# Inpatient Risk Identification Tool (RIT)

**DATE:**

**TIME:**

### Sources of Information

<table>
<thead>
<tr>
<th>( ) Patient</th>
<th>( ) Providers</th>
<th>( ) Legal/Police Records</th>
<th>( ) Medical Records</th>
<th>( ) Family</th>
<th>( ) Other:</th>
</tr>
</thead>
</table>

**CORI Reviewed**

( ) Yes ( ) Not yet available

**SORI Report Reviewed**

( ) Yes ( ) Not yet available

### Violence to Others Risk

#### History of Violence To Others

<table>
<thead>
<tr>
<th>( ) Yes</th>
<th>( ) No</th>
<th>( ) Unknown</th>
</tr>
</thead>
</table>

#### Independent Forensic Risk Assessment (IFRA) Criteria

[Select all that apply]

- ( ) Not applicable
- ( ) Discretionary IFRA
- ( ) Murder
- ( ) Manslaughter
- ( ) Kidnapping

- ( ) Rape
- ( ) Mayhem
- ( ) A&B Intent to Murder (or Kill)
- ( ) A&B Intent to Rape
- ( ) Assault intent to Murder (or Kill)
- ( ) Assault intent to rape
- ( ) Indecent A&B child
- ( ) Arson (any fire-setting charge)
- ( ) Stalking
- ( ) SORB III

**IFRA required if there was ever a conviction, a finding of NGRI or finding of IST on any of these charges.**

### Forensic Involvement/IFRA Comments

[Enter text]

### Violence to Others Risk Assessment Criteria

<table>
<thead>
<tr>
<th>( ) Not Applicable</th>
<th>( ) Transferred from a treatment commitment period at Bridgewater State Hospital*</th>
</tr>
</thead>
</table>

*An IRA must be considered for any responses other than <not applicable> to Violence to Others Risk Considerations. Document rationale if the decision is that no further assessment or IRA is necessary.

### Additional Violence to Others Risk Considerations*

[Select all that apply]

- ( ) Not applicable
- ( ) Serious injury to others
- ( ) Hx/Current Restraining order

- ( ) Stalking behavior
- ( ) Threats to public figures
- ( ) Arrest for violent crime

- ( ) Weapon use
- ( ) Duty to Protect
- ( ) Other Violence Risk, Specify

*An IRA must be considered for any responses other than <not applicable> to Violence to Others Risk Considerations. Document rationale if the decision is that no further assessment or IRA is necessary.

### Violence to Others Risk Comments

[Enter text]

### Suicide/Self Injurious Behavior Risk

#### History of Suicide Attempt

<table>
<thead>
<tr>
<th>( ) Yes</th>
<th>( ) No</th>
<th>( ) Unknown</th>
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</thead>
</table>

#### History of Self-injurious Behavior (SIB)

<table>
<thead>
<tr>
<th>( ) Yes</th>
<th>( ) No</th>
<th>( ) Unknown</th>
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</thead>
</table>

#### Suicide Risk Considerations

[Select all that apply]

- ( ) Not applicable
- ( ) Recently Escalating SIB
- ( ) Attempt self immolation
- ( ) Continuing Care due to suicide risk
- ( ) Recent Plan with lethal means

- ( ) Suicide intent w/ gun access
- ( ) Significant attempt while inpt
- ( ) Significant or unusual self harm
- ( ) Attempt required ICU
- ( ) Recent High frequency SIB
- ( ) Other Suicide/Self Injury Risk, Specify

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ECR DMH RIT v2

December, 2012
Suicide risk assessment must be considered for any responses other than <not applicable> to Suicide Risk Considerations. Document rationale if the decision is that no further assessment is necessary.

### Suicide/Self Injurious Behavior Risk Comments

[Enter text]

### Sexually Problematic Behavior Risk

#### History of Sexually Problematic Behavior

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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</tbody>
</table>

#### Sexually Problematic Behavior Risk Considerations

[Select all that apply]

- Not applicable
- Indecent A&B age 14 and under
- Charges PSB
- Serious PSB w/o charges
- SORB Level III
- SORB Level II
- SORB Level 0 (unleveled)
- NGRI/IST serious sexual charges
- Other Sexually Problematic Behavior Risk, Specify

### Fire Setting Behavior Risk

#### History of Fire Setting Behavior

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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</tbody>
</table>

#### Fire Setting Behavior Risk Considerations

[Select all that apply]

- Not applicable
- Intentional fire setting (as adult)
- Problematic fire use
- Fire setting charge history
- Other Fire Setting Behavior Risk, Specify

### Substance Use Risk

#### History of Substance Use

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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</tbody>
</table>

#### Substance use involved in violence, suicide, PSB, and/or fire risk noted above

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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<tbody>
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</table>

### Inability to Self Preserve Risk

#### History of Inability to Self Preserve

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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</table>

#### History of Self Endangerment

[Select all that apply]

- Not applicable
- Nutrition/hygiene neglect
- Poor judgment-victimized
- Heatstroke/frostbite
- Severe medical neglect
- Unsafe smoking
- Unsafe use matches/lighters
- Unsafe use of stove
- Wandering/getting lost
- Other Inability to Self Preserve, Specify

MIPS Referral Form must be considered for any responses other than <not applicable> to Sexually Problematic Behavior Risk Considerations. Document rationale if the decision is that no further assessment is necessary.
### Inability to Self Preserve

**Risk Additional Comments**

[Enter text]

### Capacity to Make Treatment Decisions

**Currently Lacks Capacity to Make Treatment Decisions**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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</table>

**Further Assessment Needed for Competence Determinations**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</table>

### Current Guardianships

[Select all that apply]

<table>
<thead>
<tr>
<th></th>
<th>Not applicable</th>
<th>Guardianship-medical treatment only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8B</td>
<td>Guardianship-plenary</td>
</tr>
<tr>
<td></td>
<td>Probate Rogers</td>
<td>Guardianship-conservator</td>
</tr>
</tbody>
</table>

### Historical Guardianships

[Select all that apply]

<table>
<thead>
<tr>
<th></th>
<th>Not applicable</th>
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### Other Capacity Concerns

[Enter text]

### Recovery/Tx Collaboration Issues

**Risks Above Complicated by Evidence of Collaboration Challenges**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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<tbody>
<tr>
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</tbody>
</table>

**Collaboration Challenges**

[Select all that apply]

<table>
<thead>
<tr>
<th></th>
<th>Not applicable</th>
<th>Nonadherence to medical treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>History of elopement</td>
<td>Nonadherence w/ parole</td>
</tr>
<tr>
<td></td>
<td>Hx escape DOC setting</td>
<td>Nonadherence w/ probation</td>
</tr>
<tr>
<td></td>
<td>Nonadherence to meds</td>
<td>Nonadherence w/ behavioral health treatment</td>
</tr>
</tbody>
</table>

### Recovery/Tx Collaboration Issues Comments

[Enter text]

### Other Risk Areas

**Other Risk Areas Not Identified Above**

[Enter text]

### Strengths Which Mitigate Risk

[Enter text]

### Assessment Requirements and Recommendations

**Assessment Recommendations/Requirements**

[Select all that apply]

<table>
<thead>
<tr>
<th></th>
<th>Not applicable</th>
<th>Suicide Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Independent Forensic Risk Assessment</td>
<td>Sexually Problematic Risk</td>
</tr>
<tr>
<td></td>
<td>IRA</td>
<td>Fire Setting Risk</td>
</tr>
<tr>
<td></td>
<td>Substance Use Risk</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Assessments To be Considered**

[Select all that apply]

<table>
<thead>
<tr>
<th></th>
<th>Not applicable</th>
<th>Neuropsychological testing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Behavioral analysis</td>
<td>Psychological testing</td>
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</table>
### Department of Mental Health
Inpatient Risk Identification Tool (RIT)

<table>
<thead>
<tr>
<th>ECR Recommended/Required</th>
<th>Specialty OT assessment</th>
<th>Other specialized</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) Yes</td>
<td>( ) No</td>
<td>( ) Not applicable</td>
</tr>
</tbody>
</table>

**Rationale for Determinations of Need for Additional Assessments and ECR**

[Enter text]

**Clinicians involved in RIT Completion**

**Clinician(s) Completing this Form**

[add signature(s)/date(s) if completed separate from MHIS]

**Attending Psychiatrist**

[add signature/date if completed separate from MHIS]