**To:** Mental Health System of Care Providers **Date**: **2/4/19**

**From:** Steve Jones, LCSW, BHPC - Quality Management

**Re:** Prospective Risk Analysis (PRA) Implementation

On January 23, 2019, BHETA presented the PRA webinar which covered the process of assessing for self-injury, suicide and violence. The webinar also included guidance on how to apply interviewing skills and techniques in order to develop a clinical formulation of risk, building off Dr. Shea’s teachings (last fall) on the CASE approach. This webinar will be available on the BHETA website for training of additional staff.

The “go live” implementation of the PRA within CCBH is set for **Monday February 11, 2019**. The PRA will replace the HRA in most of the BHAs, however, the HRA will remain as the risk assessment within the BHA for those programs that serve youth ages 0-5.

Requirements for the PRA are as follows:

1. The PRA is required upon admission assignment (within initial 30 calendar days) into the program and at a minimum of annually.
2. Any “yes” response should be addressed in the “Overall Risk and Treatment Planning” section.
3. For all unlicensed staff and trainees, documentation of a consultation with a licensed staff is required.
4. 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 prior to the end of session with client.

Requirements for the HRA are as follows:

1. The HRA is required upon discharge from acute care 24 hour facilities (hospital or crisis house) and anytime a client presents with risk factors.
2. When completing, if risk is indicated, the development of a plan to manage safety is required.

Please direct any questions and/or comments to **QIMatters.HHSA@sdcounty.ca.gov**