



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: STANDARDS FOR COMMUNITY PROTECTION - POLICY 15.04
INTENSIVE SUPPORTED LIVING SERVICES

Authority: Chapter 71A RCW Developmental Disabilities
Chapter 388-101 WAC Certified Community Residential Services and
Support
Chapter 388-825 WAC DD Services Rules

PURPOSE

The Division of Developmental Disabilities (DDD) intends to serve persons identified as Community Protection Program (CPP) Participants in highly supervised community residential settings. These settings must be certified Community Protection - Intensive Supported Living Services (CP-ISLS) according to [Chapter 388-101 WAC, Community Residential Services and Support](#). The standards described in [Chapter 388-101 WAC](#) apply except where otherwise indicated in this policy.

SCOPE

This policy applies to DDD Field Services staff and certified residential providers serving persons who are designated by DDD as meeting the community protection definition as described in this policy, and who are receiving, or being referred to, CP-ISLS.

DEFINITIONS

Community Protection Intensive Supported Living Services (CP-ISLS) means intensive supported living services with access to twenty-four (24) hour supervision and instruction and support services, as identified in the CPP participant's Plan of Care (POC/Individual Support Plan (ISP) and Individual Instruction and Support Plan (IISP). CP-ISLS are provided by DDD certified and contracted community residential providers in housing owned, leased, sub-leased, or rented by the program participant.

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

CPP Participant means a person eighteen (18) years of age or older who meets one or more of the following criteria and is receiving 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 convicted and/or charged of a crime, 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; and constitutes a current risk to others as determined by a qualified professional.
- (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\(45\)](#)).

Security Precautions means environmental modifications that may include, but are not limited to:

- (1) The use of door and/or window alarms and visual screening of windows and fence openings;
- (2) Appropriate supervision in the home and community; and
- (3) Other modifications or restrictions recommended by the program participant's treatment professional and/or described in the IISP.

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.

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.

POLICY

- A. Individuals who receive CP-ISLS must agree to comply with the specialized supports and restrictions specified in their Plan of Care (POC)/Individual Support Plan (ISP), Individual Instruction and Support Plan (IISP), and/or treatment plan.
- B. CP-ISLS shall provide:
1. An opportunity, voluntary or court ordered, for CPP participants to live successfully in the community and stay out of jail, prison or other criminal justice settings;
 2. Environmental and programmatic safeguards and structures, which enhance the protection of neighbors and community members from behaviors that endanger people or property and/or interfere with the rights of others; and
 3. A specialized environment in which CPP participants are supported 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 DDD Policy 5.15, *Use of Restrictive Procedures*.
- D. Composition of Households: DDD does not generally recommend mixing persons with community protection issues with persons who do not have such issues, or mixing persons with sexual deviancy issues with those who do not have sexual deviancy issues.

Decisions to mix households must be based on individual circumstances and take into account:

1. Household restrictions;
2. Personal compatibility;
3. Risk of offense or re-offense;
4. Dangerousness; and
5. The person's choice.

The treatment team must review any potential mixed composition of households and make a recommendation to the Field Services Administrator (FSA). If a provider intends to offer services to non-DDD clients in the same household with CPP participants, DDD must approve these situations, taking into consideration the health, safety, and preference of all housemates (WAC 388-101-1410). Prior to implementation, the final household composition must have the written approval of the FSA.

- E. The treatment team shall meet at least every 90 days to review the participant's progress and make any changes in the person's program and support, as necessary.

PROCEDURES

The standards described in Chapter 388-101 WAC apply except where otherwise indicated in this policy.

A. Certification

In addition to WAC 388-101-1440 through 388-101-1550, certification for CP-ISLS agencies must include, but is not limited to:

1. Security precautions reasonably available to enhance protection of neighbors, children, vulnerable adults, animals, and others;
2. Integrated treatment goals, objectives, and therapeutic interventions to assist CPP participants to function safely in the community and avoid offending or re-offending;
3. Collaboration and coordination between DDD staff, employment/day program providers, therapists, and other agencies and individuals, such as law enforcement, corrections officers, schools, employers, and mental health workers; and
4. Program designs that avoid dehumanization or punitive attitudes.

B. Eligibility For CP-ISLS

In addition to standards in WAC 388-101-1210, a CPP participant must:

1. Meet the definition of CPP Participant as described in this policy and in DDD Policy 15.01, *Community Protection Program Identification and Eligibility*;

2. Voluntarily consent, or consent as a condition of a court order, to participate in the program, including program policy, therapy recommendations, and restrictions to personal freedoms; and
3. Sign a pre-placement agreement with DDD.

C. Administration

In addition to WAC 388-101-1600 through 388-101-1720 and the contract, CP-ISLS providers must:

1. Maintain commercial general liability insurance of at least \$1,000,000 per occurrence and \$3,000,000 in the aggregate; and
2. Have written agency policies and procedures for serving individuals with community protection issues that include, but are not limited to, the following:
 - a. Program description and admission criteria:
 - (i) Program design,
 - (ii) Specialized environmental supports;
 - (iii) Communication between treatment team members, including the CPP participant and his/her legal representative, family, therapists, corrections officers, employment/day program providers, and others;
 - (iv) Guidelines for supporting the CPP participant to choose appropriate residential and employment/day program settings, and appropriate locations for leisure time activities;
 - (v) Involvement of the CPP participant's legal representative, family, and/or friends and their supervision responsibilities; and
 - (vi) Admission process for CPP participants, including agency documentation requirements.
 - b. Definition of staff roles and responsibilities:
 - (i) CPP participant security and supervision in the residence;

- (ii) Community safety and CPP participant security when not in the residence (i.e., when transporting CPP participants and during events in the community); and
 - (iii) Who will participate in treatment team meetings.
- c. Confidentiality and release of information, including maintaining program confidentiality with regard to disclosure of information related to the community protection designation of the CPP participant;
- d. CPP Participant rights and grievance procedure:
 - (i) Specific rights and grievance procedures of the CPP participant related to specialized environments; and
 - (ii) Use of any restrictive procedures as specified in DDD Policy 5.15, *Use of Restrictive Procedures*, including any requirements for Exceptions to Policy (ETP);
- e. Response and contingency plans for:
 - (i) Emergency relocation of the CPP participant;
 - (ii) Emergency staffing in the event changes are required to protect staff or others;
 - (iii) Situations that may be potentially dangerous (e.g., where the gender of staff working alone may cause them to be at risk or when the program participant obsesses about or makes threats to a specific staff person); and
 - (iv) General emergencies.
- f. Law enforcement requirements, including acknowledgment of and adherence to state laws governing registered and non-registered sexual offenders; and
- g. Incident reporting, including emergency procedures to notify DDD when a significant incident occurs or a CPP participant refuses to abide by restrictions, supervision requirements, treatment recommendations, and/or ceases participation in therapy. Refer to DDD Policy 6.12, *Residential Reporting Requirements*, for additional guidance on incident reporting

requirements. Field Services staff should also refer to DDD Policy 12.01, *Incident Management*.

D. Personnel

In addition to standards in WAC 388-101-1600 through 388-101-1720, CP-ISLS staff must:

1. Understand the importance of community protection and public safety;
2. Behave respectfully towards CPP participants;
3. Maintain appropriate personal and professional relationships with CPP participants; and
4. Implement the CPP participant's IISP, Positive Behavior Support Plan (PBSP), and specialized therapy or recommendations, including therapist-approved treatment procedures. These must meet the requirements of DDD Policy 5.15, *Use of Restrictive Procedures*, and other related DDD policies.

E. Staffing

In addition to standards in WAC 388-101-1640, CP-ISLS staffing must:

1. Meet supervision guidelines in the CPP participant's IISP, PBSP, and/or therapist-approved treatment plan; and
2. Ensure the security needs of all CPP participants.

F. Staff Training

In addition to standards in WAC 388-101-1680, CP-ISLS staff training must include, but is not limited to, the following topics:

1. [DDD Residential Guidelines](#) as related to or modified for serving people with community protection needs;
2. Orientation specific to community protection behavior issues and needs of CPP participants (such as the DDD Community Protection Orientation Video and Training Manual) and training on issues such as:
 - a. Staff and/or victim grooming and manipulation techniques;

- b. Triangle relationships (e.g., participant/therapist/provider);
 - c. Emotional responses of staff;
 - d. Offense patterns;
 - e. Awareness of power and control over individuals in a subordinate role;
and
 - f. Ways to develop mutually respectful and trusting relationships while
guarding against potentially manipulative behaviors of some CPP
participants;
3. Expectations for collaboration and cooperation with treatment professionals,
including attending group meetings and having joint training with therapists;
 4. Coordination and communication protocols with DDD case resource managers
and other community supports, including employment/day program providers,
corrections officers, legal representatives, families, and schools;
 5. Security procedures for the safety of CPP participants, provider staff, and the
community;
 6. Procedures regarding maintenance of confidentiality and appropriate disclosure of
personal information; and
 7. Legal issues regarding community protection behaviors.

Staff working with CPP participants must receive community protection specific
training within ninety (90) calendar days.

G. Plan of Care (POC)/Individual Support Plan (ISP)

In addition to standards in WAC 388-101-1870 through 388-101-2030, the POC/ISP
must:

1. Specifically refer for placement in CP-ISLS;
2. Include all services paid for by DDD including, but not limited to, residential,
employment/day program, and therapies;
3. Indicate the nature and frequency of required reports and updates; and

4. Be reviewed and updated at least annually with face-to-face contact, or whenever there is a change in the CPP participant's condition or services. The treatment team must agree to the changes to the POC/ISP.

H. Instruction and Support

In addition to standards in WAC 388-101-2010 through 388-101-2030, CPP participants must have:

1. A written individual plan that contains, at a minimum, the following:
 - a. An assessment of the CPP participant's emotional and behavioral issues as related to community protection risks;
 - b. Specific intervention strategies and techniques related to community protection risks;
 - c. Specific restrictions and measures, including security precautions, both in-home and out-of-home; and
 - d. Signatures of the DDD case resource manager and the CPP participant.
2. For those participants who have a history of sexual offending, a written psychosexual evaluation and treatment recommendations, including any restrictive procedures, approved by a certified Sexual Offender Treatment Provider (SOTP) or an affiliate SOTP working under the supervision of a certified SOTP.
3. A written Functional Assessment (FA) of any challenging behaviors for which a PBSP is required. Refer to DDD Policy 5.14, *Positive Behavior Support*, for requirements regarding functional assessments and behavior support plans.
 - a. For CPP participants with sexual offending issues, the written assessment by a certified SOTP or an affiliate SOTP working under the supervision of a certified SOTP, may substitute for the FA of those behaviors and the provider's recommendations may serve as justification for restrictions related to the sexual behaviors.
 - b. If the CPP participant also has unrelated challenging behaviors (e.g., property destruction, physical aggression), a FA for those behaviors must be conducted in addition to the SOTP evaluation unless the SOTP evaluation also addresses the behavior.

4. A written PBSP that is based upon the functional assessment(s) described above. The PBSP must meet the criteria set forth in DDD Policy 5.15, *Use of Restrictive Procedures*, when restrictive procedures are considered necessary to ensure participant or public safety.

I. Nurse Delegation

In addition to standards in WAC 388-101-2400 through 388-101-2540, CP-ISLS providers must disclose to the delegating nurse any relevant information related to community protection issues of CPP participants. Refer to DDD Policy 6.19, *Residential Medication Management* for further information on nurse delegation.

J. Client Records

In addition to standards in WAC 388-101-1730 through 388-101-1780, CPP participant records must include:

1. POC/The ISP, IISP, FA, PBSP, and a therapist-approved treatment plan when completed;
2. Psychosexual and/or psychological evaluations and risk assessments;
3. Documentation of the CPP participant's registration with appropriate law enforcement authorities, if required, as well as documentation of subsequent notification to DDD of registration;
4. Documentation of all agreements, plans and/or understandings with other agencies or individuals who support the CPP participant, including the person's legal representative/family. These must include requirements for supervision of the CPP participant when residential provider staff are not present;
5. Documentation of the CPP participant's refusal to follow conditions of the IISP, PBSP, and/or treatment recommendations of the SOTP or other treatment professional; and
6. Copies of any approved exceptions to policy (ETP).

K. Transportation

In addition to standards in WAC 388-101-2300, CP-ISLS providers:

1. Must ensure and/or provide supervised transportation as needed for medical emergencies, appointments, to and from the day program site, and community activities; and
2. Are exempt from encouraging the independent use of public transportation by the CPP participant.

L. Physical Requirements

1. In addition to standards in WAC 388-101-1200 and 1220, CP-ISLS providers must:
 - a. Consider specific offense patterns when determining appropriate program locations, taking into account the preference of the person as much as possible. CPP participants with sexually violent and/or predatory behaviors may not live near schools, child care centers, public playgrounds, or similar settings; and
 - b. Determine appropriate and necessary restrictive procedures that may include visual screening of windows, doors and other openings, use of door and/or window alarms, and restricted access to certain areas.
2. WAC 388-101-1200 exempts CP-ISLS from being located in a residential neighborhood within reasonable distance of physical resources. Where possible, however, residences will be within a reasonable distance of physical resources.
3. [DSHS Form 10-328, Residential Site Approval Request](#), must be used when siting a home for a CPP participant with sexually violent and/or predatory behaviors. The residential provider and the case resource manager (CRM) must conduct site checks at different days and times of the week and document these on [DSHS 10-328](#).

Additionally, the CRM must contact the local DSHS Division of Child Care and Early Learning (DCCEL) to determine the presence of licensed family child care providers in the neighborhood.
4. The DDD Regional Administrator must provide written approval of the residential site for program participants with sexually violent and/or predatory behaviors on [DSHS Form 10-328, Residential Site Approval Request](#). Approval or disapproval of the proposed site must be determined within five (5) calendar days.
 - a. The Regional Administrator may request an updated site review at any time.

- b. An updated site review should be obtained and approved whenever there is a significant change to the neighborhood (e.g., new child care center, new park or school).

EXCEPTIONS

Standards for exceptions are the same as in WAC 388-101-2380. Any exceptions to this policy must have the prior written approval of the Division Director.

SUPERSESSION

DDD Policy 15.04
Issued September 1, 2005

DDD Policy 15.04
Issued November 1, 2003

DDD Policy 15.04
Issued July 1, 2001

DDD Policy 4.10
Issued April 13, 2000

DDD Policy 4.10
Issued May 17, 1999

DDD Policy 4.10
Issued December 29, 1998

DDD Policy 4.10
Issued April 22, 1998

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

Date: July 1, 2007