

DEVELOPMENTAL DISABILITIES ADMINISTRATION Olympia, Washington

TITLE: STANDARDS FOR COMMUNITY PROTECTION

POLICY 15.04

RESIDENTIAL SERVICES (CPRS)

Authority: <u>Chapter 71A RCW</u> Developmental Disabilities

Chapter 388-101 WAC Certified Community Residential Services and

Support

<u>Chapter 388-825 WAC</u>
<u>Chapter 388-831 WAC</u>

Developmental Disabilities Services
Community Protection Program

Reference: <u>DDA Policy 15.01</u>, 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 CPP participant and community safety. Chaperone agreements are approved by the Treatment Team following review and input from the CPP 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 CPP participant.

Community Protection Program (CPP) means services specifically designed to support persons with community protection issues as defined in <u>DDA Policy 15.01</u>, *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, <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).
- (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 notification of parties responsible for supervision of current risk and issues related to community protection. 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

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coordination with therapist. Typically, 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 CPP participant's treatment professional and/or described in the Individual Instruction and Support Plan (IISP).

Specialized Environment means a place where the CPP 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.

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 or alarms to alert staff to movement within the home.

Treatment Plan means an individualized plan written by a qualified professional/therapist for a CPP participant 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 CPP participant progress will be assessed; and
- Treatment discharge criteria.

Treatment Team means the CPP 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.

Triangulation is when a third person enters a conflict aligning themselves with one of the original two parties, with the third person only hearing one side of the story.

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. Composition of Households

- 1. The treatment team must review any potential mixed composition of households and make a recommendation to the Regional Administrator (RA) or designee. If a provider intends to offer services to non-CPP participants in the same household with CPP participants, DDA must approve these situations, taking into consideration the health, safety, and preference of all housemates (WAC 388-101-3410). The request for a mixed household, if applicable, should be initiated during the graduation process. Prior to implementation, the final household composition must have the written approval of the RA or designee within fourteen (14) days of receiving all required information.
- 2. The CRM will submit a prior approval through CARE for the non-CPP participant to live with a CPP participant.
- 3. Decisions to approve mixed households must be based on individual circumstances and take into account the following required information:
 - a. The choice of all potential housemates and guardians;

- b. Household restrictions;
- c. Personal compatibility; and
- d. Potential risk of offense to the non-CPP housemate;
- E. The treatment team shall meet quarterly to review the CPP participant's progress and make any changes in the CPP 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. <u>Eligibility for CPRS</u>

In addition to standards in <u>Chapter 388-101 WAC</u>, a CPP participant must:

- 1. Meet the definition of CPP participant as described in this policy and in <u>DDA</u> <u>Policy 15.01</u>, *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.

B. 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 security precautions reasonably available to enhance protection of community members, children, vulnerable adults, animals, and property;
- 3. Have integrated treatment goals, objectives, and therapeutic interventions to assist CPP participants to function safely in the community and avoid offending or reoffending;

- 4. Collaborate and coordinate with DDA staff, employment program providers, therapists, and other agencies and individuals, such as law enforcement, corrections officers, schools, employers, and mental health workers;
- 5. Ensure program designs promote habilitation and avoid punitive attitudes;
- 6. 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:
 - 1) Program design;
 - 2) Specialized environmental supports;
 - 3) Communication between treatment team members, including the CPP participant and their legal representative, family, therapists, corrections officers, employment program providers, and others;
 - 4) Guidelines for supporting the CPP participant to choose appropriate residential and employment program settings, and appropriate locations for leisure time activities;
 - 5) Involvement of the CPP participant's legal representative, family, and/or friends and their supervision responsibilities; and
 - 6) Admission process for CPP participants, including agency documentation requirements.
 - b. Definition of staff roles and responsibilities:
 - 1) CPP participant security and supervision in the residence;
 - 2) Community safety and CPP participant security when not in the residence (i.e., when transporting CPP participants and during events in the community); and
 - 3) 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>
 - 1) Specific rights and grievance procedures of the CPP participant related to specialized environments; and
 - 2) Use of any restrictive procedures as specified in <u>DDA Policy 5.15</u>, *Use of Restrictive Procedures*, including any requirements for Exceptions to Policy (ETP).
- e. Response and contingency plans for:
 - 1) Emergency relocation of the CPP participant;
 - 2) Emergency staffing in the event changes are required to protect staff or others;
 - 3) 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 CPP participant obsesses about or makes threats to a specific staff person); and
 - 4) 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 <u>DDA Policy 6.12</u>, *Mandatory Incident Reporting Requirements for Residential Services Providers*, for additional guidance on incident reporting requirements. Field Services staff should also refer to <u>DDA Policy 12.01</u>, *Incident Management and Reporting*.

C. <u>Personnel</u>

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 <u>DDA Policy 5.14</u>, *Positive Behavior Support*, <u>DDA Policy 5.15</u>, *Use of Restrictive Procedures*, and other related DDA policies.

D. Staffing

In addition to standards in Chapter 388-101 WAC, 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.

E. 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 facilitated by a trainer (e.g., the DDA Community Protection Orientation DVD and Training Manual) and training on issues such as:
 - 1) Staff and/or victim grooming and manipulation techniques;
 - 2) Triangulation (e.g., CPP participant/therapist/provider);
 - 3) Emotional responses of staff;
 - 4) Offense patterns;
 - 5) Awareness of power and control over individuals in a subordinate role; and

- 6) 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.

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

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

- 1. A <u>written psychosexual evaluation or risk assessment and treatment recommendations</u> by a certified and/or licensed professional (i.e., psychologist, psychiatrist). If the person has a history of sexual deviancy, there must be an evaluation by a Certified SOTP (C-SOTP) or an Affiliate SOTP (A-SOTP) working under the supervision of a C-SOTP. These professionals must have prior experience working with individuals with developmental disabilities.
- 2. <u>A written Functional Assessment (FA) of any challenging behaviors</u> for which a PBSP is required. Refer to <u>DDA Policy 5.14</u>, *Positive Behavior Support*, for requirements regarding FAs and PBSPs.
 - a. For CPP participants, the written assessment by a certified/licensed professional, may substitute for the FA and the provider's

recommendations may serve as justification for restrictions related community protection issues under the following conditions:

- 1) The written assessment by a certified/licensed professional must not be older than five (5) years;
 - <u>Note</u>: The current Treatment Plan developed by the CPP participant's therapist may be used as long as it contains hypotheses for the behaviors.
- 2) The FA must include a summary statement of the certified/licensed professional's written assessment and its conclusions; and
- 3) The CPP 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 certified/licensed professional 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 <u>DDA Policy 5.15</u>, *Use of Restrictive Procedures*, when restrictive procedures are considered necessary to ensure CPP participant or public safety.

G. Changes in Treatment Plan

- 1. During the course of therapy, the CPP participant's therapist may make frequent changes to the treatment plan based upon the CPP participant's progress. These changes must be documented in an updated Treatment Plan quarterly or sooner if needed. The treatment plan is reviewed with the treatment team. Examples of changes to the Treatment Plan include, but are not limited to, access to television or other media, reductions in supervision, a change in staffing level (e.g., from 2:1 to 1:1), etc.
- 2. The CRM must file the updated Treatment Plan in the CPP participant's record.

H. <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 <u>DDA Policy 6.15</u>, *Nurse Delegation*

Services, and <u>DDA Policy 6.19</u>, *Residential Medication Management*, for more information on nurse delegation.

I. <u>CPP Participant Records</u>

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

- 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 CPP 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 M. 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 certified/licensed professional or other treatment professional; and
- 6. Copies of any approved exceptions to policy (ETP).

J. <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.

K. Physical Requirements

1. In addition to standards in Chapter 388-101 WAC, 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.

L. <u>Residential Site Approvals</u>

- 1. <u>DSHS 10-328</u>, *Residential Site Approval Request*, must be used when siting a home for a CPP participant with sexually violent and/or predatory behaviors. Due to the importance of timeliness for residence rentals, site approval processes must be treated with a sense of urgency.
 - 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. The residential service provider will conduct a minimum of three (3) site checks, and the CRM will conduct a minimum of one (1).

Note: When conducting a site review on a new house, it may not be possible 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. For site approvals specific to individuals with sexually violent and/or predatory behaviors, 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 specific to the individual CPP participant. When a new CPP participant moves into an existing CPP home, a site approval is required for the new CPP participant. CPP participants may not move from one home to another without a prior site review.
- d. When more than one CPP participant is scheduled to move into a new vacant house, one form may be used that includes the names of all of the

- CPP participants. The CRM must ensure that a copy of the form is filed in each CPP 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 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.
- 4. The RA may request an updated site review at any time.

M. <u>Chaperones</u>

- 1. Due to the supervision needs of CPP participants, it is critical that individuals who want to provide supervision to a CPP participant when residential program staff are not present fully understand the CPP participant's issues and restrictions. This shall be documented with a written Chaperone Agreement.
 - a. The CPP participant's therapist reviews each Chaperone Agreement and provides recommendations to the Treatment Team. This may include meeting with the proposed chaperone to discuss the CPP participant's issues and supervision needs, and may include disclosure.
 - b. Chaperone Agreements are not required when supervision will be provided by other paid services providers identified in the CPP participant's ISP, such as the CPP participant's therapist and employment program service providers.
 - c. Use <u>DSHS 15-356</u>, *DDA Community Protection Program Chaperone Agreement*, 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 CPP

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participant and/or approved chaperone is not following the Chaperone Agreement(s).

3. Failure by the approved chaperone to provide adequate supervision to the CPP 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

DDA Policy 15.04 Issued July 1, 2013

Approved: /s/ Donald Clintsman Date: July 1, 2015

Deputy Assistant Secretary

Developmental Disabilities Administration