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 [ ] No1. 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 [ ] No1. Has the individual had any encounter(s) with law enforcement related to engagement in challenging or dangerous behaviors?

 [ ] Yes [ ] No1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_