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RISK MANAGEMENT PLAN
- EFFECTIVE DATES: 3/1/2023 – 9/1/2023

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:** Mr. X has boundary violations against adult females, and teenage females most of whom who were peers in Special Education or who also had developmental disabilities. Most recently, allegations were made towards Mr. XXX by his male housemate.
- B. Offending Behavior:** Mr. X has been accused of non-consensual sexual penetration. He has touched females on the breasts and has kissed them. He has placed a female’s hand on his genitals. He was accused of kissing his male housemate.
- C. Specific Vulnerable Other(s):** Mr. X’s current housemate is considered vulnerable.

IV. SUPERVISION

- A. Residential:** Mr. X receives 1:1 line of sight supervision during residential hours. There is one awake staff during graveyard shift, which is 9pm to 7am or 11pm to 7am. Mr. X can be in his bedroom without staff and can go to the backyard without staff. There are male and female staff that work in the home. No exceptions to awake staff or staffing ratios have been reported.
- B. Community:** Mr. X receives CCS services from Specialty Services. He receives 1:1 line of sight supervision while in the community with no reported exceptions. There is currently not a bathroom protocol in place.

C. Employment: Mr. X is not currently employed.

D. Visits: Mr. X has visits with his mother one or two times per month; his sister and 2-year-old niece are sometimes present during the visits. He always has staff with line of sight him during visits. If he goes to a restaurant with family, he must have line of sight staff supervision. Other outings in community with family need to be approved by guardian and have line of sight staff supervision.

Mr. X attends church on Sunday mornings he must have line of sight staff with him.

E. Specific Vulnerable Others: Most recently, allegations were made towards Mr. X by his male housemate that he had attempted to kiss him on the cheek. Staff must be observant and report any indications that Mr. X is demonstrating increasing interest in either of his two housemates that may have sexual intent. None of the housemates should be in each other's bedrooms and Mr. X should not be in the part of the home where are his housemates' bedrooms.

V. STRATEGIES FOR MANAGEMENT OF RISK

A. Restrictions:

- Mr. X is not allowed to have a cellphone. He has a tablet that he can use from 4pm to 8pm and is required to have staff supervision during that time. Staff will "periodically" check the content Mr. X is viewing throughout the time he is using the tablet. The tablet is put away in another room when not in use. Prohibition of cellphone and limited use of tablet is due to past attempts of contacting underage individuals.
- Mr. X should not be talking with persons under the age of 18 years old.

B. External Controls:

- There are monitors on Mr. X's bedroom window due to incident of elopement in March 2022.

C. Behavior Support Consultant Responsibilities:

a. Self-Management Skills Training for Individual

- Understand reasons for restrictions of cellphone and behavior to gain access in future use.
- Understand what the supervision is in all locations.
- Avoid all personal or verbal contact with underage individuals.
- Educate and check for retention on social and legal concerns of Mr. XXX talking with underage females and giving them a false age.
- Educate and check retention on appropriate use of social media and legal issues if he communicates with underage persons or accesses any underage websites.
- Understand appropriate boundaries with housemates.
- Provide basic coaching and education on expected social rules and how his behavior may be seen by others.

b. General or Other

- Staff training on Risk Management Plan
- Complete Sexual Habits Survey with Mr. X and report findings in next PRS screening.
- Provide information from PRS Consultation Note (Targets and Offending Behavior) for the Friends and Relationship instructor if requested.

D. Team Responsibilities:

- a. Chime will be added to front door and bedroom door of housemate who alleged concerns.
- b. Alert residential staff of any changes in Mr. X's psychotropic medications and that it could affect his sexual drive.
- c. Alert staff to be aware and report any **ALERT LIST** behaviors observed by Mr. X since his 'honeymoon' period may wear off.
- d. Alert staff to not become lenient or grant any exceptions to program expectations without approval by team and guardian.
- e. Refer Mr. X to attend the Friends and Relationship class and alert the instructor that he is currently receiving PRS services and further information can be provided by his BSC.
- f. Refer Mr. X for individual counseling with focus on relationship development, understanding social cues of other, self-management, stress management, and coping skills. Request of the counselor to receive and exchange progress and behavioral information with the IDT on a regular basis.

E. Direct Support Staff Skills and Responsibilities

a. Prevention

- Follow all supervision and restriction expectations.
- Staff should take soft approach and not be reactive to allowing Mr. X when he describes the sex education he received from his father.
- Staff who accompany Mr. X to the Friends and Relationship class, should speak with him about the class content apart from class times in order to make sure he has perceived the information accurately and can receive casual input as to how he could possibly practice the skills being taught.
- Mr. X should continue to receive staff support having opportunities for interactions with peers and people in the community so he can practice appropriate relationship skill.

b. Intervention

- If Mr. X engages with any child under 18 years old by attempting to be in their presence or talking with them, staff should pull Mr. X aside and privately inform him that his behavior is inappropriate.
- If Mr. X touches any child under 18 years old, staff should pull him aside and privately inform him that he will be returning to his residence.

c. Crisis Response

- i. If Mr. X touches a sexual body part of any individual there should be an immediate intervention that would protect the individual and give Mr. X a clear message that his behavior is unacceptable. He would then be immediately returned to his home. While not compromising safety, it is important that staff try to get contact information and details of specifics regarding the incident. Staff will immediately inform their supervisor, fill out an incident report and contact the BSC and other IDT members. A team meeting will follow within 72 hours to discuss the incident with

Mr. X. The home-based provider will immediately consult the BSC to address the appropriateness of restricting Mr. XXX from the community until the IDT can meet.

VI. REVIEW OF RISK:

A. Frequency of Team Review of Ongoing Risk Management

- a. To be continually assessed during all meetings with service providers, home-base provider and individual and at regular IDT meetings. In collaboration with BBS a yearly review and up-date of RMP will occur prior to the ISP year-end or at any time at the request of the IDT or BBS.

B. ALERT LIST - Conditions That Would Trigger the Need for Immediate Communication with Behavior Support Consultant:

- Any known or suspected contact incidents with sexual or possibly sexual intent involving any person of any age; or
- Any incidents of approaching any children under 18 years old or making sexual comments about children; or
- Any incidents of using social media to engage with minors or in sexual or possibly sexual ways; or
- Any incidents of aggression that include a sexual or possibly sexual component; or
- Any demonstrated sexual interest towards any housemates; or
- Any incident of elopement; or
- Any incident or situation of a sexual or possibly sexual concern for which the team would like consultation; or
- If the team begins consideration of reduction of staff supervision a PRS screening is recommended.

NOTE: If Mr. X is suspected of a sexual offense or is sexually offended against, a team representative (e.g., Case Manager or Behavior Support Consultant) should:

- Follow general reporting guidelines that may include but are not necessarily limited to DHI and law enforcement.
- **Contact the PRSC Supervisor Consultant – Jason Buckles, PhD, LPCC.**

VII. STAFF TRAINING REQUIRED FOR IMPLEMENTATION OF RMP

Behavior Support Consultant will do an initial training for all staff and service providers on this plan as soon as possible after its final approval by the IDT. Staff training and review of strategies will be incorporated at each meeting with the home-based provider. All other staff and service providers across all domains will receive trainings at regular intervals or at the request of any staff, service provider or service provider agency. All agencies providing services to Mr. X will contact me to train newly hired staff on this plan before they work and interact with Mr. X without other trained staff present.

Respectfully submitted,

Name, MA, LPCC - BSC/Director