**Department of Mental Health**
**Inpatient Risk Identification Tool (RIT)**

**DATE:**_____ **TIME:**_____

| **Risk Identification Tool** | | | |
|---|---|---|---|
| **Sources of Information** | ( ) Patient<br>( ) Providers | ( ) Legal/Police Records<br>( ) Medical Records | ( ) Family<br>( ) Other: |
| **CORI Reviewed** | ( ) Yes | ( ) Not yet available | |
| **SORI Report Reviewed** | ( ) Yes | ( ) Not yet available | |
| **Violence to Others Risk** | | | |
| **History of Violence To Others** | ( ) Yes | ( ) No | ( ) Unknown |
| **Independent Forensic Risk Assessment (IFRA) Criteria**<br>[Select all that apply] | ( ) Not applicable<br>( ) Discretionary IFRA<br>( ) Murder<br>( ) Manslaughter<br>( ) Kidnapping | ( ) Rape<br>( ) Mayhem<br>( ) A&B Intent to Murder (or Kill)<br>( ) A&B Intent to Rape<br>( ) Assault intent to Murder (or Kill) | ( ) Assault intent to rape<br>( ) Indecent A&B child<br>( ) Arson (any fire-setting charge)<br>( ) Stalking<br>( ) 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**<br>[Enter text] | _____<br>_____<br>_____ | | |
| **Violence to Others Risk Assessment Criteria** | ( ) Not Applicable | | ( ) Transferred from a treatment commitment period at Bridgewater State Hospital* |
| *If checked an IRA must be completed and a referral for an ECR must be made. | | | |
| **Additional Violence to Others Risk Considerations***<br>[Select all that apply] | ( ) Not applicable<br>( ) Serious injury to others<br>( ) Hx/Current Restraining order | ( ) Stalking behavior<br>( ) Threats to public figures<br>( ) Arrest for violent crime | ( ) Weapon use<br>( ) Duty to Protect<br>( ) 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**<br>[Enter text] | _____<br>_____<br>_____ | | |
| **Suicide/Self Injurious Behavior Risk** | | | |
| **History of Suicide Attempt** | ( ) Yes | ( ) No | ( ) Unknown |
| **History of Self-injurious Behavior (SIB)** | ( ) Yes | ( ) No | ( ) Unknown |
| **Suicide Risk Considerations**<br>[Select all that apply] | ( ) Not applicable<br>( ) Recently Escalating SIB<br>( ) Attempt self immolation<br>( ) Continuing Care due to suicide risk<br>( ) Recent Plan with lethal means | ( ) Suicide intent w/ gun access<br>( ) Significant attempt while inpt<br>( ) Significant or unusual self harm<br>( ) Attempt required ICU<br>( ) Recent High frequency SIB<br>( ) Other Suicide/Self Injury Risk, Specify | |

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| 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**<br>[Enter text] | _____<br>_____<br>_____ |
| **Sexually Problematic Behavior Risk** | |
| **History of Sexually Problematic Behavior** | ( ) Yes ( ) No ( ) Unknown |
| . | |
| **Sexually Problematic Behavior Risk Considerations**<br>[Select all that apply] | ( ) Not applicable<br>( ) Serious PSB w/o charges<br>( ) SORB Level II<br>( ) SORB Level I<br>( ) Indecent A&B age 14 and under<br>( ) Charges PSB<br>( ) SORB Level III<br>( ) SORB Level 0 (unleveled)<br>( ) NGRI/IST serious sexual charges<br>( ) Other Sexually Problematic Behavior Risk, Specify |
| MIPSB 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. | |
| **Sexually Problematic Behavior Risk Comments**<br>[Enter text] | _____<br>_____<br>_____ |
| **Fire Setting Behavior Risk** | |
| **History of Fire Setting Behavior** | ( ) Yes ( ) No ( ) Unknown |
| **Fire Setting Behavior Risk Considerations**<br>[Select all that apply] | ( ) Not applicable<br>( ) Fire setting charge history<br>( ) Intentional fire setting (as adult)<br>( ) Problematic fire use<br>( ) Other Fire Setting Behavior Risk, Specify |
| Fire setting risk assessment must be considered for any responses other than <not applicable> to Fire Setting Behavior Risk Considerations. Document rationale if the decision is that no further assessment is necessary. | |
| **Fire-setting Behavior Risk Comments**<br>[Enter text] | _____<br>_____<br>_____ |
| **Substance Use Risk** | |
| **History of Substance Use** | ( ) Yes ( ) No ( ) Unknown |
| Substance Use assessment required for response <yes> to above. | |
| **Substance use involved in violence, suicide, PSB, and/or fire risk noted above** | ( ) Yes ( ) No ( ) Unknown |
| **Substance Use Risk Additional Comments**<br>[Enter text] | _____<br>_____<br>_____ |
| **Inability to Self Preserve Risk** | |
| **History of Inability to Self Preserve** | ( ) Yes ( ) No ( ) Unknown |
| **History of Self Endangerment**<br>[Select all that apply] | ( ) Not applicable<br>( ) Nutrition/hygiene neglect<br>( ) Poor judgment-victimized<br>( ) Heatstroke/frostbite<br>( ) Severe medical neglect<br>( ) Unsafe smoking<br>( ) Unsafe use matches/lighters<br>( ) Unsafe use of stove<br>( ) Wandering/getting lost<br>( ) Other Inability to Self Preserve, Specify |

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| **Inability to Self Preserve Risk Additional Comments** [Enter text] | _____ _____ _____ |
| **Capacity to Make Treatment Decisions** | |
| **Currently Lacks Capacity to Make Treatment Decisions** | ( ) Yes ( ) No ( ) Unknown |
| **Further Assessment Needed for Competence Determinations** | ( ) Yes ( ) No ( ) Unknown |
| **Current Guardianships** [Select all that apply] | ( ) Not applicable ( ) Guardianship-medical treatment only<br>( ) 8B ( ) Guardianship-plenary<br>( ) Probate *Rogers* ( ) Guardianship-conservator |
| **Historical Guardianships** [Select all that apply] | ( ) Not applicable ( ) Guardianship-medical treatment only<br>( ) 8B ( ) Guardianship-plenary<br>( ) Probate *Rogers* ( ) Guardianship-conservator |
| **Other Capacity Concerns** [Enter text] | _____ _____ _____ |
| **Recovery/Tx Collaboration Issues** | |
| **Risks Above Complicated by Evidence of Collaboration Challenges** | ( ) Yes ( ) No ( ) Unknown |
| **Collaboration Challenges** [Select all that apply] | ( ) Not applicable ( ) Nonadherence to medical treatment<br>( ) History of elopement ( ) Nonadherence w/ parole<br>( ) Hx escape DOC setting ( ) Nonadherence w/ probation<br>( ) Nonadherence to meds ( ) Nonadherence w/ behavioral health treatment<br>Frequent substance use relapse.<br>( ) |
| **Recovery/Tx Collaboration Issues Comments** [Enter text] | _____ _____ _____ |
| **Other Risk Areas** | |
| **Other Risk Areas Not Identified Above** [Enter text] | _____ _____ |
| **Strengths Which Mitigate Risk** | |
| **Assessment Requirements and Recommendations** | |
| **Assessment Recommendations/Requirements** [Select all that apply] | ( ) Not applicable ( ) Suicide Risk<br>( ) Independent Forensic Risk Assessment ( ) Sexually Problematic Risk<br>( ) IRA ( ) Fire Setting Risk<br>( ) Substance Use Risk |
| | |
| **Additional Assessments To be Considered** [Select all that | ( ) Not applicable ( ) Neuropsychological testing<br>( ) Behavioral analysis ( ) Psychological testing |

| | |
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| apply] | ( ) Specialty OT assessment ( ) Other specialized |
| **ECR Recommended/Required** | ( ) Yes<br>( ) No<br>( ) Not applicable |
| **Rationale for Determinations of Need for Additional Assessments and ECR**<br>[Enter text] | _____<br>_____<br>_____ |
| **Clinicians involved in RIT Completion** | |
| **Clinician(s) Completing this Form** | _____<br>_____<br>_____<br>(add signature(s)/date(s) if completed separate from MHIS) |
| **Attending Psychiatrist** | _____<br>(add signature/date if completed separate from MHIS) |