

A COMPARISON OF FACE-TO-FACE EMERGENCY EVALUATIONS CONDUCTED BY COMMUNITY SERVICES BOARDS IN JUNE 2007 AND APRIL 2013

Funded by the Virginia Department of Behavioral Health and Developmental Services, and in collaboration with the Virginia Association of Community Services Boards



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Institute of Law, Psychiatry, & Public Policy | University of Virginia
P.O. Box 800660 | Charlottesville, VA 22908-0660

RESEARCH ADVISORY GROUP

Richard J. Bonnie, LL.B.

Study Chair

*Harrison Foundation Professor of Medicine and Law
Professor of Psychiatry and Neurobehavioral Sciences, Professor of Public Policy,
Director of the Institute of Law, Psychiatry and Public Policy
University of Virginia, Schools of Law and Medicine
Frank Batten School of Leadership and Public Policy
Charlottesville, VA*

Derek R. Burton, RN

Project Manager

*Southwest Virginia Behavioral Health Board
Wytheville, VA*

Cheryl Chittum, LCSW

*SVMHI Director of Clinical Services
Project Manager, HPR VI
Danville, VA*

William C. “Skip” Cummings, Jr., LCSW, ACSW

*Crisis Intervention Director
Richmond Behavioral Health Authority
Richmond, VA*

John Dool, RN, MSN

*HPR V Reinvestment Project
Hampton, VA*

Kaye Fair, M.A

*Director, Acute Care Services
Fairfax-Falls Church Community Services Board
Fairfax, VA*

Shirley Jamison, LCSW

*Chair, Emergency Services Council
Virginia Association of Community Services Board
Emergency Services Supervisor
Piedmont Community Services
Martinsville, VA*

Cynthia Koshatka, Ph.D.

*Northern Virginia Regional Projects Manager
Fairfax-Falls Church Community Services Boards
Fairfax, VA*

James M. Martinez, Jr., M.Ed.
*Director, Office of Mental Health Services
Department of Behavioral Health and Developmental Services
Richmond, VA*

Cathy Pumphrey, M.A., LPC, DCC
*Director of Informatics
Fairfax-Falls Church Community Services Board
Fairfax, VA*

Paul J. Regan, LPC
*Former Director
HPR I Regional Initiatives
Charlottesville, VA*
*The Research Team mourns the loss of Paul, a key member of the Research Advisory Group, and
is sincerely grateful for his part in making this study possible.*

David Schullery
*Director of Information Technology Services
Region Ten Community Services Board
Charlottesville, VA*

Patty Williford, LPC
*Project Manager
Catawba Regional Partnership
Roanoke, VA*

A SPECIAL THANKS TO:

Becky Bowers-Lanier, Ed.D.
*B2L Consulting, LLC
Richmond, VA*

Mary Ann P. Bergeron, B.A.
*Executive Director
Virginia Association of Community Services Boards
Glen Allen, VA*

Karen K. Rifkin, M.A.
*Director of Research and Grants
Region Ten CSB
Charlottesville, VA*

Rita Romano, LCSW
*Emergency Services Division Manager
Prince William County Community Services
Manassas, VA*

Participating Community Services Boards

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Alleghany-Highlands Community Services Board
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Portsmouth Department of Behavioral
Healthcare Services
Prince William County CSB
Rappahannock Area Community Services Board
Rappahannock-Rapidan CSB
Region Ten Community Services Board
Richmond Behavioral Health Authority
Rockbridge Area Community Services
Southside Community Services Board
Valley Community Services Board
Virginia Beach Community Services Board
Western Tidewater Community Services Board

UVA RESEARCH STUDY TEAM

Elizabeth L. McGarvey, Ed.D.
*University of Virginia
School of Medicine
Associate Professor of Public Health
Sciences
rel8s@virginia.edu
Study Research Director*

Ashleigh Allen, M.P.H.
aaa5q@virginia.edu
Research Specialist

Michael D. Binns, B.A.
Project Coordinator

MaGuadalupe Leon-Verdin, M.S.
Biostatistician

Sarah Keller, M.Ed.
Software Programming Consultant

Susan Bruce, M.Ed.
On-line Survey Methods Consultant

PREFACE

This report compares results from the studies conducted in June, 2007 and April, 2013 of all face-to-face emergency evaluations conducted at the 40 Community Services Boards throughout the Commonwealth of Virginia.

This report presents longitudinal comparisons of policy-relevant outcomes such as rates of involuntary action, time to locate a bed, proximity of the admitting hospital to a client's home, adequacy of the available resources for addressing the client's needs, and perceived need for specific additional services/resources. It also provides snapshots of the clinical and demographic profiles of adults and juveniles presenting for emergency evaluation in 2007 and 2013.

Like other reports from this series, this report is the work of the Research Team and offers no interpretations of the findings; nor does it propose any recommendations. The report was prepared as a resource for policymakers and all the stakeholder organizations in the field. Please feel free to distribute this report to interested parties. It is hosted at

<http://cacsprd.web.virginia.edu/ILPPP/PublicationsAndPolicy/Index/Policy>, and can be shared directly with others using this download link:

<http://cacsprd.web.virginia.edu/ILPPP/PublicationsAndPolicy/DownloadPDF/68>.

Please also note that the full-length reports for the 2007 and 2013 studies can be found at

<http://cacsprd.web.virginia.edu/ILPPP/PublicationsAndPolicy/DownloadPDF/62>

and

<http://cacsprd.web.virginia.edu/ILPPP/PublicationsAndPolicy/DownloadPDF/66>, respectively.

Richard J. Bonnie
Harrison Foundation Professor of Law and Medicine
Director, Institute of Law, Psychiatry and Public Policy
University of Virginia

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Overview of the Current Report

In June 2007, the first iteration of a study regarding emergency evaluations at the 40 Community Services Boards throughout the Commonwealth of Virginia took place; in April 2013, a replication and extension of the 2007 study was conducted. The current report has been written to compare the results of these two studies. These comparisons do not cover all of the items in the survey, however, as certain items and answer choices in the 2013 survey differed from those in the 2007 survey. (For reference, the questionnaires used in 2007 and 2013 can be found in Appendix 1.) When different answer choices were provided for similar questions in the two studies, a number sign (#) has been used in the tables to denote that the answer choice did not exist in that iteration of the study.

For information on the purpose and methodology behind the 2013 study, please see *A Study of Face-to-Face Emergency Evaluations Conducted by Community Services Boards in April 2013*. This full-length report includes data collected on all emergency evaluations of individuals experiencing a mental health crisis in Virginia in April 2013.

Please note that throughout the report there are bolded bullet points. Immediately following these bullet points are the 2007 and 2013 versions of the particular question to which these bullet points – and the following figure and table – correspond. These have been placed here so that the reader does not need to repeatedly turn to Appendix 1 to compare the different versions of the question.

Key Findings Regarding Adult Evaluations

- ▶ It took over 4 hours to find a bed in more cases in 2013 than in 2007, both for TDO beds (13.5% vs. 6.4%) and for voluntary beds (7.0% vs. 2.8%).
- ▶ More voluntary beds were outside the client's region in 2013 than in 2007 (15.1% vs. 7.9%).
- ▶ Rates of involuntary action were approximately the same (about 40%), but it should also be noted that the absolute number of TDOs sought in April, 2013 was nearly 200 higher than in June, 2007.
- ▶ The perceived gap in service alternatives to hospitalization appears to have closed somewhat for some services (e.g., demand for residential crisis stabilization decreased from 8.7% to 6.3%), but lack of access to an immediate psychiatric evaluation has become a serious problem in many regions, with nearly one in five adults needing but lacking access to this service (17.1%, n=589).

Key Findings Regarding Juvenile Evaluations

- ▶ Forty percent more juvenile evaluations were conducted in April, 2013 than in June, 2007. Demographically, the population of juveniles also changed:
 - Proportionally more children aged 10-13 presented for evaluation in 2013 than in 2007 (27.1% vs. 19.2%);
 - Proportionally fewer African-American juveniles (25.6% vs 35.6%) and more multiracial (6.2% vs. 1.5%) or Hispanic and/or Latino juveniles (10.4% vs. 3.2%) were evaluated in 2013 than in 2007;
 - Proportionately more female juveniles were evaluated in 2013 than in 2007 (55.0% vs. 46.8%).
- ▶ It took more than 4 hours to find a bed for TDO beds in more cases in 2013 than in 2007 (12.6% vs. 2.2%).
- ▶ Rates of involuntary action dropped from 24.0% to 20.9%. However, the absolute number of TDOs sought increased slightly from 101 to 118 between June, 2007 and April, 2013.
- ▶ In 2013, significantly more clinicians reported that they could not address the juvenile's needs with the resources available to them (89.1% vs. 83.0%). Similar to the adult population, lack of access to an immediate psychiatric evaluation has become a serious problem, with one out of five juveniles (19.4%, n=114) needing but lacking access to this service. Overall, more clinicians indicated that one or more services would have helped them better assist the juvenile (46.5% vs. 39.7%).

Section 1: Adult Emergency Evaluations, 2007 vs. 2013

NUMBER OF ADULT CSB EMERGENCY EVALUATIONS

In 2007, Community Services Board clinicians documented 3,003 adult emergency evaluations conducted in June 2007. In 2013, Community Services Board clinicians documented 3,206 adults who needed an emergency evaluation during the month of April 2013. Of this total, 230 individuals were evaluated more than once over the course of the month, resulting in 3,436 face-to-face emergency evaluations for mental health crises. This report compares the 3,003 evaluations from 2007 with the 3,436 evaluations from 2013.

Please note that sample size may slightly vary from question to question, even when intending to use the same denominator, because there were errors in reporting (i.e., the clinician did not answer the question), missing data, or the question did not apply to that particular client. In addition, the percentages in a table might not add up to 100.0% because of rounding (e.g., 22.155%=22.2%) or because the answer choices were not mutually exclusive (i.e., the question instructed the clinician to “Check all that apply”). Lastly, the percentages shown in some of the figures may differ from the percentages presented in the corresponding tables; this may happen for two reasons. First, the “Don’t know/not sure” responses have been removed from the figures to present the information that was actually documented by the clinicians in the study (i.e., the valid percent). Second, we have collapsed some of the least-endorsed response items into single categories in some of the figures so that they are easier to view; the tables, however, include all of the responses provided. Specific percentages presented in the text reference data from the corresponding tables, which include “Don’t know / not sure” responses.

CSB CLINICIAN CHARACTERISTICS

Clinician Credentials

► In 2007 and 2013, a Master’s degree (i.e., MA, MS, MSW, etc.) was the most common education level for the CSB clinicians who performed emergency evaluations.

2007: “Degree”

2013: “Degree”

Figure 1. Percentage of Adult Evaluations by Clinicians with Different Types of Training

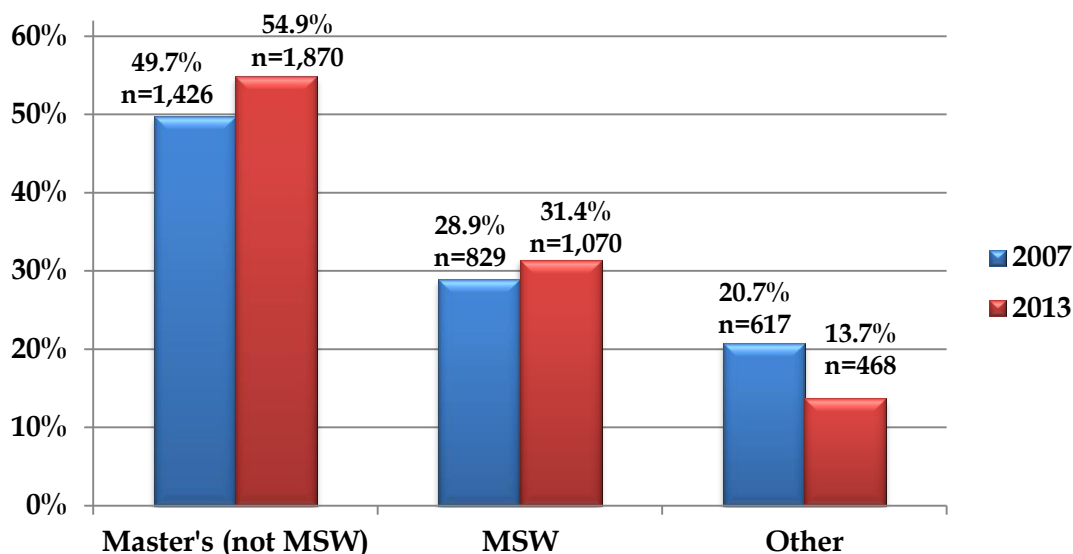


Table 1. Percentage of Adult Evaluations by Clinicians with Different Types of Training¹

	2007		2013	
	Frequency	Percent	Frequency	Percent
RN	24	0.8	41	1.2
Bachelors	325	11.3	254	7.5
Master's (not MSW)	1,426	49.7	1,870	54.9
MSW	829	28.9	1,070	31.4
Doctorate	#	#	138	4.1
Other	268	9.3	35	1.0
Total	2,872	100.0	3,408	100.0

$\chi^2(3) = 78.84, p < .0001, \Phi_{\text{Cramer}} = .11$

Clinician Number of Years of Experience in Behavioral Health

► Compared with 2007, emergency evaluations in 2013 were completed by CSB clinicians who had more experience in the field. In 2007, the average number of years of field experience was 13.4 ($sd=8.6$), ranging from 1 to 50; in 2013, the average number of years of field experience was 13.8 ($sd=8.7$), ranging from 0 to 40.

2007: # of "Years Experience in field"

2013: # of "years experience in Behavioral Health"

¹ Data is reported by evaluation, rather than by clinician. This was necessary to facilitate comparison between 2007 and 2013 data.

Figure 2. Clinician number of years of experience in Behavioral Health

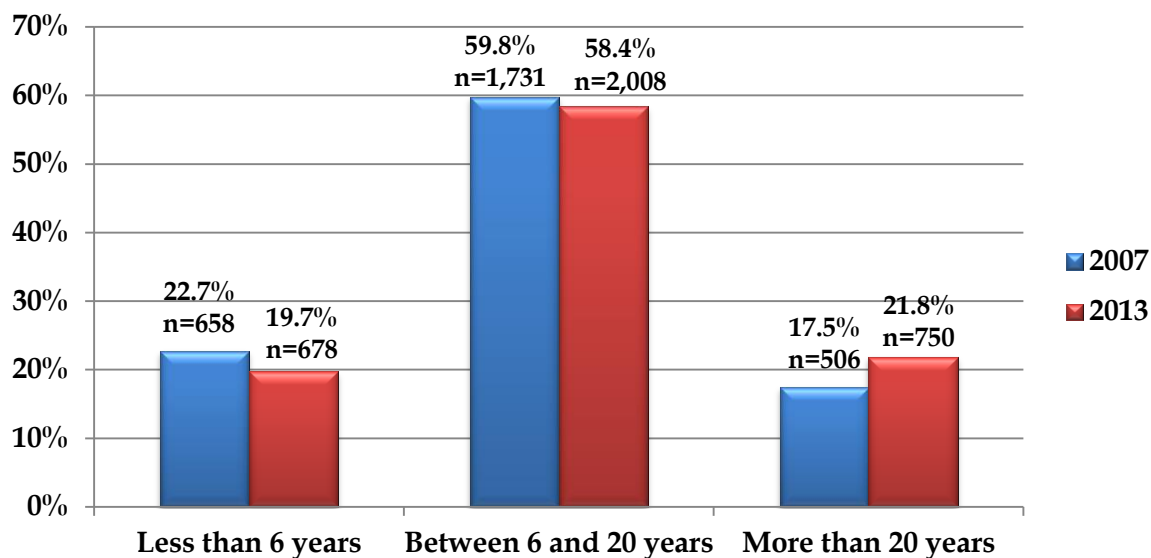


Table 2. Clinician number of years of experience in Behavioral Health²

	2007		2013	
	Frequency	Percent	Frequency	Percent
Less than 6 years	658	22.7	678	19.7
Between 6 and 20 years	1,731	59.8	1731	58.4
More than 20 years	506	17.5	506	21.8
Total	2,895	100.0	570	100.0

$\chi^2(2) = 22.15, p < 0.001, \Phi_{\text{Cramer}} = .06$

CHARACTERISTICS OF ADULTS IN CRISIS

Demographics

► In 2007, the average age of the individual being evaluated was 40.5 ($sd=15.4$), ranging from 18 to 95; in 2013, the average age was 40.6 ($sd=15.9$), ranging from 18-95.

► When dividing client age into the four categories below, the percentage of middle-aged people (30-49) was somewhat lower in 2013 than in 2007 and the percentage of older and younger people was somewhat higher and the differences were statistically significant ($\chi^2(3) = 30.97, p < .001$).

² Data is reported by evaluation, rather than by clinician. This was necessary to facilitate comparison between 2007 and 2013 data.

2007: "Client Age"

2013: "Client age"

Figure 3. Distribution of age among adults evaluated during the survey month

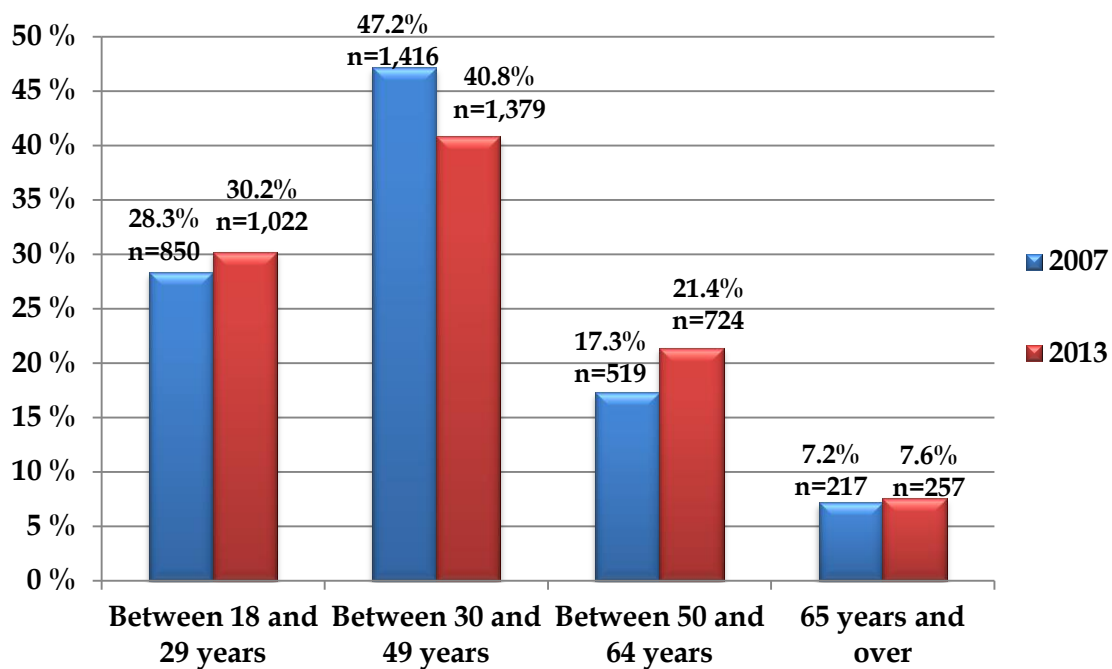


Table 3. Distribution of age among adults evaluated during the survey month

	2007		2013	
	Frequency	Percent	Frequency	Percent
Between 18 and 29 years	850	28.3	1,022	30.2
Between 30 and 49 years	1416	47.2	1,379	40.8
Between 50 and 64 years	519	17.3	724	21.4
65 years and over	217	7.2	257	7.6
Total	3,002	100.0	3,382	100.0

$\chi^2(3) = 30.97, p < .001, \Phi_{\text{Cramer}} = .07$

► Although there were differences in the gender proportions from 2007 to 2013, they were not statistically significant ($\chi^2(1) = 3.64, p = .06$).

2007: "Client Sex (M/F)"

2013: "Client sex (M/F)"

Figure 4. Gender of adults

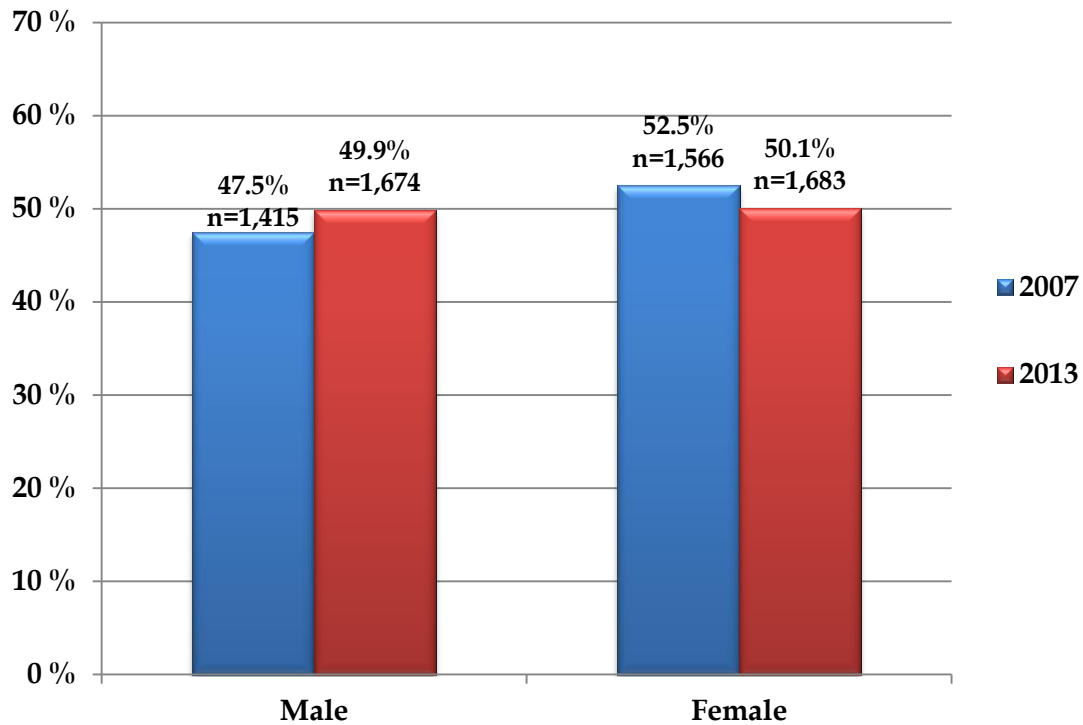


Table 4. Gender of adults

	2007		2013	
	Frequency	Percent	Frequency	Percent
Male	1,415	47.5	1,674	49.9
Female	1,566	52.5	1,683	50.1
Total	2,981	100.0	3,357	100.0

$\chi^2(1) = 3.64, p = .06, \Phi_{\text{Cramer}} = -0.02$

► The racial profile of the clients was about the same in 2007 and 2013, although some of the differences were statistically significant ($\chi^2(6) = 33.23, p < .001$).

2007: "Client Race"

2013: "Client race"

Figure 5. Race/ethnic distribution of adults

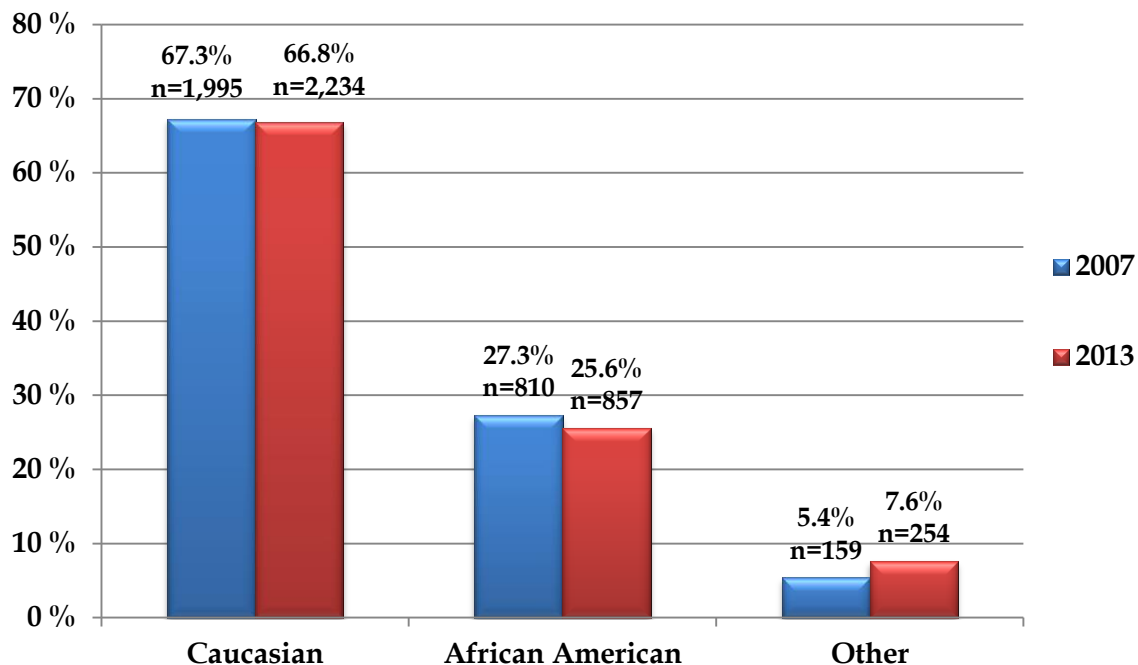


Table 5. Race/ethnic distribution of adults

	2007		2013	
	Frequency	Percent	Frequency	Percent
Caucasian	1,995	67.3	2,234	66.8
African American	810	27.3	857	25.6
Hispanic and/or Latino	83	2.8	112	3.3
Asian and/or Pacific Islander	42	1.4	52	1.6
Native American	6	0.2	10	0.3
Other (not specified)	20	0.7	26	0.8
Multiracial	8	0.3	54	1.6
Total	2,964	100.0	3,345	100.0

$\chi^2(6) = 33.23, p < .001, \Phi_{\text{Cramer}} = .07$

Living Situation of Adults

► There were some significant variations between 2007 and 2013 in regards to the living situations of the evaluated adults ($\chi^2(6) = 42.92, p < .001$). The percentage of adults living with non-related others increased almost 5% between 2007 and 2013; inversely, the percentage of adults living with family and living alone decreased.

2007: "What is client's current living arrangement?"

2013: "What is the client's current living arrangement?"

Figure 6. Living situation of adults

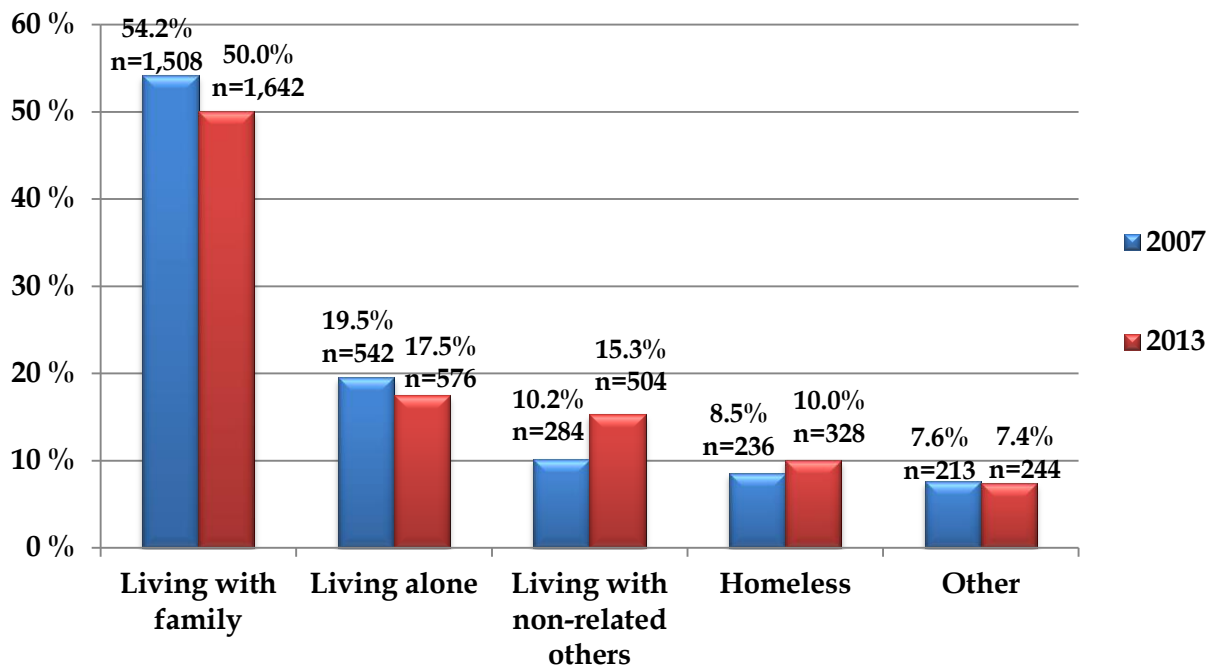


Table 6. Living situation of adults

	2007		2013	
	Frequency	Percent	Frequency	Percent
Living with family	1,508	52.2	1,642	48.0
Living alone	542	18.8	576	16.8
Living with non-related others	284	9.8	504	14.7
Homeless	236	8.2	328	9.6
Living with support	162	5.6	180	5.3
Don't know	107	3.7	125	3.7
Other	51	1.8	64	1.9
Total	2,890	100.0	3,419	100.0

$\chi^2(6) = 42.92, p < .001, \Phi_{\text{Cramer}} = .08$

Current Treatment of Adults

► More clients received treatment from a CSB than from other treatment providers in both 2013 and 2007. In 2013 and 2007, approximately 4 out of 10 clients were receiving no treatment at the time of the evaluation.

2007: "Client's current treatment?"

2013: "Client's current treatment"

Figure 7. Client's current treatment

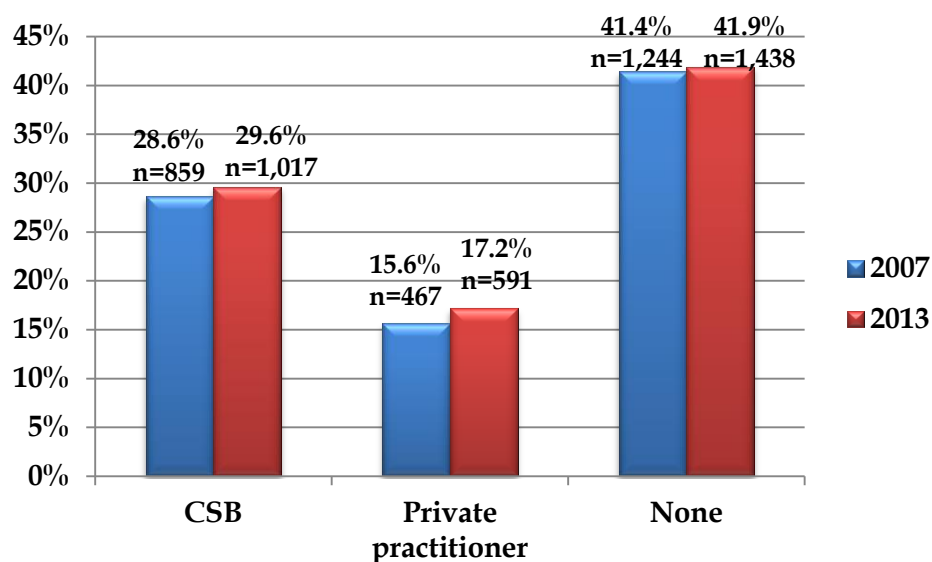


Table 7. Client's current treatment

	2007		2013		$\chi^2(1)$	p-value	Φ_{Cramer}
	Frequency	%	Frequency	%			
CSB	859	28.6	1,017	29.6	0.77	.38	.01
DBHDS facility	17	0.6	9	0.3	3.69	.055	-0.02
Other community agency	102	3.4	138	4.0	1.7	.19	.02
Private practitioner	467	15.6	591	17.2	3.17	.080	.02
None	1,244	41.4	1,438	41.9	0.12	.73	.004
Other	125	4.2	35	1.0	#	#	#
Private/community psych facility	#	#	110	3.2	#	#	#
Non-psychiatric private/community facility	#	#	110	3.2	#	#	#
Private hospital	171	5.7	#	#	#	#	#
Total	3,003	100.0 ³	3,436	100.0 ⁴			

³ Since the clinician was instructed on the questionnaire to "Check all that apply," the above frequencies do not add up to 100.0%, because the answer choices are not mutually exclusive. The 100.0% written here denotes that 3,003 was the denominator for all calculated response for this table's 2007 percentages. This 3,003 includes *all* 2007 questionnaires, even if the clinician did not answer this particular question.

⁴ Since the clinician was instructed on the questionnaire to "Check all that apply," the above frequencies do not add up to 100.0%, because the answer choices are not mutually exclusive. The 100.0% written here denotes that 3,436 was the denominator for all calculated response for this table's 2013 percentages. This 3,436 includes *all* 2013 questionnaires, even if the clinician did not answer this particular question.

► There were statistically significant differences between 2007 and 2013 in regards to the insurance provider, or lack thereof, of the evaluated adults ($\chi^2(6) = 24.61, p < .001$). The percentage of uninsured adults dropped almost 4.5% between 2007 and 2013, while the percentage of adults on Medicare increased by at least 2%.

2007: "Client's insurance status"

2013: "Client's insurance status"

Figure 8. Insurance status of adults

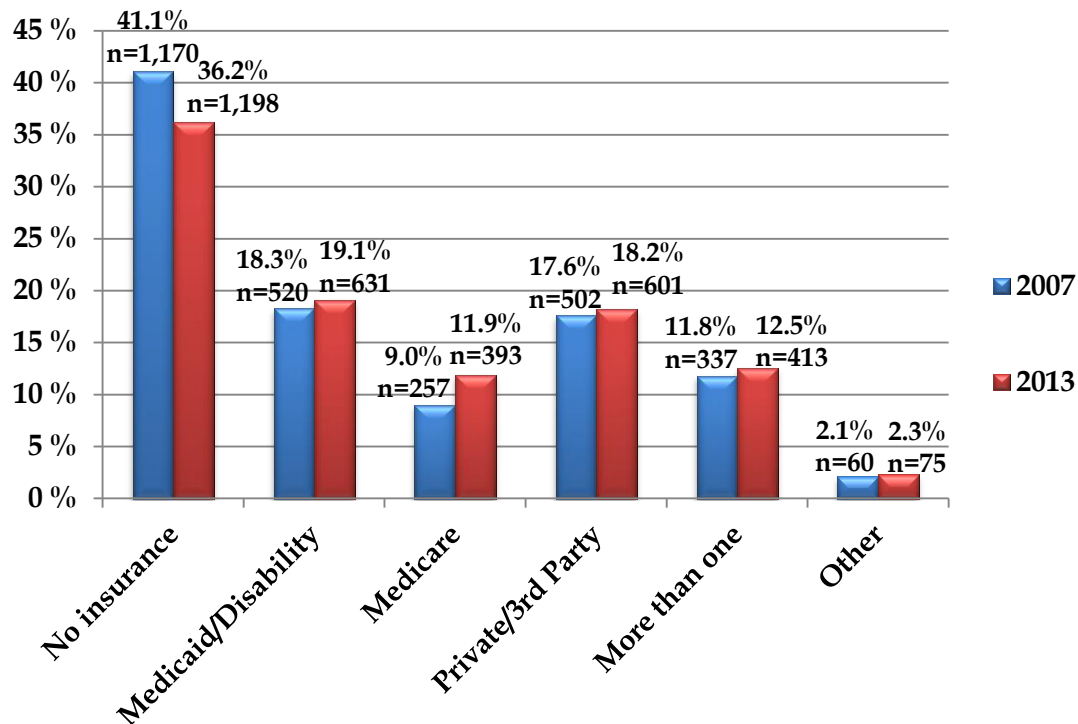


Table 8. Insurance status of adults

	2007		2013	
	Frequency	Percent	Frequency	Percent
No insurance	1,170	39.3	1,198	34.9
Medicaid/Disability only	520	17.5	631	18.4
Medicare only	257	8.6	393	11.4
Private/3rd Party only	502	16.9	601	17.5
Other	60	2.0	75	2.2
More than one	337	11.3	413	12.0
Don't know/not sure	128	4.3	125	3.6
Total	2,974	100.0	3,436	100.0

$\chi^2(6) = 24.61, p < .001, \Phi_{\text{Cramer}} = .06$

PATHWAYS TO CSB CRISIS RESPONSE SYSTEM

Adults in Police Custody at the Time of Evaluation

► There were some significant variations between 2007 and 2013 in regards to the custody status of evaluated adults ($\chi^2(2) = 327.85, p < .001$). The proportion of adults in police custody at the time of the evaluation rose slightly from 24% to 28%. In most of these cases, custody was taken based on the officer's judgment rather than a formal order issued by a magistrate. The so-called "paperless ECO" (assertion of custody based on an officer's judgment) was not a response option in 2007.

2007: "Was client in police custody at the time of assessment?"

2013: "Was the client in police custody at the time the evaluation was initiated?"

Figure 9. Custody status at the time of evaluation

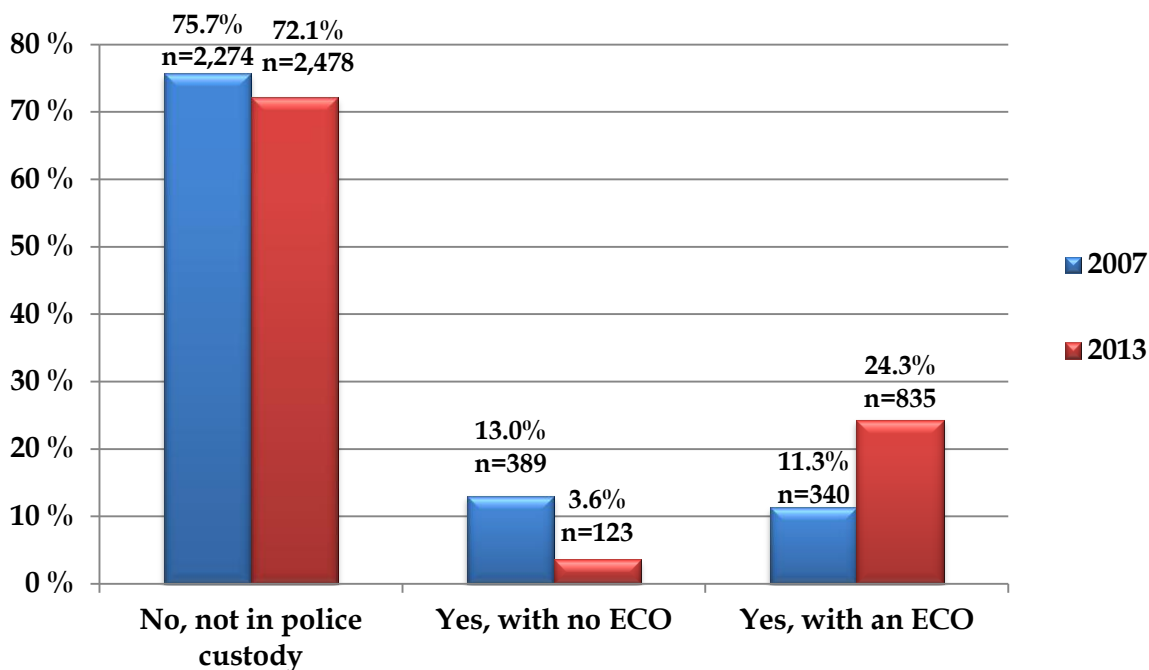


Table 9. Custody status at the time of evaluation

	2007		2013	
	Frequency	Percent	Frequency	Percent
No, not in police custody	2,274	75.7	2,478	72.1
Yes, with no ECO	389	13.0 ⁵	123	3.6
Yes, with an ECO	340	11.3	#	#
Yes, with magistrate issued ECO	#	#	308	9.0
Yes, with law enforcement issued (paperless) ECO	#	#	527	15.3
Total	3,003	100.0	3,436	100.0

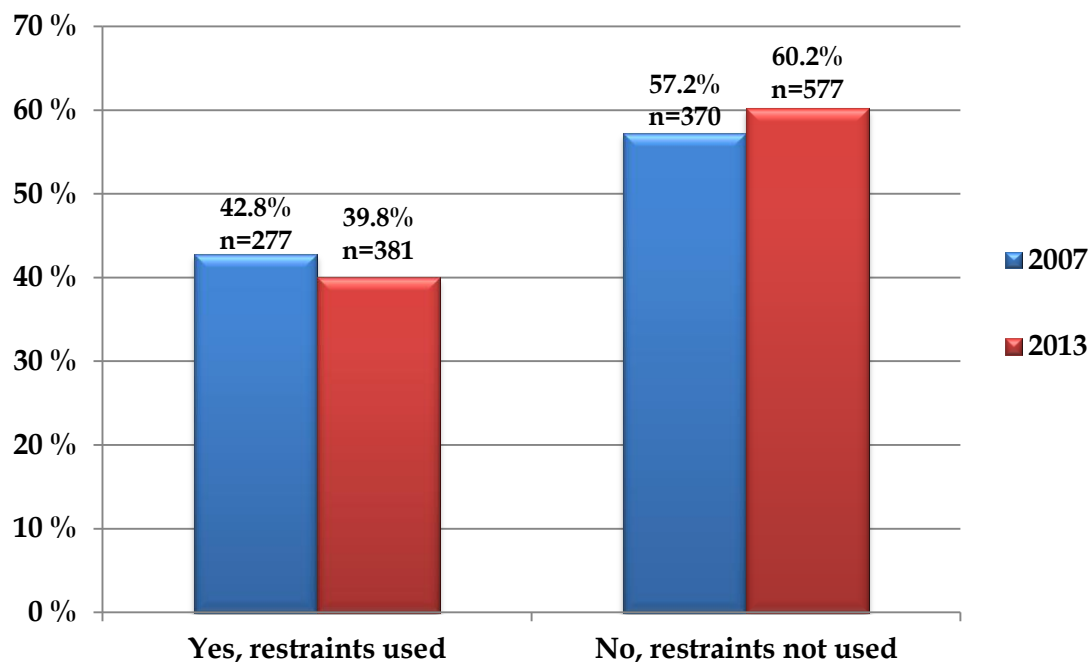
$\chi^2(2) = 327.85, p < .001, \Phi_{\text{Cramer}} = .23$

► There was a modest decrease in the percentage of evaluated adults in police custody who were in restraints at the time of the evaluation between 2007 and 2013 ($\chi^2(1) = 1.48, p = .22$).

2007: “If yes, were restraints used?”

2013: “If client was in police custody, were restraints used?”

Figure 10. Were restraints used?



⁵ Most of these cases were likely held in police custody with a “paperless ECO.” However, “paperless ECO” was not a response option in the 2007 study, and as such, the exact proportion of cases using a “paperless ECO” cannot be determined.

Table 10. Were restraints used?

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes, restraints used	277	42.8	381	39.8
No, restraints not used	370	57.2	577	60.2
Total	647	100.0	958	100.0

$\chi^2(1) = 1.48, p = .22, \Phi_{\text{Cramer}} = -0.03$

Contacting the CSB for Adult Emergency Evaluations

► There were modest, but statistically significant variations between 2007 and 2013 regarding who contacted the CSB for the emergency evaluation ($\chi^2(7) = 49.89, p < .001$). Law enforcement, in particular, contacted the CSB for an evaluation slightly more frequently in 2013 than in 2007.

2007: "Who contacted CSB for assessment?"

2013: "Who contacted the CSB for evaluation?"

Figure 11. Contacting the CSB for emergency evaluations

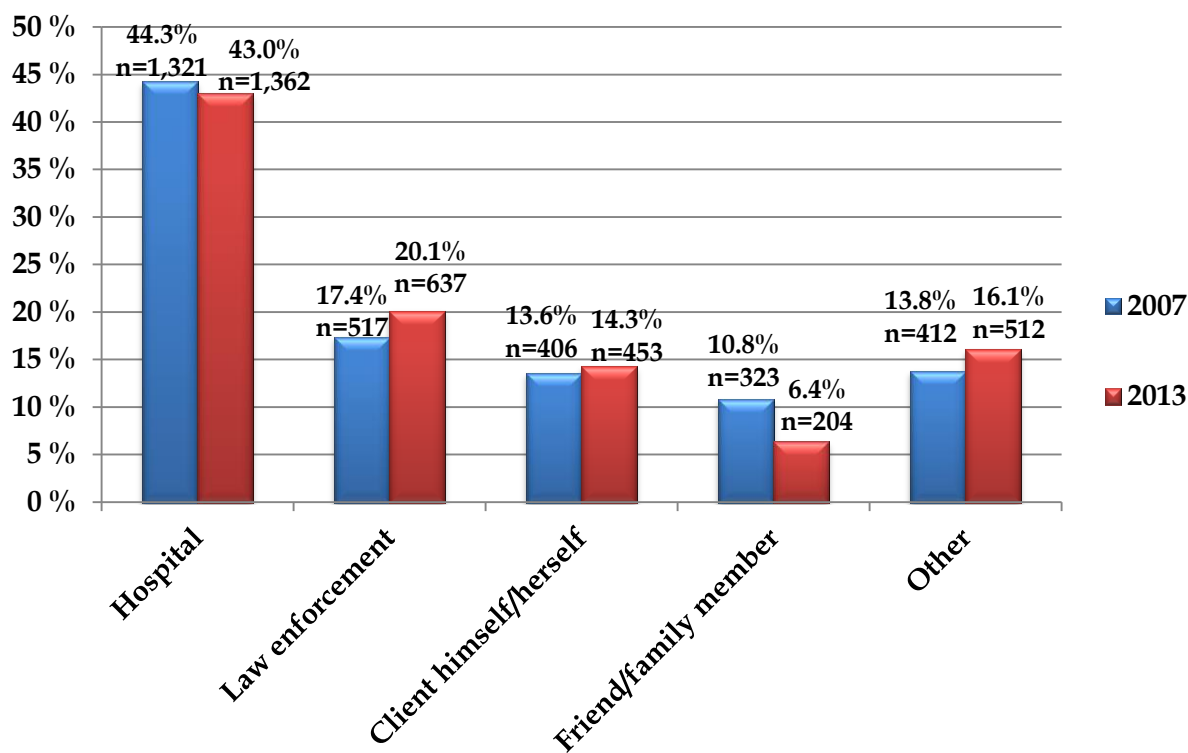


Table 11. Contacting the CSB for emergency evaluations

	2007		2013	
	Frequency	Percent	Frequency	Percent
Hospital	1,321	44.3	1,362	42.9
Law enforcement	517	17.3	637	20.0
Client himself/herself	406	13.6	453	14.3
Clinician	193	6.5	256	8.1
Friend/family member	323	10.8	204	6.4
Other (e.g., Legal Aid)	152	5.1	169	5.3
More than one	67	2.2	87	2.7
Don't know/not sure	6	0.2	10	0.3
Total	2,985	100.0	3,178	100.0

$\chi^2(7) = 49.89, p < .001, \Phi_{\text{Cramer}} = .09$

Location of Adult Emergency Evaluations

► Most emergency evaluations in both 2007 and 2013 occurred in a hospital or at the CSB. There were some significant variations between 2007 and 2013 in regards to the location of the evaluation in the remaining cases ($\chi^2(6) = 167.21, p < .001$).

2007: "Where did the assessment take place?"

2013: "Where did the evaluation take place?"

Figure 12. Location of the adult emergency evaluation

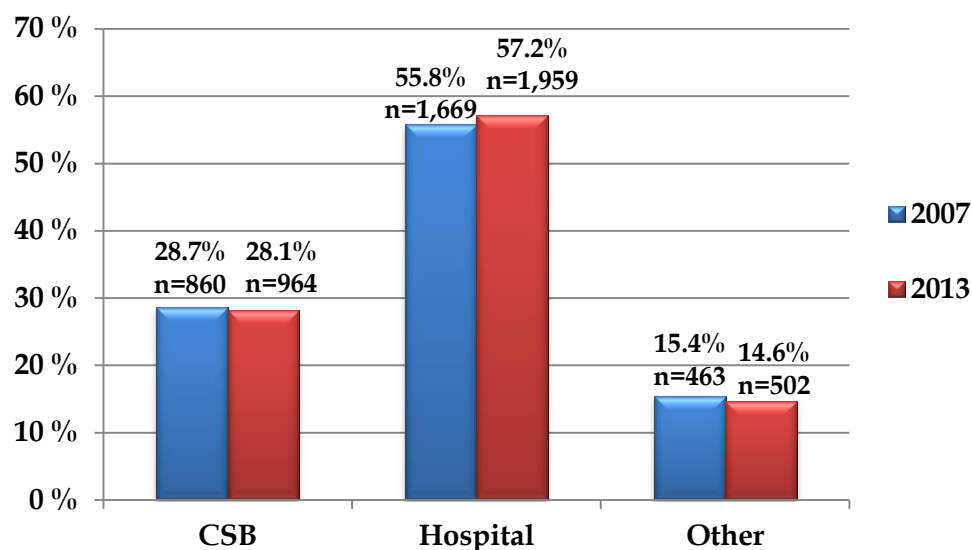


Table 12. Location of the adult emergency evaluation

	2007		2013	
	Frequency	Percent	Frequency	Percent
CSB	860	28.7	964	28.1
Client's home	131	4.4	112	3.3
Police Station	198	6.6	77	2.2
Public location	27	0.9	29	0.8
Magistrate's Office	22	0.7	6	0.2
Other	85	2.8	278	8.1
Hospital ⁶	1,669	55.8	1,959	57.2
Total	2,992	100.0	3,425	100.0

$\chi^2(6) = 167.21, p < .001, \Phi_{\text{Cramer}} = .16$

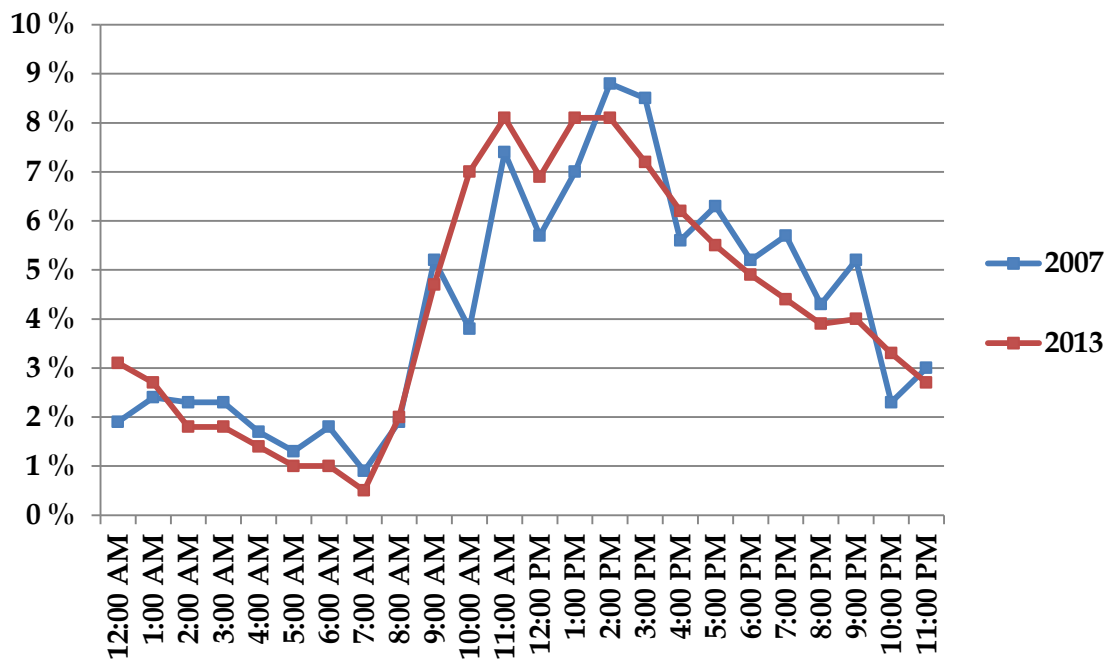
Time of Adult Emergency Evaluations

► The start times of the emergency evaluation followed approximately the same pattern in both 2007 and 2013, rising at 7:00 A.M. and peaking in the early afternoon. However the differences were significant ($\chi^2(23) = 75.26, p < .001$). The largest percentage difference was at 10 a.m., at which 3.8% of the evaluations took place in 2007 and 7.0% of evaluations took place in 2013.

2007: "Time of service"

2013: "Evaluation start time"

Figure 13. Time of day the emergency evaluation occurred



⁶ In 2013, two answer choices on the instrument were "Hospital Psychiatric Unit" and "Hospital Emergency Department." These answer choices have been combined and placed under "Hospital."

Table 13. Time of day the emergency evaluation occurred

	2007		2013	
	Frequency	Percent	Frequency	Percent
12:00 AM	48	1.9	103	3.1
1:00 AM	61	2.4	88	2.7
2:00 AM	59	2.3	60	1.8
3:00 AM	59	2.3	60	1.8
4:00 AM	44	1.7	47	1.4
5:00 AM	34	1.3	34	1.0
6:00 AM	30	1.8	33	1.0
7:00 AM	23	0.9	16	0.5
8:00 AM	48	1.9	65	2.0
9:00 AM	133	5.2	157	4.7
10:00 AM	96	3.8	232	7.0
11:00 AM	187	7.4	267	8.1
12:00 PM	144	5.7	228	6.9
1:00 PM	177	7.0	267	8.1
2:00 PM	224	8.8	268	8.1
3:00 PM	217	8.5	238	7.2
4:00 PM	143	5.6	205	6.2
5:00 PM	161	6.3	183	5.5
6:00 PM	132	5.2	162	4.9
7:00 PM	144	5.7	145	4.4
8:00 PM	109	4.3	129	3.9
9:00 PM	131	5.2	131	4.0
10:00 PM	59	2.3	110	3.3
11:00 PM	76	3.0	88	2.7
Total	2,539	100.0	3,316	100.0

$\chi^2(23) = 75.26, p < .001, \Phi_{\text{Cramer}} = .11$

CLINICAL PRESENTATION OF ADULTS

Presentation at Time of Adult Emergency Evaluations

► **Adult presentation at the time of the evaluation differed significantly from 2007 to 2013 ($\chi^2(3) = 24.24, p < .001$).** In 2013, a slightly smaller percentage of the clients presented with a substance abuse disorder, as compared to 2007.

2007: "Client presented with"

2013: "Client presented with"

Figure 14. Adult presentation at the time of the evaluation

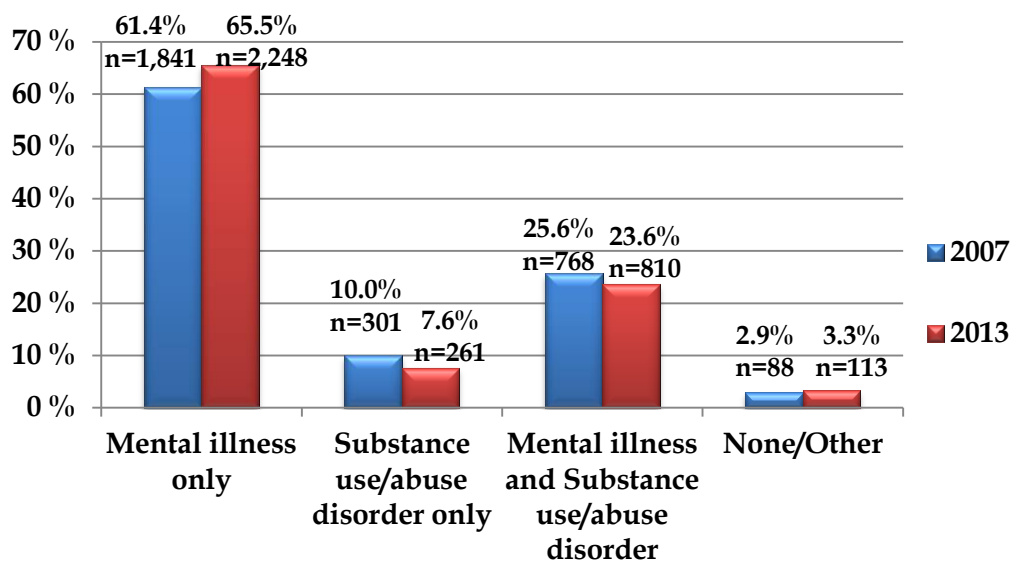


Table 14. Adult presentation at the time of the evaluation

	2007		2013	
	Frequency	Percent	Frequency	Percent
Mental illness only	1,841	61.4	2,248	65.5
Substance use/abuse disorder only	301	10.0	261	7.6
Mental illness and Substance use/abuse disorder	768	25.6	810	23.6
None	88	2.9	66	1.9
Other	#	#	47	1.4
Total	2,998	100.0	3,432	100.0

$\chi^2(3) = 24.24, p < .001, \Phi_{\text{Cramer}} = .06$

Adults Under the Influence of Substances

► There was a slight, statistically significant increase between 2007 and 2013 in the proportion of cases in which the clinician recorded that the client was known or suspected of being under the influence of substances at the time of the evaluation ($\chi^2(3) = 110.83, p < .001$).

Please note that the 2007 instrument did not give “Suspected of being under the influence of drugs or alcohol” as a possible answer choice. This alteration in the instrument may account for the statistical significance found for this question.

2007: “Was the client under the influence of drugs or alcohol?”

2013: “Was the client under the influence of drugs or alcohol?”

Figure 15. Adults presenting under the influence or suspected of being under the influence

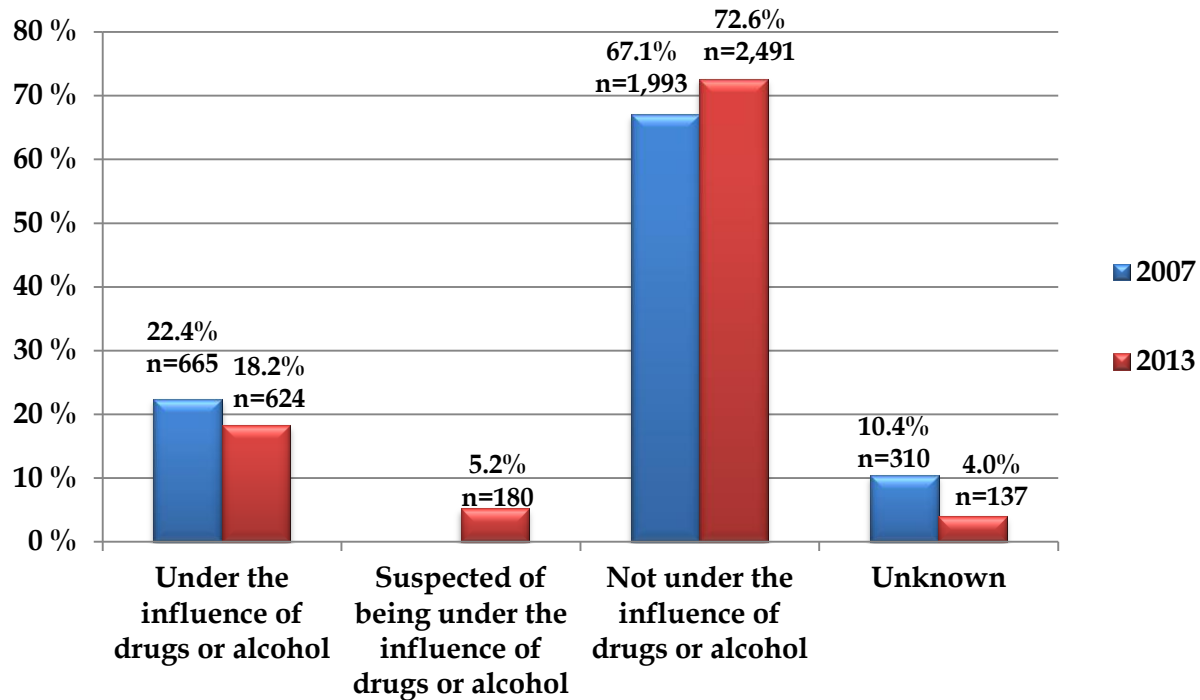


Table 15. Adults presenting under the influence or suspected of being under the influence

	2007		2013	
	Frequency	Percent	Frequency	Percent
Under the influence of drugs or alcohol	665	22.4	624	18.2
Suspected of being under the influence of drugs or alcohol	#	#	180	5.2
Not under the influence of drugs or alcohol	1,993	67.1	2,491	72.6
Unknown	310	10.4	137	4.0
Total	2,968	100.0	3,432	100.0

$\chi^2(2) = 110.83, p < .001, \Phi_{\text{Cramer}} = .13$

Adults Presenting Psychotic Symptoms

► Clinicians in 2007 were slightly more likely to have reported that the client was showing psychotic symptoms during the time of the evaluation than those in 2013 ($\chi^2(1) = 9.26, p < .01$).

2007: “Was client showing psychotic symptoms?”
 2013: “Was the client showing psychotic symptoms?”

Figure 16. Adults presenting psychotic symptoms

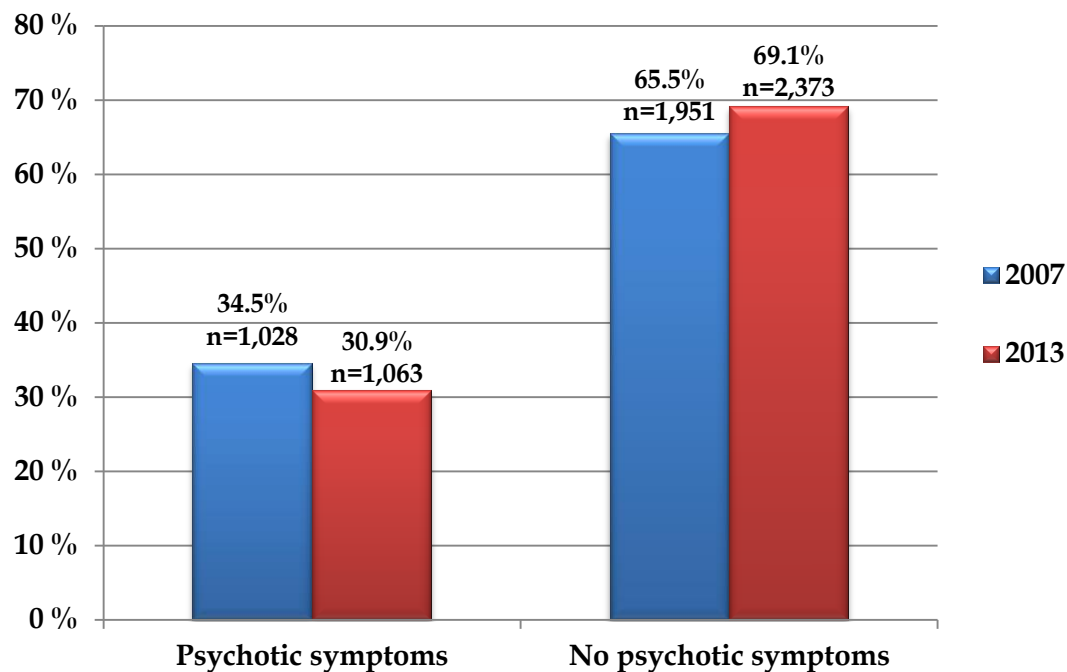


Table 16. Adults presenting psychotic symptoms

	2007		2013	
	Frequency	Percent	Frequency	Percent
Psychotic symptoms	1,028	34.5	1,063	30.9
No psychotic symptoms	1,951	65.5	2,373	69.1
Total	2,979	100.0	3,436	100.0

$\chi^2(1) = 9.26, p < .01, \Phi_{\text{Cramer}} = .04$

DISPOSITION AFTER ADULT EMERGENCY EVALUATIONS

Type of Action Recommended by the CSB Clinician for Adults

► There were statistically significant differences in clinicians' recommended dispositions between 2007 and 2013 ($\chi^2(2) = 24.38, p < .0001$), largely attributable to a nearly 5% increase in proportion of cases for which voluntary hospitalization was recommended.

Please note that only three answer choices (Referred for involuntary admission [TDO]; Referred for voluntary admission; Client declined referral and no involuntary action taken) were used both in the 2007 and 2013 instruments. Responses to other items are presented below by year of survey.

2007: "What was the immediate disposition?"

2013: "What was the disposition?"

Figure 17. Clinician recommended disposition

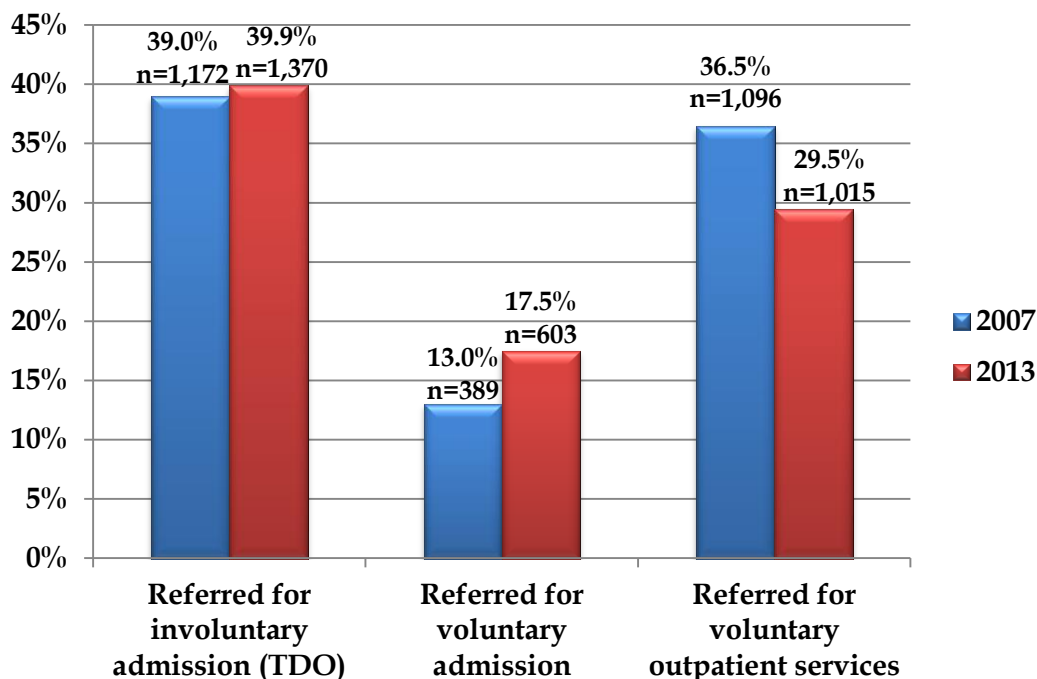


Table 17. Clinician recommended disposition

	2007		2013	
	Frequency	Percent	Frequency	Percent
Referred for involuntary admission (TDO)	1,172	39.0	1,370	39.9
Referred for voluntary admission	389	13.0	603	17.5
Client declined referral and no involuntary action taken	143	4.8	119	3.5
Referred for crisis intervention	#	#	130	3.8
Referred for crisis intervention and psychiatric/medication evaluation	#	#	114	3.3
Referred for other outpatient services	#	#	642	18.7
No further evaluation or treatment required	#	#	150	4.4
Other	#	#	280	8.1
Referred for voluntary CSB services	473	15.8	#	#
Referred for other voluntary outpatient treatment	578	19.2	#	#
Referred for voluntary CSB services and other voluntary outpatient treatment	45	1.5	#	#
Total	3,003⁷	100.0	3,436⁸	100.0

$\chi^2(2) = 24.38, p < .0001, \Phi_{\text{Cramer}} = .08$

Length of Time Locating a Psychiatric Bed

► In 2007, clinicians located a bed within 4 hours in 94% of cases; in 2013, this proportion decreased to 88.2%.

2007: "Approximately how much time did you spend locating psychiatric bed?"

2013: "Approximately how much time did you spend locating a psychiatric bed?"

⁷ This total frequency of 3,003 includes all evaluations and, therefore, consists of the selected answer choices as well as the questionnaires that did not have this question answered (i.e., "Missing"). As a result, the frequencies of the answer choices above will not equal the total number presented here; consequently, the percentages listed to the side of the frequencies will not add up to 100.0%.

⁸ This total frequency of 3,436 includes all evaluations and, therefore, consists of the selected answer choices as well as the questionnaires that did not have this question answered (i.e., "Missing"). As a result, the frequencies of the answer choices above will not equal the total number presented here; consequently, the percentages listed to the side of the frequencies will not add up to 100.0%.

Table 18. Time needed to locate a bed

	2007		2013	
	Frequency	Percent	Frequency	Percent
4 hours or less	1,343	94.0	1,492	88.2
More than 4 hours, less than 6 hours	#	#	142	8.4
More than 6 hours	#	#	58	3.4
More than 4 hours, less than 8 hours	65	4.6	#	#
More than 8 hours	20	1.4	#	#
Total	1,428	100.0	1,692	100.0

► In 2007, clinicians located a TDO bed within 4 hours in 93.6% of cases; in 2013, this proportion decreased significantly to 86.5%.

Figure 18. Time needed to locate a bed, involuntary admission

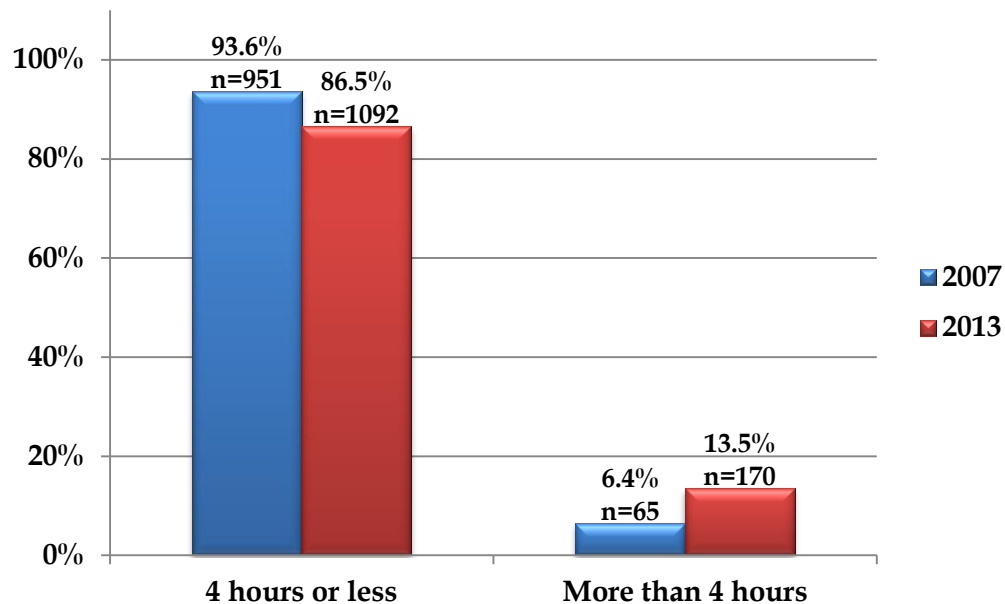


Table 19. Time needed to locate a bed, involuntary admission

	2007		2013	
	Frequency	Percent	Frequency	Percent
4 hours or less	951	93.6	1092	86.5
More than 4 hours, less than 6 hours	#	#	124	9.8
More than 6 hours	#	#	46	3.6
More than 4 hours, less than 8 hours	51	5.0	#	#
More than 8 hours	14	1.4	#	#
Total	1,016	100.0	1,262	100.0

$\chi^2(1) = 30.44, p < .0001, \Phi_{\text{Cramer}} = -0.12$

► In 2007, clinicians located a voluntary bed within 4 hours in 97.2% of cases; in 2013, this proportion decreased significantly to 93.0%.

Figure 19. Time needed to locate a bed, voluntary admission

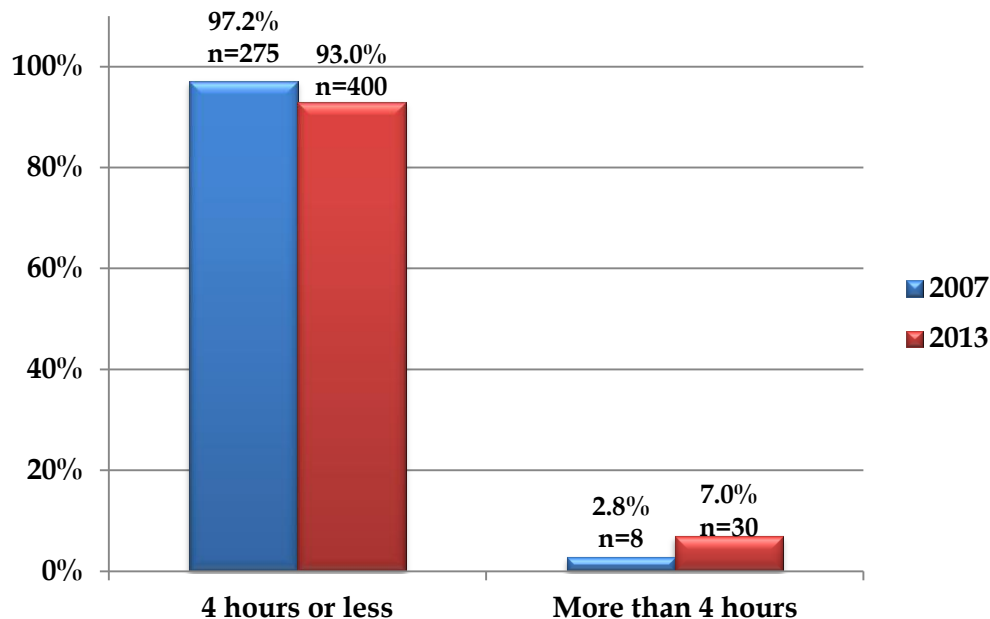


Table 20. Time needed to locate a bed, voluntary admission

	2007		2013	
	Frequency	Percent	Frequency	Percent
4 hours or less	275	97.2	400	93.0
More than 4 hours, less than 6 hours	#	#	18	4.2
More than 6 hours	#	#	12	2.8
More than 4 hours, less than 8 hours	5	1.8	#	#
More than 8 hours	3	1.1	#	#
Total	283	100.0	430	100.0

$\chi^2(1) = 5.8, p < .05, \Phi_{\text{Cramer}} = -0.09$

Location of the Admitting Hospital

► There was a statistically significant decrease (about 11%) in the proportion of involuntarily hospitalized cases in which the admitting hospital was outside the client's PPR region ($\chi^2(1) = 45.65, p < .0001$) in 2013.

2007: "Was hospital in client's region?"

2013: "Was hospital in client's region?"

Figure 20. Involuntary admission – Was the hospital in the client's region?

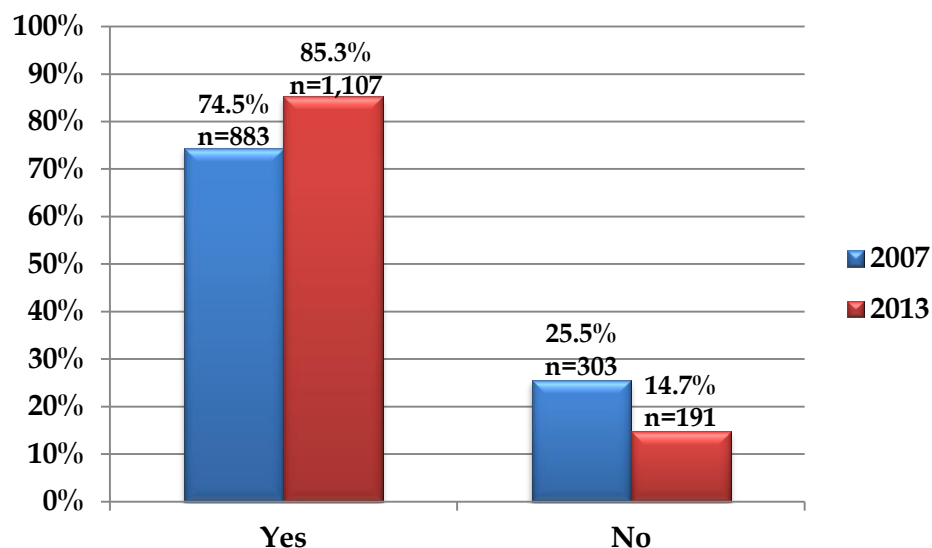


Table 21. Involuntary admission – Was the hospital in the client's region?

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes	883	74.5	1,107	85.3
No	303	25.5	191	14.7
Total	1,186	100.0	1,298	100.0

$$\chi^2(1) = 45.65, p < .0001, \Phi_{\text{Cramer}} = .14$$

► There was a statistically significant increase (about 7%) in the proportion of voluntarily hospitalized cases in which the admitting hospital was outside the client's PPR region ($\chi^2(1) = 8.37, p < .05$) in 2013.

Figure 21. Voluntary admission – Was the hospital in the client's region?

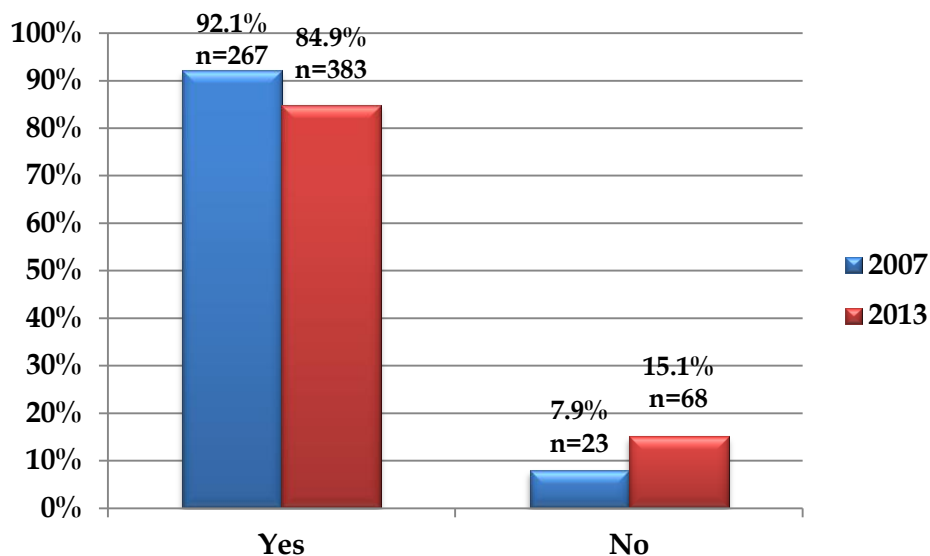


Table 22. Voluntary admission – Was the hospital in the client's region?

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes	267	92.1	383	84.9
No	23	7.9	68	15.1
Total	290	100.0	451	100.0

$$\chi^2(1) = 8.37, p < .05, \Phi_{\text{Cramer}} = -0.11$$

ADULT'S STATUS AT END OF EMERGENCY EVALUATION PERIOD

Clinicians' Opinions Regarding the Client's Status at the End of the Evaluation

► In 2013, roughly the same percentage of clinicians reported that the client met any commitment criteria, as compared to 2007 ($\chi^2(1) = 0.03, p = .87$).

Figure 22. Clinician opinion regarding whether client met any commitment criteria

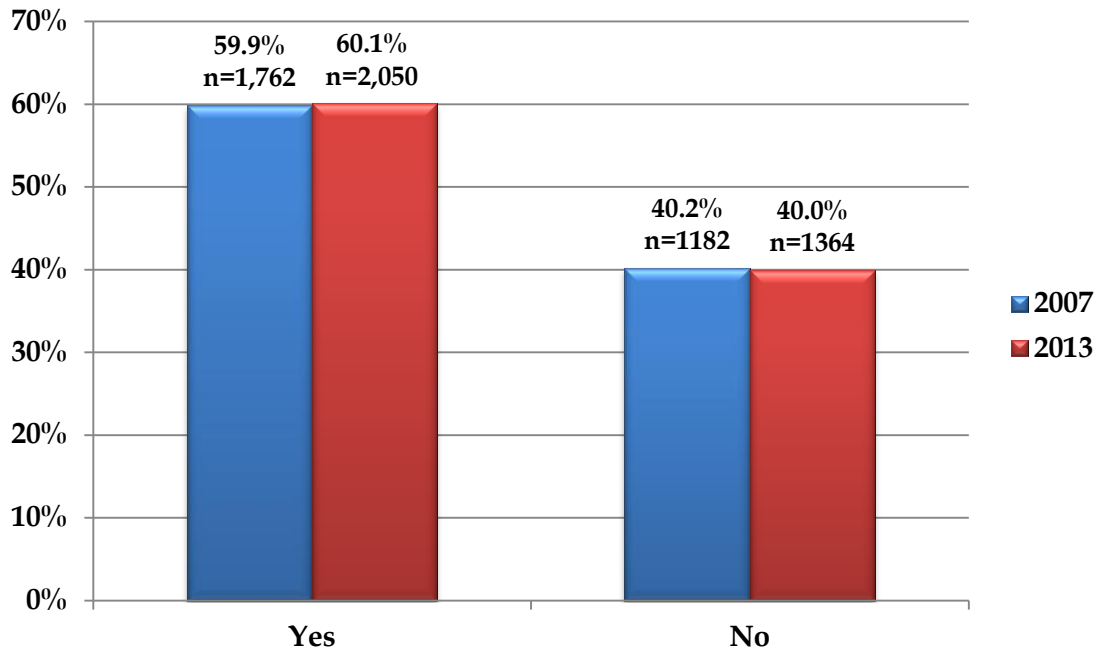


Table 23. Clinician opinion regarding whether client met any commitment criteria

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes	1,762	59.9	2,050	60.1
No	1,182	40.2	1,364	40.0
Total	2,944	100.0	3,414	100.0

$\chi^2(1) = 0.03, p = .87, \Phi_{\text{Cramer}} = .002$

► In 2013, there was a modest but statistically significant decline in the proportion of cases in which clinicians reported that the client met the commitment criteria due to harm to self, as compared to 2007 ($\chi^2(1) = 4.02, p < .05$).

2007: "At the conclusion of the evaluation, client presented a danger to self"

2013: "At the conclusion of the evaluation, client presented a substantial likelihood of causing serious physical harm to self in the near future"

Figure 23. Clinician opinion regarding whether client met commitment criteria for harm to self

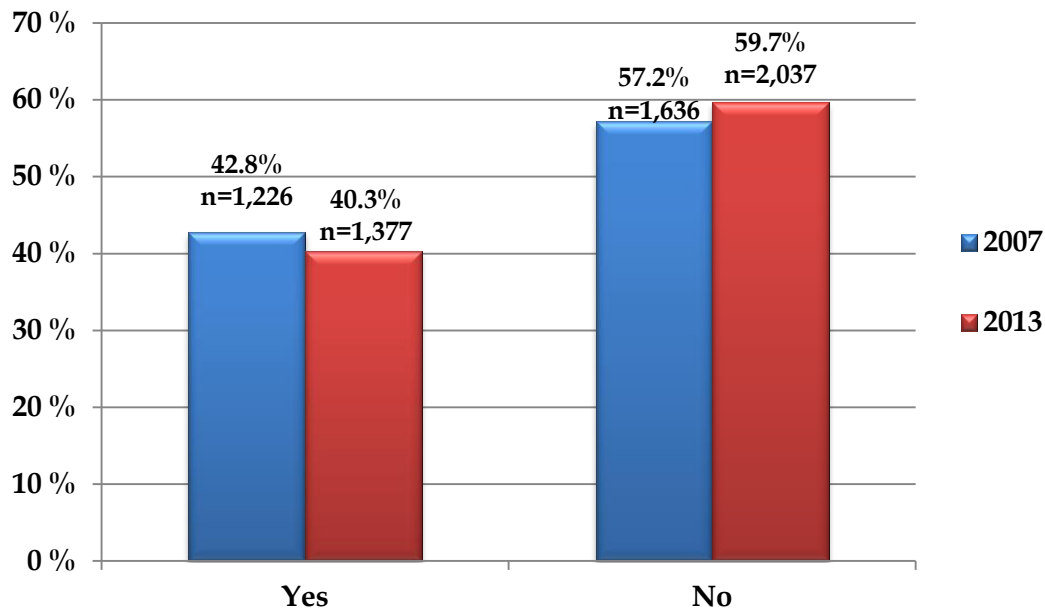


Table 24. Clinician opinion regarding whether client met commitment criteria for harm to self

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes	1,226	42.8	1,377	40.3
No	1,636	57.2	2,037	59.7
Total	2,862	100.0	3,414	100.0

$\chi^2(1) = 4.02, p < .05, \Phi_{\text{Cramer}} = .03$

► In 2013, there was a modest but statistically significant decline in the proportion of cases in which clinicians reported that the client met the commitment criteria due to danger to others, as compared to 2007 ($\chi^2(1) = 14.03, p < .001$).

2007: "At the conclusion of the evaluation, client presented a danger to others"

2013: "At the conclusion of the evaluation, client presented a substantial likelihood of causing serious physical harm to others in the near future"

Figure 24. Clinician opinion regarding whether client met commitment criteria for harm to others

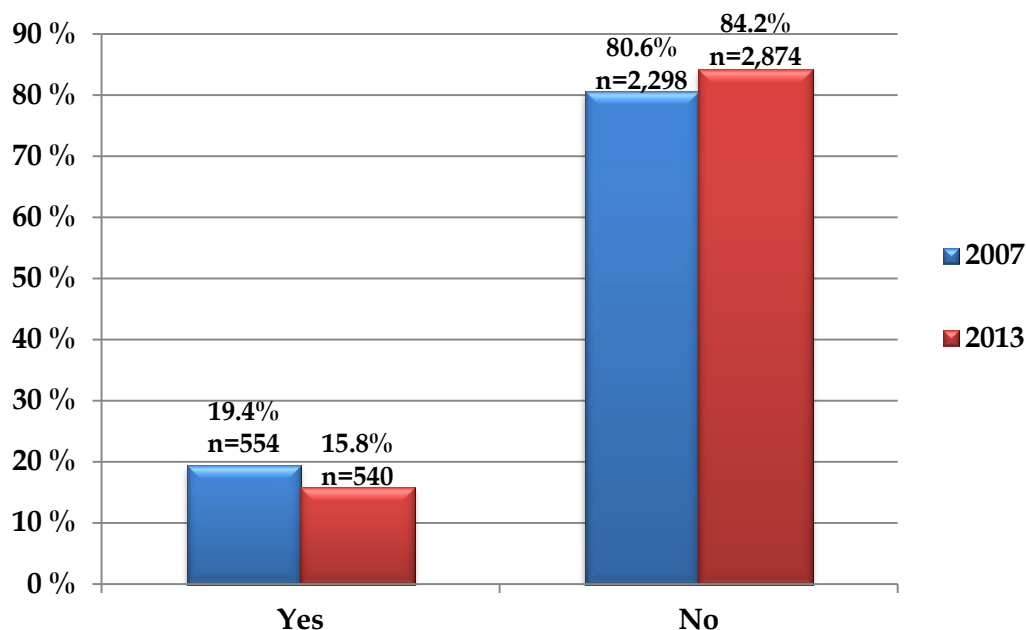


Table 25. Clinician opinion regarding whether client met commitment criteria for harm to others

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes	554	19.4	540	15.8
No	2,298	80.6	2,874	84.2
Total	2,852	100.0	3,414	100.0

$\chi^2(1) = 14.03, p < .001, \Phi_{\text{Cramer}} = .05$

► In 2013, there was a significant decrease in the proportion of cases in which clinicians reported that the client met the commitment criteria due to care for self, as compared to 2007 ($\chi^2(1) = 28.65, p < .001$).

2007: "At the conclusion of the evaluation, client was unable to care for self"

2013: At the conclusion of the evaluation, client was unable to protect self from harm or provide for basic needs⁹

⁹ In 2013, the survey instrument asked two different questions regarding the commitment criterion bearing on inability to care for self, with one question specific to each prong of the criterion. That is, one question asked if the client was unable to protect self from harm, and the other question asked if the client was unable to provide for basic needs. In order to compare the 2007 responses with the 2013 responses, we have determined how many individuals, in 2013, were reported to have 1) been unable to protect self from harm only, 2) been unable to provide for basic needs only, or 3) been unable to protect self from harm and been unable to provide for basic needs; when combined, there were 1,144 individuals who fell into these three categories.

Figure 25. Clinician opinion regarding whether client met commitment criteria for incapacity to care for self

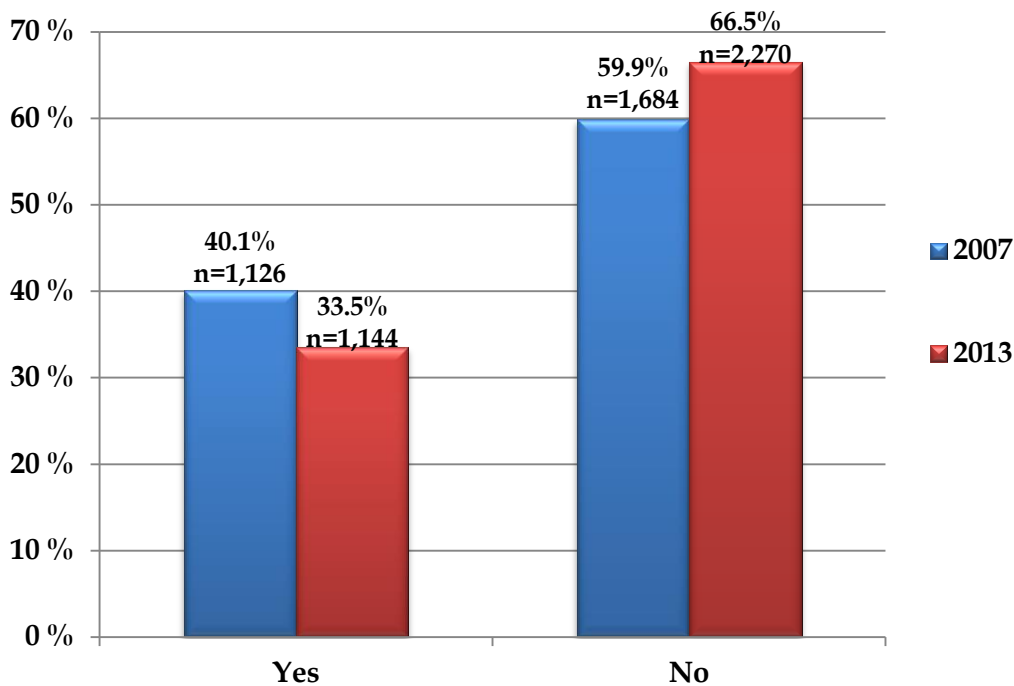


Table 26. Clinician opinion regarding whether client met commitment criteria for incapacity to care for self

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes	1,126	40.1	1,144	33.5
No	1,684	59.9	2,270	66.5
Total	2,810	100.0	3,414	100.0

$\chi^2(1) = 28.65, p < .001, \Phi_{\text{Cramer}} = .07$

► **Significantly fewer clients were determined to be experiencing severe mental or emotional distress or dysfunction at the conclusion of the evaluation in 2013 compared to 2007 ($\chi^2(1) = 105.05, p < .001$).**

2007: “At the conclusion of the evaluation, client was experiencing severe mental or emotional distress or dysfunction”

2013: “At the conclusion of the evaluation, client was experiencing severe mental or emotional distress or dysfunction”

Figure 26. Clinician opinion regarding the client's experience of distress or dysfunction

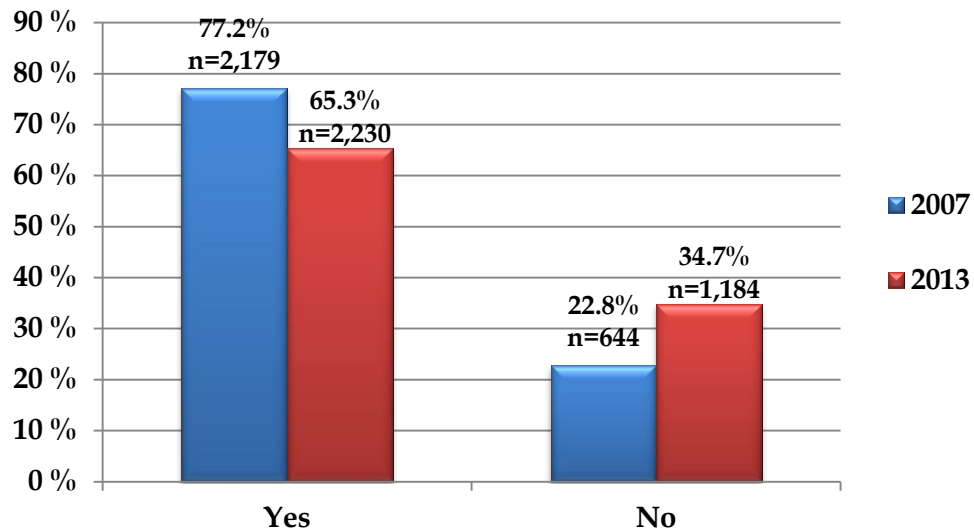


Table 27. Clinician opinion regarding the client's experience of distress or dysfunction

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes	2,179	77.2	2,230	65.3
No	644	22.8	1,184	34.7
Total	2,823	100.0	3,414	100.0

$\chi^2(1) = 105.05, p < .001, \Phi_{\text{Cramer}} = .13$

► Although there were differences between 2007 and 2013 regarding the client's need for hospitalization, they were not significant ($\chi^2(1) = 2.99, p = .08$).

2007: "At the conclusion of the evaluation, client's condition warranted hospitalization"

2013: "At the conclusion of the evaluation, client's condition warranted hospitalization"

Figure 27. Clinician opinion regarding the client's need for hospitalization

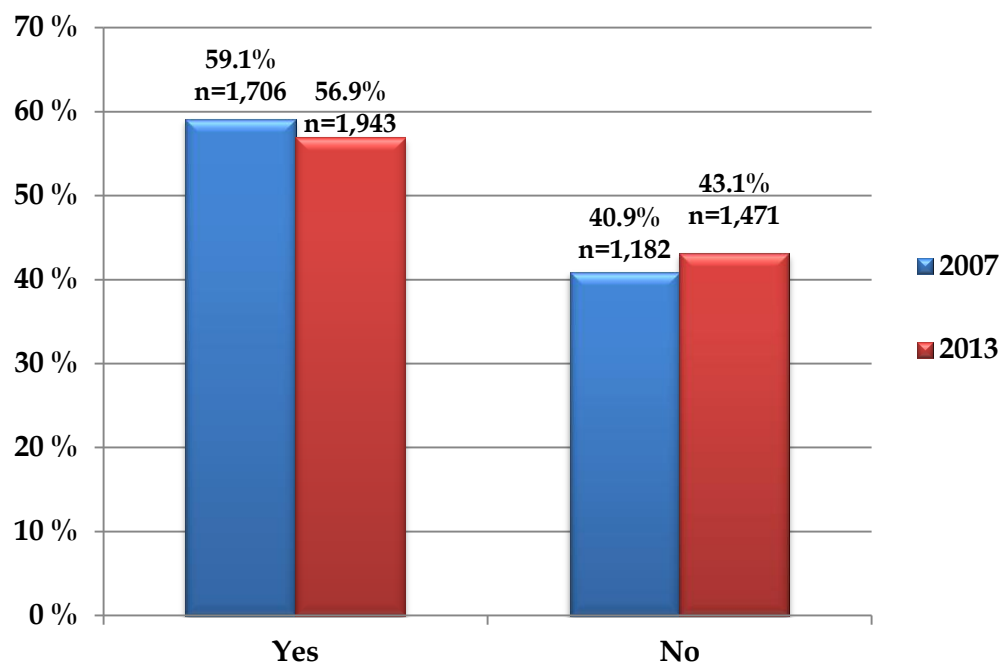


Table 28. Clinician opinion regarding the client's need for hospitalization

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes	1,706	59.1	1,943	56.9
No	1,182	40.9	1,471	43.1
Total	2,888	100.0	3,414	100.0

$\chi^2(1) = 2.99, p = .08, \Phi_{\text{Cramer}} = .02$

► In 2013, clinicians stated that they would have initiated involuntary action if the client had refused voluntary services in about the same proportion of cases (25%) as in 2007 ($\chi^2(1) = 0.006, p = .94, \Phi_{\text{Cramer}} = -0.002$).

2007: “At the conclusion of the evaluation, I would have sought involuntary action if client refused services”

2013: “At the conclusion of the evaluation, I would have sought involuntary action (TDO) if client had refused voluntary services”

Figure 28. Would the clinician have sought involuntary action if the client refused voluntary services?

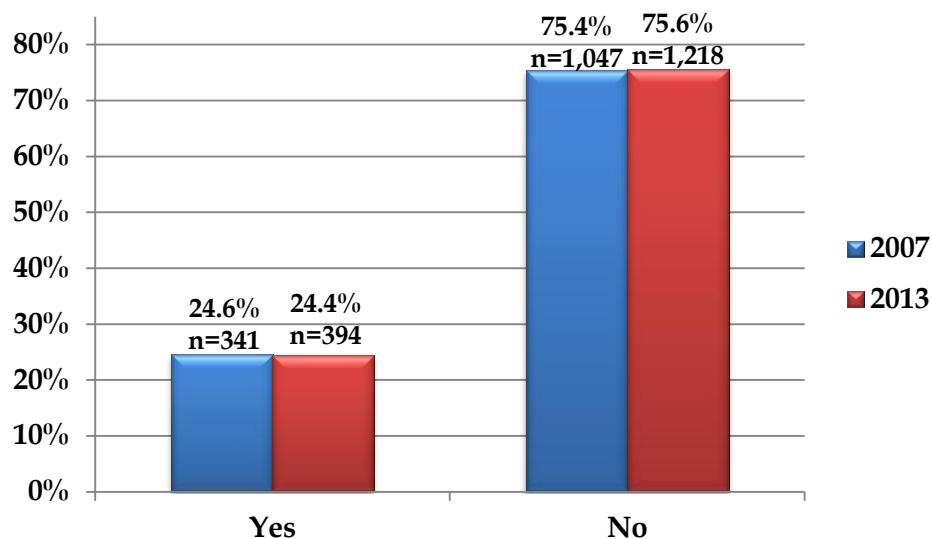


Table 29. Would the clinician have sought involuntary action if the client refused voluntary services?

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes	341	24.6	394	24.4
No	1,047	75.4	1,218	75.6
Total	1,388	100.0	1,612	100.0

$\chi^2(1) = 0.006, p = .94, \Phi_{\text{Cramer}} = -0.002$

PROBLEMS IN ACCESSING SERVICES FOR ADULTS

Addressing the Client's Needs with the Available Resources

► In 2013, roughly the same percentage of clinicians reported being able to address the client's needs with the available resources as did in 2007 ($\chi^2(1) = 1.21, p = .27$).

2007: "At the conclusion of the evaluation, I was able to address this person's crisis needs with the resources available to me"

2013: "At the conclusion of the evaluation, I was able to address this person's crisis needs with the resources available to me"

Figure 29. Was the clinician able to address the client's needs with the resources available?

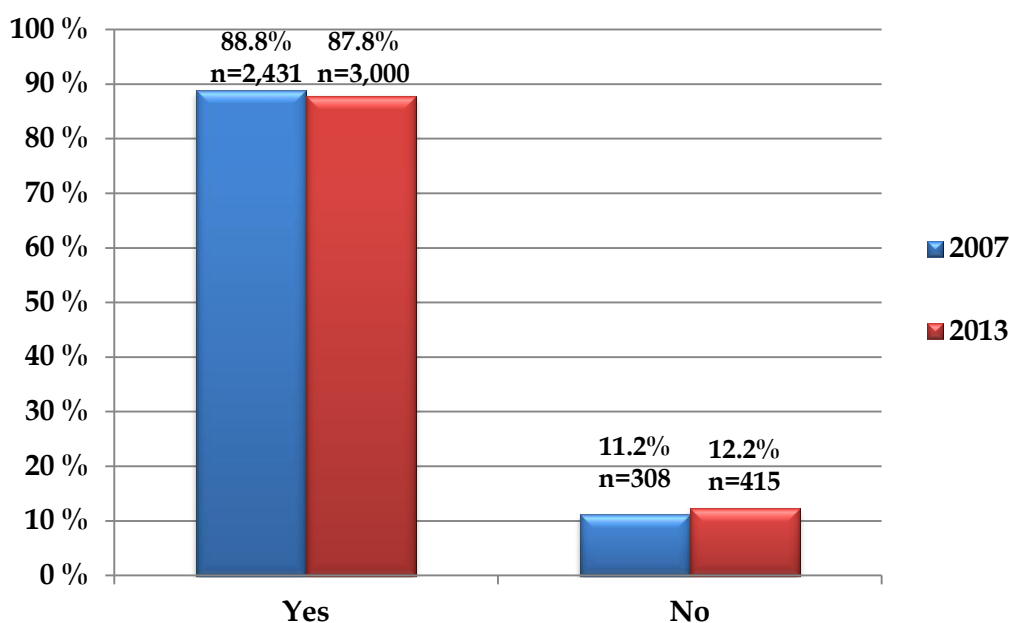


Table 30. Was the clinician able to address the client's needs with the resources available?

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes	2,431	88.8	3,000	87.8
No	308	11.2	415	12.2
Total	2,739	100.0	3,415	100.0

$\chi^2(1) = 1.21, p = .27, \Phi_{\text{Cramer}} = .01$

Services/Resources that Would have Helped Address the Adult's Needs

► There were some significant differences between 2007 and 2013 regarding the services or resources that clinicians said would have helped them better address the client's needs. For example, in 2013, 2.4% more clinicians (17.1%) selected immediately accessible psychiatric/medication evaluation as did clinicians in 2007 (14.7%) ($\chi^2(1) = 7.40, p < .05$).

► Although there were differences between 2007 and 2013 in the percentage of clinicians who said that one or more services would have helped them better address the adult's needs, they were not significant ($\chi^2(1) = 1.34, p = .25$).

Please note that the 2013 instrument had four additional response options which were not included on the 2007 instrument.

2007: "What, if any, services/resources would have helped you address this client's needs better?"

2013: "Which of the following services, if any, would have helped you address this client's needs better?"

Figure 30. Services/resources that would have helped the clinician better address the adult's needs

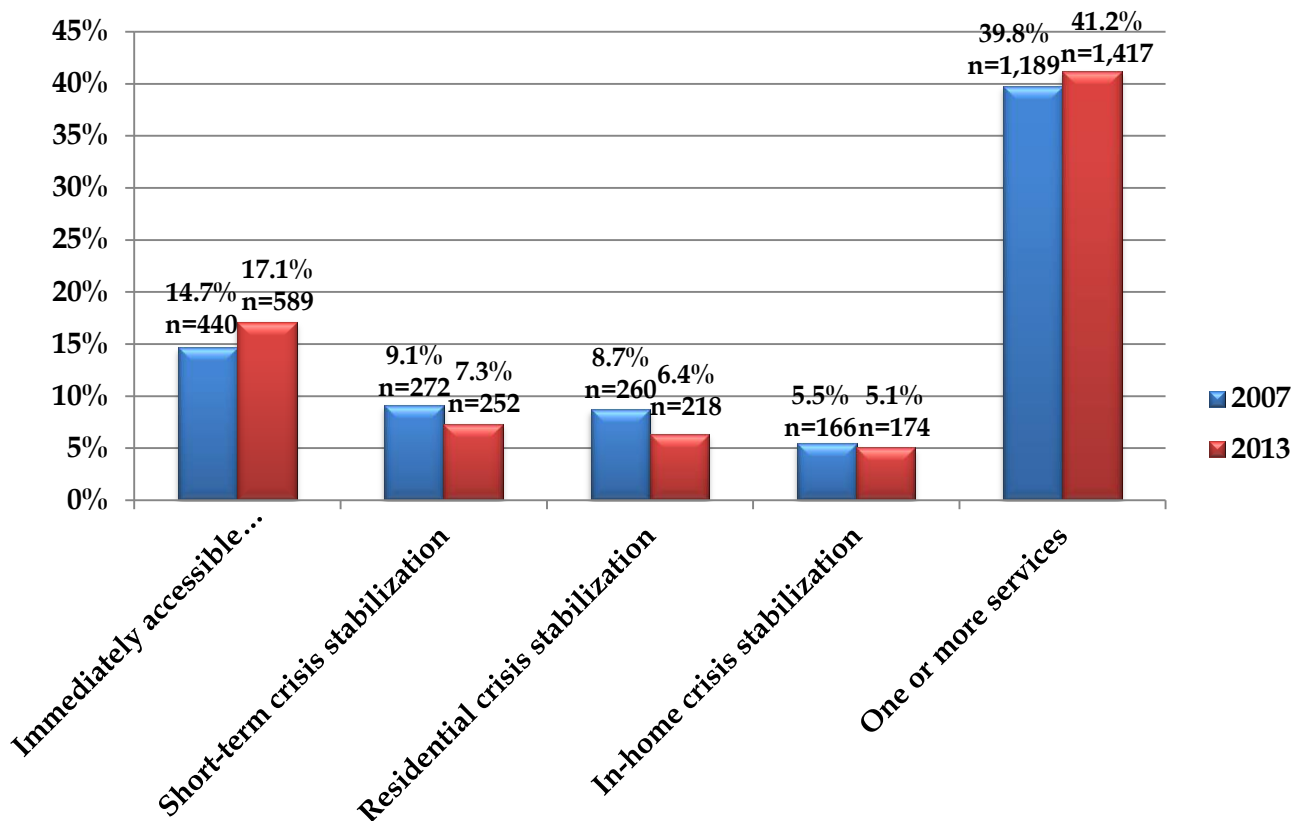


Table 31. Services/resources that would have helped the clinician better address the adult's needs

	2007		2013		$\chi^2(1)$	p-value	Φ_{Cramer}
	Frequency	%	Frequency	%			
Immediately accessible psychiatric/medication evaluation	440	14.7	589	17.1	7.40	<.05	.03
Partial hospitalization	#	#	207	6.0	#	#	#
Safe transportation	108	3.6	79	2.3	9.56	<.05	-.04
Temporary housing	147	4.9	183	5.3	0.61	.43	.01
Medical detox	#	#	187	5.4	#	#	#
Clinically indicated psychotropic medications	#	#	223	6.5	#	#	#
Intensive/outreach care management	#	#	213	6.2	#	#	#
Short-term crisis intervention	272	9.1	252	7.3	6.37	<.05	-0.03
Residential crisis stabilization	260	8.7	218	6.3	12.48	<.001	-0.04
In-home crisis stabilization	166	5.5	174	5.1	0.69	.41	-0.01
Other	292	9.7	177	5.2	#	#	#
One or more services	1,195	39.8	1,416	41.2	1.34	.25	.01
Total	3,003 ¹⁰	100.0	3,436 ¹¹	100.0			

¹⁰ This total frequency of 3,003 includes all evaluations and, therefore, consists of the selected answer choices as well as the questionnaires that did not have this question answered (i.e., "Missing"). As a result, the frequencies of the answer choices above will not equal the total number presented here; consequently, the percentages listed to the side of the frequencies will not add up to 100.0%.

¹¹ This total frequency of 3,436 includes all evaluations and, therefore, consists of the selected answer choices as well as the questionnaires that did not have this question answered (i.e., "Missing"). As a result, the frequencies of the answer choices above will not equal the total number presented here; consequently, the percentages listed to the side of the frequencies will not add up to 100.0%.

Section 2: Juvenile Emergency Evaluations, 2007 vs. 2013

NUMBER OF JUVENILE CSB EMERGENCY EVALUATIONS

In 2007, Community Services Board clinicians documented 421 juvenile emergency evaluations over the course of June 2007. In 2013, Community Services Board clinicians documented 568 juveniles who needed an emergency evaluation during the month of April 2013. Of this total, 21 juveniles were evaluated more than once over the course of the month, resulting in 589 face-to-face emergency evaluations for mental health crises. This report compares the 421 evaluations from 2007 with the 589 evaluations from 2013.

Please note that sample size may slightly vary from question to question, even when intending to use the same denominator, because there were errors in reporting (i.e., the clinician did not answer the question), missing data, or the question did not apply to that particular client. In addition, the percentages in a table might not add up to 100.0% because of rounding (e.g., 22.155%=22.2%) or because the answer choices were not mutually exclusive (i.e., the question instructed the clinician to “Check all that apply”). Lastly, the percentages shown in some of the figures may differ from the percentages presented in the corresponding tables; this may happen for two reasons. First, the “Don’t know/not sure” responses have been removed from the figures to present the information that was actually documented by the clinicians in the study (i.e., the valid percent). Second, we have collapsed some of the least-endorsed response items into single categories in some of the figures so that they are easier to view; the tables, however, include all of the responses provided.

CSB CLINICIAN CHARACTERISTICS

Clinician Credentials

► In 2007 and 2013, a Master’s degree (i.e., MA, MS, MSW, etc.) was the most common education level for the CSB clinicians who performed emergency evaluations.

2007: “Degree”

2013: “Degree”

Figure 31. Percentage of Juvenile Evaluations by Clinicians with Different Types of Training

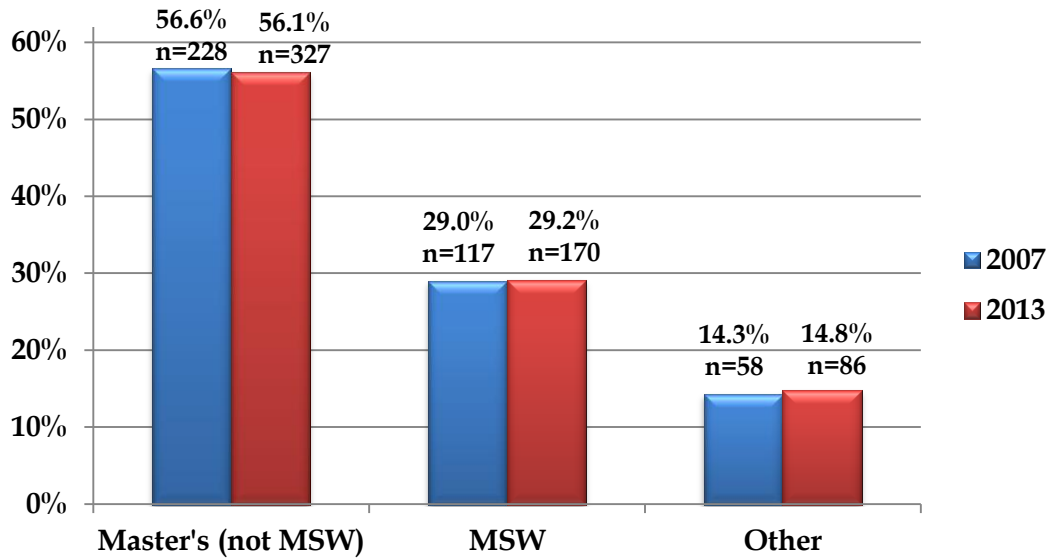


Table 32. Percentage of Juvenile Evaluations by Clinicians with Different Types of Training¹²

	2007		2013	
	Frequency	Percent	Frequency	Percent
RN	1	0.2	5	0.9
Bachelors	34	8.4	32	5.5
Master's (not MSW)	228	56.6	327	56.1
MSW	117	29.0	170	29.2
Doctorate	#	#	43	7.4
Other	23	5.7	6	1.0
Total	403	100.0	583	100.0

$$\chi^2(3) = 4.44, p = .35, \Phi_{\text{Cramer}} = .07$$

Clinician Number of Years of Experience in Behavioral Health

► Compared with 2007, emergency evaluations in 2013 were completed by CSB clinicians who had more experience in the field. In 2007, the average number of years of field experience was 12.8 ($sd=8.7$), ranging from 0 to 38; in 2013, the average number of years of field experience was 14.2 ($sd=8.6$), ranging from 0 to 40.

2007: “# of Years Experience in field”

2013: “# of years experience in Behavioral Health”

¹² Data is reported by evaluation, rather than by clinician. This was necessary to facilitate comparison between 2007 and 2013 data.

Figure 32. Clinician number of years of experience in Behavioral Health

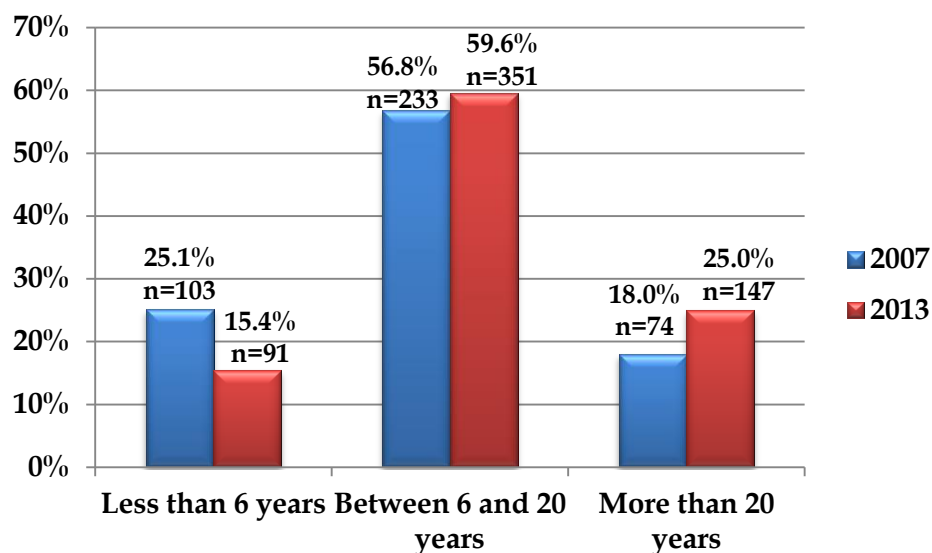


Table 33. Clinician number of years of experience in Behavioral Health

	2007		2013	
	Frequency	Percent	Frequency	Percent
Less than 6 years	103	25.1	91	15.4
Between 6 and 20 years	233	56.8	351	59.6
More than 20 years	74	18.0	147	25.0
Total	410¹³	100.0	589	100.0

$\chi^2(2) = 17.18, p < .001, \Phi_{\text{Cramer}} = .13$

CHARACTERISTICS OF JUVENILES IN CRISIS

Demographics

► In 2007, the average age of the juvenile being evaluated was 14.2 ($sd=2.8$), ranging from 4 to 17; in 2013, the average age was 14.0 ($sd=2.6$), ranging from 4 to 17.

► When dividing juvenile age into the three categories below, there were statistically significant differences between the percentages in 2007 and the percentages in 2013 ($\chi^2(2) = 8.50, p < .05$), mainly attributable to the higher proportion of youths aged 10-13 years in 2013.

2007: "Client Age"

2013: "Minor age"

¹³ Data is reported by evaluation, rather than by clinician. This was necessary to facilitate comparison between 2007 and 2013 data.

Figure 33. Distribution of age among juveniles evaluated during the survey month

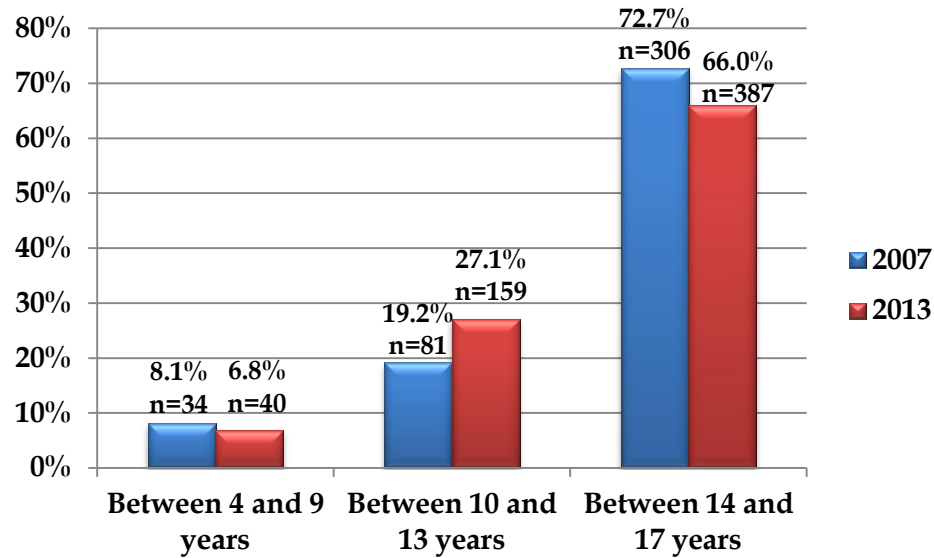


Table 34. Distribution of age among juveniles evaluated during the survey month

	2007		2013	
	Frequency	Percent	Frequency	Percent
Between 4 and 9 years	34	8.1	40	6.8
Between 10 and 13 years	81	19.2	159	27.1
Between 14 and 17 years	306	72.7	387	66.0
Total	421	100.0	586	100.0

$\chi^2(2) = 8.50, p < .05, \Phi_{\text{Cramer}} = .09$

► There was a statistically significant change in the gender make-up of the juveniles evaluated in 2007 to 2013 ($\chi^2(1) = 6.55, p = .01$), such that males predominated in 2007 and females predominated in 2013.

2007: "Client Sex (M/F)"

2013: "Minor sex (M/F)"

Figure 34. Gender of juveniles

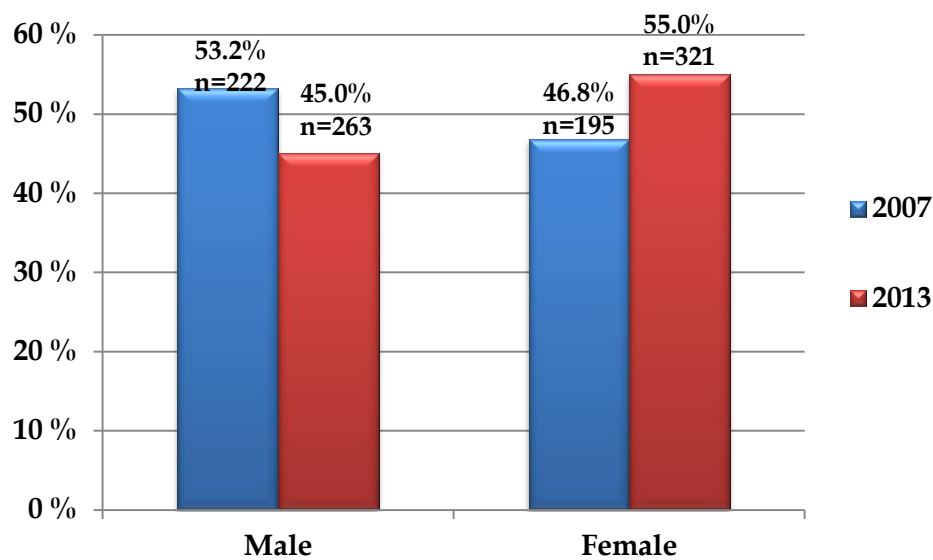


Table 35. Gender of juveniles

	2007		2013	
	Frequency	Percent	Frequency	Percent
Male	222	53.2	263	45.0
Female	195	46.8	321	55.0
Total	417	100.0	584	100.0

$\chi^2(1) = 6.55, p = .01, \Phi_{\text{Cramer}} = .08$

► There were statistically significant differences in the racial/ethnic make-up of the evaluated juveniles in 2007 and 2013 ($\chi^2(5) = 40.42, p < .001$), mainly reflecting an increase in the proportion of Hispanic and multiracial juveniles and a decline in African American juveniles.

2007: "Client Race"

2013: "Minor race"

Figure 35. Race/ethnic distribution of juveniles

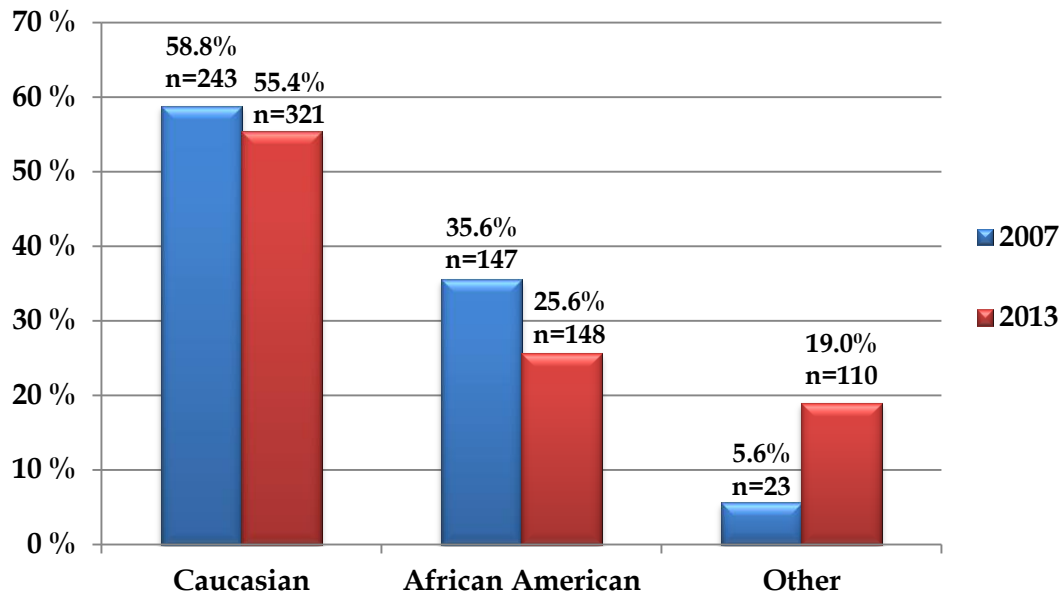


Table 36. Race/ethnic distribution of juveniles

	2007		2013	
	Frequency	Percent	Frequency	Percent
Caucasian	243	58.8	321	55.4
African American	147	35.6	148	25.6
Hispanic and/or Latino	13	3.2	60	10.4
Asian and/or Pacific Islander	3	0.7	9	1.6
Native American	#	#	2	0.3
Other (not specified)	1	0.2	3	0.5
Multiracial	6	1.5	36	6.2
Total	413	100.0	579	100.0

$\chi^2(5) = 40.42, p < .001, \Phi_{\text{Cramer}} = .20$

Living Situation of Juveniles

► There were some significant variations between 2007 and 2013 in regards to the living situations of the evaluated juveniles ($\chi^2(5) = 37.53, p < .001$). The percentage of juveniles living with family increased 8% between 2007 and 2013.

2007: "What is client's current living arrangement?"

2013: "What is the minor's current living arrangement?"

Figure 36. Living situation of juveniles

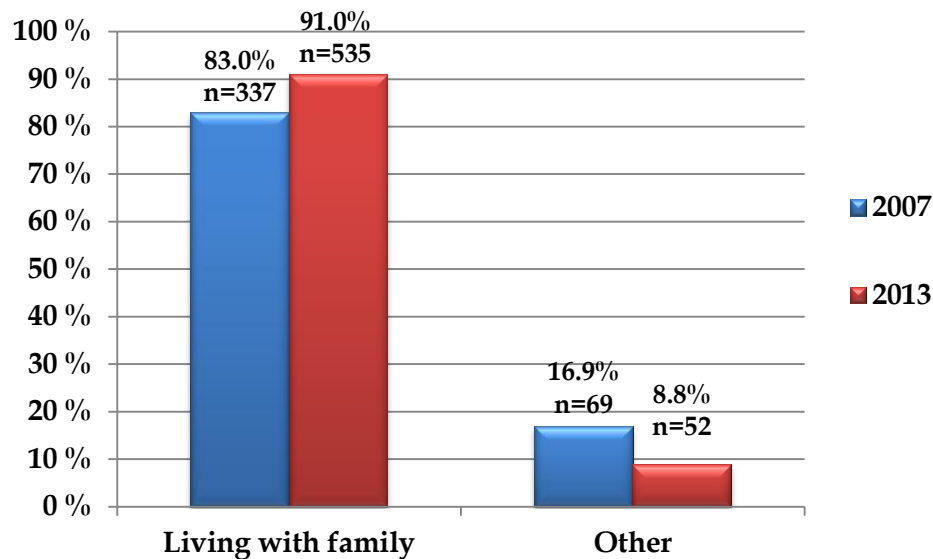


Table 37. Living situation of juveniles

	2007		2013	
	Frequency	Percent	Frequency	Percent
Living with family	337	83.0	535	91.0
Foster care	#	#	22	3.7
Living with support (e.g., group home, supervised living)	30	7.4	14	2.4
Homeless/recently un-domiciled	1	0.2	2	0.3
Living with non-related others	15	3.7	5	0.9
Other (e.g., school)	22	5.4	9	1.5
Living alone	1	0.2	0	-
Total	406	100.0	587	100.0

$\chi^2(5) = 37.53, p < .001, \Phi_{\text{Cramer}} = .20$

Current Treatment of Juveniles

► In 2013, evaluated juveniles were more likely to be receiving treatment from a CSB ($\chi^2(1) = 7.25, p < .05$) or a private practitioner ($\chi^2(1) = 4.69, p < .05$) than in 2007 and correspondingly fewer were receiving no treatment at the time of the evaluation ($\chi^2(1) = 7.17, p < .05$).

2007: "Client's current treatment?"

2013: "Minor's current treatment"

Figure 37. Current treatment source(s) of juveniles

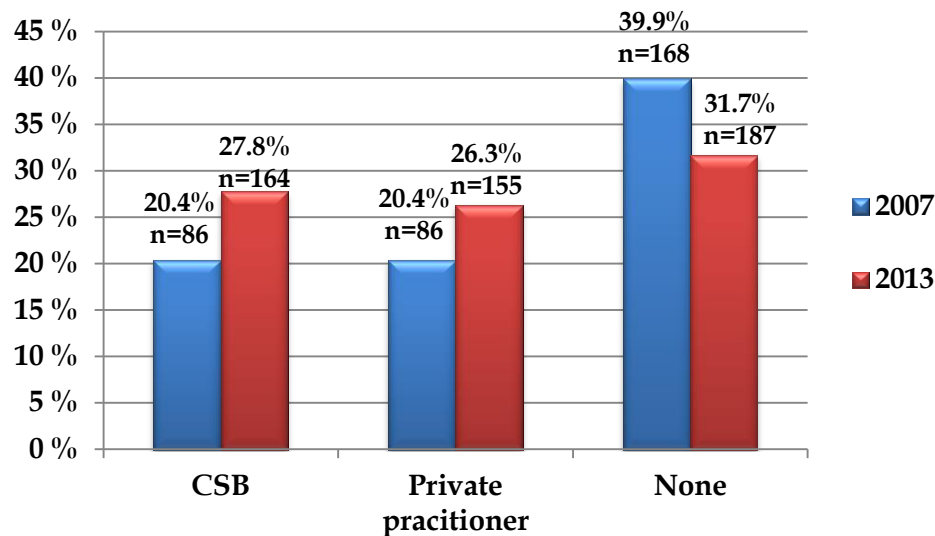


Table 38. Current treatment source(s) of juveniles

	2007		2013		$\chi^2(1)$	p-value	Φ_{Cramer}
	Frequency	%	Frequency	%			
CSB	86	20.4	164	27.8	7.25	<.05	.09
DBHDS facility	3	0.7	0	-	#	.072 ¹⁴	#
Other community agency	37	8.8	52	8.8	.0005	.98	.0007
Private practitioner	86	20.4	155	26.3	4.69	<.05	.07
School services	#	#	97	16.5	#	#	#
Private/community psych facility	#	#	37	6.3	#	#	#
Non-psychiatric private/community facility	#	#	6	0.1	#	#	#
None	168	39.9	187	31.7	7.17	<.05	-0.08
Other	18	4.3	14	2.4	#	#	#
Private hospital	30	7.1	#	#	#	#	#
Total	421	100.0¹⁵	589	100.0¹⁶			

¹⁴ Due to low cell-counts for this variable, Fisher's exact test was used instead of a chi-square test to calculate an exact p-value.

¹⁵ Since the clinician was instructed on the questionnaire to "Check all that apply," the above frequencies do not add up to 100.0%, because the answer choices are not mutually exclusive. The 100.0% written here denotes that 421 was the denominator for all calculated response for this table's 2007 percentages. This 421 includes all 2007 questionnaires, even if the clinician did not answer this particular question.

¹⁶ Since the clinician was instructed on the questionnaire to "Check all that apply," the above frequencies do not add up to 100.0%, because the answer choices are not mutually exclusive. The 100.0% written here denotes that 589 was the denominator for all calculated response for this table's 2007 percentages. This 589 includes all 2007 questionnaires, even if the clinician did not answer this particular question.

Insurance Status of Juveniles

► There were no statistically significant differences between 2007 and 2013 regarding insurance status of the evaluated juveniles ($\chi^2(5) = 5.98, p = .31$). About one-tenth had no insurance in each study.

2007: "Client's insurance status"

2013: "Minor's insurance status"

Figure 38. Insurance status of juveniles

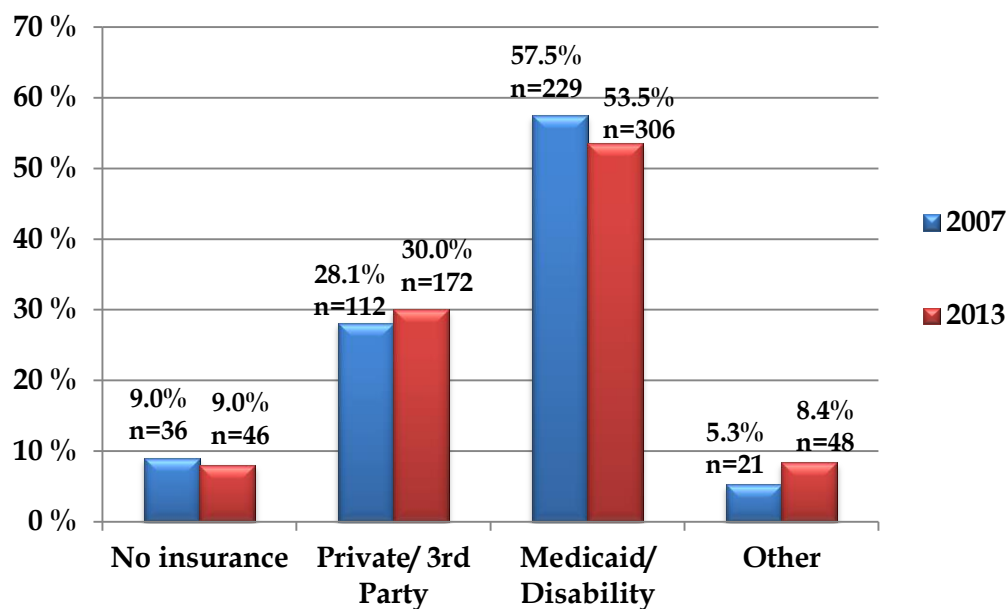


Table 39. Insurance status of juveniles

	2007		2013	
	Frequency	Percent	Frequency	Percent
No insurance	36	8.7	46	7.8
Private/3 rd party	112	26.9	172	29.2
Medicaid/Disability	229	55.0	306	52.0
Other	8	1.9	19	3.2
More than one	13	3.1	29	4.9
Don't know/not sure	18	4.3	17	2.9
Total	416	100.0	589	100.0

$\chi^2(5) = 5.98, p = .31, \Phi_{\text{Cramer}} = .08$

PATHWAYS TO CSB CRISIS RESPONSE SYSTEM

Juveniles in Police Custody at the Time of Evaluation

► There were some significant variations between 2007 and 2013 in regards to the custody status of evaluated juveniles ($\chi^2(2) = 30.25, p < .001$). The proportion of juveniles in police custody at the time of the evaluation increased by about 2%. In most of these cases, custody was taken based on the officer's judgment rather than a formal order issued by a magistrate. The so-called "paperless ECO" (assertion of custody based on an officer's judgment) was not a response option in 2007.

2007: "Was client in police custody at the time of assessment?"

2013: "Was the minor in police custody at the time the evaluation was initiated?"

Figure 39. Custody status at the time of evaluation

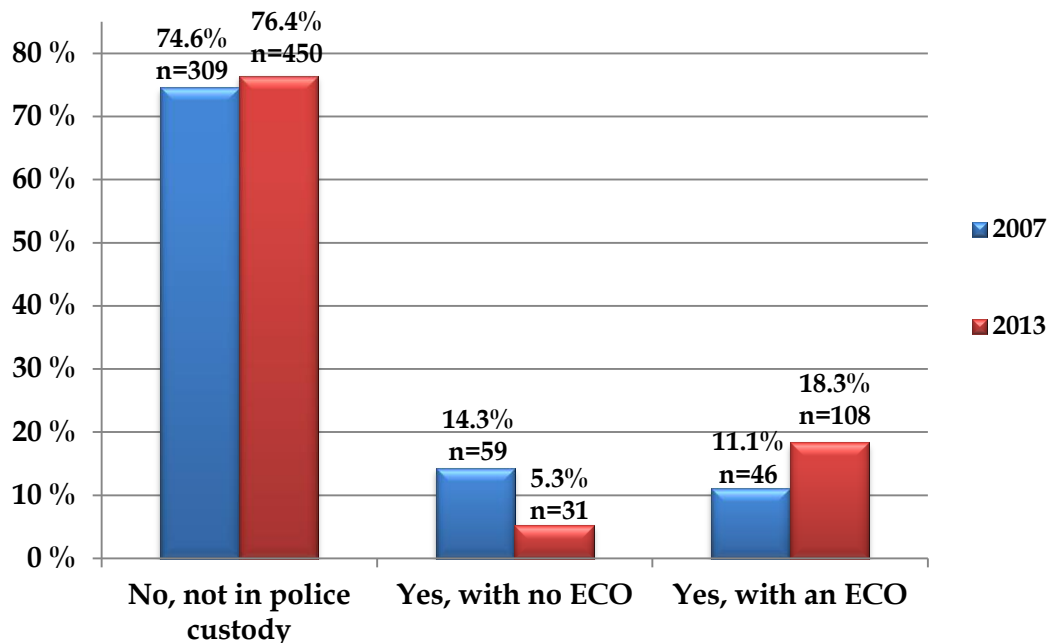


Table 40. Custody status at the time of evaluation

	2007		2013	
	Frequency	Percent	Frequency	Percent
No, not in police custody	309	74.6	450	76.4
Yes, with no ECO	59	14.3 ¹⁷	31	5.3
Yes, with an ECO	46	11.1	#	#
Yes, with magistrate issued ECO	#	#	23	3.9
Yes, with law enforcement issued (paperless) ECO	#	#	85	14.4
Total	414	100.0	589	100.0

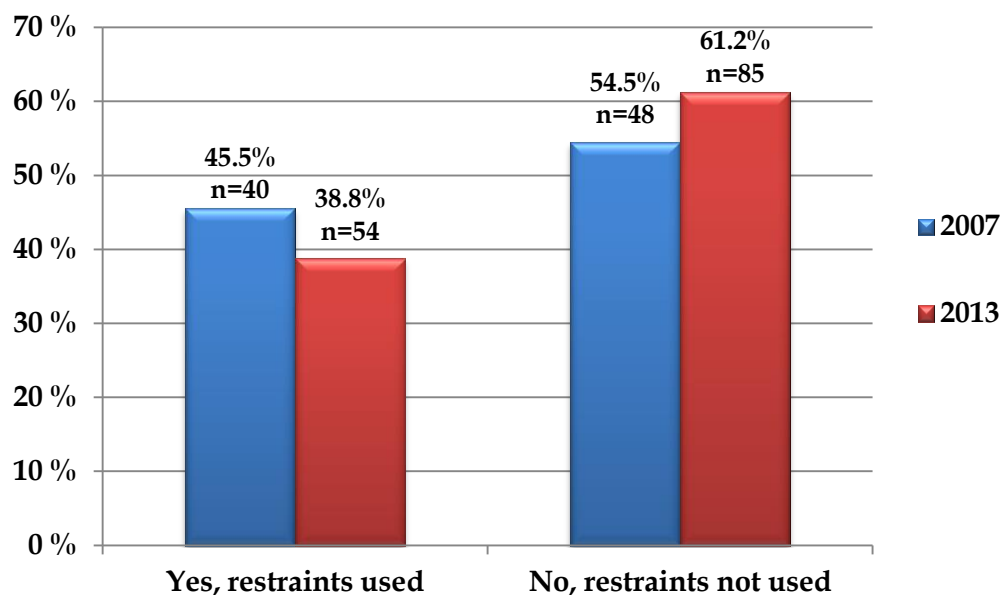
$\chi^2(2) = 30.25, p < .001, \Phi_{\text{Cramer}} = .17$

Fewer evaluated juveniles were in police custody and in restraints at the time of the evaluation in 2013 (38.8%) than in 2007 (45.5%; $\chi^2(1) = 0.97, p = .33$).

2007: "If yes, were restraints used?"

2013: "If minor was in police custody, were restraints used?"

Figure 40. Were restraints used?



¹⁷ Most of these cases were likely held in police custody with a "paperless ECO." However, "paperless ECO" was not a response option in the 2007 study, and as such, the exact proportion of cases using a "paperless ECO" cannot be determined.

Table 41. Were restraints used?

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes, restraints used	40	45.5	54	38.8
No, restraints not used	48	54.5	85	61.2
Total	88	100.0	139	100.0

$\chi^2(1) = 0.97, p = .33, \Phi_{\text{Cramer}} = .07$

Contacting the CSB for Juvenile Emergency Evaluations

► There were modest variations between 2007 and 2013 regarding who contacted the CSB for the emergency evaluation ($\chi^2(6) = 26.50, p < .001$). The largest change in percentage was attributable to a 5% decrease in contacts by a friend/family member.

2007: "Who contacted CSB for assessment?"

2013: "Who contacted the CSB for evaluation?"

Figure 41. Who contacted the CSB for evaluation?

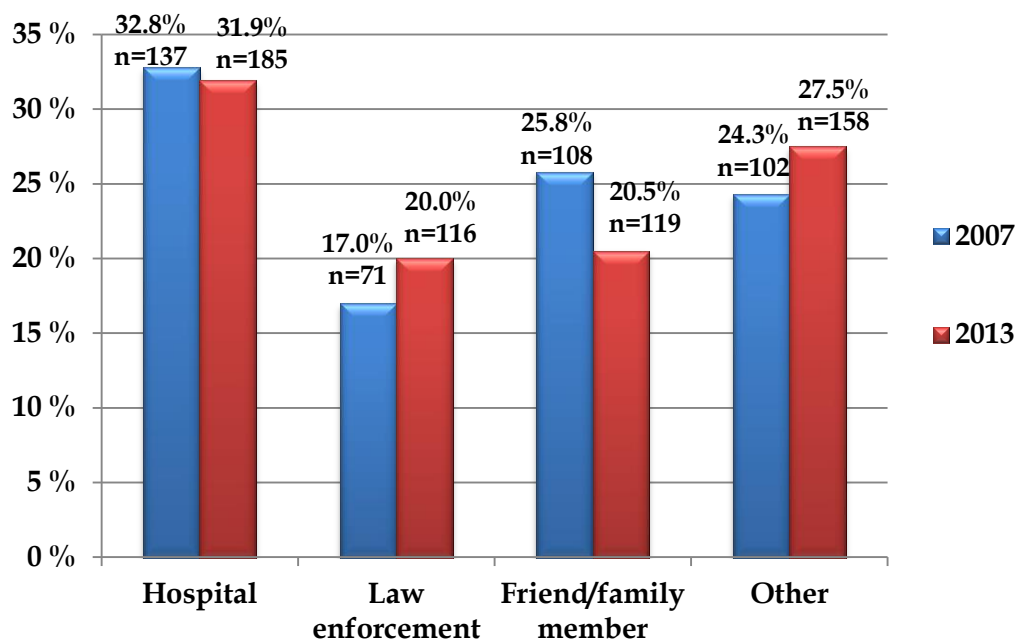


Table 42. Who contacted the CSB for evaluation?

	2007		2013	
	Frequency	Percent	Frequency	Percent
Hospital	137	32.8	185	31.9
Law enforcement	71	17.0	116	20.0
Client himself/herself	3	0.7	3	0.5
Clinician	24	5.7	32	5.5
Friend/family member	108	25.8	119	20.5
Other (e.g., Legal Aid)	67	16.0	33	5.7
School	#	#	75	12.9
More than one above	8	1.9	17	2.9
Total	418	100.0	580	100.0

$\chi^2(6) = 26.50, p < .001, \Phi_{\text{Cramer}} = .17$

Location of Juvenile Emergency Evaluations

► There were some significant variations between 2007 and 2013 in regards to the location of the emergency evaluation ($\chi^2(6) = 39.09, p < .001$). For example, the proportion of evaluations that occurred at a CSB was 10% higher in 2013 than in 2007.

2007: “Where did the assessment take place?”

2013: “Where did the evaluation take place?”

Figure 42. Location of juvenile emergency evaluation

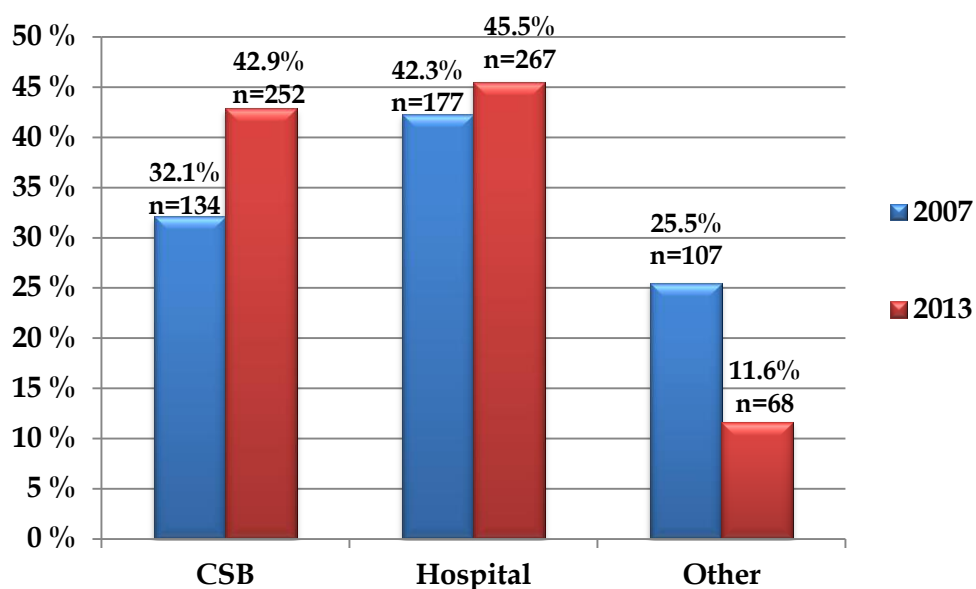


Table 43. Location of juvenile emergency evaluation

	2007		2013	
	Frequency	Percent	Frequency	Percent
CSB	134	32.1	252	42.9
Juvenile's home	23	5.5	8	1.4
Police Station	28	6.7	17	2.9
Public Location	6	1.4	3	0.5
Magistrate's Office	1	0.2	1	0.2
Hospital ¹⁸	177	42.3	267	45.5
Other	49	11.7	39	6.6
Total	418	100.0	587	100.0

$\chi^2(6) = 39.09, p < .001, \Phi_{\text{Cramer}} = .20$

CLINICAL PRESENTATION OF JUVENILES

Presentation at Time of Juvenile Emergency Evaluations

► There was a statistically significant increase in the proportion of juveniles who presented with mental illness and a corresponding decrease in those who presented with no disorder in 2013 compared with 2007 ($\chi^2(2) = 19.58, p < .001$).

2007: "Client presented with"

2013: "Minor presented with"

¹⁸ In 2013, two answer choices on the instrument were "Hospital Psychiatric Unit" and "Hospital Emergency Department". These answer choices have been combined and placed under "Hospital."

Figure 43. Juvenile presentation at the time of the evaluation

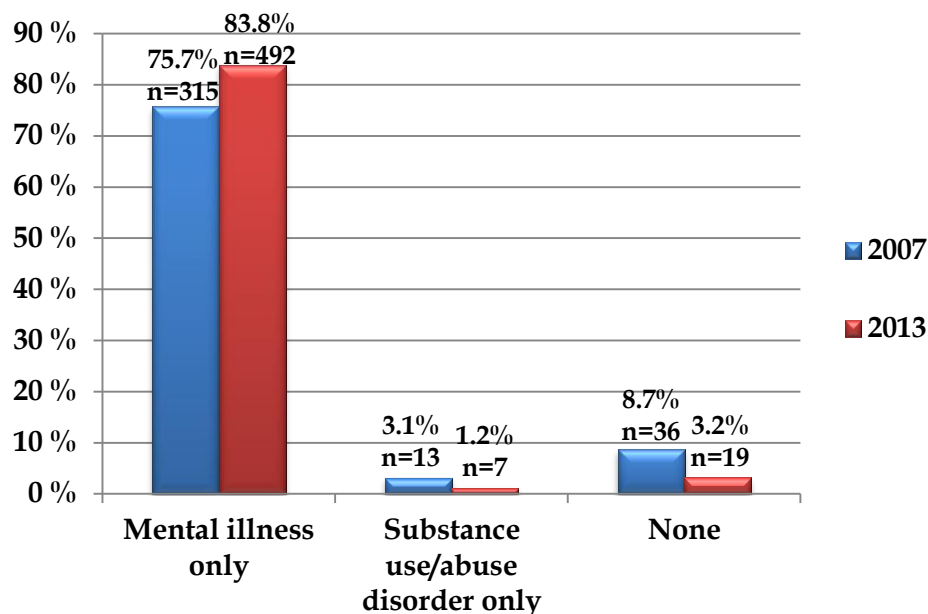


Table 44. Juvenile presentation at the time of the evaluation

	2007		2013	
	Frequency	Percent	Frequency	Percent
Mental illness only	315	75.7	492	83.8
Substance use/abuse disorder only	13	3.1	7	1.2
More than one	47 ¹⁹	11.3	52	8.9
None	36	8.7	19	3.2
Other	#	#	17	2.9
Mental retardation only	5	1.2	#	#
Total	416	100.0	587	100.0

$\chi^2(2) = 19.58, p < .001, \Phi_{\text{Cramer}} = .15$

Juveniles Under the Influence of Substances

► There was a significant decrease between 2007 and 2013 in the proportion of cases in which the clinician knew or suspected that the juvenile was under the influence of substances at the time of the evaluation ($\chi^2(2) = 23.25, p < .001$).

Please note that the 2007 instrument did not give “Suspected of being under the influence of drugs or alcohol” as a possible answer choice.

¹⁹ This number includes 10 juveniles who presented with mental retardation *and* at least one of the above. In 2013, individuals with intellectual/developmental disability were removed from the analyses and are, therefore, not accounted for in the 587 cases listed in the table.

2007: “Was the client under the influence of drugs or alcohol?”

2013: “Was the minor under the influence of drugs or alcohol?”

Figure 44. Juveniles presenting under the influence or suspected of being under the influence

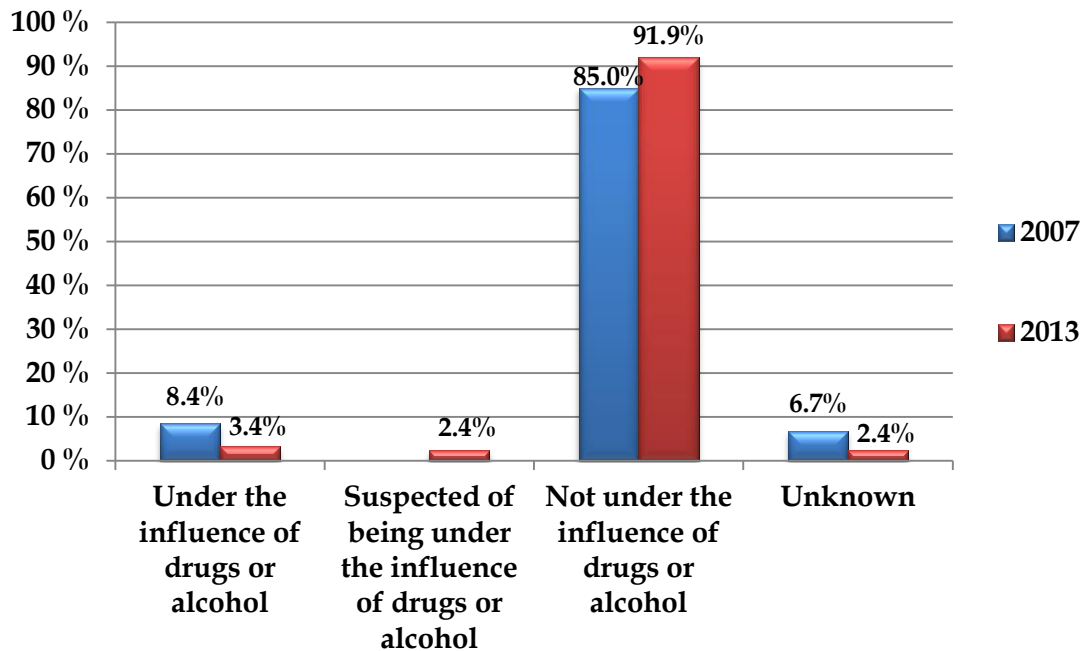


Table 45. Juveniles presenting under the influence or suspected of being under the influence

	2007		2013	
	Frequency	Percent	Frequency	Percent
Under the influence of drugs or alcohol	35	8.4	20	3.4
Suspected of being under the influence of drugs or alcohol	#	#	14	2.4
Not under the influence of drugs or alcohol	354	85.0	541	91.9
Unknown	28	6.7	14	2.4
Total	417	100.0	589	100.0

$\chi^2(2) = 23.25, p < .001, \Phi_{\text{Cramer}} = .15$

Juveniles Presenting Psychotic Symptoms

► Clinicians reported that the juvenile was showing psychotic symptoms during the time of the evaluation in a slightly smaller proportion of the cases in 2013 than in 2007 ($\chi^2(1) = 0.91, p = .34$). However, the number of juveniles presenting with psychotic symptoms was very small in both studies.

2007: “Was client showing psychotic symptoms?”

2013: “Was the minor showing psychotic symptoms?”

Figure 45. Juveniles presenting psychotic symptoms

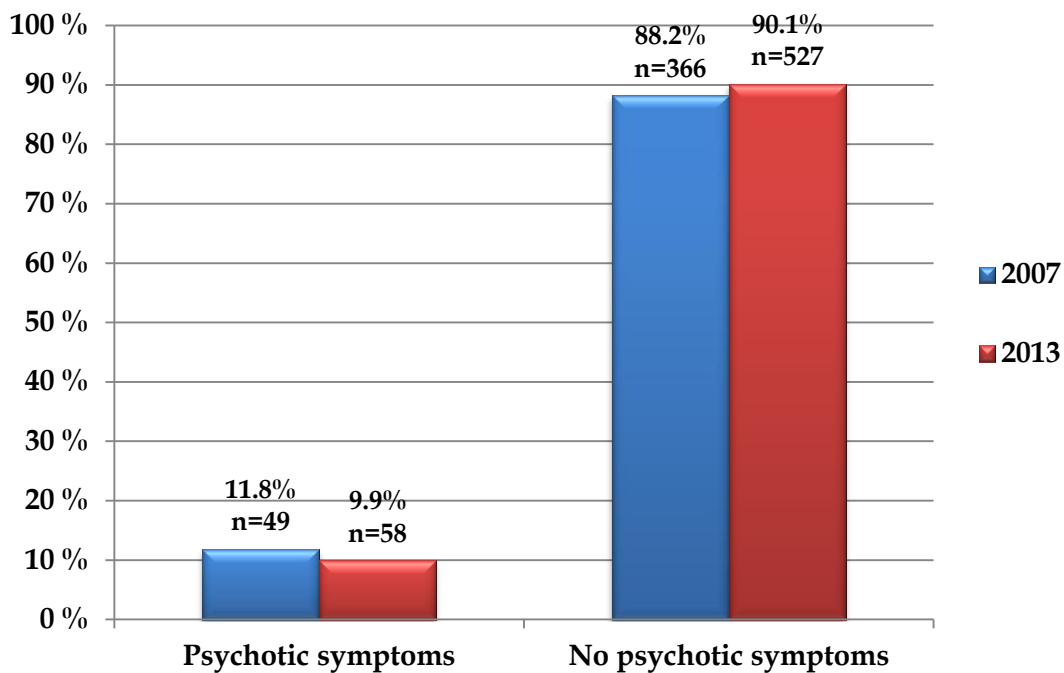


Table 46. Juveniles presenting psychotic symptoms

	2007		2013	
	Frequency	Percent	Frequency	Percent
Psychotic symptoms	49	11.8	58	9.9
No psychotic symptoms	366	88.2	527	90.1
Total	415	100.0	585	100.0

$\chi^2(1) = 0.91, p = .34, \Phi_{\text{Cramer}} = .03$

DISPOSITION AFTER JUVENILE EMERGENCY EVALUATIONS

Type of Action Recommended by the CSB Clinician for Juveniles

► There was a modest, but significant decrease in the proportion of juveniles referred for involuntary admission in 2013 compared to 2007 ($\chi^2(2) = 11.52, p < .01$).

Please note that only three answer choices (Referred for involuntary admission [TDO]; Referred for voluntary admission; Juvenile declined referral and no involuntary action taken) were used both in the 2007 and 2013 instruments.

2007: "What was the immediate disposition?"

2013: "What was the disposition?"

Figure 46. Clinician recommended disposition

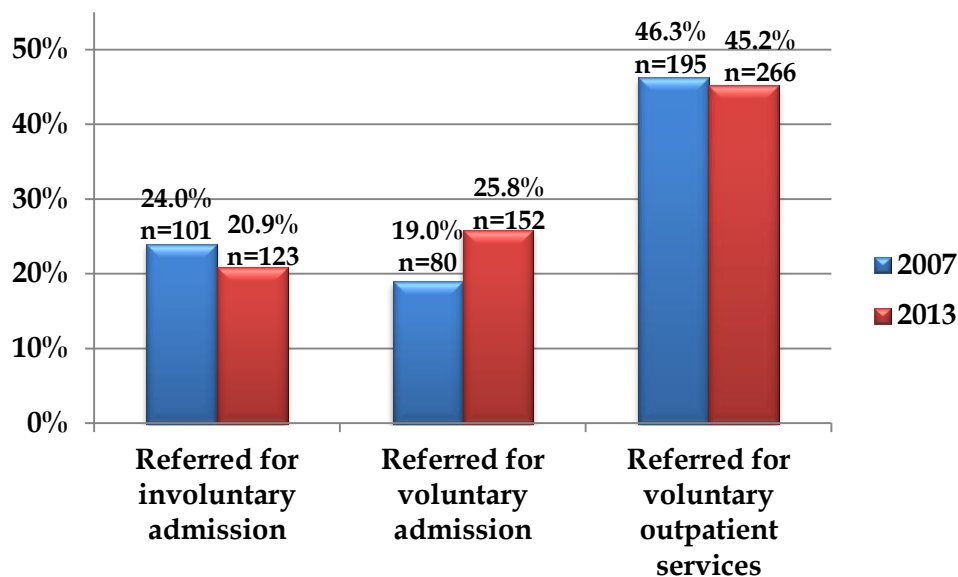


Table 47. Clinician recommended disposition

	2007		2013	
	Frequency	Percent	Frequency	Percent
Referred for involuntary admission (TDO)	101	24.0	118	20.0
Referred for voluntary admission	80	19.0	152	25.8
Juvenile declined referral and no involuntary action taken	11	2.6	5	0.8
Referred for crisis intervention	#	#	33	5.6
Referred for crisis intervention and psychiatric/medication evaluation	#	#	32	5.4
Referred for other outpatient services	#	#	201	34.1
No further evaluation or treatment required	#	#	27	4.6
Other	#	#	13	2.2
Referred for objecting minor admission by parent/guardian	#	#	5	0.8
Referred for voluntary CSB services	57	13.5	#	#
Referred for other voluntary outpatient treatment	131	31.1	#	#
Referred for voluntary CSB services and other voluntary outpatient treatment	7	1.7	#	#
Total	421	100.0	589	100.0

$\chi^2(2) = 11.52, p < .01, \Phi_{\text{Cramer}} = .16$

Length of Time Locating a Psychiatric Bed

► In 2007, 96.9% of clinicians located a bed within 4 hours; in 2013, this number decreased to 90.4%.

2007: Approximately how much time did you spend locating psychiatric bed?

2013: Approximately how much time did you spend locating a psychiatric bed?

Table 48. Time needed to locate a bed

	2007		2013	
	Frequency	Percent	Frequency	Percent
4 hours or less	156	96.9	216	90.4
More than 4 hours, less than 6 hours	#	#	22	9.2
More than 6 hours	#	#	1	0.4
More than 4 hours, less than 8 hours	4	2.5	#	#
More than 8 hours	1	0.6	#	#
Total	161	100.0	239	100.0

► In 2007, 97.8% of clinicians located a TDO bed within 4 hours; in 2013, this number decreased significantly to 87.4%.

Figure 47. Time needed to locate a bed, involuntary admission

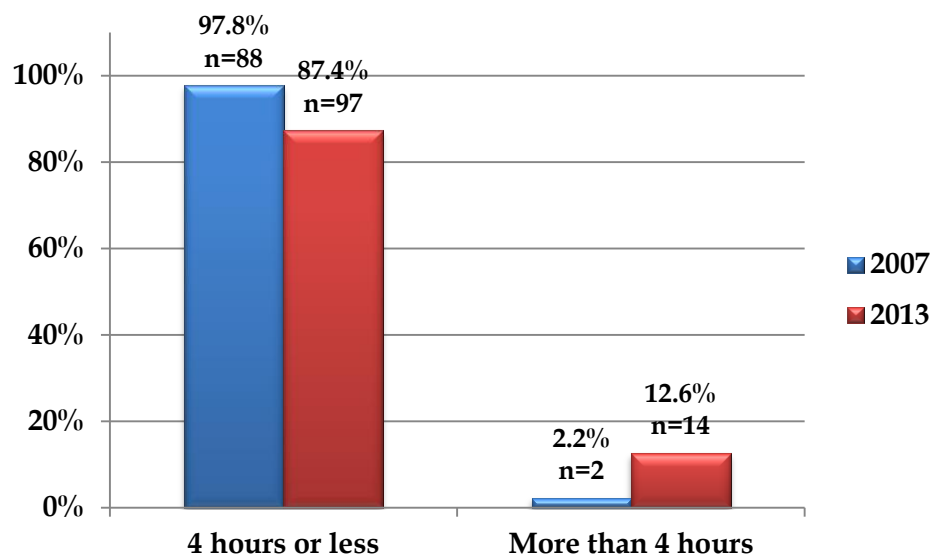


Table 49. Time needed to locate a bed, involuntary admission

	2007		2013	
	Frequency	Percent	Frequency	Percent
4 hours or less	88	97.8	97	87.4
More than 4 hours, less than 6 hours	#	#	13	11.7
More than 6 hours	#	#	1	0.9
More than 4 hours, less than 8 hours	2	2.2	#	#
More than 8 hours	0	0.0	#	#
Total	90	100.0	111	100.0

$\chi^2(1) = 7.3, p < .05, \Phi_{\text{Cramer}} = -0.19$

► In 2007, 96.5% of clinicians located a voluntary bed within 4 hours; in 2013, this number decreased to 93.0%.

Figure 48. Time needed to locate a bed, voluntary admission

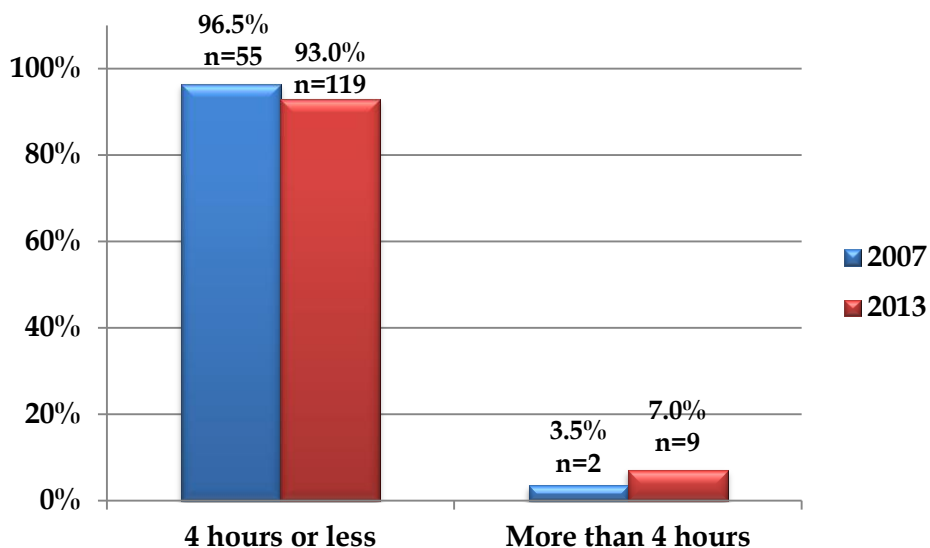


Table 50. Time needed to locate a bed, voluntary admission

	2007		2013	
	Frequency	Percent	Frequency	Percent
4 hours or less	55	96.5	119	93.0
More than 4 hours, less than 6 hours	#	#	9	7.0
More than 6 hours	#	#	0	0.0
More than 4 hours, less than 8 hours	1	1.8	#	#
More than 8 hours	1	1.8	#	#
Total	57	100.0	128	100.0

$\chi^2(1) = 0.89, p = .35, \Phi_{\text{Cramer}} = -0.07$

Location of the Admitting Hospital

► In 2013, more juveniles were admitted to hospitals that were not located in the client's PPR region than in 2007 ($\chi^2(1) = 1.77, p = .18$).

2007: "Was hospital in client's region?"

2013: "Was hospital in minor's region?"

Figure 49. Was the hospital in the juvenile's region?

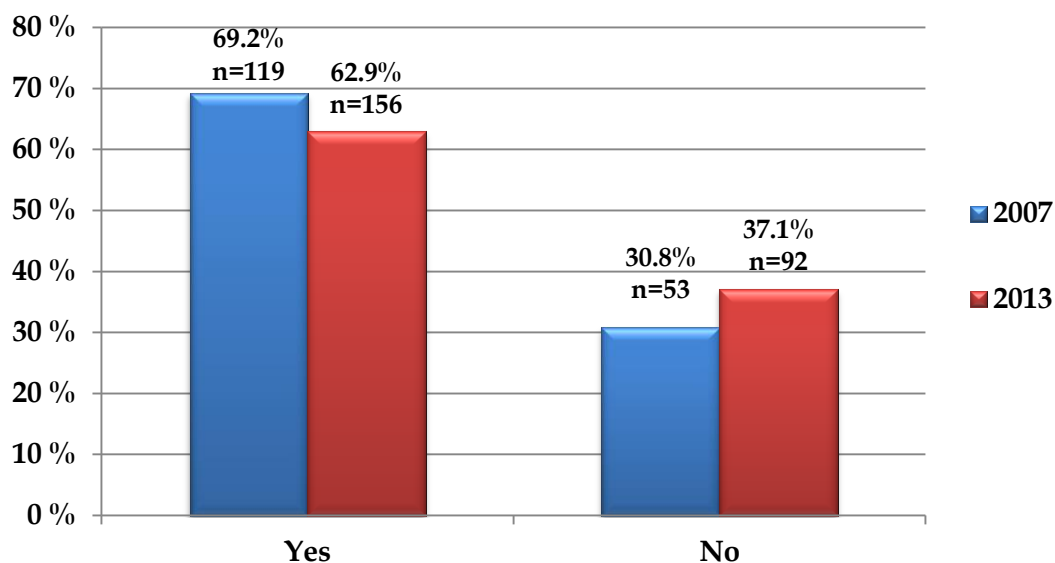


Table 51. Was the hospital in the juvenile's region?

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes	119	69.2	156	62.9
No	53	30.8	92	37.1
Total	172	100.0	248	100.0

$$\chi^2(1) = 1.77, p = .18, \Phi_{\text{Cramer}} = .07$$

► In 2013, more juveniles were involuntarily admitted to hospitals that were not located in the client's PPR region than in 2007 ($\chi^2(1) = 1.16, p = .28$).

Figure 50. Involuntary admission – Was the hospital in the juvenile's region?

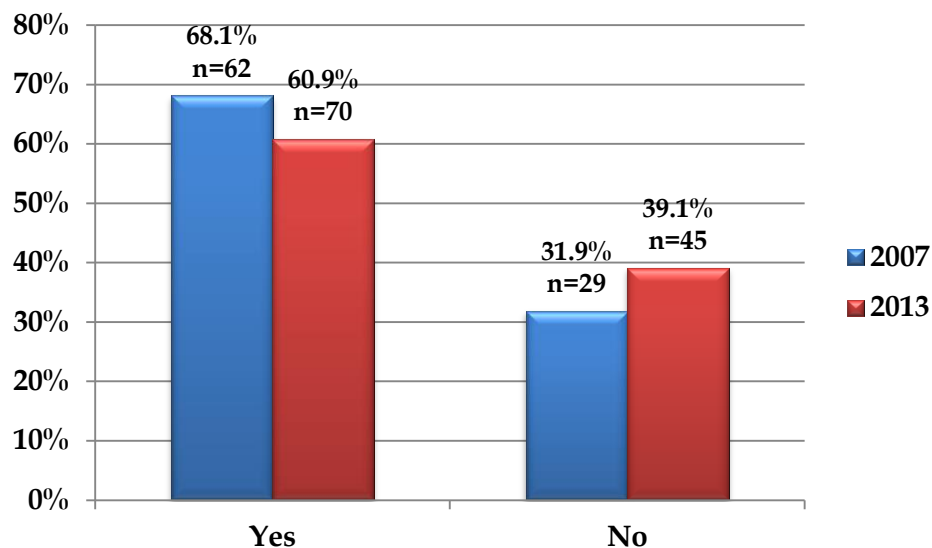


Table 52. Involuntary admission – Was the hospital in the juvenile's region?

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes	62	68.1	70	60.9
No	29	31.9	45	39.1
Total	91	100.0	115	100.0

$$\chi^2(1) = 1.16, p = .28, \Phi_{\text{Cramer}} = -0.08$$

► In 2013, more juveniles were voluntarily admitted to hospitals that were not located in the client's PPR region than in 2007 ($\chi^2(1) = 0.85, p = .36$).

Figure 51. Voluntary admission – Was the hospital in the juvenile's region?

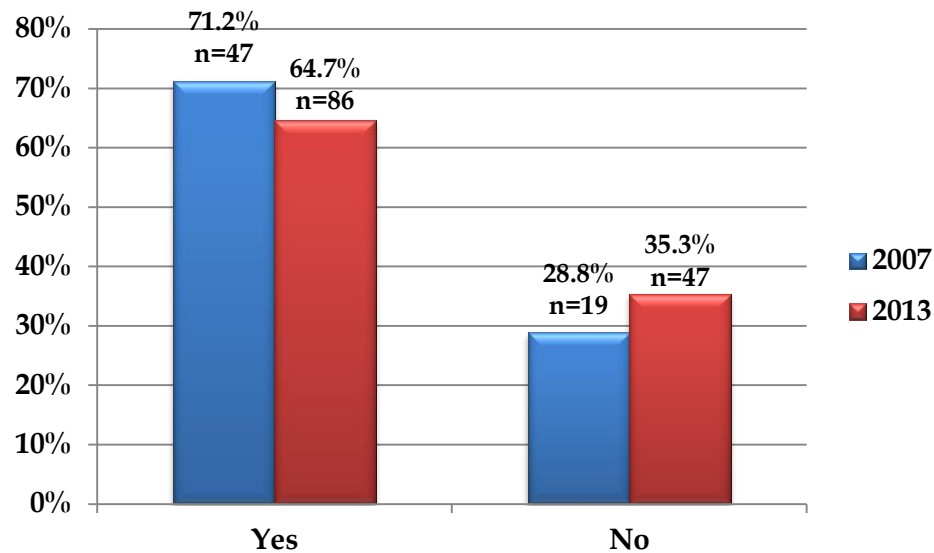


Table 53. Voluntary admission – Was the hospital in the juvenile's region?

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes	47	71.2	86	64.7
No	19	28.8	47	35.3
Total	66	100.0	133	100.0

$\chi^2(1) = 0.85, p = .36, \Phi_{\text{Cramer}} = -0.07$

JUVENILE'S STATUS AT END OF EMERGENCY EVALUATION PERIOD

Clinicians' Opinions Regarding the Juvenile's Status at the End of the Evaluation

► In 2013, slightly fewer clinicians reported that the client met any commitment criteria, as compared to 2007 ($\chi^2(1) = 1.03, p = .31$).

Figure 52. Clinician opinion regarding whether juvenile met any commitment criteria

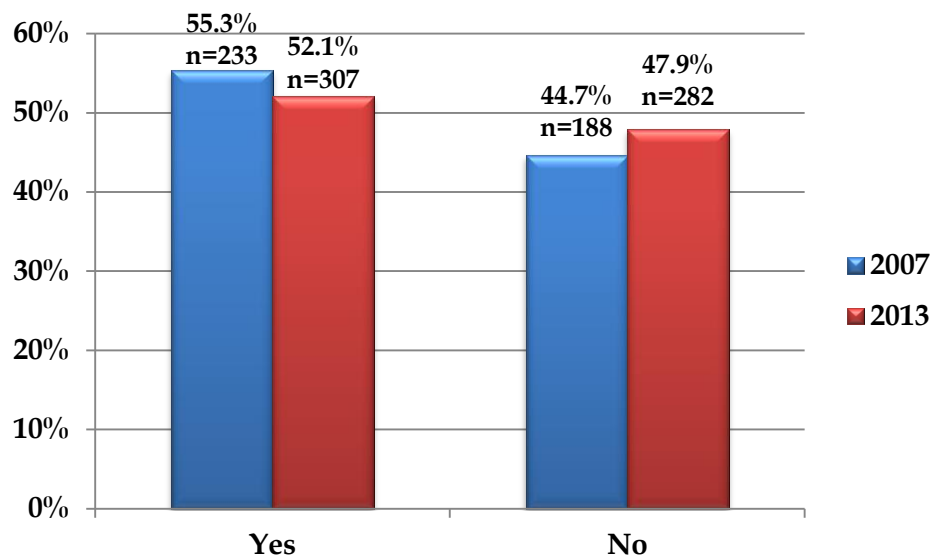


Table 54. Clinician opinion regarding whether juvenile met any commitment criteria

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes	233	55.3	307	52.1
No	188	44.7	282	47.9
Total	421	100.0	589	100.0

$\chi^2(1) = 1.03, p = .31, \Phi_{\text{Cramer}} = -0.03$

► In 2013, clinicians reported that the juveniles were a danger to self at the end of the evaluation in a slightly larger proportion of cases (41.7%) than did clinicians in 2007 (38.6%) ($\chi^2(1) = 1.00, p = .32$).

2007: "At the conclusion of the evaluation, client presented a danger to self"

2013: "At the conclusion of the evaluation, minor presented a serious danger to self to the extent that severe or irremediable injury was likely to result"

Figure 53. Clinician opinion regarding the juvenile's status bearing on the commitment criteria, danger to self

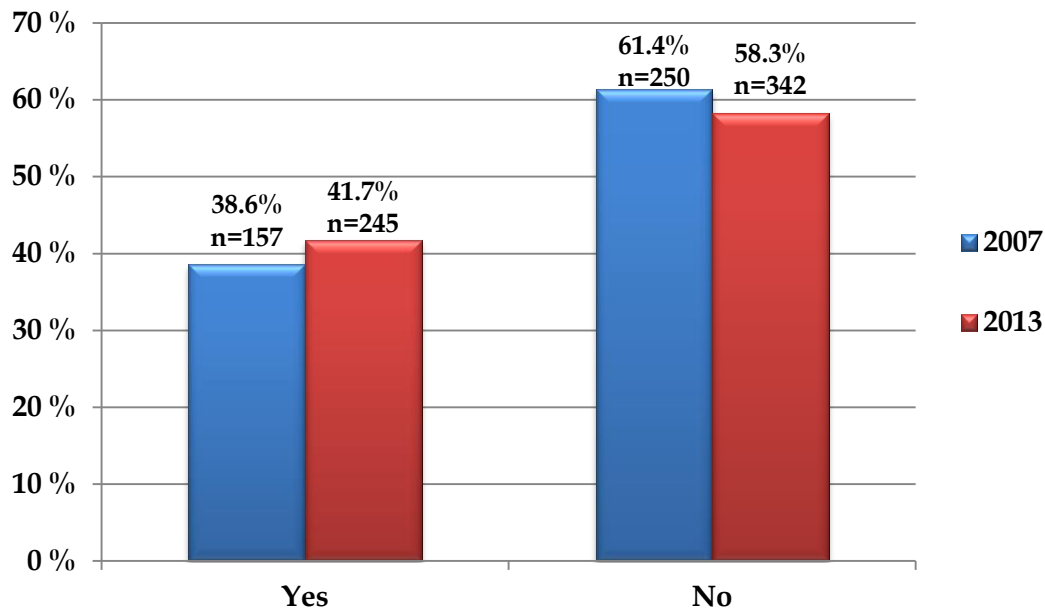


Table 55. Clinician opinion regarding the juvenile's status bearing on the commitment criteria, danger to self

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes	157	38.6	245	41.7
No	250	61.4	342	58.3
Total	407	100.0	587	100.0

$\chi^2(1) = 1.00, p = .32, \Phi_{\text{Cramer}} = -0.03$

► In 2013, clinicians reported that the juveniles were a danger to others at the end of the evaluation in a much smaller proportion of cases (19.4%) than did clinicians in 2007 (32.4%) ($\chi^2(1) = 21.44, p < .001$).

2007: "At the conclusion of the evaluation, client presented a danger to others"

2013: "At the conclusion of the evaluation, minor presented a serious danger to others to the extent that severe or irremediable injury was likely to result"

Figure 54. Clinician opinion regarding the juvenile's status bearing on the commitment criteria, danger to others

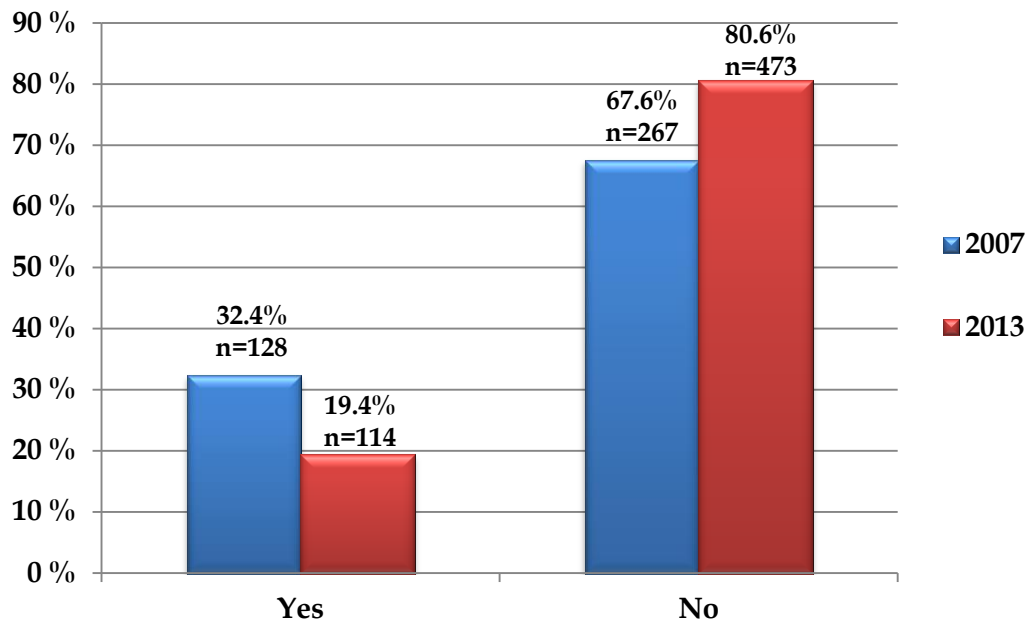


Table 56. Clinician opinion regarding the juvenile's status bearing on the commitment criteria, danger to others

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes	128	32.4	114	19.4
No	267	67.6	473	80.6
Total	395	100.0	587	100.0

$\chi^2(1) = 21.44, p < .001, \Phi_{\text{Cramer}} = .15$

► At the end of the evaluation, clinicians were significantly less likely to opine that the juveniles met the involuntary commitment criteria of inability to care for self in 2013 than in 2007 ($\chi^2(1) = 5.97, p < .05$).

2007: "At the conclusion of the evaluation, client was unable to care for self"

2013: "At the conclusion of the evaluation, minor was experiencing a serious deterioration of his ability to care for himself in a developmentally age appropriate manner"

Figure 55. Clinician opinion regarding the juvenile's status bearing on the commitment criteria, inability to care for self

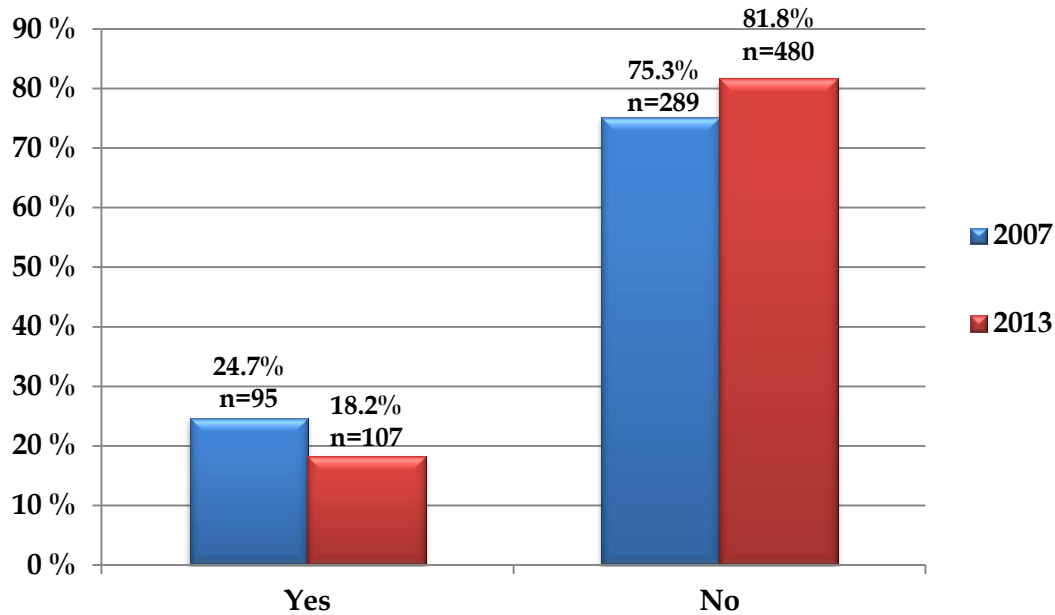


Table 57. Clinician opinion regarding the juvenile's status bearing on the commitment criteria, inability to care for self

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes	95	24.7	107	18.2
No	289	75.3	480	81.8
Total	384	100.0	587	100.0

$$\chi^2(1) = 5.97, p < .05, \Phi_{\text{Cramer}} = .08$$

► Clinicians opined that the client was experiencing severe mental or emotional distress or dysfunction in a smaller proportion of cases in 2013 (58.8%) than in 2007 (69.2%; $\chi^2(1) = 11.21, p < .01$).

2007: "At the conclusion of the evaluation, client was experiencing severe mental or emotional distress or dysfunction"

2013: "At the conclusion of the evaluation, minor was experiencing severe mental or emotional distress of dysfunction"

Figure 56. Clinician opinion regarding the juvenile's experience of distress or dysfunction

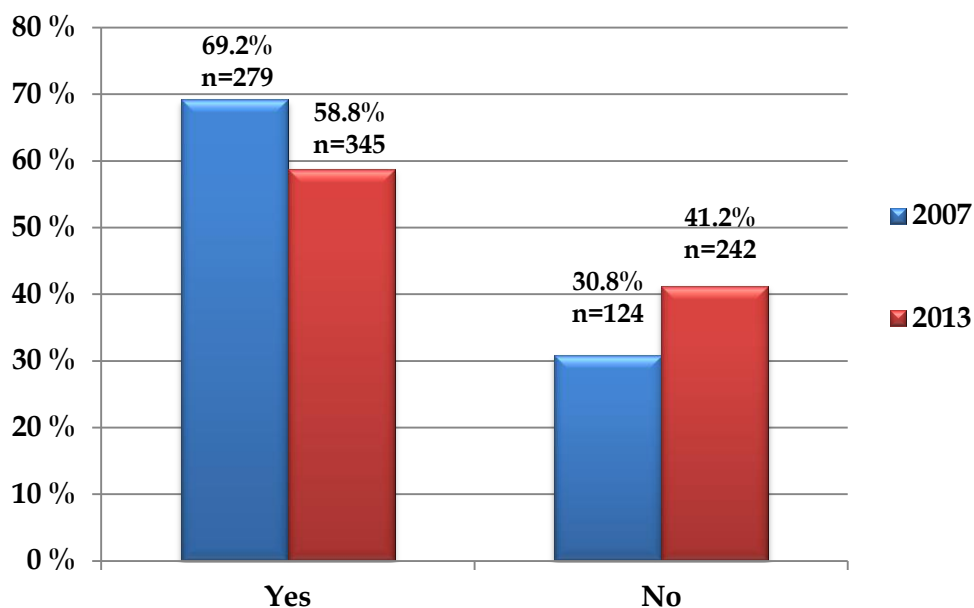


Table 58. Clinician opinion regarding the juvenile's experience of distress or dysfunction

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes	279	69.2	345	58.8
No	124	30.8	242	41.2
Total	403	100.0	587	100.0

$\chi^2(1) = 11.21, p < .01, \Phi_{\text{Cramer}} = .11$

► Although there were differences between 2007 and 2013 regarding the clinicians' opinions on the juveniles' need for hospitalization, they were not significant ($\chi^2(1) = 0.50, p = .48$).

2007: "At the conclusion of the evaluation, client's condition warranted hospitalization"

2013: "At the conclusion of the evaluation, minor's condition warranted hospitalization"

Figure 57. Clinician opinion regarding the juvenile's need for hospitalization

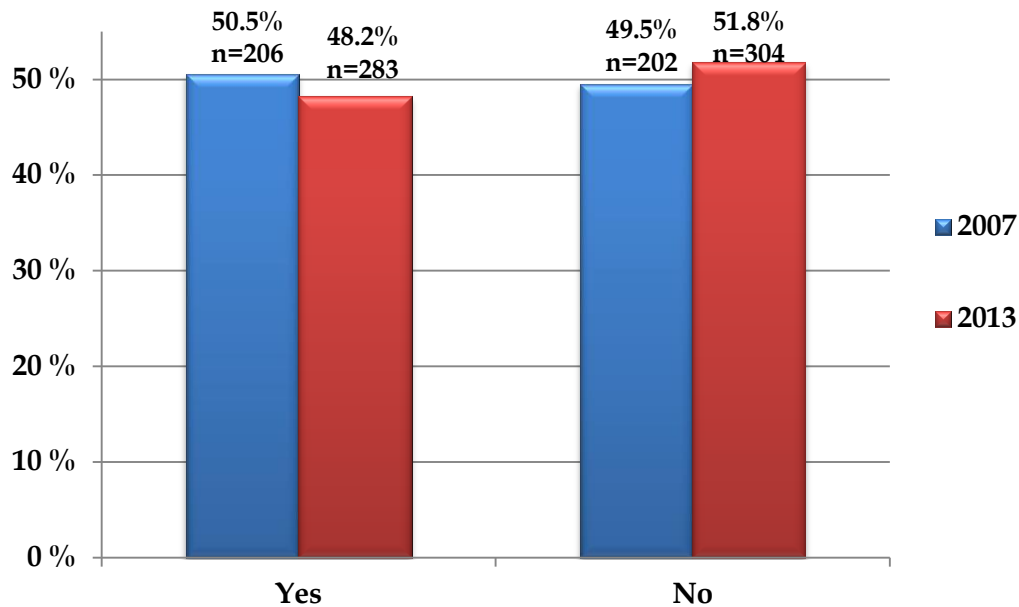


Table 59. Clinician opinion regarding the juvenile's need for hospitalization

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes	206	50.5	283	48.2
No	202	49.5	304	51.8
Total	408	100.0	587	100.0

$\chi^2(1) = 0.50, p = .48, \Phi_{\text{Cramer}} = .02$

► In 2013, clinicians stated that they would have initiated involuntary action if the client had refused voluntary services in about the same proportion of cases (26%) as in 2007 ($\chi^2(1) = 0.002, p = .96, \Phi_{\text{Cramer}} = .002$).

2007: "At the conclusion of the evaluation, I would have sought involuntary action if client refused services"

2013: "At the conclusion of the evaluation, I would have sought involuntary action (TDO) if minor had refused voluntary services"

Figure 58. Would the clinician have initiated involuntary action if the client refused voluntary services?

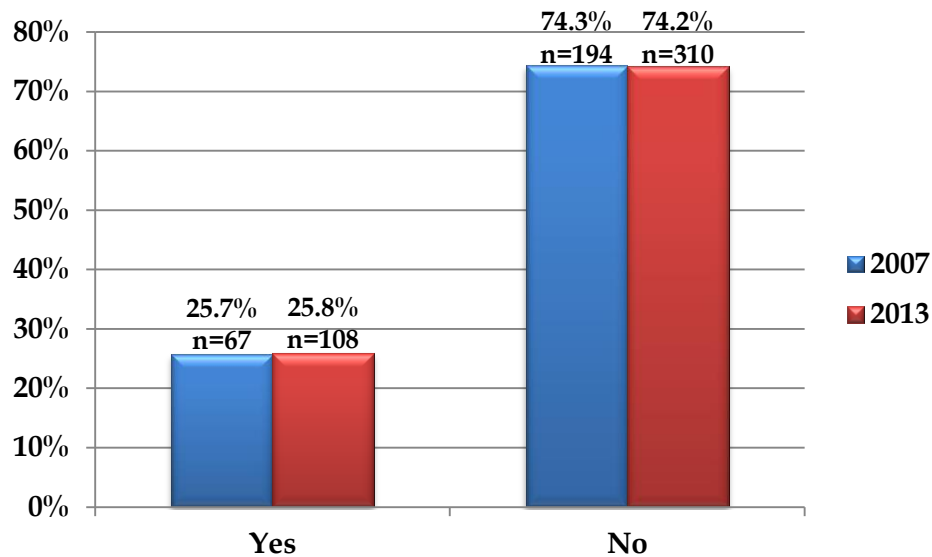


Table 60. Would the clinician have initiated involuntary action if the client refused voluntary services?

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes	67	25.7	108	25.8
No	194	74.3	310	74.2
Total	261	100.0	418	100.0

$\chi^2(1) = 0.002, p = .96, \Phi_{\text{Cramer}} = .002$

PROBLEMS IN ACCESSING SERVICES FOR JUVENILES

Addressing the Juvenile's Needs with the Available Resources

► Clinicians in 2013 (17%) reported being unable to address the juvenile's needs with the resources available in a significantly larger proportion of cases, as compared with clinicians in 2007 (10.9%) ($\chi^2(1) = 7.02, p < .01$).

2007: "At the conclusion of the evaluation, I was able to address this person's crisis needs with the resources available to me"

2013: "At the conclusion of the evaluation, I was able to address this person's crisis needs with the resources available to me"

Figure 59. Was the clinician able to address the juvenile's needs with the resources available?

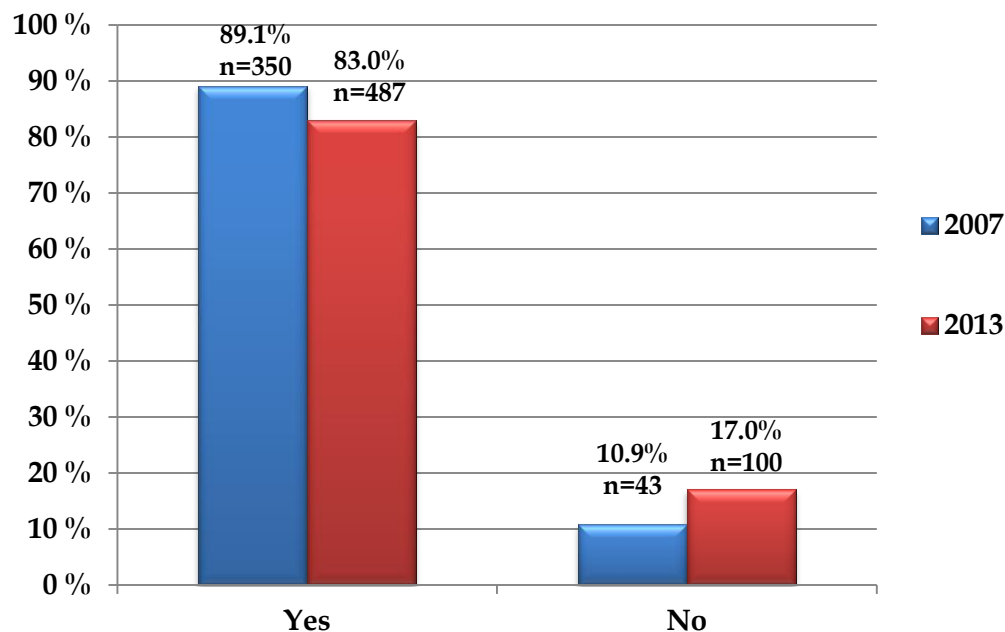


Table 61. Was the clinician able to address the juvenile's needs with the resources available?

	2007		2013	
	Frequency	Percent	Frequency	Percent
Yes	350	89.1	487	83.0
No	43	10.9	100	17.0
Total	393	100.0	587	100.0

$\chi^2(1) = 7.02, p < .01, \Phi_{\text{Cramer}} = .08$

Services/Resources that Would have Helped Address the Juvenile's Needs

► Between 2007 and 2013, there was a significant difference in the services/resources that clinicians said would have helped them better address the juvenile's needs. For example, the percentage of clinicians who said that immediately accessible psychiatric/medication evaluation would have helped them better address the juvenile's needs doubled from 2007 to 2013 ($\chi^2(1) = 17.48, p < .0001$).

► The proportion of clinicians that reported that at least one additional service would have helped them better address the juvenile's needs increased significantly from 2007 to 2013 ($\chi^2(1) = 4.69, p < .05$).

Please note that the 2013 instrument had four additional response options which were not included on the 2007 instrument.

2007: "What, if any, services/resources would have helped you address this client's needs better?"

2013: "Which of the following services, if any, would have helped you address this minor's needs better?"

Figure 60. Services/resources that would have helped the clinician better address the juvenile's needs

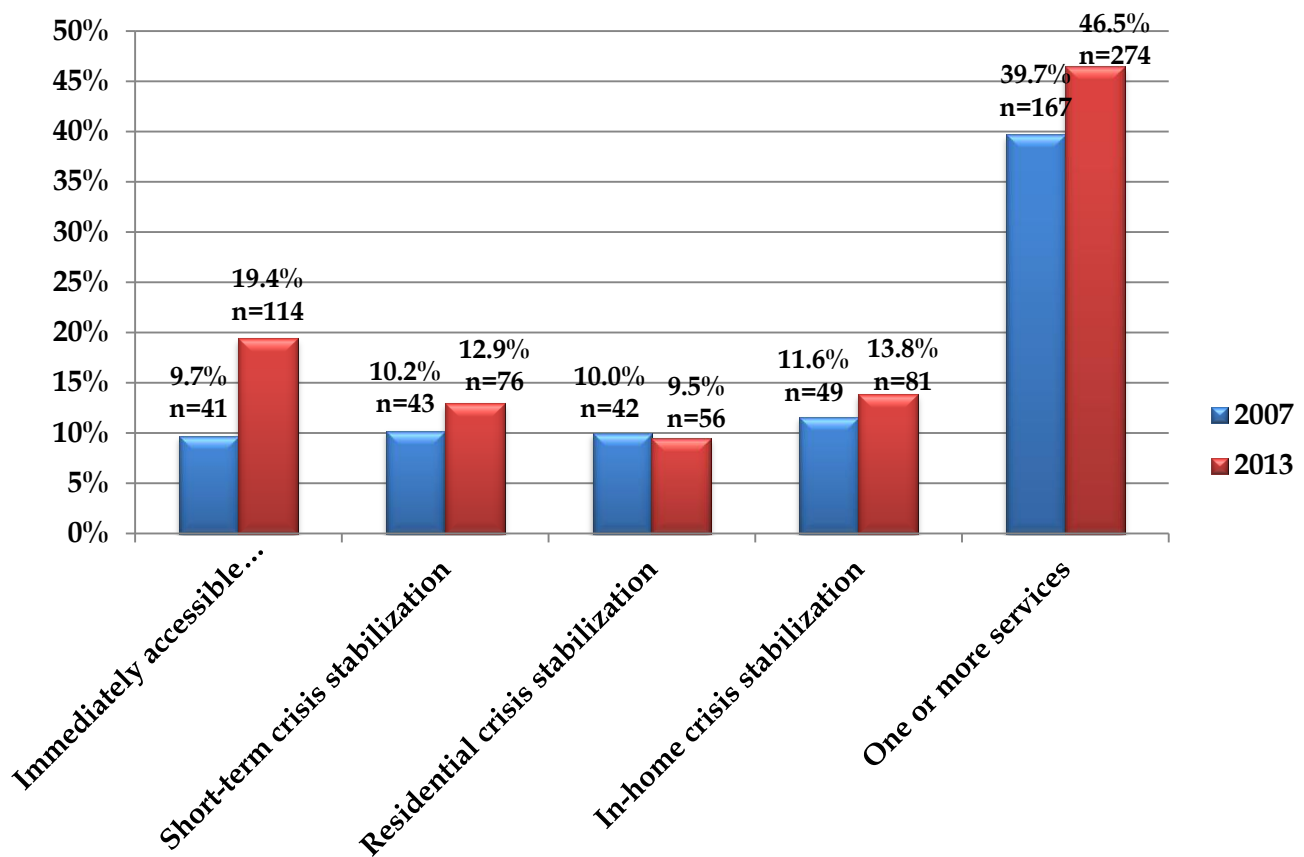


Table 62. Services/resources that would have helped the clinician better address the juvenile's needs

	2007		2013		$\chi^2(1)$	p-value	Φ_{Cramer}
	Frequency	%	Frequency	%			
Immediately accessible psychiatric/medication evaluation	41	9.7	114	19.4	17.48	<.0001	0.13
Safe transportation	17	4.0	10	1.7	5.17	<.05	-0.07
Short-term crisis intervention	43	10.2	76	12.9	1.71	.19	0.04
Residential crisis stabilization	42	10.0	56	9.5	0.06	.80	-0.008
In-home crisis stabilization	49	11.6	81	13.8	0.98	.32	0.03
Partial hospitalization	#	#	43	7.3	#	#	#
Respite foster care	#	#	26	4.4	#	#	#
Clinically indicated psychotropic medications	#	#	34	5.8	#	#	#
Intensive/outreach care management	#	#	43	7.3	#	#	#
Temporary housing	20	4.8	#	#	#	#	#
Other	37	8.8	39	6.6	#	#	#
One or more services	167	39.7	274	46.5	4.69	<.05	.07
Total	421 ²⁰	100.0	589 ²¹	100.0			

²⁰ Because the clinician was instructed on the questionnaire to "Check all that apply," the above frequencies do not add up to 421, which is the total number of questionnaires received for juveniles in 2007. The 100.0% written to the right, therefore, denotes that 421 was the denominator that all of this table's 2007 percentages were calculated with.

²¹ Because the clinician was instructed on the questionnaire to "Check all that apply," the above frequencies do not add up to 589, which is the total number of questionnaires received for juveniles in 2013. The 100.0% written to the right, therefore, denotes that 589 was the denominator that all of this table's 2013 percentages were calculated with.

Appendix 1

2007 Questionnaire

Emergency Services Face to Face Crisis Contact Questionnaire Page 1

Staff Initials _____ Licensure _____ Degree _____ # of Years Experience in field: _____

1. Date of service (mm/dd/yy): ____/____/____ 2. Time of service: ____:____ pm/am 3. Day of the week: _____
Client Initials: _____ 4. Client Age: _____ 5. Client Race: _____ 6. Client Sex (M/F): _____

7. Where did the assessment take place?
CSB ☐ Hospital ☐ Client's home ☐
Public location ☐ Magistrate's office ☐
Police Station ☐ Other ☐ _____

8. What is client's current living arrangement? Don't know ☐ Living alone ☐
Living with family ☐ Living with support (e.g. group home, supervised living) ☐
Living with non-related others ☐ Homeless ☐
Other ☐ _____

AT THE TIME OF ASSESSMENT:

9. Client presented with (Check all that apply):
Mental illness ☐ Substance abuse ☐
Mental retardation ☐ None ☐

10. Was the client under the influence of drugs or alcohol? Yes ☐ No ☐ Unknown ☐

11. Client's current treatment? (Check all that apply): None ☐ Don't know/Not sure ☐
CSB ☐ Other community agency ☐
State hospital ☐ Private/community hospital ☐
Private practitioner ☐
Other ☐ _____

12. Client's insurance status: None ☐
Don't know/not sure ☐ Private ☐
Medicaid/Disability ☐ Medicare ☐ Veteran's ☐
Other ☐ _____

13. Was client showing psychotic symptoms?
Yes ☐ No ☐

14. Did client display overt indications of danger to self? Yes ☐ No ☐

15. Did client display overt indications of danger to others? Yes ☐ No ☐

16. Did client display overt indications of inability to care for self? Yes ☐ No ☐

17. Who contacted CSB for assessment?
Law enforcement ☐ Friend/Family member ☐
Client ☐ Clinician ☐ Hospital Staff ☐
Don't know/Not sure ☐ Other ☐ _____

18. Was client in police custody at the time of assessment? No ☐ Yes, with a magistrate-issued ECO ☐
Yes, without magistrate-issued ECO ☐

19. If yes, were restraints used? Yes ☐ No ☐

20. What was the immediate disposition?
(Check all that apply)
Referral for voluntary CSB services (crisis stabilization, crisis intervention, 23-hour bed etc.) ☐
Referral for other voluntary outpatient treatment ☐
Voluntary Hospitalization ☐
Client refused treatment, no involuntary action taken ☐
Involuntary action taken ☐

21. If involuntary action was taken (Check all that apply):
N/A ☐
TDO ☐ TDO Refused ☐
ECO ☐ ECO Refused ☐ ECO expired ☐
Other ☐ _____

22. If hospitalization was sought, number of facilities contacted: _____

23. Approximately how much time did you spend locating psychiatric bed? N/A ☐
Less than 2 hours ☐
2 to 4 hours ☐
More than 4, less than 8 hours ☐
More than 8 hours ☐

24. If admitted, to what facility? _____

25. Was hospital in client's region? Yes ☐ No ☐

26. If not admitted to psychiatric facility, why not?
No voluntary bed available ☐
No TDO bed available ☐
Don't know ☐ Other ☐ _____

27. If hospitalization was sought or ordered but no bed was available, client was (Check all that apply):
Released ☐
Released with less restrictive disposition ☐
Held in ED until bed available ☐
Held on medical unit until bed available ☐
Held by police until bed available ☐
Other ☐ _____

Emergency Services Face to Face Crisis Contact Questionnaire Page2

Please circle option that most closely reflects *your opinion* about client's condition AT THE CONCLUSION OF THE CRISIS CONTACT: Definitely No-0 Probably No-1 No opinion-2 Probably Yes-3 Definitely Yes-4

	Definitely No	Probably No	No opinion	Probably Yes	Definitely Yes
28. Client presented a danger to self:	0	1	2	3	4
29. Client presented a danger to others:	0	1	2	3	4
30. Client was unable to care for self:	0	1	2	3	4
31. Client was experiencing severe mental or emotional distress or dysfunction:	0	1	2	3	4
32. Client's condition warranted hospitalization:	0	1	2	3	4
33. I would have sought involuntary action if client refused services: N/A	0	1	2	3	4
34. I was able to address this person's crisis needs with the resources available to me:	0	1	2	3	4

35. What, if any, services/resources would have helped you address this client's needs better?

Immediate medication evaluation ☐

Safe transportation ☐

Temporary housing ☐

Short-term crisis intervention ☐

Residential crisis stabilization ☐

In-home crisis stabilization ☐

Other:

36. If client was not hospitalized, do you know what happened to this client? Yes ☐ No ☐

N/A ☐

37. If yes, what happened?

38. Other Comments:

2013 Questionnaires

ADULT Emergency Services (ES) Face-to-Face Crisis Evaluation Questionnaire - Page 1

CSB Code: _____ Staff Initials: _____ Licensed: No ☐ Yes ☐ Degree: _____
 # of years experience in BH: _____ # of years experience as an ES clinician: _____

1. Last 4 digits of case #: _____ 2. Advance Directive: No ☐ Yes ☐
 3. Date of Evaluation (mm/dd/yy): ____/____/____
 4. Evaluation start time: _____ am/pm, Evaluation end time: _____ am/pm
 5. Client age: _____ 6. Client sex (M/F): _____ 7. Client race: _____
 8. Hispanic: No ☐ Yes ☐ 9. Military status: Active/reserve ☐ Veteran ☐ None ☐ Unknown ☐

10. Where did the evaluation take place?

- ☐ CSB ☐ Hospital ED
☐ Client's home ☐ Public location
☐ Hospital psych unit ☐ Jail
☐ Police station ☐ Magistrate's office
☐ Other _____

11. What is the client's current living arrangement?

- ☐ Don't know ☐ Living alone
☐ Living with non-related others ☐ Homeless/recently undomiciled
☐ Living with support (e.g., group home, supervised living) ☐ Living with family
☐ Other _____

12. Was client in hospital for recommitment hearing?

- ☐ No ☐ Yes → If yes, STOP HERE.
 Turn in form.

AT THE TIME OF EVALUATION:

13. Client presented with (Check all that apply):

- ☐ Mental illness
 (Primary diagnosis: _____)
☐ Intellectual/developmental disability
☐ Substance use/abuse disorder
☐ Other ☐ None

14. Was the client under the influence of drugs or alcohol?

- ☐ No ☐ Yes ☐ Suspected ☐ Unknown

15. Client's current treatment (Check all that apply):

- ☐ CSB ☐ Other community agency
☐ DBHDS facility ☐ Private practitioner

- ☐ Private/community psych facility
☐ Non-psychiatric private/community facility
☐ None ☐ Don't know/not sure
☐ Other _____

16. Client's insurance status (Check all that apply):

- ☐ Medicaid ☐ Private/3rd party
☐ Medicare ☐ Military/Veteran's Benefit
☐ None ☐ Don't know/not sure
☐ Other _____

17. Was the client showing psychotic symptoms?

- ☐ No ☐ Yes

18. What sources of information were available to you prior to the evaluation? Information from (Check all that apply):

- ☐ CSB records ☐ Law enforcement
☐ CSB clinician(s) ☐ Friend/family member(s)
☐ Hospital staff ☐ Hospital records
☐ Other providers ☐ Other clinical records
☐ Other _____ ☐ None

19. Did the record or client interview reveal recent behavior or symptoms indicating an elevated risk of serious physical harm toward self?

- ☐ No ☐ Yes

If yes, what were the behaviors? (Check all that apply)

- ☐ Ingested pills or poison
☐ Injured self with sharp object
☐ Other self-injurious behavior _____

☐ Threatened to commit suicide
☐ Threatened other serious harm
☐ Voiced suicidal thoughts without threats

Last 4 digits of case #: _____

☐ Other type of self-endangerment _____

20. Did the record or client interview reveal recent behavior or symptoms indicating an elevated risk of serious physical harm toward others?

☐ No ☐ Yes

If yes, what were the behaviors? (Check all that apply)

- ☐ Injured someone
- ☐ Hit, kicked, pushed someone without injury
- ☐ Threatened or endangered someone with a gun, knife, or other weapon
- ☐ Verbal threat to seriously physically harm someone
- ☐ Voiced thoughts of harming someone, without threats
- ☐ Other type of endangerment _____

21. Did the client own or otherwise have easy access to a firearm?

☐ No ☐ Yes ☐ Unable to determine

22. Did the record or client interview reveal recent behavior or symptoms indicating impaired capacity for self-protection or ability to provide for basic needs?

☐ No ☐ Yes

If yes, what symptoms, deficits, or behaviors were noted? (Check all that apply)

- ☐ Substantial cognitive impairments (e.g., disorientation, impaired memory)
- ☐ Hallucinations and/or delusions
- ☐ Neglect of life-sustaining nutrition
- ☐ Neglect of medical needs
- ☐ Neglect of financial needs
- ☐ Neglect of shelter or self-protection
- ☐ Generalized decline in functioning
- ☐ Other _____

23. Who contacted the CSB for evaluation?

- ☐ Law enforcement ☐ Client
- ☐ Clinician ☐ Friend/family member
- ☐ Hospital ☐ Don't know/not sure
- ☐ Other _____

24. Was the client in police custody at the time the evaluation was initiated?

- ☐ No
- ☐ Yes, with no ECO
- ☐ Yes, with a magistrate-issued ECO
- ☐ Yes, with a law enforcement issued (paperless) ECO

25. If client was in police custody, were restraints used?

☐ No ☐ Yes

26. If client was not in police custody at the time of initial contact, did you seek an ECO in order to carry out the evaluation?

☐ No ☐ Yes

27. If an ECO was sought, was the ECO obtained?

☐ No ☐ Yes

28. If an ECO was issued, did the initial (4-hour) ECO expire?

☐ No ☐ Yes

29. If initial ECO expired, did you seek an extension?

☐ No ☐ Yes

30. If extension was sought, was the extension granted?

☐ No ☐ Yes

31. If extension was granted, was the extension sufficient for:

CSB evaluation? ☐ No ☐ Yes ☐ N/A

Medical screening? ☐ No ☐ Yes ☐ N/A

For locating a bed? ☐ No ☐ Yes ☐ N/A

ADULT Emergency Services (ES) Face-to-Face Crisis Evaluation Questionnaire - Page 3

Last 4 digits of case #: _____

Please circle the option that most closely reflects *your opinion* about the client's condition AT THE CONCLUSION OF THE CRISIS EVALUATION:

	No	Yes
32. Client presented a substantial likelihood of causing serious physical harm to self in the near future:	1	2
33. Client presented a substantial likelihood of causing serious physical harm to others in the near future:	1	2
34. Client was unable to protect self from harm:	1	2
35. Client was unable to provide for basic needs:	1	2
36. Client was experiencing severe mental or emotional distress or dysfunction:	1	2
37. Client lacked the capacity to make treatment decisions:	1	2
<input type="checkbox"/> Client lacked ability to maintain and communicate choice.		
<input type="checkbox"/> Client lacked ability to understand relevant information.		
<input type="checkbox"/> Client lacked ability to understand consequences.		
38. Client's condition warranted hospitalization:	1	2
39. I would have sought involuntary action (TDO) if client had refused voluntary services:	N/A	1
40. I was able to address this person's crisis needs with the resources available to me:	1	2

41. Which of the following services, if any, would have helped you address this client's needs better? (Check all that apply) ☐ None

- ☐ Immediately accessible psychiatric/medication evaluation
- ☐ Partial hospitalization
- ☐ Safe transportation
- ☐ Temporary housing
- ☐ Medical detox
- ☐ Clinically indicated psychotropic medications
- ☐ Intensive/outreach care management
- ☐ Short-term crisis intervention
- ☐ Residential crisis stabilization
- ☐ In-home crisis stabilization
- ☐ Other _____

42. If hospitalization was the disposition, which of the following services, if available to you, would have allowed the client to avoid hospitalization? (Check all that apply) ☐ None

- ☐ Immediately accessible psychiatric/medication evaluation
- ☐ Partial hospitalization

- ☐ Safe transportation
- ☐ Temporary housing
- ☐ Medical detox
- ☐ Clinically indicated psychotropic medications
- ☐ Intensive/outreach care management
- ☐ Short-term crisis intervention
- ☐ Residential crisis stabilization
- ☐ In-home crisis stabilization
- ☐ Other _____

43. What was the disposition? (Choose one)

- ☐ Referred for involuntary admission (TDO)
- ☐ Referred for voluntary admission
- ☐ Referred for crisis intervention
- ☐ Referred for crisis intervention and psychiatric/medication evaluation
- ☐ Referred for other outpatient services
- ☐ No further evaluation or treatment required
- ☐ Client declined referral and no involuntary action taken
- ☐ Other _____

ADULT Emergency Services (ES) Face-to-Face Crisis Evaluation Questionnaire - Page 4

Last 4 digits of case #: _____

44. If a TDO was sought, was it granted?

☐ No ☐ Yes

If TDO was granted, was the client admitted?

☐ No ☐ Yes

If the client was admitted, to which of the following facilities:

- ☐ DBHDS facility
☐ Private/community psych facility/unit
☐ ED or medical unit of private/community hospital
☐ Crisis Stabilization Unit
☐ Other _____

45. If voluntary admission was sought, was the client admitted?

☐ No ☐ Yes

If admitted, to which of the following:

- ☐ DBHDS facility
☐ Crisis Stabilization Unit
☐ Private/community psych facility/unit
☐ Non-psychiatric private/community facility
☐ Medical detox
☐ Other _____

46. If hospitalization was sought, # of private facilities contacted: _____; # of state (DBHDS) facilities contacted: _____.

47. Approximately how much time did you spend locating a psychiatric bed?

- ☐ 4 hours or less
☐ More than 4 hours, less than 6 hours
☐ More than 6 hours (# of hours, if known: _____)

48. Was medical evaluation or treatment required prior to admission? ☐ No ☐ Yes

49. Was hospital in client's region?

☐ No ☐ Yes

50. If hospitalization was sought but client was not admitted to psychiatric facility, why not? (check all that apply)

- ☐ No voluntary bed available
☐ Insurance limitations
☐ No TDO bed available
☐ Client required medical evaluation or treatment
☐ Acuity of client's condition/level of care required
☐ Transportation or logistical problems
☐ Unable to confirm bed availability in requisite time
☐ Other _____

51. If hospitalization was sought but no bed was available within requisite time, what happened to client? (Check all that apply)

- ☐ Client held by police until bed was available
☐ Client held on medical unit until bed was available or until reevaluated
☐ Client held in ED until bed was available or until reevaluated
☐ Client admitted to a CSU
☐ Client released voluntarily with safety plan (other than to a CSU)
☐ Client released and declined service
☐ Client reevaluated during screening process and no longer met criteria for inpatient treatment; client released with safety plan
☐ Other _____

Additional comments or suggestions:

JUVENILE Emergency Services (ES) Face-to-Face Crisis Evaluation Questionnaire - Page 1

CSB Code: _____ Staff Initials: _____ Licensed: No ☐ Yes ☐ Degree: _____
 # of years experience in BH: _____ # of years experience as an ES clinician: _____

1. Last 4 digits of case #: _____ 2. Date of Evaluation (mm/dd/yy): ____/____/____
 3. Evaluation start time: _____ am/pm, Evaluation end time: _____ am/pm
 4. Minor age: _____ 5. Minor sex (M/F): _____ 6. Minor race: _____
 7. Hispanic: No ☐ Yes ☐ 8. Grade _____ 9. Special Ed. No ☐ Yes ☐

10. Where did the evaluation take place?

- ☐ CSB ☐ Hospital ED
☐ Minor's home ☐ Public location
☐ Hospital psych unit ☐ Juv. Detention Center
☐ Police station ☐ Magistrate's office
☐ Other _____

11. What is the minor's current living arrangement?

- ☐ Living with family ☐ Living alone
☐ Living with non-related others ☐ Homeless/recently undomiciled
☐ Living with support (e.g., group home, supervised living) ☐ Foster care
☐ Don't know
☐ Other _____

12. Was minor in hospital for recommitment hearing?

- ☐ No ☐ Yes → If yes, STOP HERE. Turn in form.

AT THE TIME OF EVALUATION:

13. Minor presented with (Check all that apply):

- ☐ Mental illness
 (Primary diagnosis: _____)
☐ Intellectual/developmental disability
☐ Substance use/abuse disorder
☐ Other ☐ None

14. Was the minor under the influence of drugs or alcohol?

- ☐ No ☐ Yes ☐ Suspected ☐ Unknown

15. Minor's current treatment (Check all that apply):

- ☐ CSB ☐ Other community agency
☐ DBHDS facility ☐ Private practitioner
☐ School services
☐ Private/community psych facility

- ☐ Non-psychiatric private/community facility
☐ None ☐ Don't know/not sure
☐ Other _____

16. Minor's insurance status (Check all that apply):

- ☐ Medicaid ☐ Private/3rd party
☐ Medicare
☐ Military/Veteran's Dependent Benefit
☐ None ☐ Don't know/not sure
☐ Other _____

17. Was the minor showing psychotic symptoms?

- ☐ No ☐ Yes

18. What sources of information were available to you prior to the evaluation? Information from (Check all that apply):

- ☐ CSB records ☐ Law enforcement
☐ CSB clinician(s) ☐ Friend/family member(s)
☐ Hospital staff ☐ Hospital records
☐ Other providers ☐ Other clinical records
☐ Other _____ ☐ None

19. Did the record or minor interview reveal recent behavior or symptoms indicating an elevated risk of serious danger to self to the extent that severe or irremediable injury is likely to result?

- ☐ No ☐ Yes

If yes, what were the behaviors? (Check all that apply)

- ☐ Ingested pills or poison
☐ Injured self with sharp object
☐ Other self-injurious behavior _____

☐ Threatened to commit suicide

JUVENILE Emergency Services (ES) Face-to-Face Crisis Evaluation Questionnaire - Page 2

Last 4 digits of case #: _____

- ☐ Threatened other serious harm
- ☐ Voiced suicidal thoughts without threats
- ☐ Other type of self-endangerment _____

20. Did the record or client interview reveal recent behavior or symptoms indicating an elevated risk of serious danger to others to the extent that severe or irremediable injury is likely to result?

- ☐ No ☐ Yes

If yes, what were the behaviors? (Check all that apply)

- ☐ Injured someone
- ☐ Hit, kicked, pushed someone without injury
- ☐ Threatened or endangered someone with a gun, knife, or other weapon
- ☐ Verbal threat to seriously physically harm someone
- ☐ Voiced thoughts of harming someone, without threats
- ☐ Other type of endangerment _____

21. Did the minor own or otherwise have easy access to a firearm?

- ☐ No ☐ Yes ☐ Unable to determine

22. Did the record or minor interview reveal recent behavior or symptoms indicating a serious deterioration of his ability to care for himself in a developmentally age appropriate manner?

- ☐ No ☐ Yes

If yes, what symptoms, deficits, or behaviors were noted? (Check all that apply)

- ☐ Delusional thinking
- ☐ Neglect of hydration
- ☐ Neglect of nutrition
- ☐ Impairment in self protection
- ☐ Impairment in self-control
- ☐ Other _____

23. Were the minor's parents/guardians consulted?

- ☐ No ☐ Yes ☐ Unable to contact

24. If parent/guardian with whom minor resides was consulted, is he/she willing to approve any proposed admission?

- ☐ No ☐ Yes ☐ N/A

25. Was the minor's treating or examining physician consulted?

- ☐ No ☐ Yes ☐ N/A

26. Who contacted the CSB for evaluation?

- ☐ Law enforcement ☐ Minor
- ☐ Clinician ☐ Friend/family member
- ☐ Hospital ☐ Don't know/not sure
- ☐ Other _____

27. Was the minor in police custody at the time the evaluation was initiated?

- ☐ No
- ☐ Yes, with no ECO
- ☐ Yes, with a magistrate-issued ECO
- ☐ Yes, with a law enforcement issued (paperless) ECO

28. If minor was in police custody, were restraints used?

- ☐ No ☐ Yes

29. If minor was not in police custody at the time of initial contact, did you seek an ECO in order to carry out the evaluation?

- ☐ No ☐ Yes

30. If an ECO was sought, was the ECO obtained?

- ☐ No ☐ Yes

31. If an ECO was issued, did the initial (4-hour) ECO expire?

- ☐ No ☐ Yes

32. If initial ECO expired, did you seek an extension?

- ☐ No ☐ Yes

33. If extension was sought, was the extension granted?

- ☐ No ☐ Yes

34. If extension was granted, was the extension sufficient for:

CSB evaluation? ☐ No ☐ Yes ☐ N/A

Medical screening? ☐ No ☐ Yes ☐ N/A

For locating a bed? ☐ No ☐ Yes ☐ N/A

JUVENILE Emergency Services (ES) Face-to-Face Crisis Evaluation Questionnaire - Page 3

Last 4 digits of case #: _____

Please circle the option that most closely reflects *your opinion* about the minor's condition AT THE CONCLUSION OF THE CRISIS EVALUATION:

	No	Yes
35. Minor presented a serious danger to self to the extent that severe or irremediable injury was likely to result:	1	2
36. Minor presented a serious danger to others to the extent that severe or irremediable injury was likely to result:	1	2
37. Minor was experiencing a serious deterioration of his ability to care for himself in a developmentally age appropriate manner:	1	2
38. Minor was experiencing severe mental or emotional distress or dysfunction:	1	2
39. Minor was in need of compulsory treatment for a mental illness and was reasonably likely to benefit from the proposed treatment:	1	2
40. Minor 14 or older lacked the capacity to make treatment decisions:	1	2
<input type="checkbox"/> Minor lacked ability to maintain and communicate choice.		
<input type="checkbox"/> Minor lacked ability to understand relevant information.		
<input type="checkbox"/> Minor lacked ability to understand consequences.		
41. Minor's condition warranted hospitalization:	1	2
42. I would have sought involuntary action (TDO) if minor had refused voluntary services:	N/A	1
43. I was able to address this person's crisis needs with the resources available to me:	1	2

44. Which of the following services, if any, would have helped you address this minor's needs better? (Check all that apply) ☐ None

- ☐ Immediately accessible psychiatric/medication evaluation
- ☐ Partial hospitalization
- ☐ Safe transportation
- ☐ Respite foster care
- ☐ Medical detox
- ☐ Clinically indicated psychotropic medications
- ☐ Intensive/outreach care management
- ☐ Short-term crisis intervention
- ☐ Residential crisis stabilization
- ☐ In-home crisis stabilization
- ☐ Other _____

45. If hospitalization was the disposition, which of the following services, if available to you, would have allowed the minor to avoid hospitalization? (Check all that apply) ☐ None

- ☐ Immediately accessible psychiatric/medication evaluation
- ☐ Partial hospitalization
- ☐ Safe transportation

- ☐ Respite foster care
- ☐ Medical detox
- ☐ Clinically indicated psychotropic medications
- ☐ Intensive/outreach care management
- ☐ Short-term crisis intervention
- ☐ Residential crisis stabilization
- ☐ In-home crisis stabilization
- ☐ Other _____

46. What was the disposition? (Choose one)

- ☐ Referred for involuntary admission (TDO)
- ☐ Referred for objecting minor admission by parent/guardian
- ☐ Referred for voluntary admission
- ☐ Referred for crisis intervention
- ☐ Referred for crisis intervention and psychiatric/medication evaluation
- ☐ Referred for other outpatient services
- ☐ No further evaluation or treatment required
- ☐ Minor declined referral and no involuntary action taken
- ☐ Other _____

Last 4 digits of case #: _____

47. If a TDO was sought, was it granted?

☐ No ☐ Yes

If TDO was granted, was the minor admitted?

☐ No ☐ Yes

If the minor was admitted, to which of the following facilities:

- ☐ DBHDS facility
- ☐ Private/community psych facility/unit
- ☐ ED or medical unit of private/community hospital
- ☐ Crisis Stabilization Unit
- ☐ Other _____

48. If voluntary admission was sought, was the minor admitted?

☐ No ☐ Yes

If admitted, to which of the following:

- ☐ DBHDS facility
- ☐ Crisis Stabilization Unit
- ☐ Private/community psych facility/unit
- ☐ Non-psychiatric private/community facility
- ☐ Medical detox
- ☐ Other _____

- ☐ Acuity of minor's condition/level of care required
- ☐ Transportation or logistical problems
- ☐ Unable to confirm bed availability in requisite time
- ☐ Other _____

54. If hospitalization was sought but no bed was available within requisite time, what happened to the minor? (Check all that apply)

- ☐ Minor held by police until bed was available
- ☐ Minor held on medical unit until bed was available or until reevaluated
- ☐ Minor held in ED until bed was available or until reevaluated
- ☐ Minor admitted to a CSU
- ☐ Minor released voluntarily with safety plan (other than to a CSU)
- ☐ Minor released and declined service
- ☐ Minor reevaluated during screening process and no longer met criteria for inpatient treatment; minor released with a safety plan
- ☐ Other _____

49. If hospitalization was sought, # of facilities contacted: Private: _____; State (CCCA): _____.

50. Approximately how much time did you spend locating a psychiatric bed?

- ☐ 4 hours or less
- ☐ More than 4 hours, less than 6 hours
- ☐ More than 6 hours (# of hours, if known: _____)

51. Was medical evaluation or treatment required prior to admission? ☐ No ☐ Yes

52. Was hospital in minor's region? ☐ No ☐ Yes

53. If hospitalization was sought but the minor was not admitted to psychiatric facility, why not? (check all that apply)

- ☐ No voluntary bed available
- ☐ Insurance limitations
- ☐ No TDO bed available
- ☐ Minor required medical evaluation or treatment

Additional comments or suggestions:
