

HIGH RISK INDEX (HRI)

CLIENT NAME: _____ CASE NUMBER: _____

HIGH RISK INDEX: A guide to determining persistent risk level (e.g. mild, moderate, severe) apart from immediate risk indicators. * Indicates a particularly **SEVERE RISK FACTOR**.

Demographic and historical factors:

- | | | | |
|--|-----------------------------|------------------------------|---|
| High risk demographic factors (age, gender, race, social status) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| Sexual orientation or gender identity issues | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| *Suicide of 1 st degree relative | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| *Access to firearms or lethal means | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |

Comments: _____

Trauma exposure and/or major life stress:

- | | | | |
|---|-----------------------------|------------------------------|---|
| Witness of suicide | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| Military/veteran | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| *Recent (under 1 year) return from combat zone | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| Stressful caretaking role | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| Law enforcement (past or present employment) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| *Recent/ongoing victimization –commercial sex exploitation, sexual abuse, incest, physical abuse, domestic violence, bullying, or other assault | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| *Recent and unresolved major loss (people, employment, shelter, pets) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| *Catastrophic legal or financial problems - (Recent, within approx. 3 mos.) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| Release from criminal custody – (Recent, within 3 months) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |

Comments: _____

Clinical and/or social history:

- | | | | |
|--|-----------------------------|------------------------------|---|
| Discharge from 24 hour program (hospital, IMD, START, residential treatment, etc.) – (Recent, within 3 months) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| *Alcohol/drug residential treatment failure – (Recent, within 3 months) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| *Anniversary of important loss, Date: | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| Health deterioration of self or significant others – (Recent, within 3 months) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| Gravely disabled – (Recent, within approximately 3 months) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| Current extreme social isolation (real or perceived) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| Immigration/refugee issues | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| Justice system involvement (past or present) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| Current gang exposure or involvement | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| Homelessness or imminent risk thereof | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| *Previous attempts to harm self/others | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| Experience in handling firearms | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| Documented eating disorder | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| Sleeplessness | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| *Psychomotor agitation | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| *Panic attacks | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| Guilt or worthlessness | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| *Frequent and/or uncontrollable rage | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| *Impulse control problem | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| Substance abuse relapse – (Recent, within 3 months) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |
| Co-occurring mental and substance abuse disorder | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Refuse/Cannot Assess |

HIGH RISK INDEX (HRI)

Current abuse or misuse of drugs and other substances No Yes Refuse/Cannot Assess
Significant change in mood – (Recent, within approx. 3 mos.) No Yes Refuse/Cannot Assess

Comments: _____

High risk behaviors:

*Anti-social behavior – (Recent, within approx. 3 mos.) No Yes Refuse/Cannot Assess
Acts of property damage – (Recent, within approx. 3 mos.) No Yes Refuse/Cannot Assess
Risk taking or self-destructive acts No Yes Refuse/Cannot Assess
Documented borderline, anti-social, or other personality disorder No Yes Refuse/Cannot Assess

Comments: _____

PROTECTIVE FACTORS

Strong religious, cultural, or inherent values for prohibition on hurting self/others No Yes Refuse/Cannot Assess
Strong social support system No Yes Refuse/Cannot Assess
Positive planning for future No Yes Refuse/Cannot Assess
Engages in treatment No Yes Refuse/Cannot Assess
Valued care giving role (people or pets) No Yes Refuse/Cannot Assess
Strong attachment/responsibility to others No Yes Refuse/Cannot Assess

Comments: _____

Persistent risk level based upon comprehensive review of high risk index and protective factors:

- Low – no immediate plan required.
- Medium – consider enhanced suicide/violence/homicide precautions and/or efforts to transfer to higher level of care. Consult, collaborate and document.
- High – consider enhanced suicide/violence/homicide precautions and/or efforts to transfer to higher level of care. Consult, collaborate and document.

Comments: _____

For all unlicensed staff, documentation of a consultation is strongly suggested for Medium and High risk levels identified. For trainees specifically, review with supervisor should occur prior to end of session.

Signature of Staff or Clinician Requiring Co-Signature: _____ Date: _____

Signature of Staff or Clinician Completing/Accepting Assessment: _____ Date: _____