checkbox"/> DOC <input type="checkbox"/> Parent/relative home <input type="checkbox"/> Own home <input type="checkbox"/> Children's Group Care <input type="checkbox"/> Other (specify): _____				
SPECIFY OTHER CURRENT SERVICES (E.G., THERAPIES, COUNSELING, MPC, AL, SL, ETC.)				
LEGAL STATUS				
<input type="checkbox"/> Current charge pending; if checked, specify: _____ <input type="checkbox"/> Competent to stand trial <input type="checkbox"/> Incompetent to stand trial <input type="checkbox"/> Not Guilty by Reason of Insanity (NGRI) <input type="checkbox"/> Current Less Restrictive Alternative (LRA) (attach copy of court order) <input type="checkbox"/> Currently in jail; projected release date: _____ <input type="checkbox"/> Probation/parole (attach conditions of probation) <input type="checkbox"/> Conditional release (attach conditions of release) <input type="checkbox"/> Community notification/registration required; if known, specify: <input type="checkbox"/> Commitment to psychiatric hospital: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary				
COMMENTS				
CASE/RESOURCE MANAGER'S SIGNATURE				DATE

DIVISION OF DEVELOPMENTAL DISABILITIES

GUIDELINES FOR RISK ASSESSMENTS/PSYCHOSEXUAL EVALUATIONS

DDD 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.

Basic Information

- Name of treatment professional(s) participating in evaluation
- Date of evaluation
- Name of person requesting assessment and the concern which prompted the request
- General description of the client, including gender, age, and nature of developmental disability

Information Sources

- Interview(s) with client, including dates, length and setting
- Interviews with others, including dates, names and relationship to client, length and settings of interviews
- Client records/files reviewed, including previous assessments, medical, school, police, and court records, and incident reports
 - Source/author of records
 - Date of records
 - Type of records
- Description of information source(s) not available at the time of assessment and possible relevancy to the evaluation process

Summary of Relevant Findings From Information Sources

- Medical, neurological, and developmental conditions
- Historical, familial, environmental and other contextual conditions, including a chronology of significant events in the person's life
- Psychiatric history and diagnosis, if applicable
- Offense History
 - Criminal charges and other offenses or behaviors of concern, listed chronologically with dates
 - Gender and age of victims
 - Use of weapons
 - Nature and extent of any injuries to victim(s) or property destruction
 - Victim empathy
- Chronology of sexual development and all known sexually deviant and/or predatory behavior
 - Self-reports of sexual interests, fantasies and any sexual abuse
 - Assessment of the person's understanding of appropriate and legal sexual behavior
 - Results of plethysmograph and/or polygraph tests
- Description of corroborated information which appears dependable and accurate

- Description of discrepancies; include an assessment of the veracity of conflicting information sources

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

- Potential target populations, triggers, and grooming patterns
- Whether behavior is opportunistic or predatory, acts are planned or spontaneous, and if primary threat is 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 assessment
 - Identify risk assessment tools used and results (e.g., Low/Moderate/High)
 - If a prior risk/SOTP assessment is available, discuss any recommendations that may be in conflict with the recommendations you are making
- Amenability to treatment
- Amenability to supervision

Recommendations

- Description of services currently in place which serve to reduce the potential risks
 - Additional supports recommended that are likely to substantially reduce the potential risks. For each recommendation be as detailed as possible.
 - Are restrictions on activities, social relationships, and/or possession of certain material items indicated (e.g., alcohol, children's clothing, TV/video)?
 - Is the involvement of a psychiatrist, SOTP or other therapist, mental health agency or neurologist indicated?
 - Is an increase in supervision indicated?
 - Is an increase in access to constructive activities, such as work or recreation, indicated?
 - Are changes in the residential setting indicated?
 - Are changes in the workplace indicated?
 - Are additional supports to family, residential providers, or others indicated?
 - Are there any victim considerations?
 - Goals for individual, group, or family therapy, if recommended

We request that evaluations avoid suggesting a particular agency to provide recommended services. Though a recommendation may reasonably suggest that the person requires 24-hour supervision, please refrain from using the term "community protection" to describe both the person and configuration of recommended services.

Whenever possible, DDD 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.

SAMPLE NOTIFICATION LETTER

Date

Name
Address

RE: Community Protection Database

Dear _____:

After a thorough review of your records, the Division of Developmental Disabilities has identified you as a person who may present a risk of committing an offense against a person. This decision was based on a review of assessments, incident reports, court records, or other available information that provides documentation of your risky behaviors.

Your name is now on a database called the Community Protection Database. The information is used by the division for identification and planning, and is not made available to the public.

This could affect the services you are receiving or may receive in the future. If you would like to meet with your case manager to discuss the database and the Community Protection Program, please call _____(DDD Case Resource Manager) at _____(phone). You may also contact the Washington Protection and Advocacy System (WPAS) at 1-800-562-2702 if you wish.

Sincerely,

DDD Case Resource Manager
Division of Developmental Disabilities
(Address)

COMMUNITY PROTECTION PROGRAM INFORMATION CHECKLIST

Individuals who receive Community Protection Program services voluntarily, or as directed by the court, must agree to comply with the specialized supports and restrictions described in his or her service plan.

Community Protection Program services provide:

- An opportunity, voluntary or court ordered, for program participants to live successfully in the community and stay out jail, prison or other criminal justice settings.
- A specialized environment in which program participants are supported to make positive choices to reduce the behaviors that require intensive intervention and supervision.
- Environmental and programmatic safeguards and structures, which enhance the protection of others from behaviors that endanger people or property and/or interfere with the rights of others.
- Therapy to address individual issues. The therapist will work collaboratively with the residential and employment/day program providers to recommend supports and restrictions necessary to reduce the likelihood of a person engaging in targeted behaviors.
- Security precautions such as door and/or window alarms and visual screening of windows and fence openings.
- Appropriate supervision in the home and community.
- Integrated treatment goals, objectives, and therapeutic interventions to assist program participants to function safely in society and avoid offending or re-offending.
- Collaboration and coordination between DDD staff, residential providers, employment/day program providers, therapists, and other agencies or individuals, such as law enforcement, corrections officers, schools, and mental health workers.
- Program designs that avoid dehumanization or punitive attitudes.

CPP INFORMATION CHECKLIST (Continued)

- Other modifications or restrictions recommended by the program participant's treatment professional and/or described in the service plan.

- When segregation of program 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 DDD Policy 5.15, *Use of Restrictive Procedures*.

Client

Date

Other

Date

Other

Date

Case Resource Manager

Date



**DIVISION OF DEVELOPMENTAL DISABILITIES
COMMUNITY PROTECTION INTENSIVE SUPPORTED LIVING SERVICES
PRE-PLACEMENT AGREEMENT**

CLIENT'S NAME	DDD NUMBER	DATE OF BIRTH	REGION
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Services through the Community Protection Program involve cooperation with 24-hour supervision, instruction, and supports as identified in your Individual Service Plan (ISP) and/or Individual Instruction and Support Plan (IISP). This may include, but is not limited to, one or more of the following:

- **Assistance with locating housing that would include your own private bedroom, generally with a housemate;**
- **Assistance with community activities such as recreation, work/school, medical, therapy, and shopping;**
- **Assistance with establishing and maintaining appropriate relationships;**
- **Money management (e.g., SSI, food stamps, medical coupons, subsidized housing, budgeting, and banking);**
- **A therapeutic treatment program based on assessed needs;**
- **Assistance with learning household skills (e.g., cooking, cleaning, laundry, shopping, yard work);**
- **Services and supports that attempt to reduce the risk of re-offending, including interventions and restrictions designed to reduce opportunities to re-offend.**

In order to participate in the Community Protection Program, your cooperation will be required for all of the services described above. These will be based on your individual needs as assessed by your treatment team. Intervention/restrictive measures may include but are not necessarily limited to:

- **Alarms on doors and windows;**
- **24 hour supervision which may include line of sight supervision;**
- **Participation in a therapy program;**
- **Disclosure of risk to others as deemed appropriate;**
- **Restrictions of activities (e.g., monitoring of television, magazines, telephone, computer, etc.);**
- **Approved chaperone;**
- **No drug or alcohol use;**
- **No violence or threats of violence and no property destruction;**
- **Room searches based upon recommendations of therapist;**
- **Housing location restriction, and restricted access to victim populations;**
- **Assistance following court orders and registration if required.**

- The expectations and requirements of the program have been explained to me and I understand them.**
- I accept these services and agree to cooperate with the supports, restrictions, and interventions that are provided through this program and described in my ISP, IISP, and my treatment plan.**
- I refuse these services and I understand that I am solely responsible for my actions.**
- I understand that continuation of these services is contingent upon my cooperation with all aspects of the program.**

CLIENT'S SIGNATURE	DATE
GUARDIAN'S SIGNATURE (IF DESIGNATED)	DATE
CASE MANAGER'S SIGNATURE	DATE
WITNESS' SIGNATURE	DATE