

BSC, MA, LPCC
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Agency
Address Albuquerque, NM 87197
Phone 505-xxx-xxxx ; Fax 505-xxx-xxxx

RISK MANAGEMENT PLAN
- EFFECTIVE DATES

I. IDENTIFYING INFORMATION:

Individual Name:		SSN:	-
Jackson Class:		DOB:	
Individual Address:		Chron. Age:	
Ind. Phone:		Residential Prov:	
Guardian:		Voc/CCI:	
Region of Res.:		CM Agency:	
Annual ISP Dates:	04/30-04/29	Assigned CM:	
Date of Report:		CM Phone:	

II. GOALS OF THIS PLAN:

- A. This plan is intended to outline environmental modifications, staffing recommendations and responsibilities of individual, residential staff, and identified team members that may lessen the likelihood of Individual engaging in inappropriate contact with other members of the community. **It should be reviewed by a Human Rights Committee regularly.**

III. BEHAVIOR OF CONCERN:

- A. **Targets:**
- B. **Offending Behavior:**
- C. **Specific Vulnerable Other(s):**

IV. SUPERVISION: *This section reflects the supervision agreed upon and enacted by the team. It may not necessarily match the recommendation(s) for supervision outlined in the most recent PRS Consultation Note.*

- A. **Residential:**
- B. **Community:**
- C. **Employment:**
- D. **Visits:**
- E. **Specific Vulnerable Other(s):**

V. STRATEGIES FOR MANAGEMENT OF RISK:

- A. Restrictions:**
- B. External Controls:**
- C. Behavior Support Consultant Responsibilities:**
 - a. Self Management Skills Training For Individual:**
 - b. General or Other:**
- D. Team Responsibilities:**

- E. Direct Support Staff Skills and Responsibilities:**
 - a. Prevention**

 - b. Intervention**

 - c. Crisis Response**

VI. REVIEW OF RISK

- A. Frequency of Team Review of Ongoing Risk Management**
- B. ALERT LIST - Conditions That Would Trigger the Need for Immediate Communication to Behavior Support Consultant:**

VII. STAFF TRAINING REQUIRED FOR IMPLEMENTATION OF RMP

Respectfully submitted,

Name, MA, LPCC - BSC/Director