Individual’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Individual’s Age: \_\_\_\_\_\_\_\_\_ Date Completed: \_\_\_\_\_\_\_\_\_\_

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| 1. Within the most recent 30 days, 2. Has the individual experienced a change that puts them at risk for crisis or hospitalization?   Yes No   1. Has the individual displayed behavior that is unusual for them, behavior that puts them at risk in the community, and/or has ongoing unstable behavior (without professional behavioral services in place)---and behavior is not directly related to a medical issue\*? (\*if medical issue please refer to medical practitioner)   Yes No   1. Has the individual had any encounter(s) with law enforcement related to engagement in challenging or dangerous behaviors?   Yes No   1. Has the individual stopped taking their prescribed psychotropic medication (against medical advice) and/or refused treatment related to unstable psychiatric and/or behavioral patterns?   Yes No   1. Within the most recent 90 days, 2. Has the individual received inpatient psychiatric treatment or been in contact with emergency services?   Yes No |
| **Scoring Instructions and Outcome (check all that apply):**  Zero “Yes” Checked – No REACH referral needed  1 or more “Yes” checked – Risk of crisis/hospitalization, referral to REACH required within 72 hours if approved by individual/substitute decision maker  Referral made to REACH on this date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Referral not made to REACH because:  Person/ Substitute Decision Maker refused REACH  Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Person Completing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CSB/BHA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_