

Risk Issues Identification Tool

Name of Person:	Date Completed:
Person's Support Coordination Agency:	
Name of Person Completing This Form & Your Affiliation:	

Directions: This tool is to be completed by **all providers** supporting the person noted above prior to the planning meeting. It is to be given to the Support Coordinator or Case Manager **no less than 90 days** prior to the annual ISP effective date.

- Identify individual risks that are **specific to the person**.
- Include factual and detailed information as to why the noted area **currently** presents a particular risk to this person, or how the issue has presented **significant** risk in the past and might impact the person **currently**.
- You may include a recommended strategy for managing or eliminating the risk, if desired.
- During the ISP planning meeting, decisions and plans, if needed, will be made around **each** risk identified.

I. Individual Risks: Relevant to Day and Residential Living

✓	Identified Risk Issue	Describe the incident(s) or issue(s) that indicates this as a current Risk?
	Loss of home: <ul style="list-style-type: none"> • Someone is about to lose income which would cause them to have difficulty paying a mortgage or rent; • Living in someone else's home and needs to move; loss of eligibility of funds that assist with rent or mortgage etc • Excessive housing costs: Housing costs, to include rent/mortgage, household expenses are so excessive that they are not being paid or all their income is being absorbed by the housing costs leaving no room for other expenditures • Eviction: Being evicted due to property destruction, not paying rent, too loud or breaking the rental agreement in any way, etc • May not have a good relationship with landlord; the person has not lived up to her/his responsibilities as a tenant • Dangerous or threatening neighbors i.e. verbal and/or physical threats from neighbors 	
	Loss of caregiver or caregiver is incapacitated: <ul style="list-style-type: none"> • Family or caregiver is ill and cannot care for the person safely or effectively, living in a home where the caregiver has indicated they can no longer support the person for various reasons, someone close has passed away or moved 	
	Social isolation: <ul style="list-style-type: none"> • Caregiver is unable or unwilling to support the person in the community due to various reasons, i.e. caregiver/person's medical circumstances, protectiveness, elderly, financial inability, lack of transportation, etc. • The person separates themselves from others, or situations, that are typically routine or encouraged, i.e. social gatherings, recreational activities, general socializing, interacting, communicating. This does not include someone who is shy or just likes to be by themselves periodically due to their personality 	
	Significantly compromised hygiene: <ul style="list-style-type: none"> • Hygiene that could expose the person to dangerous health issues • Hygiene that could prevent the person from being a valued community member 	
	Compromised communication skills: <ul style="list-style-type: none"> • Limited communication ability which would expose or create a danger to the person • Inability to communicate, either with words, actions or use of a communication device, their basic needs such as hunger, thirst, unhappiness, etc. which can lead to distress and the risk of compromised support and care. 	
	Unsanitary living conditions: <ul style="list-style-type: none"> • Living conditions that could jeopardize the person's health and/or safety, such as the presence of rats, roaches, mice etc 	
	Home is in significant disrepair: <ul style="list-style-type: none"> • Needed home repairs that significantly affect the person's safety, health, or well being 	

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✓	Identified Risk Issue	Describe the incident(s) or issue(s) that indicates this as a current Risk?
	Significant changes in sleeping: <ul style="list-style-type: none"> • Person is either not sleeping as much or sleeping more • Falling asleep during unusual hours • Difficult to awaken from sleep 	
	Environmental modifications and/or equipment not completed or available: <ul style="list-style-type: none"> • Equipment not being available for use • Can not obtain needed modifications for accessibility that have been identified through an assessment (i.e. due to lack of a provider or funding) • Equipment that the person needs to move about safely, communicate, complete activities of daily living, etc. that is broken or in disrepair • Equipment has been identified as necessary but not addressed or it has been addressed but still not available 	
	Lack of Mobility: <ul style="list-style-type: none"> • Lack of mobility that could result in skin breakdown/pressure sores • Substantially limits access to home or community 	
	Elopement: <ul style="list-style-type: none"> • To leave an area, "run away" without staff or caregiver knowledge, which could lead to injury, death, exploitation, etc. 	
	Contact with Emergency Medical Services, law enforcement, or mobile crisis: <ul style="list-style-type: none"> • A person repeatedly calls 911 or other emergency system for no justifiable reason • Engages in dangerous behavior that can only be managed by calling an emergency entity • Recent suicidal ideation or attempts to commit suicide • Destruction of property so serious that it could lead to criminal charges 	
	Excessive self-stimulatory behaviors/Self injury: <ul style="list-style-type: none"> • Injures self to the degree that requires medical attention/first aid or if continued would need medical attention/first aid • Self –stimulatory behavior that could cause acute, chronic or permanent injury, unwanted attention from others, or distracts the person to the degree they cannot participate in activities 	

II. Individual Risks Relevant to Medical

✓	Identified Risk Issue	Describe the incident(s) or issue(s) that indicates this as a current Risk?
	Unmet medical needs: <ul style="list-style-type: none"> • Identified medical needs that are not being met due to poor compliance from person, or caregiver • Medical appointments or follow up appointments not scheduled or missed • Refuses services that are imperative to the person • Physician orders not being followed that could significantly jeopardize the person's health and safety • Poor follow through on post hospitalization discharge orders 	
	Substance abuse: <ul style="list-style-type: none"> • This could include alcohol, legal, illegal drugs or any other addictive product that is abused and currently creates an unsafe or unhealthy situation 	
	Inability to tolerate a medical examination/procedure: <ul style="list-style-type: none"> • Due to apprehension, fear, medical condition, previous unpleasant experiences etc. the person is unable to tolerate a medical examination or procedure. This might include dental visits, intrusive procedures, or responds negatively to any type of medical intervention for reasons unknown 	
	Increased or unusual falls: <ul style="list-style-type: none"> • Increased or unusual falling that results in injury such as fractures or severe injury 	
	Inability to communicate basic needs such as pain, illness, hunger or thirst, etc. <ul style="list-style-type: none"> • The person, cannot, either by facial expressions, words, gestures, use of his/her communication device, sign language, etc. let others know when they are experiencing pain or illness which can create or expose them to health and safety risks (does not express pain or discomfort that may indicate the need for medical treatment) 	

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✓	Identified Risk Issue	Describe the incident(s) or issue(s) that indicates this as a current Risk?
	Pica: <ul style="list-style-type: none"> Demonstrates an abnormal desire or appetite for non-food substances such as dirt, paint, clay, cigarettes, etc that could result in obstructed airway, illness, bowel obstruction, etc 	
	Lifestyle choices that significantly affect health: <ul style="list-style-type: none"> These "choices" are things such as excessive eating, drinking or smoking, etc. when there is medical diagnosis for which continued habits could worsen the condition and significantly impact the person's health or safety 	

III. Individual Financial Risks

✓	Identified Risk Issue	Describe the incident(s) or issue(s) that indicates this as a current Risk?
	Inadequate financial resources: <ul style="list-style-type: none"> Loss of job that would financially jeopardize their home, benefits, or preferred lifestyle Owes money to others for which the person has difficulty paying due to poor financial decisions Loss of government benefits or significant reduction in benefits Loaning money or routinely giving money away to others which could lead to exploitation and loss of goods, home, lifestyle or services Excessive gambling which jeopardizes the person's financial well-being 	

IV. Relationship Risks

✓	Identified Risk Issue	Describe the incident(s) or issue(s) that indicates this as a current Risk?
	Unsafe sexually activity: <ul style="list-style-type: none"> Sexual activity that may lead to pregnancy or exposure to HIV, STDs Sexual activity such as masturbating in public or solicitation of sex that could lead to arrest and/or incarceration 	

IV. Individual Mealtime Risks

✓	Identified Risk Issue	Describe the incident(s) or issue(s) that indicates this as a current Risk?
	Significant weight gain/loss or change in eating patterns: <ul style="list-style-type: none"> Excessive weight loss or gain within the reporting year that is not intentional. Weight loss so excessive that could be related to additional concerns Eating habits or patterns have changed to include loss or increase in appetite, not eating the foods that they had previously liked, coughing while eating, experiencing difficulty chewing or swallowing etc 	
	Choking and/or aspiration or swallowing disorders: <ul style="list-style-type: none"> Has a diagnosis of dysphagia (difficulty swallowing) or demonstrates problems with swallowing, choking, refuses to eat or coughs while eating etc Has been treated for aspiration pneumonia 	

V. Other Risks People Need to Know

✓	Identified Risk Issue	Describe the behavior or issue(s) that indicates this as a current Risk?
	History of or presently engages in aggressive or dangerous behavior: <ul style="list-style-type: none"> Engages in aggression or dangerous behavior to others that currently impacts the person or others History of extremely serious criminal acts such as; pedophilia, murder, rape, arson etc. (Note: History of a less severe act, that is now managed and no longer occurs, should be closely reviewed to determine if it continues to be a risk) Excessive interest in children or sexual ideations involving children Knowingly takes property of another person without permission Verbal or physical threats that have a major affect on others Takes advantage of vulnerable individuals Predatory behavior-victimizes or preys on another for ones own gain 	

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✓	Identified Risk Issue	Describe the behavior or issue(s) that indicates this as a current Risk?
	Criminal justice involvement: <ul style="list-style-type: none"> • Criminal justice involvement which can lead to incarceration and/or the risk of being exploited, abused, medically neglected and loss of services 	
	Fascination with fire or of fire setting: <ul style="list-style-type: none"> • Currently demonstrates or expresses an intense interest in fire, matches, setting fires etc. or has any history of arson 	

Risk Analysis and Planning Tool

Name of Person:	Date Completed:
Support Coordination Agency:	
Person Completing This Form & Your Affiliation:	

Directions: Before the ISP planning meeting the support coordinator/case manager will use the following grid to record the individual risks that have been identified by all service providers and planning participants (i.e., using the "Risk Issues Identification Tool"). At the ISP planning meeting, use the grid to facilitate open discussion, analysis, brainstorming and planning in order to:

- Review with the planning team all the identified individual risks that were recorded on the Risk Issues Identification Tools, or as otherwise identified during the planning meeting;
- Review the reasons associated with each individual risk identified;
- Develop final actions, supports, and services for addressing the individual risks; and
- Note where the actions or information, to address each risk, will be located in the ISP

Discuss during the Planning Meeting

What is the risk?	What is the problem we are trying to solve?	What if we do nothing?	What action did the planning team decide to take to manage this risk?	Should this issue be addressed in the Action Plan section or Personal Focus section of the ISP?	
				Outcome	Personal Focus

Identified Risks the Planning Team agreed are no longer a risk or are not determined to be a risk.

Identify the possible risk	Why the identified risk is no longer a risk or determined not to be a risk by the planning team?