

## EXCELLENCE IN HOUSING:

### **Risk Assessment and Areas of Higher Acuity**

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## Risk Assessment and Areas of Higher Acuity

### Instructions for Intensive Case Managers

Managing risk is a response to a specific assessment. A risk has to be defined and characterized before steps can be taken to minimize the risk. While workers may assist individuals and families in helping them reduce risks, it is the individual/family member that is responsible for their own actions. Workers do not have the power to control their clients. But they can shed light on areas where behaviours may be problematic, and do so in a respectful and engaging way that is of assistance to the client. Areas of higher acuity in the SPDAT can help focus where frontline workers invest time to reduce risks.

The first Risk Assessment Tool should be completed within 14 days of a family being housed. It can be very useful in gathering information for the Move-in or 30 day SPDAT, in addition to the assistance it provides in minimizing risk.

The focus is on the behaviour. Not the individual or family as a whole. A risk assessment is **not** a process of determining if someone is a “good” or “bad” person/family. It is about helping to create a series of steps that can be taken to reduce the likelihood of harm to self or others for the client.

The risk assessment encompasses the potential risks to clients, workers and the community. The community can encompass a shared living environment, others in the same program or even the general public.

It is recommended that all workers that engage with this client group are adequately trained in safely working alone, impacts of mental illness, impacts of brain injury, impacts of substance use and have knowledge of trauma.

After assessing risk, the goal is to create a risk minimization plan. Minimizing risk occurs through technology, processes or people. For example, technology can include the likes of electronic medical alerts that advise when a person has fallen or cameras at entrances and exits of buildings. Processes can include the likes of going for a walk when feeling particular emotions or confronted with specific situations or a guest policy that minimizes congestion in common areas. People can include the likes of certain clients always being visited by more than one worker at a time. There is nothing “cookie cutter” about the ways in which the technology, processes or people are used. They are specific to each situation and each person and each specific risk.

## Risk Assessment and Areas of Higher Acuity

<b>Client:</b>	<b>Version:</b>	<b>Date:</b>
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### Risk Identification

<b>Dimension 1: Observed &amp; Known Behavior</b>	<b>Yes</b>	<b>No</b>
Does any family member 12 years of age or older demonstrate self-neglect? <i>e.g., inability to meet one's needs of daily living; practice good hygiene; etc.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any family member demonstrate anti-social behaviours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any family member threaten violence or engage in other aggressive behaviour? <i>e.g., posturing, challenging, demonstrate toughness by punching or kicking inanimate objects, etc.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any family members violent? <i>e.g., engage in physical altercations which may include domestic violence, use weapons, etc.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any family been heard making racist, homophobic, sexist and/or other discriminatory comments towards particular groups or individuals – either verbally or in written form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any family member self-harm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any family member bully others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any family member attempted suicide at any point in the last three years or expressed suicidal thoughts within the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any family member harass others sexually or demonstrate sexual aggression up to and including rape?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any adults in the family abuse children in any way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any family member 12 years of age or older manipulate others – through physical or verbal means - for their own personal gain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any family member abused by others (internal or external to the family)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any family member harassed or bullied by others (internal or external to the family)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any family member manipulated by others (internal or external to the family)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any family member 12 years of age or older exhibit attention-seeking behaviour?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any family member 12 years of age or older have difficulty expressing emotion verbally, especially when angry or upset?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do family members respond normally to stimuli experienced in day to day life? <i>e.g., happiness at good life moments; laughter when there is a joke; sadness when something bad happens in life; pain when hurt</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do others have a negative reaction to any of the family member's behaviour?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any member of the family frequently fall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any member of the family start fires?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any family member intentionally destroy property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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<b>Dimension 2: Behavioral Influences</b>	<b>Yes</b>	<b>No</b>
Are any “yeses” above related to use of substances including alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any “yeses” above related to compromised mental wellness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any “yeses” above related to compromised physical wellness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the individual aware of what triggers certain “yes” behaviours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual family member have strategies and coping skills to decrease the “yes” behaviours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual family member demonstrate remorse if their behaviour impacts others or hurts themselves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the individual family member accept responsibility for his/her behaviour?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the individual family member aware of certain environments that effect his/her behaviour? <i>e.g., noise; around people using drugs; confined spaces; hot room; institutional settings; group gatherings; etc.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Dimension 3: Conflict With the Law</b>	<b>Yes</b>	<b>No</b>
Has any family member ever been incarcerated for a violent offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any family member ever been incarcerated for a sexual offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any family member ever been incarcerated for kidnapping or confinement of an individual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any legal restrictions in place on where a family member may (or may not) live? <i>may include conditions of release or parole, restraining orders, etc.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any legal restriction on a person not with the family that limits or prevents contact with any member of the family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any of the offences or restrictions occurred within the past 10 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Dimension 4: Interaction With Health, Mental Health, Behavioral, &amp; Addiction Resources</b>	<b>Yes</b>	<b>No</b>
Does any family member have any medical condition that impacts their impulse control or cognitive functioning and reasoning? <i>e.g., Fetal Alcohol Spectrum Disorder; brain injury; organic brain disorders</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any family member been involuntarily admitted to a mental health facility within the past three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any family member voluntarily admitted themselves to a mental health facility in the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any family member ever been ordered to attend anger management classes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any family member ever been ordered to a service to address their substance use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any family member currently have a Community Treatment Order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Dimension 5: Alcohol & Substance Use	Yes	No	N/A
Does any family member use alcohol or substances while having a co-occurring physical health issue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does any family member use alcohol or substances while having a co-occurring mental health issue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does any family member use substances intravenously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do substance using family members use safe and sterile products for their consumption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do substance using family members safely dispose of their bottles, needles, etc. after consumption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do substance using family members most frequently use alone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Has any family member had one or more overdose in the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Dimension 6: Situational Response	Yes	No
Does any family member have a consistent negative response to men?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any family member have a consistent negative response to women?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any family member have a consistent negative response to younger workers (approximately under the age of 30)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any family member have a consistent negative response to older workers (approximately 55 years of age and older)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any family member have a consistent negative response to people of a specific race or ethnicity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any family member have a consistent negative response to people engaging with them one on one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any family member have a consistent negative response to people when meeting with two or more workers at a time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any family member have a consistent negative response when in a particular environment (e.g., at a doctor's office; in their apartment; on the bus)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any family member have a consistent negative response to behavioural issues being discussed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Dimension 7: Populations at Risk	Yes	No
Is any family member a probable or imminent risk to themselves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any family member a probable or imminent risk to other people that they live with or near?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any family member a probable or imminent risk to visitors of the other people they live with or near?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any family member a probable or imminent risk to housing support/case management staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any family member a probable or imminent risk to the general public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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### Risk Minimization Plan

The worker and the client should work together to develop a risk minimization plan for those elements of the risk assessment where there was a “yes”.

The risk minimization plan is an iterative process – it is unlikely to be created in one sitting. It is often through a series of conversations that the risk minimization plan becomes fully developed. The development of the plan can lead to contemplation of changes in the individual’s life and may have elements that become integrated into the individual service plan.

For each area where there is a perceived risk:

- try to define what exactly the risk is
- try to determine exactly when the risk is most likely going to result in harmful action
- try to figure out what process, technology or people can be put into place to minimize the risk
- focus on changing the behaviour – not the person
- use a strength-based approach to highlight how the individual can be successful in altering their behaviour

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### Risk Minimization Worksheet

What Exactly is the Risk?	Who is at Risk?	In which situations is the Risk most likely going to result in negative action?	What process, technology or people need to be put into place to reduce the Risk?