



Identifying Risk Using the ONA Risk Report

A Webinar for Services Coordinators and Personal Agents who Support People in In-Home Settings

This webinar has been developed by Oregon Training and Consultation, a program of The Arc Oregon, and is being offered at no cost with funding provided by Oregon's Office of Developmental Disabilities Services (ODDS).



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1

Today's Presenters




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2

In collaboration with, Oregon's Office of Developmental Disability Services (ODDS):



DHS
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3


Webinar Tips

- ▶ Find your webinar control panel
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Fred Jabin (*he/him/his*)
Assessment Unit Manager

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5

ONA Risk Report Guidance

Applies to:

- ▶ Services Coordinators and Personal Agents (SC/PA) who support people in **in-home** settings

DOES NOT apply to:

- ▶ People who live in other types of settings...
 - ▶ 24-hour Residential
 - ▶ Supported Living
 - ▶ Foster Care

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6

SC/PAs who support people in in-home will identify risk using:

Excess Payment & Reporting System (EPRS)

Home | My Account | Contact Personnel | Help | Customer Service | Log Out

Logged in as Sabn | All my Organizations and Program Areas

Risk Report

Print

Legal Name: AUCLEIV, ZUEA

Client/Case: 00000000

Assessment ID: 100000

Date Assessment Completed: 01/20/19

Last Updated By: User Sabn

Assessment Method: Annual

Assessment Type: Annual (CR)

Assessor's Name: Aron Dawson

Health and Medical

Aspiration

The person experiences any of the following symptoms and has not already been determined to be at risk of aspiration, a current evaluation by a qualified professional is required to determine if the person is at risk of aspiration.

Medical Note: (If applicable, include all food preferences or sensory needs, allergies, and/or other.)

OR

Risk Identification Tool

Person's legal name: _____ Date of last update: _____

HEALTH AND MEDICAL

1. Aspiration (check all that apply): Not present Yes No History SCPA follows

A. Diagnosis of dysphagia, or has been identified to be at risk for aspiration by a qualified medical professional

B. Ingests non-edible objects, places non-edible objects in mouth, or has a diagnosis of pica

C. Has a feeding tube

D. Diagnosed with gastroesophageal reflux (GER) and the physician has identified the person at risk of Aspiration

E. Consistency of diet (soft, hard/soft or hard snack, frequent vomiting (especially after meals) or unusual burping (begins frequently or sounds wet) and the physician has identified the person at risk of Aspiration (How often does this food, fluid, or medication enter the person's mouth?)

2. Experiences any of the following symptoms, a current evaluation by a qualified professional is required to determine if the person is at risk of aspiration. (Check all that apply)

A. Food or fluid regularly falls out of the person's mouth

B. Coughs or chokes while eating or drinking (more than occasionally)

C. Chokes excessively

D. Chronic chest congestion, pneumonia in the last year, rattling when breathing, and persistent cough or frequent use of cough/asthma medication

E. Regularly releases food or liquid or refluxes certain food/liquid textures

F. Needs thicker fluids thickened and/or food texture modified

G. Eats or drinks too rapidly

Evaluation results: Risk present No risk Other (see comments)

ONA Risk Report

7

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Purpose of the ONA Risk Report





Fred Jabin (he/him/his)
Assessment Unit Manager

8

8

Jen & Eddie

Risk Identification: Importance, Impact, and Dignity of Risk

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9

Guidance Documents

- ODDS Policy Transmittal
- How to Use the ONA Risk Report
- Risk Identification with the ONA Risk Report
- One-page Risk Report & ISP Risk Management Plan Snapshot

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 Melissa Elliott (she/her/hers)
 Office of Equity & Multicultural Services Service Equity Manager

10

Communication Formats and Transmittal Forms policy. See the following documents for further instructions and guidance:

- Policy Transmittal Instructions (DHS 5079A)
- DHS Communication Formats and Transmittal Forms Policy (DO-101-001)
- DHS Transmittals for Client Services/Programs Procedures (DO-010-001-01)

Policy Transmittal
Developmental Disabilities Services

Number: [] Issue date: []
 Authorized signature: []
 Topic: Developmental Disabilities
 Transmitting (check the box that best applies):
 New policy Policy change Policy clarification Executive letter
 Administrative rule Manual update Other: []
 Applies to (check all that apply):
 All DHS employees County M... Health E...
 Area Agencies on Aging (Select type) Office of...
 Aging and People with Disabilities

Available at:
 2020 Aging and People with Disabilities Policy Transmittal Webpage

ODDS Policy Transmittal

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11

How to Use the ONA Risk Report

The ONA Risk Report is used by ISP teams to identify Serious Risk in a person's life. The ONA Risk Report does not identify Serious Risk, but instead generates a list of Potential Risk factors using information from the person's Oregon Needs Assessment (ONA). It is up to the team to look at these Potential Risk factors and think critically about which Potential Risk factors are Serious Risk in the person's life, and which are not. These Serious Risks are then addressed in the person's ISP Risk Management Plan.

The ONA Risk Report is an optional tool replacing the Risk Identification Tool (RIT) for Service Coordinators/Personal Agents (SC/PAs) working with people in home settings and the service settings that provide support to those accessing in-home settings (for example, employment providers). The ONA Risk Report will eventually replace the RIT for everyone.

Definitions

Please see Guidance Document for visual guide to ONA Risk Report components.

Issue Category	Definition	Yes
Environmental Safety	Water temperature safety: Needs support to adjust water temperature to household thermostat, as they have identified for risk.	Depends if all serious risk items are identified for risk.
	Household chemical safety: IS at risk of serious injury from household chemicals if the chemicals are not secured.	Window cleaner: several items.
	Dakota is at Serious Risk from household chemicals, as they have identified to drink and/or clean several times in the past.	

Available at:
 DD Staff Tools Webpage

How to Use the ONA Risk Report

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12

Create ONA Risk Report

Created By: Fred Jain | Created Date: 2/7/2020 2:42:09 PM
 Last Updated By: Fred Jain | Last Updated Date: 2/7/2020 2:43:18 PM
 Last Submitted By: Fred Jain | Last Submitted Date: 2/7/2020 2:43:18 PM

Buttons: Cancel, Continue, Print Full, Print Summary, Copy, **Create Risk Report**

2

Action Log Entries

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16

What if the ONA is not in **APPROVED** status?

DRAFT →

ID	Status	Prime	Client Name	County	Service Setting	ONA Submit Date	ONA Expiration Date	Assessor	Enhanced Exceptional	Review	LOC	Risk Report
5383231-3	Draft		COYFZ, COZEF	Curry	Brokerage In-Home (SE149)			Fred Jain				
5383231-2	Approved		COYFZ, COZEF	Curry	Brokerage In-Home (SE149)	2/7/2020	12/31/2020	Joe Assessor				Approved
5383231-1	Approved		H2DAC, HCVBA	Curry	Brokerage In-Home (SE149)	12/11/2019	2/6/2020	Jude A Henderson				Approved
5383231	Approved		H2DAC, HCVBA	Curry	Brokerage In-Home (SE149)	12/21/2018	12/30/2019	Jude A Henderson				Approved

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17

How to submit an ONA

Oregon Needs Assessment

Comprehensive Review

Legal Name: OHRAG, DCPBA
 Client Prime: [Redacted] | Gender: M

Assessment ID: 5383231-3 | Assessment Status: Draft
 Date of Face-to-Face Observation: 2/7/2020 | Assessment Type: Annual (Certified Assessor ONA)
 Last Updated By: Fred Jain | Assessor's Name: Fred Jain

Expand all | Collapse all

- I - Assessment and Demographic Information
- II - Communication 10
- III - ADLs and IADLs 63 **15**
- IV - Behaviors 42
- V - Safety 13
- VI - Medical 14

Expand all | Collapse all

Buttons: Cancel, Previous, Delete ONA, **Submit**, Print Full, Print Summary

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18

Injury Due to Falling	<input type="radio"/> Yes <input type="radio"/> No (02000)
Had fall(s) that resulted in major injury (Fracture, sprain, head injury, or ongoing pain)	
Other [redacted] experiences on-going knee pain due to jumping off a roof of a gazebo 10 years ago.	

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22

Completing the ONA Risk Report

Review Potential Risk Factors

Injury Due to Falling	<input type="radio"/> Yes <input type="radio"/> No (02000)
Had fall(s) that resulted in major injury (Fracture, sprain, head injury, or ongoing pain)	
Other [redacted] experiences on-going knee pain due to jumping off a roof of a gazebo 10 years ago.	

The person, their SC/PA and team will determine if a Serious Risk is present, and select "Yes" or "No"

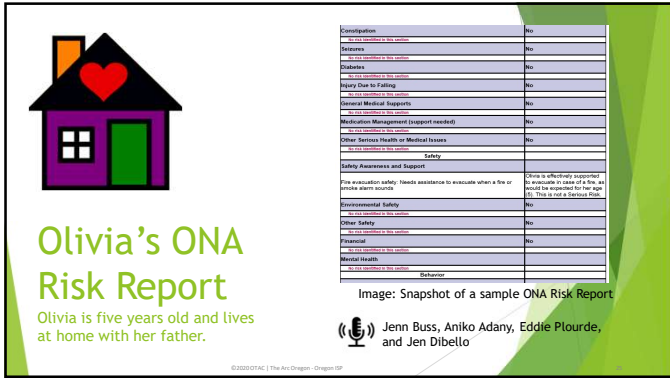
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23

Other Serious Health or Medical Issues	<input checked="" type="radio"/> Yes <input type="radio"/> No
No risk identified in this section	Olivia is severely allergic to wasp and hornet stings
<div style="border: 1px solid green; border-radius: 10px; padding: 5px; display: inline-block;"> ONA Risk Report Comments Box </div>	
Safety	<input type="radio"/> Yes <input checked="" type="radio"/> No
Safety Awareness and Support	
Fire evacuation safety: Needs assistance to evacuate when a fire or smoke alarm sounds	Olivia is effectively supported to evacuate in case of a fire, as would be expected for her age (5). This is not a Serious Risk.

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24

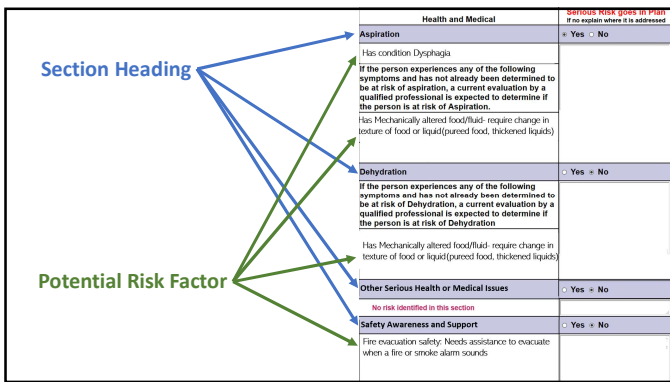


Olivia's ONA Risk Report
Olivia is five years old and lives at home with her father.

Comprehension	No
Seizures	No
Diabetes	No
Altery Due to Feeding	No
General Medical Supports	No
Medication Management (support needed)	No
Other Serious Health or Medical Issues	No
Safety	Yes
Safety Awareness and Support	Olivia is effectively supported to evacuate in case of a fire or smoke alarm sounds.
Environmental Safety	No
Other Safety	No
Behavioral	No
Mental Health	Behavior

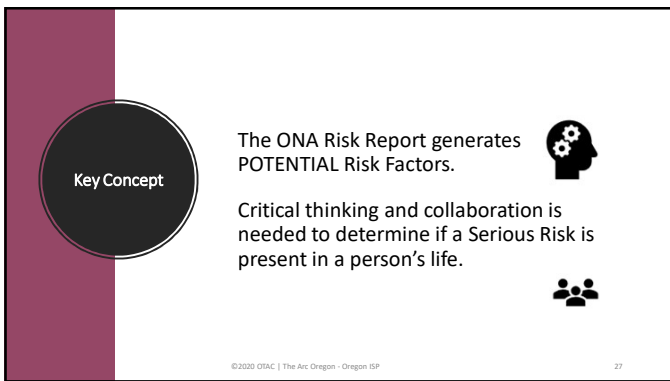
Image: Snapshot of a sample ONA Risk Report
Jenn Buss, Aniko Adany, Eddie Plourde, and Jen Dibello

25



Health and Medical		Serious Risk goes to PHU if no support where it is addressed
Section Heading →	Aspiration Has condition Dysphagia If the person experiences any of the following symptoms and has not already been determined to be at risk of aspiration, a current evaluation by a qualified professional is expected to determine if the person is at risk of Aspiration. Has Mechanically altered food/liquid require change in texture of food or liquid(pureed food, thickened liquids)	Yes - No
Potential Risk Factor →	Dehydration If the person experiences any of the following symptoms and has not already been determined to be at risk of Dehydration, a current evaluation by a qualified professional is expected to determine if the person is at risk of Dehydration. Has Mechanically altered food/liquid require change in texture of food or liquid(pureed food, thickened liquids)	Yes - No
	Other Serious Health or Medical Issues No risk identified in this section	Yes - No
	Safety Awareness and Support Fire evacuation safety. Needs assistance to evacuate when a fire or smoke alarm sounds.	Yes - No

26



Key Concept

The ONA Risk Report generates **POTENTIAL Risk Factors**.

Critical thinking and collaboration is needed to determine if a **Serious Risk** is present in a person's life.

27

What is Serious Risk?

Key Concept

Serious Risks are risks that, without specific, individualized support, would likely place the person or others in imminent harm or result in hospitalization, institutionalization, serious financial hardship, or legal action.

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28

Serious Risks are likely to result in:


Imminent Harm


Hospitalization


Serious Financial Hardship


Legal Action

Unless there are supports that...


Are Individualized

AND


Actively Address the Risk

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29

Health and Medical	Serious Risk goes to Plan <small>If no explanation is addressed</small>
Aspiration	Yes / No
Has condition Dysphagia	
If the person experiences any of the following symptoms and has not already been determined to be at risk of aspiration, a current evaluation by a qualified professional is expected to determine if the person is at risk of aspiration.	
Has Mechanically altered food/fluid (require change in texture of food or liquid/pureed food, thickened liquids)	
Dehydration	Yes / No
Has condition Dehydration	
If the person experiences any of the following symptoms and has not already been determined to be at risk of Dehydration, a current evaluation by a qualified professional is expected to determine if the person is at risk of Dehydration.	
Has Mechanically altered food/fluid (require change in texture of food or liquid/pureed food, thickened liquids)	
Other Serious Health or Medical Issues	Yes / No
Has condition Other Serious Health or Medical Issues	
Safety Awareness and Support	Yes / No
Has condition Safety Awareness and Support	
Fire evacuation safety: Needs assistance to evacuate when a fire or smoke alarm sounds.	

Olivia's ONA Risk Report

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30

Health and Medical	Serious Risk goes in Plan If no explain where it is addressed
Aspiration	<input checked="" type="radio"/> Yes <input type="radio"/> No
Has condition Dysphagia	
If the person experiences any of the following symptoms and has not already been determined to be at risk of aspiration, a current evaluation by a qualified professional is expected to determine if the person is at risk of Aspiration.	
Has Mechanically altered food/fluid - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	

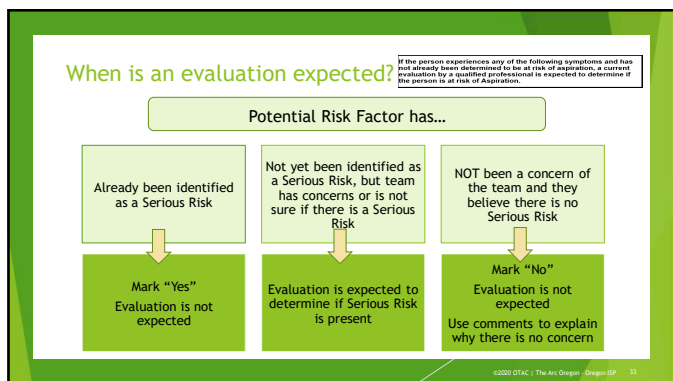
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31

Dehydration	<input type="radio"/> Yes <input type="radio"/> No
If the person experiences any of the following symptoms and has not already been determined to be at risk of Dehydration, a current evaluation by a qualified professional is expected to determine if the person is at risk of Dehydration	
Has Mechanically altered food/fluid - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	Olivia's father spoke with her pediatrician about dehydrations concerns. Pediatrician determined that Olivia is not at risk for dehydration. Records of this conversation can be found in Olivia's MyChart.

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32



33

Key Concept Use comments if any type of evaluation with a qualified professional was used to determine if any Potential Risk Factor presents a Serious Risk for the person. In the Comments Box, describe the evaluation and where it can be found, as well as the conclusion of the evaluation

Dehydration	<input type="radio"/> Yes <input checked="" type="radio"/> No
If the person experiences any of the following symptoms and has not already been determined to be at risk of Dehydration, a current evaluation by a qualified professional is expected to determine if the person is at risk of Dehydration	
Has Mechanically altered food/fluid - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	

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34

Choking	<input type="radio"/> Yes <input checked="" type="radio"/> No
<small>No risk identified in this section</small>	
Constipation	<input type="radio"/> Yes <input checked="" type="radio"/> No
<small>No risk identified in this section</small>	
Seizures	<input type="radio"/> Yes <input checked="" type="radio"/> No
<small>No risk identified in this section</small>	
Diabetes	<input type="radio"/> Yes <input checked="" type="radio"/> No
<small>No risk identified in this section</small>	
Injury Due to Falling	<input type="radio"/> Yes <input checked="" type="radio"/> No
<small>No risk identified in this section</small>	
General Medical Supports	<input type="radio"/> Yes <input checked="" type="radio"/> No
<small>No risk identified in this section</small>	
Medication Management (support needed)	<input type="radio"/> Yes <input checked="" type="radio"/> No
<small>No risk identified in this section</small>	
Other Serious Health or Medical Issues	<input checked="" type="radio"/> Yes <input type="radio"/> No
<small>No risk identified in this section</small>	

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35

Key Concept Use comments if the team believes a Serious Risk exists under a Section Heading with no listed Potential Risk Factors. Use the comment box on the ONA Risk Report to describe the Serious Risk.

Other Serious Health or Medical Issues	<input checked="" type="radio"/> Yes <input type="radio"/> No
<small>No risk identified in this section</small>	Olivia is severely allergic to wasp stings

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36

Key Concept
Use comments if Potential Risk Factors appear under a Section Heading, but the overall selection for the Section Heading is 'no'.
Use the Comments Box to document why 'no' was selected.

Safety	
Safety Awareness and Support	<input type="radio"/> Yes <input checked="" type="radio"/> No
Fire evacuation safety: Needs assistance to evacuate when a fire or smoke alarm sounds	

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37

Environmental Safety	<input type="radio"/> Yes <input checked="" type="radio"/> No
<small>No risk identified in this section</small>	
Other Safety	<input type="radio"/> Yes <input checked="" type="radio"/> No
<small>No risk identified in this section</small>	
Financial	<input type="radio"/> Yes <input checked="" type="radio"/> No
<small>No risk identified in this section</small>	
Mental Health	<input type="radio"/> Yes <input checked="" type="radio"/> No
<small>No risk identified in this section</small>	

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38

Key Concept
Use comments if under a single Section Heading, some Potential Risk Factors are a Serious Risk for the person while others are not a Serious Risk.
Use comments to clarify which Potential Risk Factors are and which are not a Serious Risk. Mark "yes" for the section.

Behavior	
Present in Past Year	<input type="radio"/> Yes <input checked="" type="radio"/> No
Injurious to Self ←	
Injurious to Animals	
Leaving Supervised Area	

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39

Behavior- Present in Past Year

Behavior	<input checked="" type="radio"/> Yes <input type="radio"/> No
Present in Past Year	<input checked="" type="radio"/> Yes <input type="radio"/> No
Injurious to Self	Olivia needs prompts to know how tightly she can hug and pet animals, but this is not a Serious Risk. When she is upset, Olivia may run away from her father and caretakers in public or may bang her arms, legs, and head against the floor and walls- there are Serious Risks
Injurious to Animals	
Leaving Supervised Area	

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46

Behavior- History

Has History, has not Displayed Symptoms in Past Year, Assessor has Concerns About Reoccurrence	<input type="radio"/> Yes <input type="radio"/> No
No risk identified in this section	
No History, but Assessor has Concerns May Become an Issue	<input type="radio"/> Yes <input type="radio"/> No
No risk identified in this section	

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47

Saving and Completing the ONA Risk Report

Fred Jabin (he/him/his)
Assessment Unit Manager

Other Safety	<input type="radio"/> Yes <input type="radio"/> No (0200)
Notes: Edward is never alone.	
Financial	<input type="radio"/> Yes <input type="radio"/> No (0200)
No risk identified in this section	
Mental Health	<input type="radio"/> Yes <input type="radio"/> No (0200)
No risk identified in this section	
Behavior	
Present in Past Year	<input checked="" type="radio"/> Yes <input type="radio"/> No (0200)
Leaving Supervised Area	
Pica (Ingestion of Non-nutritive Substances) and/or Placing Non-edible Objects in Mouth	
Refusing ADL/IADL and/or Medical Care	
History	
Has History, has not Displayed Symptoms in Past Year, Assessor has Concerns About Reoccurrence	<input type="radio"/> Yes <input type="radio"/> No (0200)
No risk identified in this section	
No History, but Assessor has Concerns May Become an Issue	<input type="radio"/> Yes <input type="radio"/> No (0200)
No risk identified in this section	

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48

Has History, has not Displayed Symptoms in Past Year, Assessor has Concerns About Recurrence Yes No (02000)

No risk identified in this section

No History, but Assessor has Concerns May Become an Issue Yes No (02000)

No risk identified in this section

Created By: Fred John Created Date: 2/19/2020 3:28:18 PM

Cancel Save **Complete** Print

Complete the ONA Risk Report

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49

Finding Completed ONA Risk Reports

ID	Status	Phone	Client Name	County	Service Setting	ONA Subject	ONA Exposure	Assessment	Exceptional	Exceptional Review	LOC	Report
000113-4	Approved		W.P.T.J.R. HEACSL	Clatsop	Children's Services (SR 191)	1/13/2020	1/13/2021				Approved 2/19/2020	
000113	Approved		W.P.T.J.R. HEACSL	Clatsop	In Home Services (SR 191)	1/28/2019	1/13/2020				Approved	

Assessments found: 7 (displaying all rows)

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50

Making Changes to the ONA Risk Report

Dehydration	<input type="radio"/> Yes <input checked="" type="radio"/> No
<p>If the person experiences any of the following symptoms and has not already been determined to be at risk of Dehydration, a current evaluation by a qualified professional is expected to determine if the person is at risk of Dehydration</p> <p>Refuses food or liquids because of food preferences or sensory issues, such as texture or taste</p>	

Consider...

- Is an ONA reassessment also needed?
- Are changes needed to the ISP Risk Management Plan?

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51

Key
Concept

In the ISP Risk Management Plan, use person centered language to describe what the Serious Risk is as it pertains to the person.

Known risks		<input type="checkbox"/> No known, serious risks
Risk	High risk <input type="checkbox"/>	Describe the issue and how it is addressed or note where other information can be found. <input type="checkbox"/>
Aspiration	<input type="checkbox"/>	
Other Serious Health Issue	<input type="checkbox"/>	
Behavior	<input type="checkbox"/>	

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55

Regulatory Requirements

The Code of Federal Regulations

- ▶ The service planning process must reflect...
 - ▶ risk factors
 - AND
 - ▶ what measures are in place to minimize them

Oregon's approved 1915(c) waiver

- ▶ Oregon will use a standardized functional needs assessment to identify risks.

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ODDS Manager, Quality Assurance Unit

56

All Serious Risks identified on ONA Risk Report (marked 'yes') appear in the ISP Risk Management Plan

Known risks		<input type="checkbox"/> No known, serious risks
Risk	High risk <input type="checkbox"/>	Describe the issue and how it is addressed or note where other information can be found. <input type="checkbox"/>
Seizures	<input type="checkbox"/>	Paul has a seizure protocol that he and his mom created. Paul also wears a medical alert necklace so that if he falls down in the community or at home when alone, it will automatically alert emergency services. Paul's house also has some modifications (padded sharp corners and hard surfaces) to decrease his chance of hurting himself if he happens to trip or fall while having a seizure.
Behavior	<input type="checkbox"/>	Paul's mom keeps matches and lighters locked. PA will check in during monitoring to see how this support is working or not working and offer resources if necessary. PA also offered online resources to Paul showing the dangers of trifling with flammable substances and gave him a fire safety and prevention tip sheet.

**Person-Centered Description of Serious Risk
Details of support for Serious Risk
OR where this information can be found (support documents)**

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57

Behavior		• Yes • No
Present in Past Year	<input checked="" type="checkbox"/>	
Injurious to Self	<input checked="" type="checkbox"/>	Olivia needs prompts to know how tightly she can hug and pet animals, but this is not a Serious Risk. When she is upset, Olivia may run away from her father and caretakers in public or may bang her arms, legs, and head against the floor and walls—there are Serious Risks
Injurious to Animals	<input checked="" type="checkbox"/>	
Leaving Supervised Area	<input checked="" type="checkbox"/>	

Known risks		No known, serious risks
Risk	High risk	
Behavior		

Documentation of decision that a Potential Risk Factor is NOT a Serious Risk

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58

Known risks		No known, serious risks
Risk	High risk	
Aspiration	<input checked="" type="checkbox"/>	Leland may aspirate if he is eating when a seizure begins or if he throws up during the seizure. Leland's sister takes his temperature daily, and will take him to Urgent Care if he is running a temperature above 99.9 degrees. Leland is also supported during meals, and his sister and other supporters know the signs of seizure to watch for. More information about support for Paul's seizures can be found in his seizure protocol.
Seizures	<input checked="" type="checkbox"/>	Leland's sister keeps a seizure protocol, which she wrote with help from Paul and his doctor. This protocol is kept at home and shared with any family or friends supporting Leland. Leland has had several falls in his home and in the community over the past year. Sometimes, these falls are related to Leland's seizures and other times these are related to post-seizure weakness. Falling can exacerbate seizure activity and should always be treated seriously. Leland's sister is working with him to use a walker at home and a wheelchair in the community, though Leland often refuses these supports, preferring to walk without support. Leland, his sister, and his PA are currently working to identify effective supports that will work for Leland and his life.
Injury Due to Falling	<input checked="" type="checkbox"/>	

Remember to mark 'High risk' if the team believes the issue is likely to lead to serious harm to the person or others, even with the identified strategies in place.

3 or More 'High Risks' = Monthly Case Management Contact

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59

Important Questions


- Is there enough documentation to support decisions being made?
- Does the documentation explain why specific supports are either being provided or not provided?
- Does the documentation direct people where they can find more detailed information about the risk and the support needed to minimize it?
- Does the ISP address all Serious Risks identified in the Risk Report?

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 ODDS Manager, Quality Assurance Unit

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60

Key Point & Questions




Jenn Buss (she/her/hers)
OTAC Trainer

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61

SC/PAs will now have options for identifying risk for people in in-home settings...



ONA Risk Report

(Thumbnail of ONA Risk Report form)

OR

Risk Identification Tool (RIT)

(Thumbnail of Risk Identification Tool (RIT) form)

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62

Review Potential Risk Factors

Critical Thinking

- Conversations with the person and their team
- What does this look like for the person? What is the likely outcome?
- Potential Risk Factor Decision Tree Tool

Serious Risk

Not a Serious Risk

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63

> Review provided guidance documents
<http://oregonisp.org/instructions/>
> Risk Identification with the ONA Risk Report
> One-page Risk Report & ISP Risk Management Plan

> How to Use the ONA Risk Report-
<http://www.dhs.state.or.us/spd/tools/dd/cm/>

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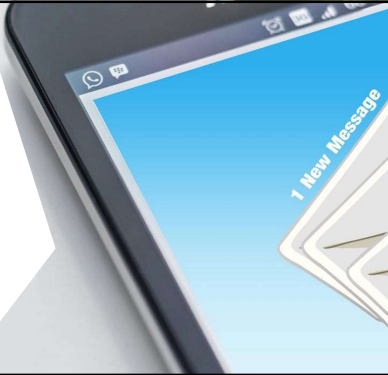
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65

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66