

Strengths and Risk Inventory

Intent*:

The person-centered planning process should address the challenges, risk factors, and rewards inherent for each person to live his/her life the way that he/she chooses. This Inventory is a tool that can help to generate meaningful conversations with a person regarding the possible risk areas in his/her life. It is important to remember that not all risks are real. Some potential risks are imagined, abstract, or over-generalized from one specific area of the person's life to another area where the person might not actually be vulnerable. Acting on risks that are not real can sometimes lead to preventing a person from participating in activities that are the most meaningful to him/her and that can best contribute to growth, development, and quality of life. A true person-centered planning process defines the risks that are real and tolerable and offers an explicit and justifiable rationale for those informed decisions. This Inventory is an opportunity to employ decision-making as a team in deciding what risks are real and tolerable and what risks are also non-negotiable. Risks must be measured based on their potential for harm vs. growth and improved quality of life. Flexibility in negotiating risks is essential to improve individual quality of life.

****Please note: This Inventory is not intended to replace any process for determining risk for individuals who display behaviors that rise to a level warranting an offender-specific or specialized clinical risk assessment.***

Strengths and Risk Inventory

Instructions: This worksheet should be completed by the individual and his/her team, as part of the person-centered planning and/or service delivery process. It should be reviewed **annually** and updated as a person's needs, goals, and supports evolve and change. Not all risks are preventable, but it is important to demonstrate that thoughtful and meaningful discussion occurred and that there is agreement on appropriate safeguards that can mitigate tolerable risks. **LISTENING TO THE PERSON IS KEY!** If an area is identified on this Inventory as unmet or is an area requiring further support in order to mitigate risk, it is expected that the identified need will be further addressed in the service planning process and will be reflected in the person's Plan of Care. Once an area is identified by the individual and his/her circle of support as a concern or unmet need, document the following in the person's Plan of Care:

- What does the individual's circle of support consider to be non-negotiable risks? Which safeguards are essential to ensuring the health and safety of the individual?
- Potential barriers and factors that impact the area of concern
- Strategies that can address the unmet need, such as training and education, increased supports and services, and/or increased supervision
- Short-term strategies specific to the area of concern, and
- Long-term goals specific to the unmet need

Strengths and Risk Inventory

Name: _____

Date: _____

Address: _____

Conditions That Help Me To Succeed:	UNMET NEED TO BE ADDRESSED or AREA OF CONCERN	NO FURTHER SUPPORT NEEDED	N/A
AUTONOMY, DECISION-MAKING, AND SUPPORT NETWORK			
1. I have opportunities to make decisions and act upon preferences in all areas of my life. (Includes the right to make informed choices about care, and the right to refuse interventions; also includes if you have support identified in your service plan to assist in making decisions).			
Additional Comments:			
2. There is a way (or method) for me to make decisions and express preferences as well as act upon those preferences in all areas of my life. (May also be through use of a communication device, and through non-verbal preferences such as a change in behavior).			
Additional Comments:			
3. I have access to information and resources that assist me in making decisions about my life.			
Additional Comments:			

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Conditions That Help Me To Succeed:	UNMET NEED TO BE ADDRESSED or AREA OF CONCERN	NO FURTHER SUPPORT NEEDED	N/A
<p>4. I have access to family, friends, and natural/community supports in addition to paid service providers for information and assistance in making decisions.</p> <p>(note if the person is completely dependent on their advocate or guardian for making major decisions)</p> <p>Additional Comments:</p>			
<p>5. I am aware of my civil rights as an American and know how to exercise them. I am able to ask support staff for help or assistance with exercising these rights when I need to.</p> <p>(includes the right to vote, freedom of speech, freedom from discrimination and many others)</p> <p>Additional Comments:</p>			
<p>6. I am able to make back-up plans and can adjust to changes in my schedule.</p> <p>Additional Comments:</p>			

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Conditions That Help Me To Succeed:	UNMET NEED TO BE ADDRESSED or AREA OF CONCERN	NO FURTHER SUPPORT NEEDED	N/A
(staff cancellation, changes in someone's workschedule, etc)			
7. I am comfortable telling staff when I am unhappy with their performance or behavior and know who to contact if I have concerns regarding my plan or the services that I receive.			
Additional Comments:			
8. I am comfortable with talking to my family and/or advocates about concerns and decisions that are important to me.			
Additional Comments:			
PERSONAL INCOME, MONEY MANAGEMENT, AND FINANCIAL SUPPORT			
9. I have a stable source of income that covers basic living needs like shelter, food, transportation, and clothing.			
Additional Comments:			
10. I have enough support to effectively manage my income in order to ensure that my basic needs are met and budget my expenses adequately. (support can be through examples such as having a double signature bank account, a rep payee, or assistance with budgeting).			
Additional Comments:			

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HOUSING			
11. My living arrangement is safe, and has adequate heat, hot water, and electricity.			
Additional Comments:			
12. I have basic furnishings necessary for daily living (including bed, chairs, table, lighting, and appliances).			
Additional Comments:			
13. I live in a neighborhood where I feel safe and have access to needed and available resources.			
Additional Comments:			
PHYSICAL AND MENTAL HEALTH			
14. My health is maintained through access to appropriate medical monitoring for preventative testing and medication therapy when needed.			
Additional Comments:			

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Conditions That Help Me To Succeed:	UNMET NEED TO BE ADDRESSED or AREA OF CONCERN	NO FURTHER SUPPORT NEEDED	N/A
15. I receive <i>prompt and up-to-date</i> treatment for physical and mental health concerns.			
Additional Comments:			
16. I know how to <i>identify and report any health concerns</i> that I have to the appropriate people, such as my staff, my family, or my doctor.			
Additional Comments:			
17. I receive <i>assistance with personal care</i> when I need it. (if you have a physical disability that limits your ability to provide self-care)			
Additional Comments:			
18. I can <i>maintain a diet</i> that meets my nutritional needs and keeps me healthy.			
Additional Comments:			
19. I can provide <i>informed consent</i> for my own healthcare decisions. (such as for psychotropic medications, major medical procedures, and emergency treatment)			
Additional Comments:			
20. I take my <i>medicine</i> on time, as prescribed by my doctor and know what to do when my medicine runs out.			
Additional Comments:			

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Conditions That Help Me To Succeed:	UNMET NEED TO BE ADDRESSED or AREA OF CONCERN	NO FURTHER SUPPORT NEEDED	N/A
<p>21. My medications are stored <i>safely</i>.</p> <p>(Unless a medication has specific storage instructions, all medications should be kept in a location that is safe and easy to access). The following are some good reminders about medication storage: don't keep your medications near sources of heat, or in the bathroom medicine cabinet (too much humidity), keep your medications in the container they came in, heat and direct sunlight can affect your medication, and remember to keep ointment tubes and toothpaste separate.</p> <p>In instances when a person who is self-medicating lives with people who cannot safely handle medications, it is necessary to ensure that the medications are accessible to the individual, while secured/inaccessible to their housemates.</p>			
Additional Comments:			
<p>22. I have a <i>list</i> of all of the <i>medications</i> I take and I know why I take them.</p> <p>(Everyone should have a list that includes all of their medications, including the name and phone number for the prescribing doctor and the pharmacy that fills the prescription.)</p>			
Additional Comments:			

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Conditions That Help Me To Succeed:	UNMET NEED TO BE ADDRESSED or AREA OF CONCERN	NO FURTHER SUPPORT NEEDED	N/A
<p>23. There are other people who know about my medications and who can assist me if I have questions or need help with them.</p> <p>(This person could be a family member, friend, advocate, neighbor, certain staff, or a circle of support member)</p> <p>Additional Comments:</p>			
<p>24. I use the same pharmacy for all of my medications when possible.</p> <p>(Using the same pharmacy is important. The pharmacist has a list of all of the medications taken, along with any known allergies. The pharmacist has to look at all of the medications taken with each refill or new prescription. The pharmacist can answer any of your medication questions.)</p> <p>Additional Comments:</p>			
<p>25. I need more support to take my medication.</p> <p>(Can you open the bottle by yourself? Can you remember what time to take your medication?, can you swallow pills easily? If you need help, some solutions are: easy open containers, tablet splitters, pharmacy pre-split pills, order pre-filled weekly/monthly pill boxes, large print labels, medication calendar with pill box, blister packs, inhaler assisted devices and cream/ointment applicator, talking devices—these are all examples of items that can help with medication administration. You should also know what to do when you miss a dose of your medication.)</p> <p>Additional Comments:</p>			

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Conditions That Help Me To Succeed:	UNMET NEED TO BE ADDRESSED or AREA OF CONCERN	NO FURTHER SUPPORT NEEDED	N/A
<p>26. I know the <i>side effects</i> of my medications.</p> <p>(You should know what to expect from all of your medications and know when you should talk to someone, or call your doctor when you think something is wrong)</p>			
Additional Comments:			
<p>27. When my <i>medication runs out</i>, I know what to do.</p> <p>(If extra assistance is needed, you may want to: see if your pharmacy offers an automatic refill service, make a chart, use an electronic alert device, ask someone for help such as a family member, advocate, certain staff, neighbor, circle of support member, etc).</p>			
Additional Comments:			

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Conditions That Help Me To Succeed:	UNMET NEED TO BE ADDRESSED or AREA OF CONCERN	NO FURTHER SUPPORT NEEDED	N/A
SAFETY			
<p>28. Potential dangers in my environment are minimized.</p> <p>(look for examples of when the person’s safety might have been in danger, such as walking home alone in the dark from work, having a building that is not safely secured with functioning locks, or having significant fire hazards.) Use careful thought and discussion to identify things that may jeopardize the person’s safety in the environment where he/she lives.</p>			
Additional Comments:			
<p>29. I do not participate in illegal behaviors or activities.</p> <p>(such as using illegal drugs, prostitution, or theft.)</p>			
Additional Comments:			
<p>30. I do not threaten, harass, or physically abuse other people and understand personal boundaries of others.</p>			
Additional Comments:			
<p>31. I know how to protect myself from abuse and exploitation by others.</p>			
Additional Comments:			
<p>32. I know what a serious incident is and tell my agency staff about it</p> <p>(may also include family member, advocate, or close friend)</p>			
Additional Comments:			

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Conditions That Help Me To Succeed:	UNMET NEED TO BE ADDRESSED or AREA OF CONCERN	NO FURTHER SUPPORT NEEDED	N/A
33. I have a plan in place for emergencies and natural disasters.			
Additional Comments:			
34. I receive prompt and appropriate emergency services when needed, such as police, fire department, ambulance, or crisis line. (This item also includes whether there has been emergency planning with you and your support network to know which emergency services should be contacted for what reasons.)			
Additional Comments:			
35. I am aware of and have access to all possible exits that I can use during a fire and am able to safely evacuate my home in an emergency . (there should be ongoing discussion and a plan in place for how to evacuate your home in an emergency)			
Additional Comments:			
36. I am aware of safety rules for using a computer and for sharing my personal information with other people.			
Additional Comments:			

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Conditions That Help Me To Succeed:	UNMET NEED TO BE ADDRESSED or AREA OF CONCERN	NO FURTHER SUPPORT NEEDED	N/A
<p>37. I have <i>no hearing or vision problems</i> that remain unaddressed.</p> <p>(includes whether there is a need such as visual aids and hearing aids, and whether the home might need equipment for you to get around your home easily and safely.)</p>			
Additional Comments:			
APPEARANCE/HYGIENE			
<p>38. I make choices related to <i>good personal hygiene and clothing</i> that are appropriate for weather conditions and minimize potential health related problems.</p> <p>(You should be able to maintain acceptable hygiene and appearance so as to not restrict where you can work and socialize)</p>			
Additional Comments:			
<p>39. I am able to and have a <i>means to communicate</i> on a regular basis with the primary people in my life, including paid and unpaid supports.</p> <p>(may include speech, signing, and communication devices)</p>			
Additional Comments:			
<p>40. I have ways <i>to move about my home and community</i> and my basic needs in this area are satisfactory.</p> <p>(do you have sufficient transportation to have the job or day opportunity of your choice, meet friends and family for recreational events, and obtain basic supplies for living?)</p>			
Additional Comments:			

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Signatures:

Individual: _____

Date: _____

Care Coordinator: _____

Date: _____

Advocate/Guardian: _____

Date: _____

Other Circle of Support Members: Note relationship to the individual

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____