







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 388-820-110). 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 388-820 WAC apply except where otherwise indicated in this policy.**

#### A. Certification

In addition to WAC 388-820-140 through 388-820-240, 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 388-820-060, 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*;



- 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 388-820-260 through 388-820-270, 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, behavior support plan (BSP), 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 388-820-290, CP-ISLS staffing must:

1. Meet supervision guidelines in the CPP participant's IISP, BSP, 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 388-820-330, 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;







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 BSP that is based upon the functional assessment(s) described above. The BSP 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 388-820-730 through 388-820-790, 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 388-820-730 through 388-820-790, CPP participant records must include:

1. The IISP, FA, BSP, 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;



