**Behavioral Health Administration (BHA)**

**Sexual Abuse Protection Plan -- RICAs and**

**SGHC Adolescent Unit**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate when this form is being used: [check one]

With Treatment Plan update\_\_\_\_ Initial (upon admission) \_\_\_\_\_

Upon receipt of other relevant information\_\_\_ Upon receipt of allegations of abuse\_\_\_

**Instructions:**

This form is to be used to describe the elements of a Protection Plan for the individual who has been identified as potentially at risk for engaging in sexual abuse or being a victim of sexual abuse while at the facility. The information shall also be used when planning treatment and training for the patient.

“RA #” = The corresponding number on the Risk Assessment Form

Circle those items that are possible for the facility and appropriate for the patient. If the option is not available at the facility, write N/A in the “Specifics” column. Please write in any other actions not listed on this form.

| RA # | Program/Activity/Protection | Specifics OR N/A | DateStarted | DateEnded |
| --- | --- | --- | --- | --- |
|  | DOMAIN: Environmental |  |  |  |
|  |  Specified room |  |  |  |
|  |  Restricted access |  |  |  |
|  |  Specified roommate |  |  |  |
|  | On single sex unit |  |  |  |
|  | Room near nurse’s station |  |  |  |
|  |  Locked bathroom |  |  |  |
|  |  Limited bathroom access |  |  |  |
|  |  Alarms on specified doors |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | DOMAIN: Staffing |  |  |  |
|  |  1:1 attendant |  |  |  |
|  | Constant close observation (line of sight) |  |  |  |
|  | Close observation (extra checks) |  |  |  |
|  | Restricted to common areas |  |  |  |
|  | 10-foot restriction |  |  |  |
|  | Escort |  |  |  |
|  | Modified schedule |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | DOMAIN: Interventions |  |  |  |
|  | Sex offender group orPersonal boundary group  |  |  |  |
|  | Anger management |  |  |  |
|  | Non-violent conflict resolution |  |  |  |
|  | Counseling |  |  |  |
|  | Co-ed restrictions |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | DOMAIN: Individual Training/Education |  |  |  |
|  | Personal boundaries |  |  |  |
|  | Healthy relationships |  |  |  |
|  | Self-protection |  |  |  |
|  | Reducing trauma |  |  |  |
|  | Promoting recovery |  |  |  |
|  | Positive self-image |  |  |  |
|  | Community services  |  |  |  |
|  | Assertiveness  |  |  |  |
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|  | OTHER |  |  |  |
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Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name, Position [Treatment Team Head] Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

Record Treatment Plan Problem Number: \_\_\_\_\_\_

Updates:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Updated | RA # | Program/Activity/Protection | Specifics OR N/A | Date Started | Date Ended  |
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| For Official Use |