I. POLICY REFERENCE
S-001a: Support for Individuals with Intellectual/Developmental Disabilities Who Exhibit or Have Exhibited Risk Factors for Sexually Inappropriate or Offending Behavior Policy

II. PURPOSE OF PROCEDURE
The purpose of this procedure is to delineate the roles and responsibilities of Developmental Disability Waiver (DD Waiver) and State General Fund (SGF) provider agency staff, Interdisciplinary Team (IDT) members, DDSD staff members and consultants and other entities to identify and provide services for individuals with risk factors for sexually inappropriate or offending behavior.

III. APPLICABILITY
This procedure applies to Interdisciplinary Team (IDT) members, DDSD staff, and Developmental Disabilities Waiver (DD Waiver) and State General Fund (SGF) provider agency staff supporting adults with Developmental Disabilities participating in SGF or DD Waiver services on the DD Waiver or SGF programs.

IV. DEFINITIONS
Behavior Support Consultant: Means a licensed professional approved by DDSD Office of Behavioral Services to provide Behavioral Support Consultation services as defined in the DD Waiver Service Definitions and Standards.

Documentation: Means a consultation note, report, or other written record of the results of the Preliminary Risk Screening or of a referral to a licensed professional.
History: Means an incident of sexually inappropriate and/or offending behavior where there are previous records, verbal reports or other sources of information.

Individual: Means, for the purpose of this procedure, a person with a developmental disability over the age of 18 years.

Individual Service Plan (ISP): Means a plan developed by an individual, a group of natural supports and professionals (Interdisciplinary Team) that includes information about history, current status, health needs, long term vision and outcomes of each individual receiving services funded through the Developmental Disabilities Supports Division.

Interdisciplinary Team (IDT): Means a group of support professionals, natural supports, medical supports and the Individual in services that develops the ISP and addresses all planning on behalf of the individual and addresses any emergent needs.

Licensed professional: Means a therapist, doctor, nurse, psychologist, counselor, social worker, pharmacist or other professional holding a license from a New Mexico Licensing Board or other state or nationally recognized licensing board.

Positive Behavior Supports Plan (PBSP): Means a supportive set of interventions tailored to the identified needs of the individual; the plan represents a holistic approach to providing positive supports interventions to the individual via his or her IDT.

Preliminary Risk Screening: Means a consultative interview of an individual who has a recent incident or history of engaging in sexually inappropriate and/or offending behavior. The screening is used to identify and assess risk factors for re-offending behaviors, to determine whether further assessment is warranted and to identify educational and risk management strategies.

Psychosexual Evaluation: Means a comprehensive psychological assessment conducted when there is a confirmed instance of sexually offending behavior, a conviction for sexually offending behavior or where there are quality of life issues due to restrictions imposed to manage sexually offending behavior (e.g., inability to find employment or participate in activities valued by the individual). The purpose is to evaluate the risk of re-offending, the degree of danger to others and self, and to make appropriate treatment recommendations. A psychosexual evaluation usually includes specialized psychological testing and a detailed history focusing on criminal, sexual and family history. Outcomes could include recommendations about the effectiveness of the current level of supervision, educational and risk management strategies and treatment strategies to reduce the impact of restrictions on quality of life.

Refer/Referral: Means the process through which the OBS is notified that an individual is at risk for sexually inappropriate behavior for the purpose of initiating technical assistance.

Risk Assessment: Means an evaluation performed by a licensed professional when a person has a recent incident or a previous history of engaging in sexually inappropriate and/or offending behavior or where supervision had to be increased due to these
behaviors. The purpose of a risk assessment is to determine the risk of re-offending, to determine the preferred victim type, to determine the circumstances that would increase risk and to make recommendations to the IDT members regarding risk management strategies.

*Risk Factors:* Means a set of internal stimuli or external circumstances that triggers an individual’s loss of self-control and increases the risk for re-offending or reoccurrence of the sexually inappropriate behavior.

*Risk Management:* Means strategies and supervision used to reduce or mitigate risk presented by a person who exhibits or has exhibited sexually inappropriate and/or offending behavior.

*Risk Management Plan (RMP):* Means a supplement to the PBSP that describes a supportive set of interventions designed to increase manageability of risk and based on the outcomes of a preliminary risk screening or other assessment of risk.

*Self-Management of Risk:* Means skills that an individual may learn to enable him or her to self-manage exposure and response to events and conditions that elicit sexually inappropriate/offending behavior. Consistent successful use of these skills will help an individual to become less dependent on services, external structures or support to safely participate in community-based activities.

*Sexually Inappropriate Behavior:* Means any sexual act that violates social norms or mores concerning appropriate social or sexual boundaries or increases the potential for actual or perceived injury to others. These boundary violations may increase the risk of harm to self from others.

*Sexually Offending Behavior:* Means any sexual act that violates existing laws.
## V. PROCEDURE

### Assessment of Risk

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| Interdisciplinary Team (IDT) and DD Waiver and SGF provider agencies. | - Identify any individual with risk factors for sexually inappropriate or offending behavior through the IDT process and refer the individual to the OBS for evaluation. An IDT member, usually the Case Manager or Behavior Support Consultant (BSC), refers the individual to the OBS Director, Clinical Director, or Regional Behavior Specialist to request technical assistance and an assessment of risk.  
  - If the individual has a guardian, then document in IDT meeting minutes or other written form that the guardian has been notified of the need for an assessment of risk and has given permission for an assessment to be conducted.  
  - If the individual or their guardian is opposed to the assessment, of risk, then contact OBS for technical assistance.  
- For the assessment of risk:  
  - Provide the necessary documents to professionals conducting the evaluation of risk; and  
  - Participate in the evaluation of risk through attendance at meetings and by providing relevant information. |
| Behavior Support Consultant (BSC) | - Assist the IDT to identify individuals with risk factors for sexually inappropriate or offending behavior that may indicate the need for assessment of risk.  
- Assist the IDT to provide information about the individual to the OBS for assessment of risk.  
- Attend the assessment of risk and offer relevant information and documentation.  
- Attend trainings offered by the OBS or trainings that are reviewed and approved by the OBS regarding serving individuals with risk factors for sexually inappropriate or offending behavior. |
| Office of Behavioral Services (OBS) Staff and Consultants | - Provide technical assistance, Preliminary Risk Screening, and/or assist with a referral to a licensed professional for a Risk Assessment or Psychosexual Evaluation.  
- Make a recommendation about whether a Preliminary Risk Screen or other assessment is warranted.  
- Provide training to qualified professionals to perform Preliminary Risk Screenings.  
- Maintain a list of qualified professionals to perform Preliminary Risk Screenings. |
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<td>• Provide informational sessions to DD Waiver and SGF provider agencies, and DDSD staff about sexuality services, in coordination with the DDSD Training Department and Regional Offices.</td>
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<td>• Provide services and training to DD Waiver or SFG provider agencies supporting an individual with risk factors for sexually inappropriate or offending behavior.</td>
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<td>• Provide information, consultation, and training to any parent, guardian, IDT member or other interested party supporting an individual who has been identified as having risk factors for sexually inappropriate or sexually offending behavior.</td>
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<td>• When a Preliminary Risk Screening has been completed, review risk at least yearly.</td>
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<td>DDSD Staff</td>
<td>• Report to the OBS:</td>
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<td>o Information about any individual that may need a risk assessment.</td>
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<td>o Any agency, family, or support person with training needs related to services for individuals with risk factors for sexually inappropriate or offending behavior.</td>
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<td>o Information related to inadequate management of risk for any individual with sexually inappropriate or offending behavior.</td>
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| Behavior Support Consultant (BSC)               | • Participate in training provided by the OBS on Preliminary Risk Screening and writing a Risk Management Plan when serving or expecting to serve individuals with risk factors for sexually inappropriate or offending behavior.  
• If deemed necessary by the BSC, IDT, or OBS staff or consultants, a Risk Management Plan (RMP) will be developed by the BSC in conjunction with the IDT, as part of the Positive Behavior Supports Plan (PBSP) and according to Attachment A of this document.  
• The information and recommendations from the assessment of risk will directly guide the BSC in RMP development. If the BSC has questions or concerns about the outcomes of risk assessment, contact the OBS for technical assistance prior to writing the RMP.  
• The BSC will present the RMP at an IDT meeting and work with the IDT to ensure integration of the RMP goals and service needs into the Individual Service Plan (ISP).  
• The BSC may be required to make changes in the RMP based on technical assistance from the OBS staff or consultants.                                                                                                                                 |
| Office of Behavioral Services (OBS) Staff and Consultants | • Provide training and support to the BSC and IDT on integration of information generated through assessment of risk into the RMP, Positive Behavior Support Plan (PBSP) and ISP.  
• Review the RMP to assure that information and recommendations from assessment of risk have been used to guide development of goals and strategies.  
• Review all documents and, if necessary, request changes to the ISP, RMP or PBSP to ensure that recommendations generated through assessment of risk are adequately represented, integrated and consistent across the documents.  
• OBS reserves the right to approve, deny or suggest revisions to the BSC and IDT related to ways in which risk will be managed.                                                                                                                                 |
| Interdisciplinary Team (IDT)                     | • The IDT will integrate the risk management goals and strategies into the ISP.  
• Attend trainings offered by the OBS on Preliminary Risk Screening, Risk Management Plans, and/or management of risk.                                                                                                                                 |
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| Interdisciplinary Team (IDT) | • Manage, coordinate, support and evaluate the implementation and quality of the services and support to individuals with risk factors for sexually inappropriate and sexually offending behavior.  
• Ensure that staff training on the RMP is completed and documented.  
• Review the effectiveness of the RMP at each regularly scheduled IDT meeting.  
• Continuously monitor to determine if changes to the RMP, PBSP, or ISP are needed, or if further evaluation of risk is needed, to more effectively manage risk.  
• Request additional consultation and assistance to develop strategies when: offending behavior is enduring or persistent; the individual is at increased risk for re-offending; continued restrictions exist that affect quality of life; or, there is increased complexity involving significant mental illness, neurological impairment or other compounding factors.  
• Notify the OBS when a BSC or other provider consistently fails to manage risk effectively, or provide services and supports necessary for implementation and monitoring of the RMP.  
• If there is a new incident of sexually inappropriate or offending behavior or a significant increase in risk factors (as delineated in the RMP or documentation following assessment of risk), the IDT will notify the OBS and convene within 72 hr. to review all documentation and information related to the new incident.  
• If deemed necessary by the IDT or OBS, revise the ISP, PBSP, and/or RMP or request a re-evaluation of risk to enhance risk management following an incident  
• Contact the OBS for technical assistance related to effective management of risk. |
| DD Waiver and SGF provider agencies | • Notify the case manager immediately if there is an increase in risk factors or a new incident of sexually inappropriate or offending behavior.  
• Maintain documentation of staff training to include the dates, starting and ending times, locations, and participant lists for all training events.  
• Notify the case manager if a Behavior Support Consultant, guardian or other team member consistently fails to effectively manage risk or does not provide services and supports needed for implementation and monitoring of the RMP. |
| Behavior Support Consultant (BSC) | • If there is a new incident of sexually inappropriate or offending behavior or a significant increase in risk factors (as delineated in the RMP or documentation following assessment of risk), the BSC will collect information to inform the IDT, assure the convening of an IDT meeting and notification of the OBS within 72 hr., and participate in the IDT meeting.  
• If deemed necessary by the BSC, IDT or OBS, the BSC will revise the PBSP and/or RMP or request a re-evaluation of risk to enhance risk management following an incident, and participate with the IDT in integrating BSC changes into the ISP.  
• Notify the case manager and the OBS when a provider consistently fails to provide support for implementation and monitoring of the RMP. |
• Contact the OBS for technical assistance when needed.

Office of Behavioral Services (OBS) Staff and Consultants

• When a Preliminary Risk Screening or other assessment of risk has been completed, review risk at least yearly, and document changes in risk, and effectiveness of implementation of the RMP and management of risk.
• If there is a new incident of sexually inappropriate or offending behavior or a significant increase in risk factors (as delineated in the RMP or documentation following assessment of risk), the OBS will collaborate with the IDT and BSC to respond to the increased risk.
• If at any time, the OBS identifies actions needed to protect the individual and/or other persons with I/DD served by a provider, the DOH will ensure that such actions are promptly implemented.
• If other deficiencies that increase risk are identified, the OBS will convene an emergency IDT, and/or refer the case to the DDSD Regional Office for intervention or Internal Review Committee for contract remedies, or to the DOH Department of Health Improvement or Quality Management Bureau for investigation.
• Maintain a list of BSCs, Case Managers, and DD Waiver and SFG provider agencies believed by the OBS to be qualified to effectively to support individual with risk factors for sexually inappropriate or offending behavior.

VI. REFERENCES
Code of Conduct and Ethics of Professional Licensing Boards for Behavior Support Consultants
Friends and Relationships Course curriculum
Introduction to Sexuality for People with I/DD Training Manual
Policies or Guidelines of DDSD:
  ▪ Aversive Intervention Policy
  ▪ Behavior Support Consultation Practice Guidelines
  ▪ Crisis Prevention/Intervention Policy and Procedure
  ▪ The Guidelines Concerning Sexual Contact and Consent 6-30-97
  ▪ S-002 & SP-002: Promoting Healthy Relationships for Individuals with Intellectual/Developmental Disabilities Policy and Procedure
  ▪ S-003 & SP-003: Socialization and Sexuality Education for Individuals with Intellectual/Developmental Disabilities Policy and Procedure
  ▪ S-004 & SP-004: Friends and Relationships Course Teacher Certification Policy and Procedure

Regulations:
  ▪ Developmental Disability Act [28 –16A-13 (C) (2)]
  ▪ 7 NMAC 26.2 - 6;
  ▪ 42 CFR 483.400-483.480;
  ▪ 7 NMAC 8.2

Standards:
  ▪ Developmental Disabilities Waiver Service Standards
  ▪ State General Fund Service Definitions and Standards

VII. LIST OF ATTACHMENTS

Attachment A: Required Components of the Risk Management Plan
ATTACHMENT A

REQUIRED COMPONENTS OF THE RISK MANAGEMENT PLAN

A. Supervision Required
   1. The supervision requirements need to be discussed from two perspectives:
      a) General supervision needs (e.g., at home, day habilitation, work)
      b) Special supervision needs in situations that require additional consideration (e.g., day habilitation when a child is present, bathrooms in the mall where children might be present, access to vulnerable individuals at a dance)
   2. The description of supervision requirements needs to cover:
      a) Observation (e.g., intermittent, line-of-sight, constant )
      b) Proximity (e.g., arm’s length, in the general area)
      c) Gender
      d) Number of staff (e.g., one-to-one, group)

B. Specific Vulnerable Others (e.g., roommates)
   1. Identify (without using names, e.g., “his roommate”) specific individuals who currently may be at risk.
   2. Describe any special supervision needs to protect the vulnerable other(s)

C. Strategies for Management of Risk
   1. Restrictions (e.g., no erotic materials)
   2. External controls (e.g., alarms, locks)
   3. Client self-management
      a) Delineate client expectations (e.g., “Mr. X will…”)
      b) Specific educational goals (e.g., individualized sexuality education plan, relationship classes)
   4. Staff:
      a) Prevention
         i. A description of the acute risk factors to be monitored by staff
         ii. Identification of the tools and methods (e.g., behavioral tracking sheets, checklists) to collect information indicating management of ongoing risk.
         iii. Proactive actions to be taken with individual at risk to prevent potential risk (e.g., briefing, role-plays)
         iv. Actions taken prior to entering a new environment to decrease potential for risk (e.g., checking bathrooms for children or vulnerable adults prior to individual at risk entering bathroom)
      b) Intervention
         i. Actions taken by staff when entering a new environment to reduce the potential for risk (e.g., changing seats on a bus when a child sits down next to individual at risk to inappropriately touch a child)
ii. Actions taken by staff to intervene when risk is elevated in the immediate environment (e.g., removing the individual at risk of inappropriately touching a child when a group of children enter McDonald’s)

D. Crisis Response – to be invoked when there is a critical concern
1. Types of incidents that would constitute a critical concern
   a) Hands-on sexual offense;
   b) Significant reduction in ability to manage risk;
2. Immediate response (what to do the moment an incident occurs, including direction to collect information about any victim(s) as is possible);
3. Consequences (e.g., feedback given/actions taken so it is clear that the individual has done something inappropriate);
4. Response within 24 hrs.:
   a) A detailed incident report is filed that includes information about what happened and to whom;
   b) The Support Consultant is notified;
5. Response within 72 hrs:
   a) An emergency IDT is convened: Any immediate actions (e.g., follow up with victim(s), law enforcement, changes in supervision) that need to be taken should be assigned to the responsible parties and agreed to in writing

E. Human Rights Review: In the event the RMP includes restrictions that require a review by the human rights committee, a meeting of the committee will be convened in accordance with existing standards and regulations.

F. Staff Training
1. Describe plan for staff and IDT training (e.g., frequency, location, type);
2. Conditions that would trigger additional/re-training.

G. Review of Risk
1. Delineate the frequency of OBS review of the management of risk (minimum of once per year with the expectation of a revised PRS report);
2. State that any staff or other IDT member noticing escalating risk or decreasing ability to manage risk should notify the BSC (or another designated party).