RISK ASSESSMENT

**BHS**

# COMPLETED BY:

1. Licensed/Waivered Psychologist
2. Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
3. Licensed/Registered Professional Clinical Counselor
4. Physician (MD or DO)
5. Nurse Practitioner/Physician Assistant
6. Registered Nurse
7. Licensed Psychiatric Technician/Vocational Nurse
8. Registered PsyD, MHRS, SUD Counselor and Master Level Clinical Trainee

# COMPLIANCE REQUIREMENTS:

1. “Risk Assessment” is required to be completed:
   * MH: Within 5 calendar days from discharge from acute care 24 hour facilities (hospital or crisis house) and thereafter anytime a client presents with risk factors.
   * SUD:
     + 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.
2. When completing, if risk is indicated, the development of a plan to manage safety is required. See Safety Plan Explanation Sheet for instructions.
3. All elements must be completed.

# DOCUMENTATION STANDARDS:

# Effective: Enter Date Risk Assessment is being completed.

# Complete all sections of the form and do not leave anything blank.

1. For MH, if completed by an unlicensed staff, a consultation with a licensed staff needs to take place and must be co-signed.
2. For SUD, if completed by an SUD Counselor, then must be reviewed and signed by LPHA.

# Use help text prompts to complete ALL form fill sections. Select all check boxes that apply in each section.

# Suicidality/Other Risk to Self

# If selected, then Columbia Suicide Severity Rating Scale (CSSRS) must be completed. See the CSSRS Adult and Child form fills help text for instructions.

# Physical/Sexual Aggression/Other Risk Factors

# Other Risk Factors

# Advance Directive

1. If downtime form is utilized, it must be scanned/uploaded into SmartCare Electronic Health Record (EHR).
2. Provider and co-signer if required to sign Risk Assessment.

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