

To: BHS System of Care Providers
From: Steve Jones, LCSW, QM Program Manager

Date: 12/2/13

Re: Instructions for Completion of High Risk Assessment (HRA) and High Risk Index (HRI);
Final HRA and HRI Forms

The HRA has been developed for use in assessing clients for immediate risk. The HRI is an additional risk assessment tool for use by program staff.

Instructions for Completing the HRA

- Staff shall complete the HRA upon intake at assessment and anytime thereafter as clinically indicated.
- A “yes” response to any of the immediate risk factors would indicate:
 - Enhanced suicide/violence/homicide precautions
 - Completion of a Self-Injury/Suicide/Violence Management Plan within the HRA
- Depending on staff credentials, a “yes” response to any of the immediate risk factors may also indicate:
 - Consultation and/or review with a supervisor
 - Appropriate referral(s)

Instructions for Completing the HRI

- At any time the need is determined, staff may complete the High Risk Index. The use of this tool is not required, but is strongly recommended. At the bottom of the HRI, there is a section for staff to indicate client risk based on the index as well as space to document any potential follow up as a result of this determination.

Who Can Complete?

Program staff can complete both the HRA and HRI.

HRA:

If an unlicensed staff completes the HRA and immediate risk is indicated, documentation of a consultation is required. Consultation does not have to be with a clinician, although this would be recommended if that resource is available and a supervisor or manager should be notified. For trainees specifically, review with a supervisor is required prior to the end of the session. Co-signature requirements vary by System of Care so programs shall follow current processes.

HRI:

If an unlicensed staff completes the HRI and medium to high risk is determined, consultation is strongly recommended. For trainees specifically, review with a supervisor is recommended to occur prior to the end of the session.

Self-Injury/Suicide/Violence Management Plan

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

- Documentation of any consultation

QUALITY MANAGEMENT MEMO

- Referrals made to higher levels of care such as a crisis house or psychiatric hospital
- Referrals made to Psychiatric Emergency Response Team (PERT), CWS and/or APS
- Considerations of higher levels of services and/or additional services such as case management, more frequent sessions, and/or increased coordination of care with other treatment providers
- Documentation of emergency contacts made, such as calling the client's identified supports (with appropriate releases as indicated)
- Linkage to additional resources, such as providing client with referrals to the 24 hour Access & Crisis Line (1-888-724-7240)
- Documentation of planned follow up
- Documentation of how the use of Protective Factors will be employed by the client
- If applicable, documentation about changes made to the client's treatment plan

Safety Plans

In addition to the Self-Injury/Suicide/Violence Management Plan within the HRA, there is an available "My Safety Plan" document. It has been a tool within the Mental Health (MH) System of Care for several years. The template can be found in the MH Uniform Clinical Record Manual as well as on the Optum website, as an additional resource.

Link to the MH Uniform Clinical Record Manual:

http://www.sdcounty.ca.gov/hhsa/programs/bhs/mental_health_services_act/technical_resource_library.htm
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Link to the Optum website:

<https://www.optumhealthsandiego.com/orgpublicdocs>

**The HRA will be required effective January 1, 2014. (* For MH Providers this assumes the HRA will be in Anasazi by that date. If that changes, the form will be required upon availability in Anasazi).
County QI staff and/or COTR will audit to this standard beginning this FY.**

Please contact the QM Unit at QIMatters.hhsa@sdcounty.ca.gov with any questions.