

DIVISION OF DEVELOPMENTAL DISABILITIES Olympia, Washington

TITLE: STANDARDS FOR COMMUNITY PROTECTION

POLICY 15.04

RESIDENTIAL SERVICES (CPRS)

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 Residential Services (CPRS) (Chapter 388-101 WAC, Certified 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, CPRS.

DEFINITIONS

Community Protection Residential Services (CPRS) 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 Individual Support Plan (ISP) and Individual Instruction and Support Plan (IISP). CPRS are provided by DDD contracted certified 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; <u>and</u> 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 (<u>RCW</u> 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 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.

POLICY

- A. Individuals who receive CPRS must agree to comply with the specialized supports and restrictions specified in their Individual Support Plan (ISP), Individual Instruction and Support Plan (IISP), and Treatment Plan.
- B. CPRS shall provide:
 - 1. A voluntary opportunity 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. <u>Composition of Households</u>: 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.

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- 1. Decisions to mix households must be based on individual circumstances and take into account:
 - a. Household restrictions:
 - b. Personal compatibility;
 - c. Risk of offense or re-offense;
 - d. Dangerousness; and
 - e. The person's choice; and
- 2. 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 ninety (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. <u>Certification</u>

In addition to WAC 388-101-3401 through 388-101-3180, certification for CPRS agencies must include, but is not limited to, the following:

- 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 reoffending;
- 3. Collaboration and coordination between DDD staff, employment/day program providers, therapists, and other agencies and individuals, such as law

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enforcement, corrections officers, schools, employers, and mental health workers; and

4. Program designs that avoid dehumanization or punitive attitudes.

B. <u>Eligibility For CPRS</u>

In addition to standards in Chapter 388-101 WAC, 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 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 388-101-3190 through 388-101-3310 and the contract, CPRS 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;

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- (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. <u>Definition of staff roles and responsibilities:</u>
 - (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. <u>Confidentiality and release of information</u>, including maintaining program confidentiality with regard to disclosure of information related to the community protection designation of the CPP participant;
- d. <u>CPP Participant rights and grievance procedure:</u>
 - (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. <u>Law enforcement</u> requirements, including acknowledgment of and adherence to state laws governing registered and non-registered sexual offenders; and
- g. <u>Incident reporting</u>, 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 388-101-3190 through 388-101-3310, CPRS 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 the therapist's Treatment Plan for the CPP participant. 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 388-101-3260, CPRS staffing must:

- 1. Meet supervision guidelines in the CPP participant's IISP, PBSP, and Treatment Plan; and
- 2. Ensure the security needs of all CPP participants.

F. Staff Training

In addition to standards in WAC 388-101-3260-3290, CPRS staff training must include, but is not limited to, the following topics:

1. <u>DDD Residential Guidelines</u> 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 DVD 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. <u>Individual Support Plan (ISP)</u>

In addition to standards in Chapter 388-101 WAC, the ISP/IISP must:

1. Specifically refer for placement in CPRS;

- 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 ISP/IISP.

H. <u>Instruction and Support</u>

In addition to standards in Chapter 388-101 WAC, 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 inhome and out-of-home; and
 - d. Signatures of the DDD case resource manager and the CPP participant.
- 2. For CPP participants who have a history of sexual offending, a <u>written</u> <u>psychosexual evaluation and treatment recommendations</u>, including any restrictive procedures, by a certified Sexual Offender Treatment Provider (SOTP) or an affiliate SOTP working under the supervision of a certified SOTP.
- 3. <u>A written Functional Assessment (FA) of any challenging behaviors</u> 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 <u>unless</u> the SOTP evaluation also addresses the behavior(s).

4. A <u>written PBSP that is based upon the functional assessment(s)</u> 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. <u>Nurse Delegation</u>

In addition to standards in WAC 388-101-3630 through 388-101-3730, CPRS 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 more information on nurse delegation.

J. Client Records

In addition to standards in WAC 388-101-3780 through 388-101-3830, CPP participant records must include:

- 1. The ISP, IISP, FA, PBSP, written individual plan, and a 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 chaperone agreement(s) for supervision of the CPP participant when residential provider staff are not present (use DSHS 15-356, DSHS 15-356, DDD Community Protection Program Chaperone Agreement; see Attachment A);
- 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. <u>Transportation</u>

In addition to standards in WAC 388-101-4030, CPRS 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 Chapter 388-101WAC, CPRS 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 CPRS 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. <u>DSHS 10-328, Residential Site Approval Request</u>, 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 the <u>DSHS</u> 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 the DSHS 10-328. Approval or disapproval of the proposed site must be determined within five (5) calendar days.

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- 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

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

SUPERSESSION

DDD Policy 15.04 Issued July 1, 2007

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	Date: July 1, 2008
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Director, Division of Developmental Disabilities

Attachment A – DSHS 15-356, DDD Community Protection Program Chaperone Agreement

ATTACHMENT A



DDD Community Protection Program Chaperone Agreement

The following information documents the agreement that allows the identified person to provide

supervision and support to the identified client will for supervision and support.	thout the program staff present and responsible		
CHAPERONE	CLIENT		
I met with or spoke to the treating therapist and understand this person's Treatment Plan(s) and the reasons for restrictions and supervision.			
 I read and understand this person's Treat of supervision required. 	I read and understand this person's Treatment Plan(s) including a description of the level of supervision required.		
 I received full disclosure of this person's c 	I received full disclosure of this person's criminal and/or offense history.		
	person unless they are this client's staff or have signed a Chaperone Agreement for this		
	I understand that I can ask questions, get clarification, and have access to the person's file and Treatment Plan to review restrictions and/or my responsibilities as a chaperone.		
	I understand that changes in restrictions require the approval of the treatment team before they can become effective and that I will be informed of changes or revisions to the Treatment Plan.		
person's Treatment Plan that occur while	I understand that as a chaperone, I have the responsibility to report any violations of this person's Treatment Plan that occur while this person is under my supervision to the program staff and/or the treating therapist.		
violations of the Treatment Plan while this chaperone status will be reviewed by the	I understand that if I fail to provide the approved level of supervision and report any violations of the Treatment Plan while this person is under my supervision, my chaperone status will be reviewed by the therapist and treatment team and may be revoked either temporarily or permanently.		
By signing this document, I am agreeing to the above statements.			
CHAPERONE	DATE		
This Chaperone Agreement has been reviewed and agreed upon by the treatment team:			
CLIENT AND/OR LEGAL REPRESENTATIVE	DATE		
THERAPIST	DATE		
RESIDENTIAL PROVIDER	DATE		
CASE DESCRIBEE MANAGED	DATE		

DSHS 15-356 (04/2008)