

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: COMMUNITY PROTECTION PROGRAM SERVICES POLICY 15.02

Authority: [Chapter 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 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 (DDA) Community Protection Program (CPP).

SCOPE

This policy applies to DDA Field Services staff.

DEFINITIONS

Certified Community Protection Residential Services means services as described in [DDA Policy 15.04](#), *Standards for Community Protection Residential Services* (CPRS). CPRS includes access to 24-hour supervision, instruction and support services, as identified in the person's Individual Support Plan (ISP) and the Individual Instruction and Support Plan (IISP).

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.

CPP Participant means a person who meets one or more of the following criteria and is receiving specialized CPP services:

- (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 \(54\)](#)).

CRM means the Developmental Disabilities Administration Case Resource Manager and/or the Social Worker or Social Service Specialist.

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.

Supervision Level means the level of supervision that is defined in the person’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/or use of alarms to alert staff to movement.

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/day 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

- A. Services offered to persons in the Community Protection Program (CPP) shall be consistent with their individual support and supervision needs, and be provided in a manner that minimizes the likelihood of offending behavior. Services must be provided in the most integrated setting appropriate to the person's needs and 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 participants as well as the community; and
 2. Follow the treatment recommendations set forth by the certified and/or licensed professionals who evaluate and/or treat them.
- C. If there is disagreement among the team concerning the treatment professional's recommendations, the Case Resource Manager (CRM) will consult with their supervisor and the regional CP Coordinator. If a satisfactory resolution cannot be achieved, consult the Field Services Administrator (FSA) for guidance. The FSA will respond in writing within fourteen (14) days with the resolution.
- D. Persons with community protection issues may be referred for services to prospective providers only with disclosure of community protection information. Confidentiality of identification of any victim(s) must be respected. CRMs must redact (i.e., block out) victim names and other identifiers on all referral documents. Victim(s) identity must be contained only in the person's permanent file.

E. The following list specifies what services can and cannot be authorized for CPP participants, when resources are available. Some services may have additional eligibility requirements.

1. Professional Therapy

- a. Therapy that addresses a person's community protection issues must be provided by a qualified therapist or treatment professional with current credentials and who is in good standing with the Washington State Department of Health, Health Professions Quality Assurance Division. The treatment provider must have experience in working with persons with developmental disabilities.
- 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 person has been deemed no longer in need of treatment by a qualified treatment professional, 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](#) and are individualized and pertain to the client's offense history.
- 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 client refuses to participate in the quarterly treatment team meeting, the CRM will document the meeting's occurrence in CARE and note the client refused to participate.
3. Family Support
- a. Services that do not entail supervision may be authorized (e.g., therapies, specialized equipment). Note: Family Support is not a CPP service.
 - b. Respite services, including emergency respite, may only be authorized as follows, and only with the recommendation of the person's treatment professional:
 - 1) In the person's home, as long as the person's parent or legal representative remains on site to accept full responsibility for supervision or a relative respite care provider is available and willing to accept full responsibility for supervision. The CRM is responsible to do full disclosure to the respite provider. The plan for respite care shall be documented in the person's ISP.
 - 2) Community activities used as respite care may not be authorized.
4. In-home personal care
- a. In-home personal care services are available to persons who meet the eligibility criteria.
 - b. The CRM is responsible to do full disclosure to the personal care agency or individual provider. The plan for respite care shall be documented in the ISP.

5. Residential Services

- a. Children or youth under age eighteen (18) who meet the CPP criteria 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 (18) and above will be referred to certified Community Protection Residential Services (CPRS) when resources are available.
- c. Other DDA residential services, including alternative living, companion homes, group homes, group training homes, and non-CPRS supported living, will not be authorized. When a person receiving services in these settings is identified as a CPP participant, they may continue in that residence provided that:
 - 1) A professional assessment supports the residential setting;
 - 2) The residential provider meets the criteria described in [DDA Policy 15.04](#), *Standards for Community Protection Residential Services*; and
 - 3) The Assistant Secretary approves an exception to policy (ETP).
- d. Residential services under the jurisdiction of the Aging and Long Term Support Administration (AL TSA) and Home and Community Services (HCS) Division will not be offered to CPP participants. This includes services in adult family homes (AFH), adult residential care facilities (ARC), assisted living facilities, and nursing homes.

6. Employment/Day Programs

- a. Persons who have been offered certified CPP residential services and declined them are not eligible for an employment or day program.
- b. Persons who have been in employment/day program services prior to being identified as having CP issues, and who have not been offered certified Community Protection Residential Services (CPRS), may remain in their employment/day program or seek new employment under the following conditions:
 - 1) There is disclosure to both the county and the employment/day program provider;

- 2) The employment/day program provider can provide the level of supervision needed, consistent with the recommendations of a qualified treatment professional;
 - 3) There is disclosure to the employer when recommended by the person's treatment team; and
 - 4) The Field Services Administrator (FSA) approves continuation or new employment.
- c. Community access services that are not work-related may only be authorized with the prior approval of the FSA.

PROCEDURES

- A. When a person who meets the criteria for the CPP requests services, the CRM will refer to the parameters outlined above to determine what services to authorize.
- B. When a person who already receives services is identified as having or possibly having community protection issues, the CRM must immediately:
 1. Advise their supervisor and the FSA;
 2. Submit a request for the authorization of temporary resources to the service provider(s) to enhance support and supervision (e.g., residential staff add-on, county resources for one-time funding, technical assistance and consultation, etc.);
 3. Schedule a staffing with the designated regional CP Coordinator or Committee.
 4. Follow the procedures for obtaining a professional risk assessment described in [DDA Policy 15.01](#), *Community Protection Program Identification and Eligibility* (see [Procedures, Section A](#)).
- C. When the person resides in an AFH or other HCS facility, the FSA will notify the HCS Regional Administrator of the person's community protection status and discuss service options.
- D. Field Services staff will use the following as guidelines to determine whether to continue providing services that are already authorized:
 1. If the client does not meet criteria for the CPP, the CRM may continue to authorize existing services.

2. If the client meets criteria for the CPP, Field Services staff will refer to the parameters established in the Policy Section to determine what services can be provided.
 3. When the person has been receiving services that include supervision responsibility through either Family Support or in-home personal care, their program services will be modified to be consistent with the requirements of this policy.
 4. When the child/youth is receiving Voluntary Placement Services (VPS), the Social Worker (SW) or Social Service Specialist (SSS) will 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 child/youth to an alternative provider who can meet the child/youth's specialized needs.
 5. When the person is in either DDA or other ALTSA residential services, Field Services staff will:
 - a. Regard the person as the region's highest priority for the next available CPP resources;
 - b. Advise DDA Central Office and request additional resources if regional resources are not expected to be available in a reasonable period of time; and
 - c. Authorize temporary resources, as approved, to existing service providers to enhance the safety of both the person and the community.
- E. When a person is denied services or their services are reduced or terminated in applying the provisions of this policy, the CRM will provide a written notice to the person and their legal representative of the right to an administrative hearing in accordance with [Chapter 388-02 WAC](#).

EXCEPTIONS

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

SUPERSESSSION

DDA Policy 15.02
Issued April 25, 2013

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

Date: December 1, 2015