

Youth Villages Risk Trauma Assessment - IHS and FC

Patient Name [Redacted] **Date of Birth** [Redacted] **Gender** M **ID No.** [Redacted] **Intake Date** [Redacted]

Test

Client [Redacted]	Event Risk Trauma Assessment Comm. - All except LS R2312	Actual Date [EST] 11/30/2023 9:50 AM	Duration (hh:mm) 00:00
End date [EST] 11/30/2023 9:50 AM	Program Providing Service INT - In-Home Services - Intercept	Site Providing Service TN-CHAT - Chattanooga, TN (Lic.# TN-CHAT)	Unit NA - NA
Location [Redacted]	Staff Gibbs, Laura C.	Attach document here: No document attached.	

Test Information

Safety Planning

Emergency On-Call Phone Number:
[Redacted]

- Lock up all potentially harmful items:**
- Accepted and Implemented Not Applicable Indicated but Chose Not to Implement
- Caregiver will develop initial supervision plan**
- Accepted and Implemented Not Applicable Indicated but Chose Not to Implement
- Caregiver will monitor social media use**
- Accepted and implemented Not Applicable Indicated but Chose Not to Implement
- Sleeping arrangements: ensure child is supervised**
- Accepted and Implemented Not Applicable Indicated but Chose Not to Implement
- Caregiver monitor youth for drug alcohol use**
- Accepted and Implemented Not Applicable Indicated but Chose Not to Implement
- All medications locked (OTC and Prescription)**
- Accepted and Implemented Not Applicable Indicated but Chose Not to Implement
- Youth will take all medications as prescribed**
- Notes:
Adderrall and Hydroxoxine
- Accepted and Implemented Not Applicable Indicated but Chose Not to Implement

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Caregiver will conduct safety sweeps as needed
 Accepted and Implemented Not Applicable Indicated but Chose Not to Implement

Frequency of Safety Sweeps:
 Daily Three times a week Twice a week Once a week Every two weeks Monthly

Supervision / Respite

Supervision / Respite Provider 1:
Include name, address, phone number, availability, and where they can supervise the youth.
[Redacted]
Doesn't work, but her boyfriend works thirds so she kind of has that same schedule

Supervision / Respite Provider 2:
Include name, address, phone number, availability, and where they can supervise the youth.
[Redacted]

Supervision / Respite Provider 3:
Include name, address, phone number, availability, and where they can supervise the youth.
N/A

Supervision / Respite Provider 4:
Include name, address, phone number, availability, and where they can supervise the youth.
N/A

High Risk Individuals

High Risk Individuals for the Youth and Description of the Risk:
[Redacted] Adopted Dad who has perpetuated domestic violence against mom but not youth.

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[Redacted]

Risk Behaviors

NON-SUICIDAL SELF-INJURIOUS BEHAVIORS (NSSIB)

Notes:

With razor blade

- No Evidence History over 3 years History between 1 and 3 years History within 1 year Recent within 6 months Acute / Act Immediately (within last 30 days)

SUICIDAL IDEATION AND BEHAVIORS (SIB)

- No Evidence History over 3 years History between 1 and 3 years History, Previous Event within 1 year Recent Act within last 6 months Acute / Act Immediately (within last 30 days)

Suicide/Self-Harm Interventions: Caregiver will maintain key for lock box and to give youth medications daily as prescribed.

- Accepted and Implemented Not Indicated Indicated but Chose Not to Implement

Suicide/Self-Harm Intervention: In the event of a suicidal ideation or threat, caregiver will contact Youth Villages staff immediately. If a suicide attempt is made, caregiver will contact 911 immediately and then contact Youth Villages staff

- Accepted and Implemented Not indicated Indicated but Chose Not to Implement

HIGH-RISK SUBSTANCE USE

Notes:

Uses mom's CBD vape daily to every other day

- No Evidence History over 3 years History between 1 and 3 years History Previous Event within one year Recent Act within last 6 months Acute / Act Immediately (within last 30 days)

Substance abuse and /or Drug use Interventions: Caregiver will monitor contact with peers; assess contact on cell phone, text messaging, social networking pages

- Accepted and Implemented Not Applicable Indicated but Chose Not to Implement

Substance abuse and /or Drug use Interventions: Caregiver will search child's backpack and clothing daily to assess the presence of paraphernalia or drug/alcohol

- Accepted and Implemented Not Applicable Indicated but Chose Not to Implement

Substance abuse and /or Drug use Interventions: Caregiver will dispose or of lock up personal alcohol.

- Accepted and Implemented Not Applicable Indicated but Chose Not to Implement

PHYSICAL AGGRESSION (HOMICIDAL BEHAVIORS/DESTRUCTION OF PROPERTY)

Notes: Fight at school

- No Evidence History over 3 years History between 1 and 3 years History, Previous Event within one year Recent Act within last 6 months Acute / Act Immediately (within last 30 days)

Homicidal Ideations/Attempts and/or Physically Aggressive Behavior Intervention: Caregiver will define a safe area for child to calm down (e.g. bedroom, area of living room) wherein there are no items that could be used as potential weapons

- Accepted and Implemented Not Applicable Indicated but Chose Not to Implement

Homicidal Ideations/Attempts and/or Physically Aggressive Behavior Intervention: If serious life threatening attempt is made, call 911 immediately and then inform Youth Villages Staff.

- Accepted and Implemented Not applicable Indicated but Chose Not to Implement

RUNAWAY BEHAVIOR

- No Evidence History over 3 years History between 1 and 3 years History Previous Event within one year Recent Act (within last 6 months) Acute / Act Immediately (within last 30 days)

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Runaway intervention Caregiver will monitor contact with peers: assess phone calls, text messages, and social networking behaviors.

- Accepted and Implemented Not Applicable Indicated but Chose Not to Implement

Runaway intervention Caregiver will add window and door alarms to home.

- Accepted and Implemented Not Applicable Indicated but Chose Not to Implement

PROBLEM SEXUAL BEHAVIOR

- No Evidence History over 3 years History between 1 and 3 years History, Previous Event within 1 year Recent Act within last 6 months Acute / Act Immediately (within last 30 days)

INAPPROPRIATE SEXUAL BEHAVIOR

- No Evidence History over 3 years History between 1 and 3 years History Previous Event within one year Recent Act (within last 6 months) Acute / Act Immediately (within last 30 days)

Problem Sexual Behavior Intervention Youth will not be left in charge, or babysit any younger children

- Accepted and Implemented Not Applicable Indicated but Chose Not to Implement

Problem Sexual Behavior Intervention Youth will not change diapers, bathe or dress younger children.:

- Accepted and Implemented Not Applicable Indicated but Chose Not to Implement

Problem Sexual Behavior intervention Youth will not have access to sexually explicit materials (books, magazines, television shows, pornography)

- Accepted and Implemented Not Applicable Indicated but Chose Not to Implement

Problem Sexual Behavior Intervention Youth will not hold, wrestle, or cuddle younger children

- Accepted and Implemented Not Applicable Indicated but Chose Not to Implement

Problem Sexual Behavior Intervention: Youth will change clothes and bathe behind closed doors.

- Accepted and Implemented Not Applicable Indicated but Chose Not to Implement

Problem Sexual Behavior Intervention: Youth will not expose his/her body parts to others

- Accepted and Implemented Not Applicable Indicated but Chose Not to Implement

Problem Sexual Behavior Intervention: Youth will not engage in any sexually inappropriate conversations with others.

- Accepted and Implemented Not Applicable Indicated but Chose Not to Implement

Problem Sexual Behavior Intervention: Youth sleep in a bed alone with no younger children in the room

- Accepted and Implemented Not Applicable Indicated but Chose Not to Implement

Problem Sexual Behavior Intervention: Caregiver will monitor youth's behaviors for behavioral signs of inappropriate sexual behaviors including, but not limited to: Sexual behaviors toward younger children,. Sexual conversations or knowledge above age level, Seductive or "sexy" behaviors toward adults or peers, Excessive masturbation, masturbating in public paces, Promiscuous behaviors, Sadistic play (mutilation of dolls or small animals)

- Accepted and Implemented Not Applicable Indicated but Chose Not to Implement

DELINQUENCY (CRIMINAL BEHAVIOR, GANG INVOLVEMENT)

- No Evidence History over 3 years History between 1 and 3 years History Previous Event within one year Recent Act within last 6 months Acute / Act Immediately (within last 30 days)

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Gang Involvement Intervention: Caregiver will monitor contact with peers: assess phone calls, e-mails, text messages, and social networking pages

Accepted and Implemented Not Applicable Indicated but Chose Not to Implement

Gang Involvement Intervention: Caregiver will add window and door alarms to home.

Accepted and Implemented Not Applicable Indicated but Chose Not to Implement

Gang Involvement Intervention: Caregiver will identify safe places for the family to the event a threat is made to either the child or the family

Accepted and Implemented Not Applicable Indicated but Chose Not to Implement

Gang Involvement Intervention: Caregiver will monitor child's behaviors for behavioral signs indicting thought or presence or gang involvement including but not limited to: Sending text messages, secretive phone calls, notes to another person that indicate gang involvement; Clothing changes: wearing gang colors;;Tattoos indicating gang involvement (tear drops, gang symbols/colors); Unexplained accumulation/use of money; being beat up as an "initiation" practice or unexplained bruises or injuries; Involvement with new peers who are active gang members

Accepted and Implemented Not Applicable Indicated but Chose Not to Implement

AUDITORY HALLUCINATIONS

No Evidence History over 3 years History between 1 and 3 years History Previous Event within one year Recent Act within last 6 months Acute / Act Immediately (within last 30 days)

VISUAL HALLUCINATIONS

No Evidence History over 3 years History between 1 and 3 years History Previous Event within one year Recent Act within last 6 months Acute / Act Immediately (within 30 days)

FIRESETTING

No Evidence History over 3 years History between 1 and 3 years History Previous Event within one year Recent Act Acute / Act Immediately (within last 30 days)

PARENTING NEEDS

No Evidence History over 3 years History between 1 and 3 years History of previous event within one year Recent Act within last 6 months Acute / Act Immediately (within last 30 days)

Victim of Intimate Partner Violence

No Evidence History over 3 years History Previous Event between 1 to 3 years History of previous event within one year Recent Act within last 6 months Acute / Act Immediately (within last 30 days)

Have you experienced Abuse or Neglect?

Yes No

MALTREATMENT

No Evidence History over 3 years History Previous Event between 1 to 3 years History Previous Event within one year Recent Act within last 6 months Acute / Act Immediately (within last 30 days)

Has anyone ever taken advantage of you in a physical, financial, or sexual way?

Yes No

VICTIM OF COMMERCIAL SEXUAL EXPLOITATION (CSE)

No Evidence History over 3 years History Previous Event between 1 to 3 years History Previous Event within one year Recent Act within last 6 months Acute / Act Immediately (within last 30 days)

ENVIRONMENTAL RISK/ COMMUNITY

No Evidence History over 3 years History Previous Event between 1 and 3 years History Previous Event within one year Recent Act within last 6 months Acute / Act Immediately (within last 30 days)

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SEXUALLY ACTIVE

Yes No

Is sexual activity consensual?

Yes No (If no, please review State Specific Illegal Sexual Behavior form and explain in the remarks field) NA

Is sexual activity protected?

Yes No (If no, please complete the Sexual Health Assessment) NA

Is sexual activity age appropriate?

Yes No (If no, please explain in the remarks field) NA

Weapons Assessment

Hand Guns

Yes No Unknown

If yes above, how many

Enter the number of handguns.

Location of hand gun(s)

Owner

Shot Guns / Rifles

Yes No Unknown

If yes above, how many

Enter the number of shot guns and/or rifles

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Location of Shotguns and/or Rifles

Owner

Other Weapons. Please describe specifically in the remarks box to the right.

Yes No Unknown

If yes above, how many

Enter the number of other weapons.

Location of other weapons

Owner

Other family / support members have weapons? If yes, please state name of person in the remarks field.

Yes No Unknown

Does the youth visit with these persons

Yes No

Are all weapons kept unloaded

Yes No Unknown

Do peers have access to weapons. If yes, please identify which peer in the remarks area.

Yes No Unknown

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Please identify any other potentially harmful items.

Sharp objects, medications, cleaning supplies razors, sporting equipment etc.

Safety Measures

Please check all current weapons safety measures .

Weapons Locked Ammunition Separate Ammunition Locked Weapons Double Locked

Who has access to weapons

If weapons are locked, describe the type of locks and the location of the keys.

Please describe precautions for other potentially dangerous items.

*****THE TRAUMA ASSESSMENT IS NOT DUE UNTIL THE FIRST UPDATE*****

Trauma Assessment (questions asked of youth)

Have you ever experienced or witnessed?

- Physical abuse Sexual abuse Emotional abuse Death of a friend due to violence Death of a friend due to accident/illness Seclusion Restraint Death of a parent due to violence
- Death of a sibling due to violence Death of a family member due to violence Abandonment Neglect Domestic violence Observed a fight Room confinement Homelessness
- Victim of commercial sexual exploitation Forced labor Death of a parent due to accident/illness Death of a sibling due to accident/illness Death of a family member due to accident/illness
- Strip searched Fear of being attacked Natural disaster Serious injury Been stabbed Been shot or shot at Serious illness Serious accident Bullied Suicidal thoughts Suicidal attempts
- Running away Been in a fight Injuring your self Other (please use remarks box to describe other)

If you feel unsafe, are you able to communicate about your safety level? For example, could you tell specialist/counselor when you are struggling or upset?

Yes No NA

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In what situations would this be difficult for you?

N/A

What are situations or events that you have noticed that are upsetting for you but maybe not for others? (Please check all that apply)

- Being touched Not having input People in uniform Loud noise Time of year Bedroom door open Yelling Being forced to talk Time of day Being isolated Fighting Being around men
 Seeing others out of control Being around women Room checks People being too close Other (please describe in remarks box)

Other possible events - Time of year

- Yes (if yes, describe when in remarks box) No

Other possible events - Time of day

- Yes (if yes, describe when in remarks box) No

Other possible events - Specific person

- Yes (if yes, describe who in remarks box) No

Other possible events - Anniversaries

- Yes (if yes, describe who in remarks box) No

Please describe your warning signs. For example, what does your body feel like when you are losing control and what other people can see changing? (Please check all that apply)

- Sweating Breathing hard Racing heart Clenching teeth Clenching fists Red faced Wringing hands Loud voice Sleeping a lot Bouncing legs Rocking Pacing Squatting
 Can't sit still Swearing Crying Isolating Hyper Nauseous Shortness of breath Sleeping less Eating less Eating more Being rude Agitated Singing inappropriate songs
 Other (please describe in remarks field)

What helps you feel or stay safe? (Please check all that apply)

- Yelling Reading Getting exercise/sports Writing Having staff support Ice Drawing/coloring Having support from peers Watching TV/Movie Playing video games Taking a shower
 Listening to music Walking Talking Weighted blankets/vests Other (please describe in remarks section):

What helps you stay in control?

What has helped you stay in control in the past?

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What kind of space is most comfortable when you need it?

- Quiet area Your room Safe room In bed Other (please describe in remarks field)

Is there a safe place here you can use?

- Yes No

What positive alternatives can you use when you begin to feel unsafe?

Is there anything else you can tell us that you think would be helpful?

Environmental Risks: Info for on-call staff

Household pets, friendly. People sometimes walk the streets at night, try to leave before dark.

Entered With

Agency Placement - 10/15/2023 09:00am

Additional Information

Remarks

Safety Plan for Homes with Infants/Toddlers:

Is there an infant and/or toddler in the home?

N - No

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Safety plan for households with infants/toddlers:

Initial Standard Safety Planning Procedures for Households with Infants/Toddlers

Here are some safety guidelines for ensuring that your infant/toddler is safe within the home, community, and vehicle:

1. Sleeping arrangements: ensure your infant/toddler has either a crib or basinet for sleeping.
 - o Ensure crib mattress fits snugly and that there are no toys, pillows or heavy blankets in the crib/basinet
 - o ALWAYS put the infant/toddler to sleep on his/her back
 - o Do not put infant/toddler to sleep on the couch or armchair
 - o Put infant/toddler down in his/her own bed at night or during naps
2. Driving: ensure your infant/toddler sits in a secure rear-facing car seat in the back seat of the car
3. Never leave your infant/toddler unattended in the car
4. Put electric outlet covers on all unused outlets
5. Feed infants only formula from a bottle or breast milk until your doctor recommends rice cereal
6. Keep all plants and other dangerous items (breakables, irons, cords, etc.) out of infant/toddler reach
7. Keep all lit candles, lighters, and matches out of infant/toddler reach
8. Never leave infant/toddler unattended on a changing table or other places off of the ground; always keep infant/toddler within arms reach
9. Do not carry or drink hot liquids when holding infant/toddler
10. Never leave infant/toddler alone in water or bathtub
11. Ensure bath water temperature is warm to touch, not hot
12. Avoid giving infant/toddler hard foods (popcorn or hard candy) or high allergy foods such as nuts, honey, and shellfish
13. Lock up all medications and cleaning supplies
14. Keep all knives and kitchen cookware out of infant/toddler reach
15. Watch for open doors and stairs; use gates at top and bottom of steps

***If you are worried your infant/toddler may have swallowed a harmful substance, call 911 immediately.**

***National Poison Control Number: 1-800-222-1222.**

Having an infant/toddler is an exciting event, but at times it can also feel very overwhelming and frustrating. If you feel frustrated with your infant/toddler, contact a support or your YV specialist/counselor immediately.

By signing this plan, I understand this is the initial safety plan to address the safety needs of the infant/toddler, and that additional planning will occur to ensure safety. I agree to advise my Youth Villages specialist/counselor of any safety concerns and will work to develop a detailed safety plan.

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Electronic Signature Statement:
Electronic Signature Statement:
My electronic signature verifies that I have received a paper copy of this information and I acknowledge that I have this information for review and I agree to comply with the recommendations.

Signatures:

Youth Signature Not on file.	Guardian Signature Not on file.	Witness Signature Not on file.	Witness Signature Not on file.
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Tasks/Schedules

Schedule Next
[Redacted]

Next Scheduled Event

Event

Last Name	First Name	Event	Due Date/Time	Scheduled Date/Time	Staff
No information on file					

Service Related Encounter Information

Is Telehealth?
No

Signatures

11/30/2023 10:13 AM Date	Gibbs, Laura C. (BSW) Intern 1 Name	Submit Event Action	Electronically Signed Signature
12/1/2023 1:35 PM Date	[Redacted] (MSW) Clinical Supervisor Name	Approve Event Action	Electronically Signed Signature