

High Risk Assessment (HRA)

REQUIRED FORM:

This form is a required document in client file

WHEN:

Completed at Screening/Intake Admission

COMPLETED BY:

Authorized agency representative with client

REQUIRED ELEMENTS:

- **Client Name:** Complete the client's full name.
- **Case Number:** Complete the client's file ID number.
- **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.
- **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.
- **Signature of Staff or Clinician Requiring Co-Signature:** Any unlicensed staff administering the HRA sign here and date.
- **Signature of Clinician Completing/Accepting Assessment:** Licensed staff member signs here upon completion of assessment. If unlicensed staff signed above, a licensed staff member must co-sign here.

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.

- If found that there is an **Immediate Risk** and staff is not licensed/licensed eligible, then a consultation with the supervisor must be completed before the client leaves your program.

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

- Documentation about the 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 of Access & Crisis Line (1-888-724-7240. TDD/TYY 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