

High Risk Assessment (HRA) Instructions

OPTIONAL FORM:

This form is an **OPTIONAL** document in client file

WHEN:

Completed at admission or when clinically indicated

COMPLETED BY:

*LPHA with client

REQUIRED ELEMENTS:

- **Client Name:** Complete the client's full name.
- **Client ID#:** Complete the client's SanWITS Unique Client Number (UCN).
- **Date:** Complete the date assessment was completed.
- **Assessment of Immediate Risk Factors:** Document client's responses by checking the boxes marked yes, no, or refuse/cannot assess.
- **Additional Youth Risk Factors:** For adolescent clients, document response by checking the box marked yes, no, or refuses/cannot assess.
- **Protective Factors:** Discuss protective factors with client (examples are listed on the form) and ask the client to identify their own protective factors. Document responses in the space provided.
- **Self-Injury/Suicide/Violence Management Plan:** If client responds yes to any of the Immediate Risk Factors, completion of a Self-Injury/Suicide/Violence Management Plan is required. Staff should document the developed plan in the space provided.
****Please note: If more room is needed to document Safety Management Plan, please document on a Progress Note and reference the Progress Note in this section****
- **Tarasoff Assessment:** Staff checks the corresponding boxes, for yes, no, or refuse/cannot assess, following the prompts indicated on the form.
- **Reported To:** If the Tarasoff assessment is marked yes, complete this field with the law enforcement agency representative to whom the Tarasoff report was given.
- **Current Domestic Violence:** Staff checks the corresponding boxes for yes, no, or refuse/cannot assess, following the prompts indicated on the form.
- **Reported To:** If there is current domestic violence, complete this field with the CPS/APS representative to whom the report was given.
- **Printed Name of *LPHA:** Print or type name of LPHA completing assessment
- **Signature of *LPHA:** LPHA completing assessment hand-signs here
- **Signature Date:** LPHA completing assessment hand-dates here

*Licensed Practitioner of the Healing Arts (LPHA) includes: MD, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians.

NOTES:

Self-Injury/Suicide/Violence Management Plan

This is the safety management plan located in the middle of the first page of the HRA. A safety management plan must be completed documenting the **ACTIONS** to be taken.

What to include in the Self-Injury/Suicide/Violence Management Plan:

- Documentation about any consultation
- Referrals made to higher level of care such as a crisis house or psychiatric hospital
- Referrals to Psychiatric Emergency Response Team (PERT), CPS and/or APS
- Considerations of higher level of services or additional services such as case management, more frequent sessions, and/or coordination for care with current MH treatment providers
- Documentation about any emergency contacts made such as calling the client's spouse or parents
- Linkage to additional resources such as providing client with referrals to 211 or Access & Crisis Line (1-888-724-7240. TDD/TTY Dial 711.)
- If applicable, documentation about changes made to the client's treatment plan
- The documentation should also include how the use of Protective Factors will be employed by the client