**MFP Demo**

**DDS ID/D Community Risk Assessment**

**Name**: JOHN DOE

**MassHealth No**:

**DOB**:

**Date Completed:**

2-2-202X

**Assessor:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Risk Assessment Topic** | **Risk Factor Determination** | **Explanation** |
|  | Other Community Safety Concerns | Yes | falls and injury; self and social isolation; medical and psychiatric decompensation; relapse to drugs and alcohol. |
|  | Failed Community/Facility Placements | Yes | previously resided in own apartment since 2012 with limited services; fell and required short-term rehab; returned home and ended up back in hospital with fluid overload; has now been in facility for over a year. |
|  | Cognitive Issues/Dementia | No | remains own person;  |
|  | Unstable or Complex Medical Condition(s) | Yes | Morbidly Obese with history of Heart Failure. Currently medically stable. |
|  | SUD  | Yes | History of polysubstance use disorders. Has been sober from alcohol for 9 years and 8 years from other substances. Currently followed by methadone clinic; attends groups and counseling sessions at clinic; however, unable due to COVID at this time. |
|  | SMI  | Yes | Long history of mental illness including schizophrenia; anxiety; depression. History of both voluntary and involuntary psychiatric admissions; none in 4 years; Has DMH CM XXXX, was unsure of last name; followed by therapist XXXX in community via zoom, also unsure of her last name. |
|  | Problematic Sexual Behaviors/Sex Offender Status | No |  |
|  | Violence and Aggressive Behaviors  | No |  |
|  | Resides on Locked/Secure Unit/Restrictive Interventions | No | Locked facility; does not attempt to elope/wander |
|  | Legal/Forensic History/Access to Firearms and Weapons | No | denies. |