

DEVELOPMENTAL DISABILITIES ADMINISTRATION Olympia, Washington

RESIDENTIAL SERVICES (CPRS)

TITLE: STANDARDS FOR COMMUNITY PROTECTION

POLICY 15.04

Authority: Chapter 71A RCW

Developmental Disabilities

Chapter 388-101 WAC

Certified Community Residential Services and

Support

Chapter 388-825 WAC Chapter 388-831 WAC Developmental Disabilities Services Community Protection Program

Reference:

DDA Policy 15.01, Community Protection Program Identification and Eligibility

DDA Policy 15.02, Community Protection Program Services

DDA Policy 15.03, Community Protection Standards for Employment Program

Services

DDA Policy 15.05, Community Protection Program Exit Criteria

PURPOSE

The Developmental Disabilities Administration (DDA) 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 DDA Field Services staff and certified residential providers serving persons who are designated by DDA as meeting the community protection definition as described in this policy, and who are receiving, or being referred to, CPRS.

DEFINITIONS

Chaperone means a person who is delegated the responsibility to escort and supervise the CPP Participant to ensure participant and community safety. Chaperone agreements are approved by the Treatment Team following review and input from the participant's therapist.

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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) and Treatment Plan. CPRS are provided by DDA contracted and 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 DDA 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 <u>9A.44</u> and <u>71.09</u> RCW, including, but not limited to, rape, rape of a child, and child molestation, <u>and</u> constitutes a current risk to others as determined by a qualified professional (<u>Note</u>: 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 firesetting 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 (DDA) Case Resource Manager.

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.

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

- The use of door and/or window alarms and visual screening of windows and fence openings;
- Appropriate supervision in the home and community; and
- Other modifications or restrictions recommended by the program participant's treatment professional and/or described in the Individual Instruction and Support Plan (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, including 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.

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 that 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 DDA Policy 5.15, *Use of Restrictive Procedures*.
- D. <u>Composition of Households</u>

The DDA 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. The following conditions apply:

- 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-CPP clients in the same household with CPP participants, DDA must approve these situations, taking into consideration the health, safety, and preference of all housemates (<u>WAC 388-101-3410</u>). 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 CP participant's progress and make any changes in the participant's program and support, as necessary.

PROCEDURES

The standards described in <u>Chapter 388-101 WAC</u> apply, except where otherwise indicated in this policy.

A. Certification

In addition to <u>Chapter 388-101 WAC</u>, 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 DDA staff, employment 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 CPRS

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 DDA 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 DDA.

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. <u>Program description and admission criteria:</u>
 - i. Program design,
 - ii. Specialized environmental supports;
 - iii. Communication between treatment team members, including the CPP participant and their legal representative, family, therapists, corrections officers, employment program providers, and others;
 - iv. Guidelines for supporting the CPP participant to choose appropriate residential and employment 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. <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. 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 DDA 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 DDA 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 DDA Policy 6.12, *Mandatory Incident Reporting Requirements for Residential Services Providers*, for additional guidance on incident reporting requirements. Field Services staff should also refer to DDA Policy, *Incident Reporting*.

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

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Plan for the CPP participant. These must meet the requirements of DDA Policy 5.14, *Positive Behavior Support*, Policy 5.15, *Use of Restrictive Procedures*, and other related DDA policies.

E. Staffing

In addition to standards in WAC 388-101, 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

- 1. In addition to standards in WAC 388-101-3260 through 388-101-3290, CPRS staff training must include, but is not limited to, the following topics:
 - a. The <u>DDA Residential Guidelines</u> as related to or modified for serving people with community protection needs;
 - b. Orientation specific to community protection behavior issues and the needs of CPP participants (e.g., the DDA Community Protection Orientation DVD and Training Manual) and training on issues such as:
 - i. Staff and/or victim grooming and manipulation techniques;
 - ii. Triangle relationships (e.g., participant/therapist/provider);
 - iii. Emotional responses of staff;
 - iv. Offense patterns;
 - v. Awareness of power and control over individuals in a subordinate role; and
 - vi. Ways to develop mutually respectful and trusting relationships while guarding against potentially manipulative behaviors of some CPP participants;
 - c. Expectations for collaboration and cooperation with treatment professionals, including attending group meetings and having joint training with therapists;

- d. Coordination and communication protocols with DDA Case Resource Managers (CRM) and other community supports, including employment/day program providers, corrections officers, legal representatives, families, and schools;
- e. Security procedures for the safety of CPP participants, provider staff, and the community;
- f. Procedures regarding maintenance of confidentiality and appropriate disclosure of personal information; and
- g. Legal issues regarding community protection behaviors.
- 2. Residential services providers working with CPP participants must receive community protection specific training within thirty (30) calendar days. Staff who have not completed community protection specific training as described above must not work by themselves with CPP participants.

G. Individual Support Plan (ISP)

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

- 1. Specifically refer for placement in CPRS;
- 2. Include all services paid for by DDA including, but not limited to, residential, employment 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.

H. **Instruction and Support**

To meet standards in Chapter 388-101 WAC, CPP participants must have:

1. A <u>written psychosexual evaluation and treatment recommendations</u> for CPP participants who have a history of sexual offending, including any restrictive procedures, by a C-SOTP or a A-SOTP working under the supervision of a C-SOTP.

- 2. <u>A written Functional Assessment (FA) of any challenging behaviors</u> for which a PBSP is required. Refer to DDA Policy 5.14, *Positive Behavior Support*, for requirements regarding FAs and PBSPs.
 - a. For CPP participants with sexual offending issues, the written assessment by a C-SOTP or a A-SOTP working under the supervision of a C-SOTP, may substitute for the FA of the sexual behaviors and the provider's recommendations may serve as justification for restrictions related to the sexual behaviors under the following conditions:
 - i. The written assessment by a SOTP must not be older than five (5) years. Note: The current Treatment Plan developed by the participant's therapist may be used as long as it contains hypotheses for the sexual behaviors;
 - ii. The FA must include a summary statement of the SOTP's written assessment and its conclusions; and
 - iii. The participant's current Treatment Plan and PBSP include all approved restrictions.
 - b. If the CPP participant also has unrelated challenging behaviors (e.g., non-sexual behaviors such as property destruction, physical aggression, etc.), a FA for those behaviors must be conducted in addition to the SOTP assessment
- 3. A <u>written PBSP that is based upon the functional assessment(s)</u> described above. The PBSP must meet the criteria set forth in DDA 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 388-101-3630 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 DDA Policy 6.15, *Nurse Delegation Services*, and DDA 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:

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- 1. The ISP, IISP, FA, PBSP, and a Treatment Plan when completed;
- 2. Psychological and/or psychosexual 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 DDA of registration;
- 4. Documentation of all agreements, plans and/or understandings with other agencies or individuals who support the CPP participant, including the participant's legal representative/family. This must include all chaperone agreements for supervision of the CPP participant when program staff are not present (refer to Section N below for Chaperone requirements).
- 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 388-101-4030, 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 <u>Chapter 388-101 WAC</u>, 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. Where possible, residences will be located within a reasonable distance of community resources.

M. Residential Site Approvals

- 1. <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.
 - a. The residential provider and the CRM must conduct site checks at different days and times of the week and document these on the <u>DSHS 10-328</u>, *Residential Site Approval Request*, prior to the home being approved.

Note: When conducting a site review on a new house, it may not be possible for the CRM to gain entry due to landlord availability, etc. In these situations, the CRM may waive the requirement to view the interior of the house and the external views from inside the house.

- b. The CRM must contact the local office of the Department of Early Learning (DEL) or use other geo-mapping tools to determine the presence of licensed family childcare providers in the neighborhood.
- c. The site approval is by individual CPP participant. When a new participant moves into an existing CPP home, a site approval is required for the new participant. Participants may not move from one home to another without a prior site review.
- d. When a group of participants are scheduled to move into a new vacant house, one form may be used that includes the names of all of the participants. The CRM must ensure that a copy of the form is filed in each participant's record.
- e. In the event a CPP participant must move <u>immediately</u> into an existing CPP home and there is insufficient time to conduct a proper site review, the CRM and the provider must conduct the site review and complete the form within seven (7) calendar days.
- 2. The DDA Regional Administrator must provide written approval of the residential site for CPP participants on the <u>DSHS 10-328</u>. The RA must approve or disapprove the proposed site within five (5) calendar days following receipt of the completed <u>DSHS 10-328</u> from the CRM.
- 3. The RA may request an updated site review at any time.

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4. The residential provider must notify the CRM whenever they become aware of a significant change has occurred in the neighborhood, such as a new childcare center, park or school, children moved in next door, etc. Following the notification, the provider and the CRM must conduct an updated site review and submit it to the RA for approval.

N. Chaperones

- 1. Due to the supervision needs of CPP participants, it is critical that individuals who want to provide supervision to a participant when residential program staff are not present fully understand the participant's issues and restrictions. This shall be documented with a written Chaperone Agreement.
 - a. The participant's therapist typically reviews each Chaperone Agreement and provides recommendations to the Treatment Team. This may include meeting with the proposed chaperone to discuss the participant's issues and supervision needs.
 - b. Chaperone Agreements are not required when supervision will be provided by other paid services providers identified in the participant's ISP, such as the participant's therapist and employment program service providers.
 - c. Use <u>DSHS 15-356</u>, <u>DDA Community Protection Program Chaperone</u>
 <u>Agreement</u>, to document all Chaperone Agreements.
- 2. The residential provider must train its employees on the contents of the Chaperone Agreement(s) and notify the CPP participant's therapist if the participant and/or approved chaperone is not following the Chaperone Agreement(s).
- 3. Failure by the approved chaperone to provide adequate supervision to the participant may result in termination of the Chaperone Agreement by the therapist or DDA.

EXCEPTIONS

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

SUPERSESSION

DDD Policy 15.04 Issued July 1, 2011

TITLE: STANDARDS FOR COMMUNITY PROTECTION RESIDENTIAL SERVICES (CPRS)

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/s/ Donald Clintsman
Deputy Assistant Secretary
Developmental Disabilities Administration Approved: Date: <u>July 1, 2013</u>