

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: COMMUNITY PROTECTION PROGRAM REDUCTIONS 15.05
AND EXIT CRITERIA

Authority: [Title 71A RCW](#) *Developmental Disabilities*
[Chapter 71A.12 RCW](#) *Developmental Disabilities: State Services*
[Chapter 388-101D WAC](#) *Requirements for Providers of Residential 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 and Eligibility*
[DDA Policy 15.02](#), *Community Protection Program Services*
[DDA Policy 15.03](#), *Community Protection Standards for Employment Program Services*
[DDA Policy 15.04](#), *Standards for Community Protection Residential Services*

PURPOSE

This policy establishes guidelines related to reduction or phasing out of restrictions, and termination of community protection residential services (CPRS) for community protection program (CPP) participants.

SCOPE

This policy applies to Developmental Disabilities Administration (DDA) Field Services staff, community residential service providers, and employment providers serving CPP participants.

DEFINITIONS

Community protection residential services (CPRS) means supported living services with access to 24-hour supervision and instruction and support services, as identified in the CPP participant's person-centered service plan, positive behavior support plan, individual instruction and support plan, and treatment plan. CPRS are provided by certified community residential providers contracted with DDA in housing that is owned, leased, or rented by the CPP participant.

Community protection program (CPP) means services specifically designed to support clients with community protection issues as defined in [DDA Policy 15.01](#), *Community Protection Program Identification and Eligibility*, and in “CPP participant” below.

Community protection program (CPP) participant means a client receiving CPP services under Chapter 388-101D WAC and [DDA Policy 15.01](#), *Community Protection Program Identification and Eligibility*:

CRM means the 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 typically excluded from disclosure.

Reduction in supervision means a change to a participant’s staffing level, type, or proximity which effects the staff’s ability to observe or intervene in the participant’s behavior.

Specialized client screen in CARE means a sub-folder in the DDA Case Management folder in CARE. Information available in this folder may include an identifier for community protection or tracking-only for DDA-enrolled participants who meet criteria.

Supervision level means the level of supervision defined in the participant’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 use of alarms to alert staff to movement.

Treatment plan means an individualized plan written by a qualified professional or therapist for a participant that includes the following, at a minimum:

- (a) Specific time-limited goals and objectives based upon evaluation data;
- (b) Specific therapeutic services proposed, include frequency and duration of services and methods to be used;
- (c) Recommendations for supervision and any other restrictions or restrictive procedures;
- (d) A description of how participant progress will be assessed; and
- (e) Treatment discharge criteria.

Treatment team means the program participant and the group of people responsible for the development, implementation, and monitoring of the participant’s individualized supports and services. This group may include the case resource manager, therapist, residential provider,

employment program provider, community corrections officer, mental health case manager, and the participant's legal representative or family.

POLICY

- A. CPP participants will have appropriate opportunities to receive services in the least restrictive manner and in the least restrictive environments possible. In considering requests or recommendations for lessening program restrictions, phasing out supervision, or terminating services, Field Services staff will give careful consideration to the safety and welfare of both the CPP participant and the community.
- B. The reduction of program restrictions shall be based on the CPP participant's compliance with their treatment plan and their assessed risk to the community.
- C. A plan for reducing program restrictions for a CPP participant must include specific, objective behavioral criteria and goals.
- D. There are five ways for a participant to exit the CPP:
 - 1. No longer meeting the CPP eligibility criteria (e.g., determination by the treatment team, reviewed by the Regional CP Committee and approved by the RA or designee that the CPP participant no longer presents a current risk to the community);
 - 2. Phasing out of the program (see Procedures, Section C);
 - 3. Termination from the program for noncompliance (see Procedures, Section D);
 - 4. Voluntarily leaving the CPP against the advice of the treatment team (see Procedures, Section E); or
 - 5. No longer meets DDA eligibility criteria.

PROCEDURES

- A. Modifying Treatment Implementation
 - 1. The participant's therapist may make frequent modifications to implementation of the treatment plan in collaboration with service provider management. Examples include access to television, media, or community engagement activities.
 - 2. If a CPP participant engages in an incident related to their offending pattern, the therapist or service provider management may suspend previously approved reductions pending a review of the participant's treatment plan by the treatment

team. The service provider must promptly notify the treatment team of any such incidents or reduction suspensions.

B. Significant changes to the Treatment Plan

1. The CCP participant's Treatment Team is responsible for reviewing and approving or denying significant changes to the treatment plan.
2. Significant changes can be proposed by the participant, therapist, or another member of the treatment team and must be presented with appropriate documentation at the participant's quarterly treatment team meeting. Examples of significant changes to the treatment plan include, but are not limited to, modifications to restrictions related to such items as sharps or combustibles, use of alarms, participation in certain activities, and chaperone agreements.
3. Based on the CPP participant's particular risk factors, other significant changes to the treatment plan may require CP committee approval, and must be identified in advance by the CP committee.
4. The CRM must file the updated treatment plan in the CPP participant's DDA case file and send a copy to the service provider.
5. The service provider must document employee training about the revised treatment plan.

C. Reduction of Supervision

1. When considering a reduction in supervision, the following must occur:
 - a. The CPP participant or a member of their treatment team requests or recommends a reduction;
 - b. The therapist writes a recommendation;
 - c. The treatment team secures input from others as appropriate, including the person's Community Corrections Officer (CCO), and mental health case manager;
 - d. The treatment team reviews any court-ordered conditions of release or other legal sanctions to determine whether the reduction would be in conflict or require modifying an existing order;
 - e. The treatment team will discuss the proposed reductions and develop consensus around a team recommendation for the plan;

- f. A member of the treatment team writes the reduction plan.
2. The regional CP committee will review the plan and determine whether to approve or deny the request to reduce supervision. In approving the request, the committee must verify the proper procedural steps have occurred and the reduced supervision is supported by the CPP participant's professional risk assessment or current therapist's assessment of risk.
3. Any reduction in supervision to less than line of sight while outside of the residence requires review and approval by the Regional Administrator (RA) or designee no more than 14 calendar days after the date of the recommendation by the committee.
4. If a CPP participant's request for a reduction in supervision is denied, the CRM, in consultation with the treatment professional, must inform the CPP participant of the reasons for the denial in a timely manner.
5. If the CPP participant disagrees with the decision, the CRM must inform the person of their right to pursue a further review through the agency's Rights and Grievance procedure under [DDA Policy 15.04](#), *Standards for Community Protection Residential Services*.

D. Phasing Out Community Protection Program Services

1. A CPP participant may be considered for phasing out of the program if the participant complies with reduced restrictions and remains free of offenses that may indicate a relapse for at least twelve months.
2. Before a CPP participant may begin phasing out, the following must occur:
 - a. The CPP participant's treatment professional must provide a written phase-out recommendation that describes the participant's treatment progress. If the treatment professional cannot provide a current risk assessment, the treatment professional must refer the participant for a risk assessment by a qualified professional as described in [DDA Policy 15.01](#), *Community Protection Program Identification and Eligibility*.
 - b. The treatment team must agree the CPP participant is ready to phase out of the program. The team should strive for consensus; if there are significant disagreements, the CRM must consult with their supervisor and the CP Coordinator. If necessary, the CP Coordinator must consult with the RA or designee.

- c. The treatment team must develop a phase-out plan that is projected over a reasonable period of time and includes specific criteria for evaluating reductions in restrictions, especially supervision, at designated intervals.

Note: If the participant no longer meets CPP eligibility criteria, the treatment team must develop a shortened phase-out plan.

3. Before the CPP participant exits the program, the treatment team must develop a transition plan that indicates what supports and services the participant may receive from DDA upon exiting the program and submit the plan (including mixed household request if needed) to the regional CP committee for review.
4. Following review of the transition plan, the regional CP committee will make a recommendation to the RA or designee, who will make the final decision at least 14 days before a CPP participant's exit from the CPP.
5. If the CPP participant successfully phases out of the program, the CP Coordinator must:
 - a. Enter that the CPP participant has "Graduated" from CPP in the *Specialized Client* screen in the Comprehensive Assessment and Reporting Evaluation (CARE) system.
 - b. Send a written notice to the CPP participant and their legal representative confirming the participant has officially graduated from the program.
6. The CRM must document the successful exit from the program in the CPP participant's service episode record (SER).

E. DDA Termination of Community Protection Program Services for Noncompliance

1. DDA may terminate a participant's CPP services if the participant:
 - a. Physically assaults someone and it results in serious injury;
 - b. Repeatedly evades supervision;
 - c. Engages in illegal behavior; or
 - d. Refuses to comply with treatment guidelines to the extent that the therapist determines the CPP participant is not amenable to treatment.
2. Before terminating services:

- a. The regional CP Coordinator must verify that substantial efforts to address the participant's noncompliance have occurred and give the treatment team an opportunity to make recommendations to prevent the CPP participant's termination from the program and refer the decision to the Central Office Community Protection Program Manager.
 - b. The Central Office Community Protection Program Manager must consult with the Attorney General's Office (AGO) and provide feedback to the Regional CP Committee.
 - c. The Regional CP Committee must make a recommendation to the Regional Administrator.
 - d. The RA, in consultation with the Assistant Secretary, will make the final decision whether to terminate the CPP participant's CPP services for noncompliance.
3. The CP Coordinator or designee will document that the CPP participant has been terminated from the CPP for noncompliance, state the reasons, and enter the end date on the *Specialized Client* screen in CARE.
 4. When a participant is terminated from the CPP, the CRM must notify all current service providers and others as appropriate (e.g., law enforcement, mental health case manager).
 5. A participant terminated from the CPP for noncompliance may not receive other DDA services except in-home personal care services, if eligible. For more information, refer to [DDA Policy 15.02](#), *Community Protection Program Services*.

F. Voluntarily Leaving the Community Protection Program

1. If a CPP participant decides to leave the CPP against the advice of the treatment team, the service provider must notify DDA. If after work hours, the service provider must follow the after-hours notification process.
2. Once notified, the CRM must:
 - a. Ensure the participant has received adequate information regarding services that may be lost or unavailable once they sign out of the program.
 - b. Ask the participant to sign [DSHS 15-419](#), *CPP Refusal of Services Statement*, to confirm they no longer want to receive CPP services. If the participant refuses to sign the form, document the refusal in the CPP participant's record.

- c. Inform Central Office Community Protection Program Manager, the participant's current service providers, and others as appropriate that the participant is leaving the CPP.
 - d. Enter "Refused Services" and the end date on the *Specialized Client* screen in CARE.
3. A participant who leaves the CPP against the advice of the treatment team may not receive other DDA services except in-home personal care, if eligible. For more information, refer to [DDA Policy 15.02](#), *Community Protection Program Services*.

G. DDA Eligibility Review

If it is determined that a CPP participant no longer meets DDA eligibility, the CRM must:

1. Consult with the RA or designee;
 2. Provide written notification, including appeal rights, to the CPP participant and their legal representative and family consistent with DDA policy;
 3. Notify other parties who need to be informed, including current service providers, local law enforcement agency, CCO, mental health case manager, and others as appropriate;
 4. Refer the person to other services for which they might be eligible (e.g., mental health services, housing resources, or services offered through other entities, such as Home and Community Services or Vocational Rehabilitation); and
 5. Enter "No longer eligible" and the end date in the *Specialized Client* screen in CARE.
- H. If a CPP participant's services are denied, reduced, or terminated in applying the provisions of this policy, the CRM must 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 exception to this policy must have the prior written approval of the Deputy Assistant Secretary or designee.

SUPERSESSION

DDA Policy 15.05
Issued July 1, 2019

Approved: /s/ Deborah Roberts Date: July 1, 2019
Deputy Assistant Secretary
Developmental Disabilities Administration