Individual's Name, ID, and Pronouns:_____

Names of all parties involved in risk assessment:_____

Date completed:_____

Date of last risk assessment:_____

EASA Comprehensive Risk Assessment

Complete during screening and initial enrollment, EASA 90-day review if applicable, and as needed.

Individual crisis planning is indicated when there is current or previous evidence collected in any of the categories that have potential risk as observed or reported by the individual, family/support system or EASA Team.

A note on suicide screening: Complete routine suicide screenings following your agency's policies and procedures. Suicide screening for individuals involved in early psychosis intervention care should not be limited to shorter tools such as the CSSR-S. Suicide screening for individuals in early psychosis intervention care should include assessment for non-lethal suicidal behaviors or risks, cultural distress such as marginalization or discrimination, social distress, and current and historical risk factors. The Cultural Assessment of Risk for Suicide (CARS) is a helpful tool that teams may use to identify cultural factors in suicide risk (https://communityconnections.net/wp-content/uploads/2024/05/CARS-and-Cultural-Theory-and-Model-of-Suicide-COMPILED-Final.pdf).

Self-Harm Behavior	Input from Individual, Family/Support System, and EASA Team
Active or historical non-suicidal self-injury (purposeful hurting of oneself like cutting and burning)	
Self-neglect, such as: • Restrictive eating • Restrictive drinking • Not addressing or caring for physical health needs when otherwise able to do so	
Awareness of own safety, such as: • Leaving stove on, candles lit, or other unintentional risks for safety • Leaving primary residence without a plan, notifying anyone, or resources to care for basic needs.	

Aggressive Behavior	Input from Individual, Family/Support System, and EASA Team
• History of aggressive behavior or assault toward others • Thinking or talking about hurting other people, animals, or property (frequency, duration, and mood congruence) • Intent (wish to hurt others or destroy property) • Plans (when, where, how) • Means – access to firearms or other lethal means (medications, substances, knives, etc.)	

Symptom-Related Risks	Input from Individual, Family/Support System, and EASA Team
• Symptom content associated with dying and special powers causing behavior changes • Delusions causing behavior changes • Command hallucinations • Insight to symptoms • Mania, including impulsivity and extreme mood dysregulation or risk-taking behaviors • Recent discharge from hospital or longer-term institutionalization (jail, inpatient care facility, etc.)	

Physical Risks	Input from Individual, Family/Support System, and EASA Team
Medications, such as: • Not taking as prescribed • Side effects of medication • Adverse reactions to medicine	
Physical health, such as: • Health conditions (for example: lupus, diabetes, anemia) • Nutrition • Physical activity level	

• Access to food and clean water • Sexual health • Sleep • Other	

Other Risk Categories	Input from Individual, Family/Support System, and EASA Team
Identity stress and risks, such as: • Culture (individual and family) • Sexual orientation • Gender Identity • Faith/Spiritualty/Religion	
Vulnerability to victimization and exploitation, such as: • Sexual • Financial • Social or Romantic	
Service-related risks, such as: • Engagement challenges, including willingness to participate in services offered • Family conflict	
Environmental risks, such as: • Unsafe or unstable housing • Vocational instability • Lack of financial resources • Lack of access to community resources	
Substance use (disorder or misuse, substance related physical or functional decline)	
Criminal record and legal involvement	

Evaluate identified risk items and develop crisis plan accordingly in collaboration with full team, participant, and their supports. Ensure crisis plan is entered into EHR.

Completed by:_____ Date:_____

Participant Signature:_____

References

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