**COMPLETED BY:**

1. Licensed/Waivered Psychologist
2. Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
3. Licensed/Registered Professional Clinical Counselor
4. Physician (MD or DO)
5. Nurse Practitioner/Physician Assistant
6. Registered Nurse
7. Licensed Psychiatric Technician/Vocational Nurse
8. Registered PsyD, MHRS and Master Level Student Intern

**COMPLIANCE REQUIREMENTS:**

1. The PRA is required upon admission (within initial 60 days of assignment date; date of assignment is Day 1) into a program and at a minimum as “clinically indicated” or every 3 years from date of previous BHA completed by program (Day = final approval date rather than date of assignment).
2. Any “yes” response should be addressed in the “Overall Risk and Treatment Planning” section.
3. Any “yes” response for questions with an (\*) should elicit enhanced precaution, which would require review and creation of a safety plan with a licensed supervisor or designee prior to the end of session with client.
4. Licensed staff do not require review and creation of safety plan with a licensed supervisor or designee.

**DOCUMENTATION STANDARDS:**

1. The “Overall Risk and Treatment Planning” section should summarize any concerns with respect to client’s risk for suicide, self-injury and violence, as well as describe what will be done to manage or mitigate these risks.
2. If completing the PRA on paper, it must be legibly handwritten or typed.
3. The paper PRA should be kept in the client chart.
4. The PRA will also be a stand alone assessment within CCBH, should programs choose to utilize as a risk assessment without completing the BHA.
5. All programs are required to complete the PRA as part of the BHA, with the exception of 0-5 programs, TBS, and DEC.
6. If a Safety Plan is required, there must be details written about the Safety Plan. Referencing the development of a Safety Plan alone does not meet standards as PRA must be a standalone document.