

## Risk Assessment and Safety Management Plan Instructions

### REQUIRED FORM:

This form is a required document in the client file.

### WHEN:

This form must be completed upon admission and updated as clinically necessary, but at least annually.

### COMPLETED BY:

Counselor or LPHA with the client upon admit; if completed by Counselor, then must be reviewed and signed by LPHA.

- **Outpatient programs** – To be reviewed and signed by LPHA within **7 calendar days** from day of admit.
- **Residential programs** – To be reviewed and signed by LPHA within **24 hours** from day of admit.

### REQUIRED ELEMENTS:

- **Client Name:** Complete the client's full name.
- **Client ID#:** Complete the client's SanWITS Unique Client Number (UCN).
- **Date:** Complete with date assessment was completed.
- **Assessment of Risk Factors:** Ask the client the questions in **bold** and **underlined**. Document client's responses by checking the boxes marked yes or no. If the client responds "yes" to the 2<sup>nd</sup> question, then ask questions 3, 4, 5, and 6. If the client responds "no" to the 2<sup>nd</sup> question, then go directly to question 6.
  - **Note:** Questions 1-5 are regarding the past month and question 6 is about the client's lifetime and the past 3 months.
- **Check the Appropriate Level of Risk:** Select the appropriate level of risk (e.g. no identified risk, low, moderate, or high) at the bottom based on the highest risk level color code of the client's responses.
  - **Note:** Each program is required to develop and implement their own practice guidelines for each level of risk (e.g. Low Risk = a behavioral health referral, Moderate Risk = same day behavioral health evaluation and consider suicide precautions, High Risk = immediate suicide risk precautions). See Safety Management Plan Guidelines for further details.
- **Current Violence/Homicidal Ideation:** Select the appropriate boxes for no, yes, or refuse/cannot assess, following the prompts indicated on the form.
  - **Tarasoff Warning indicated?** Select appropriate answer: No, Yes.
  - **If yes, include potential victim(s) name and contact information (Tarasoff Warning Details):** If yes to Tarasoff Warning indicted, complete victim(s) information.
  - **Tarasoff Reported To:** If the Tarasoff Warning indicated is marked yes, complete this field with the law enforcement agency representative to whom the Tarasoff report was given.
  - **Date:** Complete the date Tarasoff Warning was reported.
- **Current Domestic Violence:** Select the appropriate boxes for no, yes, or refuse/cannot assess, following the prompts indicated on the form.
  - **If yes, detailed documentation and child/adult protective services question mandatory. Describe situation:** Explain the domestic violence situation.
  - **If yes, is a Child Welfare/Adult Protective Services Notification Indicated?** Select appropriate box for No or Yes.

- **Reported To:** If there is current domestic violence, complete this field with the CWS/APS representative to whom the report was given.
- **Date:** Complete the date the domestic violence incident was reported.
- **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.
- **Safety Management Plan:** If client is identified at any level of risk, then a Safety Management Plan is required. Staff must document the plan and **ACTIONS** to be taken.

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

- **Safety Management Plan Guidelines**

Each program must develop internal guidelines for the risk assessment with regards to the Safety Management Plan as what will be the plan of action when someone is identified at the various levels of risk (e.g. low, moderate, high). If the risk assessment is completed by staff that is not licensed/licensed eligible and risk is identified, then a consultation with the supervisor must be included as part of the internal guidelines. The Safety Management Plan may include the following information:

- Documentation about consultation
- Considerations of higher level of services or additional services such as case management, more frequent sessions, and/or coordination for care with current mental health treatment providers
- Coordination with emergency contacts (e.g. 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)
- Referrals made to higher level of care such as a crisis house or psychiatric hospital
- Contacting Psychiatric Emergency Response Team (PERT) or the police
- If applicable, changes made to the client's treatment plan
- Frequency of re-assessment for risk
- The documentation should also include how the use of Protective Factors and coping skills will be employed by the client

**\*\*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\*\***

- **Name and Signature of Counselor and Date:** If applicable, Counselor to print or type name, sign and date by hand
- **Name and Signature of \*LPHA and Date:** LPHA that completed or reviewed the form to print or type name, sign and date by hand

\*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.