



Institute of Law, Psychiatry,  
and Public Policy

## **CSB Preadmission Screening Report**

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The Institute of Law, Psychiatry and Public Policy (ILPPP) at the University of Virginia is an interdisciplinary program in mental health law, forensic psychiatry, forensic psychology, forensic neuropsychology and forensic social work. Institute activities include academic programs, forensic clinical evaluations, professional training, empirical and theoretical research, and public policy consultation and review.



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## Background and Purpose

Virginia's state psychiatric hospitals face a growing crisis due to the increased number of patients being placed in these facilities through temporary detention orders (TDOs), as well as an increase in the number of patients seeking voluntary hospitalization. When an individual experiences a mental health crisis, they may be referred to one of Virginia's 40 community services boards (CSBs) for an emergency evaluation conducted by a CSB clinician. A CSB evaluation is a necessary step in Virginia's procedure for authorizing involuntary mental health treatment through issuance of a TDO, though the evaluating clinician may recommend other pathways to treatment, such as voluntary hospitalization, community treatment, or admission to a crisis stabilization unit (CSU).

In early 2018, the Statewide TDO Task Force was formed by the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21<sup>st</sup> Century (hereinafter abbreviated as SJ 47 in reference to the legislative document establishing the joint subcommittee) to assess and recommend solutions to the increasing strain on state hospitals. The Institute of Law, Psychiatry, and Public Policy (ILPPP) conducted research regarding TDOs and the demand for admission to state hospitals and shared these findings with the Task Force. The Task Force was discontinued in early 2019 in deference to the 2019 General Assembly's decision to direct the Secretary of Health and Human Resources to form a work group to investigate the rising TDOs and high state hospital census (Senate Bill 1488). The ILPPP—with support from the Department of Behavioral Health and Developmental Services (DBHDS)—has continued research on TDOs and the psychiatric state hospital crisis by examining CSB emergency evaluations and their resulting recommendations and outcomes.

Specific aims of this study were developed in conjunction with DBHDS and include: a) documentation of the numbers and characteristics of people recommended for a TDO, voluntary hospitalization, community treatment, admission to a CSU, recommitment, or no further treatment, b) determination of the rates of admission to private or public hospitals, and c) an examination of the commitment criteria/criterion through which a TDO was warranted.<sup>1</sup>

## Methods

### *Study Instruments*

Community Services Boards use a standardized preadmission screening form to inform appropriate treatment recommendations for patients presenting with a mental health or substance use crisis. Screening is performed for individuals who seek help voluntarily, as well as for individuals who are referred by other facilities or by emergency order. The forms are completed by clinical evaluators while interviewing the individual and reviewing available records. The

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<sup>1</sup> To issue a TDO, a magistrate must find that, as a result of mental illness, there is substantial likelihood that an individual will in the near future cause serious harm to self, cause serious harm to others, or suffer harm from an inability to care for self, according to the *Code of Virginia* § 37.2-817

information collected is then used to formulate treatment recommendations and assess the need for involuntary commitment.

In order to explore research questions identified for the study, ILPPP staff pulled a number of variables of interest from preadmission screening forms submitted by CSBs for analysis. A copy of the CSB preadmission form can be found in Appendix 1. Fields used for the study are highlighted.

### *Study Sample*

Twenty-four CSBs from four of Virginia's five DBHDS Health Planning Districts participated in the study (See Appendix 2 for a map of the CSBs and regions). All CSBs from Regions 3 and 4 participated in the study, along with several CSBs from Regions 1 and 5. Due to regional policies related to participation in research, Region 2 CSBs did not participate. Participating CSBs submitted preadmission screening forms for all emergency evaluations conducted in a single month during the summer of 2018. Each region chose one month between June and October as the month from which to submit forms based on its preference.

In total, 2,550 emergency evaluation preadmission screening forms for adults and children and adolescents were submitted and included in analysis. Please note that throughout the report, the total number of cases may not always equal 100% of the sample or relevant subset due to a) missing data on the particular item, b) the fact that the question did not apply, c) rounding percentages, and/or d) errors in reporting (e.g., skipping a question on the form). In this report's tables, an entry of "N/A" or "unknown" indicates that this was the response written in by the evaluator and "blank" indicates that the question was skipped on the preadmission screening form or data was not reported to the ILPPP.

### *Data Analysis*

Analyses focused on research questions specified by DBHDS. Initial analyses examined count and proportion data. Further analyses evaluated the recommendations<sup>2</sup> resulting from the preadmission screening procedure, with specific focus in two areas: 1) the influence of select variables on the likelihood of an evaluation resulting in a TDO and 2) destination after evaluation if the evaluation resulted in admission to any facility, with specific focus on distinction between state hospitals and private facilities.<sup>3</sup> All analyses were conducted in R.

First, we ran logistic regression analyses for adults with the binary outcomes of TDO (1 = the individual was recommended for TDO; 0 = the individual was recommended for a non-TDO outcome) and state hospitalization (1 = the individuals was admitted to a state hospital; 0 = the individual was admitted to a non-state hospital). The first logistic regression analyses included all variables identified as having real-world, clinical significance. See Results Parts II and III for further details on the variable included in the regression analyses.

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<sup>2</sup> Because either "disposition" or "recommendation" was blank on many preadmission screening forms (see Appendix 1), a combination of data recorded in both fields was used to construct a variable for evaluation recommendation.

<sup>3</sup> "Private" and "non-state" are used interchangeably to refer to any facility or hospital not operated by the state.

Following the initial logistic regression, we used the base formula to select interaction effects. We used forward, stepwise methods based on the Bayesian information criterion (BIC) for automated selection of interaction terms for the adult regression analyses. After the BIC process selected interaction terms that improved the base model (defined above) when included in the regression, we generated diagnostic plots examining interaction effects. For the regression analysis examining the outcome of state hospitalization, no interaction terms appeared to have true interaction effects in diagnostic plots and thus were removed from the final model. Interaction terms chosen by the BIC selection process for the TDO outcome appeared to be true interaction effects and were included in the final model.

## Results

### Part I: Statewide Summary of CSB Emergency Evaluations

#### Overview

During a one-month period in summer 2018, a total of 2,550 emergency evaluations were conducted by clinicians at 24 CSBs for adults and children and adolescents experiencing mental health crises. 86.7% (n=2,212) of evaluations occurred with adults, and 13.3% (n=338) of evaluations occurred with children and adolescents.<sup>4</sup>

As expected based on the distribution of the population in Virginia, there was wide variation in the number of emergency evaluations conducted among participating CSBs. Appendix 3 lists the localities served by each CSB. The total number of evaluations conducted with adults ranged from 3 to 282. The highest number of evaluations conducted by one CSB for children and adolescents was 46 and Richmond conducted the highest number of evaluations for adults (n=260). One CSB did not conduct any evaluations for children and adolescents. A table showing the number of adult evaluations conducted by each CSB can be found in Appendix 4.<sup>5</sup>

Due to the relatively low number of evaluations conducted in each participating CSB, CSB-level conclusions could not be drawn from the data available for these analyses. Additionally, any comparisons between CSBs should be made with caution due to the variation in the time periods for which preadmission screening evaluations were submitted.

#### Adult Emergency Evaluations

##### *Demographics*

CSB clinicians documented 2,212 adult emergency evaluations for mental health or substance use crises. Slightly more males (51.4%, n=1,137) were evaluated than females (47.9%, n=1,060).

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<sup>4</sup> Note: Due to seasonal variations in the use of emergency services, it is inadvisable to derive annual count estimates using a single month, as this may be an overestimate for adults and an underestimate for children and adolescents. (Rise in Temporary Detention Orders in Virginia, 2013-2017: Possible Contributing Factors. S A Larocco, R J Bonnie, H Zelle. August 2017.)

<sup>5</sup> Counts of evaluations conducted for children and adolescents are not reported by CSB due to considerations of privacy, particularly in localities that had very few child and adolescent evaluations.

Two-thirds (66.7%, n = 1,476) of adults evaluated were Caucasian, and one-fourth (27.6%, n=610) were African American. Fifty-five adults (2.5%) were of Hispanic origin. Demographic data for adults can be found in Appendix 5.

*Evaluation Recommendations*

Among all adults evaluated across the state, temporary detention order was the most common recommendation recorded by CSB clinicians (50%, n=1,106), followed by voluntary community treatment (15.1%, n=334) and voluntary hospitalization (11.5%, n=254). Evaluations resulted in no further treatment for 219 (9.9%) adults, voluntary admission to a crisis stabilization program for 160 (7.2%) adults, and recommitment for 109 (4.9%) adults (Table 1). Among CSBs that conducted at least 10 evaluations, an evaluation resulted in a TDO more frequently than any other single recommendation in all CSBs except Piedmont (n=105), where voluntary community treatment was the most common recommendation. Appendix 6 shows the number of evaluations resulting in each recommendation by CSB. Counts for each recommendation stratified by race and gender can be found in Appendix 7.

**Table 1: Evaluation Recommendations for Adults**

<b>Evaluation Recommendation</b>	<b>Count</b>	<b>%</b>
<i>Voluntary admission to crisis stabilization program</i>	160	7.23
<i>Voluntary inpatient</i>	254	11.48
<i>No further treatment</i>	219	9.90
<i>Temporary Detention Order</i>	1,106	50.00
<i>Voluntary community treatment</i>	334	15.10
<i>Unknown</i>	5	0.23
<i>Recommitment</i>	109	4.93
<i>Other</i>	24	1.08
<i>Eloped</i>	1	0.05
<i>Total</i>	2,212	

*Rate of TDOs*

The rate at which adult evaluations resulted in TDOs varied among CSBs, ranging from 64.4% of recommendations at Blue Ridge (n=188) to 29.5% of recommendations at Piedmont (n=105). The TDO rate for each CSB can be found in Appendix 8. It is important to note that a variety of locale-specific factors may contribute to a CSB’s TDO rate, such as the number of courtesy evaluations conducted for local hospitals and the size and number of hospitals with an emergency room within a CSB catchment area.

*Admission Facility*

Of adults issued a TDO, 46.6% were admitted to a private hospital and 16.3% were admitted to a state hospital. It is important to note that this variable had a high rate of missing data, as this field was left blank on 34.8% of all evaluations for adults who were issued a TDO. This is a major limitation of the analysis and limits the ability to draw conclusions. 94.4% of adults who agreed to voluntary hospitalization were admitted to private hospitals. The majority (71.6%) of recommitments occurred at state hospitals. Table 2 shows rate of admission for adults by facility type for each evaluation recommendation. “Other” includes individuals who were admitted to

inpatient treatment for medical treatment, detox, or otherwise did not fall into one of the recommendation categories as described on the preadmission screening form.

**Table 2: Admission Facility by Evaluation Recommendation for Adults**

<b>Evaluation Recommendation</b>	<b>CSU</b> N (%)	<b>Non-State Hospital</b> N (%)	<b>Other</b> N (%)	<b>Rehabilitation Facility</b> N (%)	<b>State Hospital</b> N (%)	<b>Unknown</b> N (%)
<i>Recommitment</i>	0 (0)	24 (22.02)	2 (1.83)	1 (0.92)	78 (71.56)	4 (3.67)
<i>Temporary Detention Order</i>	11 (0.99)	515 (46.56)	9 (0.81)	6 (0.54)	180 (16.27)	385 (34.81)
<i>Voluntary admission to crisis stabilization program<sup>6</sup></i>	151 (94.37)	9 (5.62)	0 (0)	0 (0)	0 (0)	0 (0)
<i>Voluntary inpatient<sup>7</sup></i>	1 (0.39)	247 (97.24)	2 (0.79)	3 (1.18)	1 (0.39)	0 (0)

Admission rates to private or state facilities varied widely across CSB jurisdictions, as did the rate of missing data for this variable. Only two CSBs, Goochland-Powhatan (n=7) and Hanover (n=28), reported complete data. In Goochland-Powhatan, one-third of adults issued a TDO were admitted to state facilities, and the remaining two-thirds were admitted to private hospitals. In Hanover, 12.5% of adults issued TDOs were admitted to state hospitals and 87.5% were admitted to private hospitals. Appendix 9 shows the rate of admission by facility type for adults who received a TDO at each participating CSB and Appendix 10 shows admission facility type stratified by demographic characteristic.

#### *Commitment Criteria for TDO*

A TDO may be requested if the CSB evaluator finds that an individual is substantially likely to 1) cause harm to self, 2) cause harm to others, and/or 3) suffer harm due to inability to care for self in the near future (§ 37.2-817C). If an individual is found to meet any of these criteria but a least restrictive alternative form of treatment would address their needs, a TDO is typically not pursued. If the evaluator deems no less restrictive alternative hospitalization will suffice and the individual will not agree to voluntary inpatient treatment, a TDO may be pursued. The legal criteria are not mutually exclusive; an individual may meet just one or any combination of the three.

Not all CSBs submitted a completed “Section F” of the preadmission screening form, which contains a summary of the CSB’s recommendation in terms of which commitment criteria were

<sup>6</sup> If an individual was recommended for “voluntary admission to crisis stabilization program” but the facility field was blank, the case was counted as an admission to a CSU as this can be reasonably inferred to be the admitting facility.

<sup>7</sup> If an individual was recommended for “voluntary inpatient” but the facility field was blank, the case was counted as an admission to a Non-State Hospital because State Hospitals rarely accept voluntary patients and we can reasonably infer these patients were admitted to Non-State Hospitals.



met (See Appendix 1). Therefore, in order to capture commitment criteria information for this study, the “Feasibility of Least Restrictive Alternatives” field on the preadmission screening form was used. The answer of “No” for the feasibility of a least restrictive alternative indicated meeting one of the commitment criteria prongs.

Among adults whose evaluation resulted in a TDO (n = 1,106), 612 (55.3%) were found to be at risk of harm to self and no less restrictive alternative was available. There were 406 (36.7%) individuals determined likely to cause harm to others with no less restrictive alternative available. 651 (58.9%) adults were found to meet the criterion of inability to care for self and no less restrictive treatment alternative existed in the community. Note that these percentages sum to more than 100% because some adults met more than one criterion with no feasible least restrictive alternative and therefore are counted in multiple categories (see Table 3). Table 3A shows the number of adults who met a given commitment criterion, but a least restrictive alternative to involuntary hospitalization (e.g., voluntary hospitalization, CSU, outpatient treatment, etc.) was available and viable, so no TDO was sought. Almost a third of adults for whom a TDO was not pursued met the criterion of harm to self, but a treatment option other than involuntary hospitalization would meet their needs, so a TDO was avoided.

**Table 3: Adults Recommended for TDO Who Met Commitment Criterion and No Least Restrictive Alternative to Hospitalization was Available**

Type	N	%
<i>Harm to Self</i>	612	55.33
<i>Harm to Others</i>	406	36.71
<i>Inability to Care for Self</i>	651	58.86

**Table 3A: Adults NOT Recommended for TDO Who Met Commitment Criterion and Least Restrictive Alternative to Hospitalization was Available**

Type	N	%
<i>Harm to Self</i>	339	30.79
<i>Harm to Others</i>	169	15.35
<i>Inability to Care for Self</i>	188	17.08

## Child and Adolescent Emergency Evaluations

### *Demographics*

CSB clinicians documented 338 emergency evaluations with children and adolescents for mental health or substance use crises. About half (51.2%, n=173) of children and adolescents evaluated were male and half (48.2%, n=163) were female. 63.0% (n=213) of children and adolescents evaluated were Caucasian, and one-fourth (24.0%, n=81) were African American. Eighteen children and adolescents (5.3%) were of Hispanic origin. See Appendix 11.

### *Evaluation Recommendations*

Among all children and adolescents evaluated across the state, TDO was the most common recommendation recorded by CSB clinicians (35.2%, n=119), closely followed by voluntary community treatment (30.2%, n=102). Evaluations resulted in voluntary hospitalization for 13.9% (n=47) of children and adolescents, no further treatment for 11.0% (n=37) of children and adolescents, and voluntary admission to a crisis stabilization program for 8.3% (n=28) of children and adolescents (Table 4). An evaluation resulted in a TDO more frequently than any other single recommendation in about half of participating CSBs. In many CSBs where TDO was not the most common recommendation, voluntary community treatment was the most frequent recommendation. Counts for each recommendation stratified by demographic groups can be found in Appendix 12.

**Table 4: Evaluation Recommendations for Children and Adolescents**

<b>Evaluation Recommendation</b>	<b>Count</b>	<b>%</b>
<i>Voluntary inpatient</i>	47	13.91
<i>Voluntary community treatment</i>	102	30.18
<i>Voluntary admission to crisis stabilization program</i>	28	8.28
<i>Temporary Detention Order</i>	119	35.21
<i>No further treatment</i>	37	10.95
<i>Other</i>	4	1.18
<i>Unknown</i>	1	0.30
<i>Total</i>	338	

### *Admission Facility*

Children and adolescents were admitted to private and state hospitals at rates almost identical to adults. Of children and adolescents recommended for TDO, 45.4% were admitted to private hospital and 16.0% were admitted to the state hospital. As in the adult data, data for children and adolescents had a high rate of missing data for admission facility. This variable was left blank on 34.7% of all evaluations for children and adolescents who were issued a TDO. This is a major limitation of the analysis and restricts the ability to draw conclusions. Of children and adolescents who agreed to voluntary hospitalization, 89.4% were admitted to private hospitals. Table 5 shows rate of admission for children and adolescents by facility type for each evaluation recommendation.

**Table 5: Admission Facility by Evaluation Recommendation for Children and Adolescents**

<b>Evaluation Recommendation</b>	<b>CSU N (%)</b>	<b>Non-State Hospital N (%)</b>	<b>Rehabilitation Facility N (%)</b>	<b>State Hospital N (%)</b>	<b>Unknown N (%)</b>
<i>Temporary Detention Order</i>	0 (0)	54 (45.38)	4 (3.36)	19 (15.97)	42 (35.29)
<i>Voluntary admission to crisis stabilization program<sup>8</sup></i>	27 (96.46)	1 (3.57)	0 (0)	0 (0)	0 (0)
<i>Voluntary inpatient<sup>9</sup></i>	2 (4.26)	42 (89.36)	2 (4.26)	1 (4.26)	0 (0)

**Commitment Criterion for TDO**

Among children and adolescents whose evaluations resulted in a TDO, 72 (60.5%) were found to be at risk of harm to self and no less restrictive alternative was available. 70 (58.8%) individuals were determined likely to cause harm to others with no less restrictive alternative available. 35 (29.4%) children and adolescents were found to meet the criterion of inability to care for self and no less restrictive alternative existed in the community. Note that these percentages sum to more than 100% because some children and adolescents met more than one criterion with no feasible least restrictive alternative and therefore are counted in multiple categories (see Table 6). Table 6A shows the number of children and adolescents who met each commitment criterion but a least restrictive treatment alternative was feasible so a TDO was not pursued. Over half of all children and adolescents who were evaluated but were not recommended for TDO were determined to be at significant risk of harm to self, and nearly a quarter of those not recommended for TDO met the criterion of harm to others.

**Table 6: Children and Adolescents Recommended for TDO Who Met Commitment Criterion and No Least Restrictive Alternative to Hospitalization was Available**

<b>Type</b>	<b>Count</b>	<b>%</b>
<i>Harm to Self</i>	72	60.50
<i>Harm to Others</i>	70	58.82
<i>Inability to Care for Self</i>	35	29.41

<sup>8</sup> If an individual was recommended for “voluntary admission to crisis stabilization program” but the facility field was blank, the case was counted as an admission to a CSU as this can be reasonably inferred to be the admitting facility.

<sup>9</sup> If an individual was recommended for “voluntary inpatient” but the facility field was blank, the case was counted as an admission to a Non-State Hospital because State Hospitals rarely accept voluntary patients and we can reasonably infer these patients were admitted to Non-State Hospitals.

**Table 6A: Children and Adolescents NOT Recommended for TDO Who Met Commitment Criterion and Least Restrictive Alternative to Hospitalization was Available**

Type	Count	%
<i>Harm to Self</i>	118	54.13
<i>Harm to Others</i>	53	24.31
<i>Inability to Care for Self</i>	22	10.09

## Part II: Evaluation Recommendation

Logistic regressions were used to examine the relationships between select variables from the preadmission screening form and likelihood of an evaluation resulting in a recommendation for TDO. A regression including all selected variables (see Appendix 13 for variables and interaction terms) was performed for adults, but due to sample size limitations, separate regressions for each category of variables were conducted for children and adolescents. Appendices 14 and 15 include regression results for adults, and Appendix 15A includes the counts and measures of central tendency for variables found to be significant predictors of TDO recommendation.

### Adult TDO Recommendations (n=1,659)

#### *Demographic Characteristics*

Before performing the regression with all included variables, a base regression including only demographic characteristics variables was performed (See Appendix 14). In this base regression, male gender was the only significant predictor of likelihood to be recommended for TDO ( $z=2.18$ ,  $p<0.05$ ). Compared to adults identified as female, adults identified as male were 1.21 times more likely to be recommended for TDO.

Male gender remained a significant predictor of TDO recommendation in the regression model including all other variables ( $z=2.58$ ,  $p<0.01$ ). Individuals identified as male on the prescreening form were 1.49 times more likely to be recommended for TDO when compared to individuals identified as female. Slightly more than half of individuals identified as male (52.4%) were recommended for TDO while 47.7% of individuals identified as female were recommended for TDO.

#### *Current and Historical Risk*

Section B of the preadmission screening form asks the evaluator to assess current and historical behaviors that may indicate that the individual is at high risk for harm to self, harm to others, or an inability to care for self. Behaviors are broken into five categories: 1) suicidal ideation and behavior, 2) physical harm ideation and behavior, 3) inability to care for self, 4) impulsivity, and 5) other. Each of these categories from the preadmission screening form was included as an individual variable in the regression.

One “Current and Historical Risk” category was significant in the positive direction: inability to care for self ( $z= 5.59$ ,  $p< 0.001$ ). For each additional identified behavior in the inability to care for self risk category, an individual was 1.99 times more likely to be recommended for a TDO than individuals without these factors. Of all evaluated adults identified to have one or more inability to care for self risk behavior, 71.3% were recommended for TDO.

### *Mental Status*

Section B.5 of the preadmission screening form asks prescreeners to document various indicators of mental status via checkboxes (see Appendix 1). For example, the prescriber was asked to evaluate the individual’s affect and check a box indicating whether affect was constricted, blunted, flat, liable, incongruent with situation, or WNL (within normal limits). For the analysis, in each indicator category, any checked box other than “WNL” was given a score of 1. The number of indicators that were not WNL were totaled per individual to create a mental status score variable. The sum of mental status indicators was significant ( $z= 13.62$ ,  $p< 0.001$ ). For each indicator that was not WNL, an individual was 1.21 times more likely to be recommended for TDO. Among adults recommended for TDO, the number of mental status indicators that were not WNL ranged from 0 to 37, with an average of 13.5. Adults who were not recommended for TDO had an average of 7.6 mental status indicators that were not WNL.

### *Diagnostic Categories*

Prescreeners were asked to provide the ICD-10 code for any provisional or historical mental illness diagnosis given to the individual. To construct variables for this analysis, ICD-10 codes were grouped into one of the following diagnostic categories: psychotic disorders, anxiety disorders, mood disorders, or other. The “other” diagnostic category includes diagnoses such as adult personality disorders and unspecified mental disorders. Each diagnostic category was included as an individual variable in the regression. Individuals could have more than one diagnosis, and therefore could be counted in multiple diagnostic categories.

Several diagnostic categories were statistically significant predictors of TDO recommendation: psychotic disorders ( $z= 5.32$ ,  $p< 0.001$ ), anxiety disorders ( $z= -2.05$ ,  $p< 0.05$ ), mood disorders ( $z= 3.85$ ,  $p< 0.001$ ), and “other” diagnoses ( $z= 3.17$ ,  $p< 0.01$ ). All significant diagnostic categories, with the exception of anxiety disorders, were significant in the positive direction. Individuals with psychotic (3.5 times as likely), mood (1.91 times as likely), or “other” diagnoses (1.92 times as likely) were more likely to be recommended for a TDO than individuals without diagnoses in these categories. Those with anxiety disorders were 0.72 times less likely to be recommended for a TDO.

### *Substance Use*

Section B.3 of the preadmission screening form asked prescreeners to report if the individual being evaluated currently uses substances or has a history of substance use. The section also asked prescreeners to list the drugs the individual uses. The prescriber could report one or any combination of these options (e.g., no historical use or historical use, but no current use), and each available option was included as a variable in the regression. Because there was no explicit checkbox to report that an individual was currently using substances, current use was determined by reviewing the prescriber’s report of substance use history and checking to see if substances were listed in the substance use assessment section of the prescreening form. For example, if a

prescreener did not select any of the historical use options (“No current use reported”, “No historical use reported”, “Historical use only”, or “Declined to answer”) and did not select “No current use reported” or “Declined to answer,” but did list substances in the table (with the exception of tobacco and caffeine), current substance use was assumed. The research team reviewed the summary section of the preadmission screening form for reports of blood alcohol tests or other notes about the individual being intoxicated at the time of the evaluation to determine active intoxication.

No substance use categories were significant predictors of an individual’s likelihood to be recommended for TDO.

### *Strengths and Moderating Factors*

Section C of the preadmission screening form asked prescreeners to list the individual’s strengths and moderating factors, if any, related to the presenting situation. This is a free-form text box on the screening form, and to conduct this analysis, the research team reviewed responses for mention of commonly-reported clinically-based strengths (seeking help, in mental health treatment, insight), as well as nonclinical strengths (educated, family, goal oriented, insurance, housing, income, friends). If there were no strengths or moderating factors listed for an individual, they were recorded as having “none.” Each strength and moderating factor, as well as “none,” was included as a variable in the regression.

Two clinically-based strengths were significant predictors of an individual’s likelihood to be recommended for TDO: insight ( $z = -3.78$ ,  $p < 0.001$ ) and seeking help ( $z = -5.82$ ,  $p < 0.001$ ). Possessing insight predicted that an individual was 0.27 times less likely to be recommended for TDO, and individuals seeking help were 0.31 times less likely. Housing ( $z = 2.09$ ,  $p < 0.05$ ) and insurance ( $z = 2.22$ ,  $p < 0.05$ ) were significant non-clinical moderating factors that predicted an individual was more likely to be recommended for TDO than others not identified as possessing these factors. Those for whom housing was listed as a strength and moderating factor were 1.80 times as likely and those for whom insurance was identified were 1.80 times as likely to be recommended for a TDO. Having no identified strengths and moderating factors on the preadmission screening form (“none”) was a significant predictor of likelihood to be recommended for TDO ( $z = 1.97$ ,  $p < 0.05$ ). Those with no strengths or moderating factors were 1.49 times as likely to be recommended for TDO.

### *Evaluation Duration*

Section A.2 of the preadmission screening form asked prescreeners to note the time the evaluation started and the time the evaluation ended. For this analysis, the time between the evaluation start and end times was calculated in minutes.

The duration of the evaluation was a significant predictor of an individual’s likelihood to be recommended for TDO ( $z = 5.79$ ,  $p < 0.001$ ). For each additional minute of evaluation time, the likelihood that an individual would be recommended for TDO increased 1.004 times. Every additional 15 minutes of evaluation time increased an individual’s odds of being recommended for TDO by a factor of 1.008. Individuals not recommended for TDO had an average evaluation duration of 113.9 minutes, whereas the evaluation of those recommended for TDO had an average duration of 166.03 minutes. However, the range of the evaluation duration for adults

recommended for TDO was wider than that for adults recommended for other outcomes. A wide range impacts the average calculated for adults recommended for TDO. See Appendix 15A for measures of central tendency for the evaluation duration of adults recommended for TDO or other outcomes.

### *Interaction Effects*

Three interactions were significant predictors of an individual's likelihood to be recommended for TDO: Inability to Care for Self Risks + In Mental Health Treatment ( $z = -3.35$ ,  $p < 0.001$ ), Inability to Care for Self Risks + Gender: Male ( $z = -4.65$ ,  $p < 0.001$ ), and Psychotic Diagnosis + Evaluation Duration ( $z = -3.33$ ,  $p < 0.001$ ). For the first interaction, as the number of identified risk factors for inability to care for self increased, the likelihood of being recommended for TDO increased for adults who were not identified as having the moderating factor of being in mental health treatment. For males in the study population, the likelihood of being recommended for TDO increased as the number of risk factors for inability to care for self increased. Individuals identified as having a psychotic diagnosis were more likely to be recommended for TDO if the evaluation duration was under 400 minutes; however, if the evaluation was longer than 400 minutes, those who did not have a psychotic diagnosis were more likely to be recommended for TDO.

### **Child and Adolescent TDO Recommendations**

Due to sample size limitations, separate regressions were conducted for each category below. The same variables that were included in each category for adults were included for children and adolescents. Because separate regressions were conducted, sample size varies slightly across each category due to missing data. Regression results for children and adolescents can be found in Appendices 16 and 17, and counts and measures of central tendency for variables that are significant predictors of TDO recommendation can be found in Appendix 17A.

### *Demographic Characteristics (n=337)*

Caucasian race was the only significant demographic variable for predicting the likelihood that a child or adolescent would be recommended for TDO ( $z = -2.08$ ,  $p < 0.05$ ). Compared to African American children and adolescents, Caucasian children and adolescents were 0.57 times less likely to be recommended for TDO. Slightly fewer than half (49.3%) of screened children and adolescents who were identified as Caucasian were recommended for TDO, while 52.3% of African American children and adolescents who were screened were recommended for TDO.

### *Current and Historical Risk (n=337)*

Two risk variables were significant predictors of whether a child or adolescent would be recommended for a TDO: inability to care for self ( $z = 5.37$ ,  $p < 0.001$ ) and other ( $z = 2.17$ ,  $p < 0.05$ ). The "other" variable included risk factors such as childhood abuse, trauma, and recent discharge from inpatient psychiatric treatment. A child or adolescent possessing the risk factor inability to care for self was 3.97 times more likely to be recommended for a TDO than a child or adolescent without this risk factor, and possession of "other" risk factors resulted in a child or adolescent being 1.36 times more likely to be recommended for a TDO.

### *Mental Status (n=337)*

The sum of “mental status” indicators was a significant factor in predicting whether a child would be recommended for a TDO ( $z= 6.29, p< 0.001$ ). The effect was positive, meaning children and adolescents were 1.22 times more likely to be recommended for a TDO for each mental status indicator that was not WNL. Among children and adolescents recommended for TDO, the sum of mental status indicators not WNL ranged from 0 to 24, with an average of 9.9. Children and adolescents who were not recommended for TDO had an average of 6.4 mental status indicators that were not WNL.

### *Diagnostic Categories (n=330)*

Two diagnostic category variables were significant factors in predicting whether a child would be recommended for a TDO: intellectual and developmental disabilities ( $z= 2.06, p< 0.05$ ) and “other” diagnoses ( $z=3.06, p < 0.01$ ). Children and adolescents diagnosed with intellectual and developmental disabilities were 3.32 times more likely to be recommended for a TDO than those without a diagnosis in this category, though only 5.2% of all children and adolescents evaluated had an intellectual and developmental disabilities diagnosis. Children and adolescents with “other” diagnoses were 2.20 times more likely than children and adolescents without diagnoses in this category. The “other” diagnostic category included diagnoses such as personality disorder, pervasive and specific developmental disorders, behavioral syndromes (e.g., eating or sleep disorders), and unspecified mental disorders.

### *Substance Use (n=290)*

Two variables were significant in predicting whether a child or adolescent would be recommended for TDO: No Current or Historical Use ( $z= -3.98, p< 0.001$ ) and No History of Use ( $z= -2.89, p< 0.001$ ). Children and adolescents with no current or historical substance use were 0.20 less likely to be recommended for TDO. Children and adolescents with no substance use history and no indication of current use were 0.29 times less likely to be recommended for TDO than children and adolescents for whom other responses were reported. Among children and adolescents who reported no historical or current substance use, 80% were not recommended for TDO.

### *Strengths and Moderating Factors (n=337)*

To mitigate a lower sample size that would make an analysis with all strengths and moderating factor unreliable, variables were constructed by combining several factors with similar content (family combined with friends, insight combined with seeking help), and two factors with low counts were removed (goal-oriented and housing). Two strengths and moderating factors were significant predictors of whether a child or adolescent would be recommended for a TDO: the combined family and friends variable ( $z= -2.76, p< 0.01$ ) and the combined insight and seeking help variable ( $z= -3.69, p< 0.001$ ). Children and adolescents possessing the moderating factor family and friends were 0.48 times less likely to be recommended for a TDO, and children and adolescents possessing insight or seeking help were 0.20 times less likely.

### *Evaluation Duration*

The duration of the preadmission screening evaluation was a significant predictor of an child or adolescent’s likelihood to be recommended for TDO ( $z= 3.59, p< 0.001$ ). For each additional minute of evaluation time, the likelihood that an individual would be recommended for TDO



increased 1.005 times. Every additional 15 minutes of evaluation time increased an individual's odds of being recommended for TDO by a factor of 1.07. Children and adolescents not recommended for TDO had an average evaluation duration of 130.08 minutes, whereas the evaluation of those recommended for TDO had an average duration of 191.92 minutes. However, the range of the evaluation duration for children and adolescents recommended for TDO was wider than that for children and adolescents recommended for other outcomes. A wide range impacts the average calculated for adults recommended for TDO. See Appendix 17A for measures of central tendency for the evaluation duration of children and adolescents recommended for TDO or other outcomes.

### **Part III: Hospital Destination**

Chi-square tests and logistic regressions were used to examine the relationships between select variables from the preadmission screening form and likelihood of an evaluation resulting in admission to a state hospital as compared to admission to a non-state hospital. All adults who were hospitalized following evaluation were included in these analyses, regardless of if the hospitalization was voluntary or involuntary. A regression including all selected variables was performed for adults, but due to sample size limitations, individual regressions for each category of variables were conducted for children and adolescents. A significant variable in predicting hospital destination for children and adolescents was only found in the regressions for demographic characteristics and diagnostic category, and, therefore, only these categories of variables are discussed below. Results for adults can be found in Appendices 18 through 21A and results for children and adolescents are included in Appendices 22 through 25A.

#### **Adult Hospital Destination (n=837)**

##### *Commitment Criterion*

Among adults who were hospitalized, meeting the commitment criterion harm to others ( $z= 3.13$ ,  $p< 0.01$ ) or the criterion inability to care for self ( $z= 3.14$ ,  $p< 0.01$ ) significantly predicted likelihood of being admitted to a state hospital. Both criteria were significant in the positive direction; adults who met the harm to others criterion were 7.26 times more likely to be admitted to a state hospital than a non-state hospital, and adults who met the inability to care for self criterion were 5.47 times more likely to be admitted to a state hospital rather than a non-state hospital.

Again, note that the criteria are not mutually exclusive. However, neither meeting any combination of two commitment criteria nor meeting all three criteria was a significant predictor of hospital destination. The table in Appendix 19 shows counts for adults who were admitted to state hospitals (voluntarily or involuntarily) by the availability to least restrictive alternatives for criteria met, and Appendix 19A shows counts for adults admitted to non-state hospitals. Interestingly, 118 (38 admitted to state hospitals, 80 admitted to non-state hospitals) adults were identified as meeting all three commitment criteria with no least restrictive alternative available. A major limitation of destination analysis is the proportion of missing data. Of evaluations in which an adult was recommended for a TDO, the field for facility to which the person was admitted was left blank on 34.8% of preadmission screening forms.

### *Demographic Characteristics*

A regression containing only demographic characteristics variables was performed to explore the relationship between race and gender and hospital destination (see Appendix 20). Male gender was the only significant demographic predictor of likelihood of being admitted to a state hospital ( $z= 3.38, p< 0.001$ ). Adults identified as male on the preadmission screening form were 1.66 times more likely to be admitted to a state hospital than adults identified as female.

When included in the regression with all other variables, male gender remained significant in predicting admission to a state hospital ( $z= 3.68, p< 0.001$ ). Those identified as male were 2.03 times as likely to be admitted to a state hospital than individuals identified as female (see Appendix 21). Slightly more than one quarter (27.6%) of male individuals were admitted to state hospitals while 18.9% of female individuals were admitted to a state hospital. Counts for all variables found to be significant predictors of hospital destination for adults can be found in Appendix 21A.

### *Current and Historical Risk*

Three current and historical risk categories were significant variables for predicting admission to a state hospital versus a non-state hospital: impulsivity risks ( $z= 2.07, p< 0.05$ ), suicidal ideation and behavior risks ( $z= -2.21, p< 0.05$ ), and inability to care for self ( $z= 2.21, p< 0.05$ ). Each impulsivity risk behavior noted by prescreeners increased the likelihood of admission to a state hospital by 6.42 times. Suicidal ideation and behavior risks were the only one of the three significant categories that had a negative effect (0.06 times as likely) on the likelihood of admission to a state hospital. For each behavior indicating that an individual was at risk for inability to care for self, adults were 1.20 times more likely to be admitted to a state hospital than other adults without this risk.

### *Mental Status*

The sum of mental status indicators was not a significant predictor of whether adults would be admitted to a state hospital. The possibility for further research using mental status is discussed in the “Future Analysis” section of this report.

### *Diagnostic Categories*

Three diagnostic category variables were statistically significant predictors of admission to a state hospital versus a non-state hospital: dementia disorders ( $z= 2.59, p< 0.01$ ), intellectual and developmental disabilities ( $z= 4.06, p< 0.001$ ), and mood disorders ( $z= 2.17, p< 0.05$ ). All significant diagnostic category variables were significant in the positive direction meaning that compared to individuals without these diagnoses, individuals diagnosed with dementia (3.53 times more likely), intellectual and developmental disabilities (5.64 times more likely), or mood disorders (2.39 times more likely) were more likely to be admitted to a state hospital than a non-state hospital. Though these diagnoses are significant predictors, adults with dementia disorders or intellectual and developmental disabilities account for only a small portion of the total hospitalized adult population, so caution in interpretation is advised. Because these estimates are based on a relatively small subsample, the size of the effect may be over or underestimated.

### *Substance Use*

Two variables were significant in predicting the likelihood that an individual would be admitted to a state hospital: historical substance use only ( $z= 2.17, p< 0.05$ ) and no current or historical substance use ( $z= 2.41, p< 0.05$ ). Adults with only historical substance use were 2.38 times more likely to be admitted to a state hospital when compared with adults with current substance use. Those with neither current or historical substance use were 2.21 times more likely to be admitted to a state hospital when compared with adults with current substance use.

### *Strengths and Moderating Factors*

Two non-clinical strengths and moderating factors were significant predictors of an adult's likelihood of being admitted to a state hospital. Being goal oriented ( $z= 1.96, p< 0.05$ ) and income ( $z= -2.52, p< 0.01$ ) were significant non-clinical strengths. Adults noted as being goal oriented were 3.48 times more likely to be admitted to a state hospital, and adults for whom income was an identified strength were 0.12 times less likely to be admitted at a state hospital following evaluation. Though having the strength of being goal oriented was a significant predictor, adults with this strength account for only a small portion of the hospitalized adult population, so the size of the effect may be over or underestimated in this subsample. No clinically based strengths and moderating factors were significant.

### *Evaluation Duration*

Evaluation duration was not a significant predictor of an individual's likelihood to be admitted to a state hospital.

## **Child and Adolescent Hospital Destination (n=118)**

The data allowed for Chi-Square tests to be performed to examine the relationship between meeting the harm to self criterion or the inability to care for self criterion and hospital admission type. The physical harm to others criterion did not have sufficient data for a Chi-Square test, but the data were sufficient for a Fisher's Exact Test to be performed. Among children and adolescents who were hospitalized (voluntarily or involuntarily), significant associations were found between destination and each of the commitment criteria (harm to others, Fisher's Exact Test  $p< 0.001$ ; harm to self,  $X^2= 21.64, p< 0.001$ ; inability to care for self,  $X^2= 9.34, p< 0.01$ ). Children and adolescents who met the physical harm criterion (73.4%), harm to self criterion (91.8%), or inability to care for self criterion (72.5%) were admitted to private hospitals more often than state hospitals (see Appendix 22). Those who met the harm to self criterion were admitted to private hospitals more often than those who met either of the other two criteria. Chi-Square and Fisher's Exact tables can be found in Appendix 22.

The table in Appendix 23 shows counts for children and adolescents who were admitted to state hospitals (voluntarily or involuntarily) by commitment criterion, and Appendix 23A shows counts for children and adolescents admitted to non-state hospitals. Eight (2 admitted to state hospitals, 6 admitted to non-state hospitals) children and adolescents were identified as meeting all three commitment criteria with no least restrictive alternative available. A major limitation of destination analysis is the proportion of missing data. Of evaluations in which a child or adolescent was recommended for a TDO, the field for facility to which the individual was admitted was left blank on 35.29% of preadmission screening forms.

### *Demographic Characteristics*

In a regression including only demographic characteristics variables, male gender was the only significant predictor of a child or adolescent's likelihood to be admitted to a state hospital ( $z=2.94$ ,  $p<0.01$ ). Compared to children and adolescents identified as female on the preadmission screening form, those identified as male were 5.90 times more likely to be admitted to a state hospital than a non-state hospital. Slightly more than one quarter (28.6%) of male children and adolescents were admitted to a state hospital whereas 6.6% of female children and adolescents were admitted to a state hospital. Results for the demographic characteristics regression for children and adolescents can be found in Appendix 24.

### *Diagnostic Categories*

Of variables analyzed using separate categorical logistic regressions (see Appendix 25), only one was a significant predictor of whether a child or adolescent would be admitted to a state hospital rather than a non-state hospital: the diagnostic category variable "other diagnoses" ( $z=2.02$ ,  $p<0.05$ ). Children and adolescents with a diagnosis categorized as "other" (e.g., unspecified mental disorders and attention-deficit hyperactivity disorders) were 3.69 times more likely to be admitted to a state hospital than a private facility. Counts for children and adolescents with other diagnoses can be found in Appendix 25A.

## **Limitations**

The data used in this study are secondary data that were originally collected as part of clinical evaluations. Because of this, some data elements may be subject to biases that would not exist if the CSB clinician had filled out the form explicitly for the purpose of research. For example, some clinicians may have been hesitant to record behaviors relating to "harm to others" on a preadmission screening form, as these behaviors may make placing an individual more difficult. Therefore, we might infer that the dataset underestimates the amount of "harm to others" behaviors in the study population.

Converting the clinical preadmission screening form into a research dataset creates other limitations as well. The preadmission screening form includes write-in fields that required processing by ILPPP staff. For example, "facility" is a write-in field. In some cases, CSB prescreeners used acronyms and abbreviations for the facility to which an individual was transferred following the evaluation. For these cases, ILPPP staff used context and information available online to deduce the facility, and in some cases deductions may be inaccurate. Similarly, the field for "disposition" or "CSB recommendation" were blank on many forms. For this reason, the evaluation recommendation variable used in this study was created using a combination of available responses in these fields. There are also many other write-in fields from the preadmission screening form that contain rich clinical information. However, for relative expediency in entering data, ILPPP staff focused on capturing information categorically. Thus, the dataset, at this time, supports limited qualitative (i.e., clinical nuance and reasoning) analysis.

Due to variations in CSB practice, it is possible that different definitions for "emergency evaluation" were used in selecting the data to share with the ILPPP for this study. For example,

some CSBs perform courtesy evaluations for local hospitals; these evaluations are not mandated and may differ substantively from mandated emergency evaluations, but there is no way to determine which of the evaluations we received were courtesy evaluations. Similarly, clinicians at different CSBs (and even within the same CSB) may have different preferences for how they use the preadmission screening form. This can lead to differences in richness of information for some fields, in particular those requiring a write-in response. This limits the ability to directly compare results across CSBs.

ILPPP staff performed quality assurance on the data captured for this study. Through this process, duplicate and a handful of anomalous cases (e.g., what appeared to be intermingled pages from two different evaluations) were removed. However, all such cases may not have been identified during review.

## Future Analysis

The data collected for this study derive from the preadmission screening form used by CSB clinicians. Therefore, variables available for analysis were limited to those regularly recorded on the form. The question of how many contacts were made in the bed search process is of great interest to DBHDS and other stakeholders, but unfortunately this information was available only for a few CSBs that shared supplementary data with the ILPPP. The same is true for information regarding the results of commitment hearings for individuals who were issued a TDO. More data collection is required to examine such questions.

However, further questions for exploration arose as the available data were studied and could be investigated in future analyses. Possible questions include:

- What are some of the relationships between ECO use and TDO recommendation?
  - Do TDO rates differ between those evaluated under a law enforcement-initiated ECO and a magistrate-issued ECO? (Note, though, that concern exists regarding validity of the ECO-type variable.)
- A wide variety of clinically oriented questions, such as:
  - Are some risk factors for each criterion stronger predictors of evaluation recommendation than others?
  - What types of means (as in ‘access to means’ risk factor) are associated with TDO recommendation?
  - What information, if any, do the “Additional Information” fields capture with regard to risk factors? Should that information be captured elsewhere? Should the form be revised to better capture that information?
  - What types of suicidal ideation and homicidal ideation details are associated with admission to a state hospital? To a non-state hospital?
  - How are inability to care for self risk factors associated with self-harm and harm to other risk factors?
  - What is the prevalence of certain impulsivity risk factors (i.e., difficulty following safety plans, revocation/violation of supervision, not following recommended treatment plan)? What is the prevalence of other risk and historical factors, such as childhood abuse/neglect, owns/access to firearm,

recent discharge from inpatient psychiatric care? What other forms of trauma are recorded in the other risk and historical factors section?

- What is the prevalence of the 'high risk' symptoms captured near the top of the mental status portion of the form? What is the prevalence of the levels of insight? The levels of judgment? What is the relationship between "Mental Status" subgroups, TDO recommendation, and likelihood for state hospitalization?
- What proportion of the TDO-recommended population have medical complexities compared to the population of those not recommended for TDO?
  - How do medical complexities affect destination for those issued a TDO?
- Further exploration of the relationship between substance use and TDO recommendation:
  - What is the relationship between intoxication and ECO utilization?
  - Are any substances more closely associated with TDO recommendation than others? Are some groups more likely to receive a TDO recommendation based on substance use?
  - Which psychiatric diagnoses are comorbid with substance use among the TDO-recommended population compared to those not recommended for TDO?

# Appendix 1: CSB Preadmission Screening Form

## A. PREADMISSION FACE SHEET

1. PERSONAL INFORMATION	
Name: _____ <small>First Middle Last</small>	DOB: _____ Age: _____
Address: _____ <small>Street City State Zip code County</small>	
SSN: _____ - _____ - _____ <small>(Optional)</small>	Gender: _____ Race: _____ Hispanic origin? _____
Primary language: _____ Height _____ Weight _____ Hair Color _____ Eye Color _____	
Phone: (____) _____ Marital status: <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Military Status: _____ VA contacted: <input type="checkbox"/> No <input type="checkbox"/> Yes (_____) <small>Name Phone</small>	
2. PREADMISSION SCREENING ENCOUNTER INFORMATION	
Date: _____ Evaluation start time: _____ Evaluation end time: _____ Location: _____	
Referral Source: _____ Evaluating CSB/BHA: _____ Consumer ID# _____	
CSB of Residence: _____ CSB Code #: _____ Contacted?: <input type="checkbox"/> No <input type="checkbox"/> Yes (_____) <small>Name Phone</small>	
REACH program contacted: <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes (_____) <small>Name Phone</small>	
Petitioner Name/Contact Information: _____	
ECO: <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Magistrate issued <input type="checkbox"/> Law enforcement initiated; Date/Time ECO Executed: _____	
Disposition: <input type="checkbox"/> Release <input type="checkbox"/> Referral <input type="checkbox"/> Safety Plan <input type="checkbox"/> CSU <input type="checkbox"/> Voluntary <input type="checkbox"/> Recommitment <input type="checkbox"/> TDO	
<input type="checkbox"/> Other _____ Psych Bed Registry Query # _____ Facility: _____	
Case/TDO # _____ If change of facility, name of new facility: _____	
3. CONTACT INFORMATION & COLLATERAL SOURCES (including health care agent(s))	
Name: _____ Relationship: _____ Phone: (____) _____	
Address: _____ <small>Street City State Zip code County</small>	
Name: _____ Relationship: _____ Phone: (____) _____	
Address: _____ <small>Street City State Zip code County</small>	
Source(s) of Medical History, Medication, & Collateral Information	<input type="checkbox"/> Person <input type="checkbox"/> Family member (name and relationship): _____ <input type="checkbox"/> Others (e.g., medical staff, law enforcement): _____ <input type="checkbox"/> Medication containers <input type="checkbox"/> Medical records (specify): _____ <input type="checkbox"/> Collateral sources were unavailable >> Explain: _____
4. HEALTHCARE INFORMATION AND MEDICAL HISTORY	
Advance Directive: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown If yes, obtained? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If not obtained, location: _____	
If obtained, AD includes: <input type="checkbox"/> Medical <input type="checkbox"/> Mental health <input type="checkbox"/> End-of-life	
Insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> None <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	
First plan # _____ If applicable, second plan #: _____	
Income: <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Unknown	

Person evaluated: \_\_\_\_\_

**Medical History and current medical issues** ( If checked, see attached medical information)

**Allergies(including food) or adverse side effects to medications:**  Yes  No  Unknown

If yes, explain:

**Is the person pregnant?**  Yes  No  Unknown  N/A

**Current Medications:**  No  Yes  If checked, see attached medication list

Name	Dose	Schedule	Prescriber

**Recent medication change?**  Unknown  No  Yes >> Explain:

**5. LEGAL STATUS**

Code value: \_\_\_\_\_

Details:

Contact Person:

**B. RISK ASSESSMENT DETAILS**

**1. REASON FOR REFERRAL**

**2. CURRENT AND HISTORICAL RISK INDICATORS**

>> Suicidal Ideation/Behavior: Screen for Current and Historical <<

Current & Historical Thoughts and Means	Comments (details for each item that is applicable, including timeframe)	None known/ reported
<b>Suicidal Thoughts</b>		<input type="checkbox"/>
<b>Suicide Plan</b>		<input type="checkbox"/>
<b>Suicidal Intent</b>		<input type="checkbox"/>

Person evaluated: \_\_\_\_\_



<b>Access to Means</b>		<input type="checkbox"/>
<b>Self-Harm</b>		<input type="checkbox"/>
<b>Suicide Attempt(s)</b>	(including if attempt was stopped by someone or something, or attempt made when others around)	<input type="checkbox"/>
Additional information, if applicable. (In cases where the risk assessment cannot be completed, you may document the reason(s) here.)		
<b>&gt;&gt; Physical Harm Ideation/Behavior: Screen for Current and Historical &lt;&lt;</b>		
Current & Historical Behavior	Comments (details for each item that is applicable, including ability to carry out thoughts/plans and timeframe)	None known/ reported
<b>Threats; thoughts or plans to harm</b>		<input type="checkbox"/>
<b>Expressions of aggression or anger</b>		<input type="checkbox"/>
<b>Fight or attempted fight</b>		<input type="checkbox"/>
<b>Other:</b>		<input type="checkbox"/>
<b>Past physical harm ideation/behavior</b>		<input type="checkbox"/>
Additional information, if applicable. (In cases where the risk assessment cannot be completed, you may document the reason(s) here.)		
<b>&gt;&gt; Inability to Care for Self: Screen for Current and Historical &lt;&lt;</b>		
<b>Evidence of decreased ability to provide for basic needs and/or protection as a result of mental illness:</b> <input type="checkbox"/> None known/reported <input type="checkbox"/> Unable to seek basic nourishment <input type="checkbox"/> Unable to seek shelter (not just lack of access) <input type="checkbox"/> Clothing unsuitable for weather <input type="checkbox"/> Recklessness (spending, safety) <input type="checkbox"/> Serious neglect of hygiene/ADL's <input type="checkbox"/> Serious neglect of medical care <input type="checkbox"/> Other:		
<b>Comments:</b>		
*For minors, ability to care for self is defined in terms of what would be expected for a minor of a similar age and inability is evidenced by delusory thinking or a significant impairment of functioning hydration, nutrition, self-protection, or self-control.		

Person evaluated: \_\_\_\_\_

3. OTHER HISTORICAL RISK FACTORS					
Evidence of Impulsivity/Self-Control					
Behavior	Comments (details for each item that is applicable)	None known/ reported			
Non-suicidal self-injury		<input type="checkbox"/>			
Reckless behavior		<input type="checkbox"/>			
Difficulty following through with safety plans		<input type="checkbox"/>			
Revocation/violation of probation, supervised release, or other such supervision		<input type="checkbox"/>			
Did not follow recommended treatment plan (e.g., MOT, outpatient)		<input type="checkbox"/>			
Substance Use Assessment					
<input type="checkbox"/> No current use reported <input type="checkbox"/> No history of use reported <input type="checkbox"/> Historical use only <input type="checkbox"/> Declined to answer					
Drug	Frequency	Amount	Method	Last Use Date	Age of 1 <sup>st</sup> Use
History of significant withdrawal symptoms:					
<input type="checkbox"/> Seizures <input type="checkbox"/> DTs <input type="checkbox"/> Other: _____					
Lab Results:					
Blood alcohol level: _____      Toxicology screen: _____					
Other Risk and Historical Factors					
<input type="checkbox"/> None known/reported <input type="checkbox"/> Family or peer suicide <input type="checkbox"/> Childhood abuse/neglect					
<input type="checkbox"/> Other trauma: _____					
<input type="checkbox"/> Recent discharge from inpatient psychiatric (within last 60 days) <input type="checkbox"/> Owns or has access to firearm					
<input type="checkbox"/> Other: _____					
4. PSYCHIATRIC TREATMENT					
Is the person currently in treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If yes: Name of facility/provider: _____					
Date treatment began: _____      Frequency of treatment: _____					
History of treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If yes, list most recent providers/facilities, type of treatment, and dates of service:					
Provider or Facility	Treatment type (e.g., outpatient, inpatient, detox)			Dates of service	

Person evaluated: \_\_\_\_\_

**History of treatment...**  
 with psychiatric medication?  Yes  No  Unknown  
 in state hospital?  Yes  No  Unknown (name and date: \_\_\_\_\_)  
 in a crisis stabilization unit?  Yes  No  Unknown (name and date: \_\_\_\_\_)

Does the person express treatment preferences?  Yes  No  Unknown  
 If yes, the person's preferences are:

**5. CURRENT SYMPTOMS AND MENTAL STATUS**

**Diagnosis** (ICD-10; (P) for provisional, (H) for historical)

**Symptoms** (Check all that apply)  
 High anxiety, stress, emotional pain  Hopelessness  Anger  Feeling burdensome to others  
 Negative appraisal of illness or recovery  Social withdrawal  Increased depressive symptoms

**Capacity** (For adults and minors age 14 and older)  
 The individual appears to have capacity to consent to voluntary psychiatric admission because able to:  
 Maintain and communicate choice,  
 Understand relevant information, and  
 Understand consequences  
 The individual appears to lack capacity

**Mental Status** (Check all that apply)

<b>Appearance</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> unkempt	<input type="checkbox"/> poor hygiene	<input type="checkbox"/> tense	<input type="checkbox"/> rigid	<input type="checkbox"/> other:
<b>Motor</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> psychomotor retardation	<input type="checkbox"/> psychomotor agitation	<input type="checkbox"/> tremor	<input type="checkbox"/> restless	<input type="checkbox"/> other:
<b>Behavior</b>	<input type="checkbox"/> WNL <input type="checkbox"/> tearful	<input type="checkbox"/> agitated <input type="checkbox"/> easily startled	<input type="checkbox"/> guarded <input type="checkbox"/> other:	<input type="checkbox"/> manic	<input type="checkbox"/> distracted	<input type="checkbox"/> impulsive
<b>Orientation</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> time disorientation	<input type="checkbox"/> place disorientation	<input type="checkbox"/> person disorientation	<input type="checkbox"/> situation disorientation	<input type="checkbox"/> other:
<b>Speech</b>	<input type="checkbox"/> WNL <input type="checkbox"/> slurred	<input type="checkbox"/> pressured <input type="checkbox"/> other:	<input type="checkbox"/> slowed	<input type="checkbox"/> soft	<input type="checkbox"/> loud	<input type="checkbox"/> incoherent
<b>Mood</b>	<input type="checkbox"/> WNL <input type="checkbox"/> withdrawn	<input type="checkbox"/> depressed <input type="checkbox"/> anhedonic <input type="checkbox"/> other:	<input type="checkbox"/> angry <input type="checkbox"/> other:	<input type="checkbox"/> hostile	<input type="checkbox"/> euphoric	<input type="checkbox"/> anxious
<b>Affect</b>	<input type="checkbox"/> WNL <input type="checkbox"/> other:	<input type="checkbox"/> constricted	<input type="checkbox"/> blunted	<input type="checkbox"/> flat	<input type="checkbox"/> labile	<input type="checkbox"/> incongruent with situation
<b>Thought Content</b>	<input type="checkbox"/> WNL <input type="checkbox"/> obsessions	<input type="checkbox"/> impaired <input type="checkbox"/> grandiose	<input type="checkbox"/> unfocused <input type="checkbox"/> phobias	<input type="checkbox"/> preoccupied <input type="checkbox"/> ideas of reference	<input type="checkbox"/> delusions <input type="checkbox"/> paranoid	<input type="checkbox"/> thought insertion <input type="checkbox"/> other:
<b>Thought Process</b>	<input type="checkbox"/> WNL <input type="checkbox"/> impaired concentration	<input type="checkbox"/> illogical <input type="checkbox"/> circumstantial	<input type="checkbox"/> concrete <input type="checkbox"/> loose associations	<input type="checkbox"/> incoherent <input type="checkbox"/> flight of ideas	<input type="checkbox"/> tangential <input type="checkbox"/> thought blocking	<input type="checkbox"/> perseverative <input type="checkbox"/> other:
<b>Sensory</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> hallucinations type: _____		<input type="checkbox"/> illusions	<input type="checkbox"/> flashbacks	<input type="checkbox"/> other:
<b>Memory</b>	<input type="checkbox"/> WNL <input type="checkbox"/> other:	<input type="checkbox"/> impaired immediate		<input type="checkbox"/> impaired recent	<input type="checkbox"/> impaired remote	
<b>Appetite</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> decreased	<input type="checkbox"/> increased	<input type="checkbox"/> weight loss	<input type="checkbox"/> weight gain	<input type="checkbox"/> other:
<b>Sleep</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> insomnia	<input type="checkbox"/> onset problem	<input type="checkbox"/> maintenance problem	<input type="checkbox"/> hypersomnia	<input type="checkbox"/> other:
<b>Insight</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> some	<input type="checkbox"/> little	<input type="checkbox"/> none	<input type="checkbox"/> blaming	<input type="checkbox"/> other:
<b>Judgment</b>	<input type="checkbox"/> WNL	<input type="checkbox"/> impaired	<input type="checkbox"/> poor	<input type="checkbox"/> other:		

Person evaluated: \_\_\_\_\_

Is there a prior episode of psychosis?  No  Unknown  Yes (if yes, describe in Mental Status Narrative)

Is the person showing symptoms of psychosis?  No  Yes (if yes, describe in Mental Status Narrative)

**Mental Status Narrative** (description of symptoms checked above):

**Engagement, Reliability, Response to Interviewers**  
 Person's report appears reliable and consistent.  Yes  No  
 Engaged and cooperative with assessment and treatment planning.  Yes  No

Comments (optional):

6. FEASIBILITY OF LESS RESTRICTIVE ALTERNATIVES			
	Yes	No	N/A
<b>Suicide</b>			
Available resources are sufficient to address immediate suicide risk and person-specific triggers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical Harm</b>			
Available resources are sufficient to address immediate risk of physical harm and person-specific triggers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Inability to care for self and basic needs</b>			
Available resources are sufficient to improve person's ability to care for self and basic needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Plans for addressing risk in the community -or- Rationale why less restrictive alternatives not feasible</b> ( <input type="checkbox"/> If checked, see attached safety plan):			

**C. PREADMISSION SCREENING SUMMARY**

**1. PRESENTING SITUATION**

Summary of presenting crisis (including person and collateral perspectives):

The person's most significant stressors:

Coping strategies already attempted by the person:

Person evaluated: \_\_\_\_\_



**Strengths or moderating factors related to documented risk issues and/or concerns:**

**Assessment and disposition recommendation summary (including person-specific triggers that could quickly increase risk for suicidal or physical harm or quickly decrease ability to care for self and basic needs, and any available resources or protective factors):**

**D. CSB RECOMMENDATIONS**

**ADULT - As a result of the emergency evaluation:**

The CSB finds that the person  meets /  does not meet the civil commitment criteria, and the CSB recommends:

- No further action at this time
- Voluntary community treatment (if known at time of disposition, facility/provider: \_\_\_\_\_)
- Voluntary admission to a crisis stabilization program at \_\_\_\_\_
- Voluntary inpatient treatment
- Temporary detention order
- Recommitment

The CSB further recommends:

- Consideration of 10-day inpatient admission by health care agent or guardian consent  
Agent or guardian name: \_\_\_\_\_
- Alternative transportation by \_\_\_\_\_

**MINOR - As a result of the emergency evaluation, the CSB recommends:**

The CSB finds that the minor  meets /  does not meet the civil commitment criteria, and the CSB recommends:

- No further action at this time
- Voluntary community treatment (if known at time of disposition, facility/provider: \_\_\_\_\_)
- Voluntary admission to a crisis stabilization program at \_\_\_\_\_
- Voluntary inpatient treatment
- Temporary detention order

The CSB further recommends:

- Alternative transportation by \_\_\_\_\_
- An order directing either or both parents/guardian to comply with conditions relating to minor's treatment

Person evaluated: \_\_\_\_\_

**E. NOTIFICATIONS**

<b>1. Attempt to obtain person's agreement or objection to legally required notifications</b> (per Va. Code § 32.1-127.1:03(D34))		
_____ will be contacted with information directly relevant to their involvement with the person's health care, including location and general condition. <input type="checkbox"/> Person agrees <input type="checkbox"/> Person objects <input type="checkbox"/> Person lacks capacity <input type="checkbox"/> Emergency makes impractical to agree/object		
<b>2. Required notification to family member or personal representative, including agent in healthcare advance directive</b> (per Va. Code §§ 16.1-337 or 37.2-804.2)		
<input type="checkbox"/> Contact was made with _____ via _____ <input type="checkbox"/> Reasonable attempt was made to contact _____ via _____ Comments: <input type="checkbox"/> No notification made because <input type="checkbox"/> Notice already provided, or <input type="checkbox"/> Contact is prohibited by court order, or <input type="checkbox"/> Consent is not available and contact is not in person's best interest, or <input type="checkbox"/> Person has capacity and objects		
<b>3. Required notification when TDO is <u>not</u> recommended for an adult</b> (per Va. Code §37.2-809)		
<input type="checkbox"/> The evaluator informed <input type="checkbox"/> the petitioner (_____), <input type="checkbox"/> the onsite treating physician (_____), and <input type="checkbox"/> the person who initiated emergency custody (_____); or check here <input type="checkbox"/> if the person was not present). <input type="checkbox"/> Person who initiated emergency custody was informed that CSB would facilitate communication with the magistrate upon request <input type="checkbox"/> Person who initiated emergency custody requested to speak with magistrate regarding recommendation, so evaluator made arrangements		

\_\_\_\_\_  
 Preadmission screening clinician signature                      Date                      CSB/BHA

\_\_\_\_\_  
 Printed name (Not required if electronically signed)

\_\_\_\_\_  
 Preadmission screening clinician signature                      Date                      CSB/BHA

\_\_\_\_\_  
 Printed name (Not required if electronically signed)

Person evaluated: \_\_\_\_\_

**F. CSB Report to Court and Recommendations for the Individual's Placement, Care, and Treatment**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm

- No further treatment required.
- Has /  Does not have sufficient capacity to accept treatment (N/A for minors under age 14 except for outpatient treatment).
- Is /  Is not willing to be treated voluntarily (N/A under Virginia Code § 19.2-169.6).
- Voluntary community treatment at the  CSB ( \_\_\_\_\_ ) or  other ( \_\_\_\_\_ ).
- Voluntary admission to a crisis stabilization program ( \_\_\_\_\_ ).
- Adult:** Voluntary inpatient treatment because individual requires hospitalization and has indicated that he/she will agree to a voluntary period of up to 72 hours and will give the facility 48 hours' notice to leave in lieu of involuntary admission.
- Minor:** Voluntary inpatient treatment of minor younger than 14 or non-objecting minor 14 years of age or older.
- Minor:** Parental admission of an objecting minor 14 years of age or older pursuant to 16.1-339.

**Minor 16.1-340.4**  Under age 14  Age 14 or older

(For inpatient treatment only) Parent or guardian  is /  is not willing to consent to voluntary admission.

**Because of mental illness, meets the criteria for involuntary admission or mandatory outpatient treatment as follows:**

- The minor presents a serious danger to self or others to the extent that severe or irremediable injury is likely to result, as evidenced by recent acts or threats, or  The minor is experiencing serious deterioration of his ability to care for himself in a developmentally age appropriate manner, evidenced by:  delusional thinking or significant impairment of functioning in  hydration  nutrition  self-protection  self-control.
  - The minor is in need of compulsory treatment for mental illness and is reasonably likely to benefit from the proposed treatment.
- The parent or guardian with whom the minor resides is willing to approve any proposed commitment.
- Yes  No  Unavailable If no, such treatment is necessary to protect the minor's life, health, safety or normal development.  Yes  No

**Therefore, the CSB recommends:**

- Involuntary admission and inpatient treatment, as there are no less restrictive alternatives to inpatient treatment.
  - Alternative transportation provided by: \_\_\_\_\_
- Mandatory outpatient treatment (16.1-345.2) not to exceed 90 days because  less restrictive alternatives to involuntary inpatient treatment that would offer an opportunity for improvement of his condition have been investigated and determined to be appropriate; and  providers of the services have agreed to deliver the services. The minor, if 14 years of age or older, and his parents or guardians  have sufficient capacity to understand the stipulations of the minor's treatment,  have expressed an interest in the minor's living in the community and have agreed to abide by the minor's treatment plan, and  are deemed to have the capacity to comply with the treatment plan and understand and adhere to conditions and requirements of the treatment and services. And  the ordered treatment can be delivered on an outpatient basis by the CSB or a designated provider(s) ( \_\_\_\_\_ ).
- The best interests of the minor require an order directing either or both of the minor's parents or guardian to comply with reasonable conditions relating to the minor's treatment.  Yes  No

**Adult 37.2-816**

**Because of mental illness meets the criteria for involuntary admission or mandatory outpatient treatment\* as follows:**

- There is a substantial likelihood of serious physical harm to  self or  others in the near future as a result of mental illness as evidenced by recent behavior causing, attempting or threatening harm and other relevant information, if any, or
- There is substantial likelihood that, as a result of mental illness, in the near future he/she will suffer serious harm due to lack of capacity  to protect him/herself from harm or  to provide for his/her basic human needs\*

**Therefore, the CSB recommends:**

- Involuntary admission and inpatient treatment as there are no less restrictive alternatives to inpatient treatment.
  - Alternative transportation provided by: \_\_\_\_\_
- Mandatory outpatient treatment (37.2-817(D)) because  less restrictive alternatives to involuntary inpatient treatment that would offer an opportunity for improvement of his/her condition have been investigated and  are deemed to be appropriate; and the person  has agreed to abide by his/her treatment plan and  has the ability to do so. The recommended treatment  is actually available on an outpatient basis by the  CSB or  designated provider(s) ( \_\_\_\_\_ ).
- Physician discharge to mandatory outpatient treatment following inpatient admission pursuant to 37.2-817(C1)&(C2).  The person has a history of lack of compliance with treatment for mental illness that at least twice within the past 36 months has resulted in the person being subject to an order for involuntary admission;  in view of the person's treatment history and current behavior, the person is in need of mandatory outpatient treatment following inpatient treatment in order to prevent relapse or deterioration of his condition that would be likely to result in the person meeting the criteria for involuntary inpatient treatment;  as a result of mental illness, the person is unlikely to voluntarily participate in outpatient treatment unless the court enters an order authorizing discharge to mandatory outpatient treatment; and  the person is likely to benefit from mandatory outpatient treatment.

\_\_\_\_\_  
Preadmission screening clinician signature                      Date

\_\_\_\_\_  
Preadmission screening clinician signature                      Date

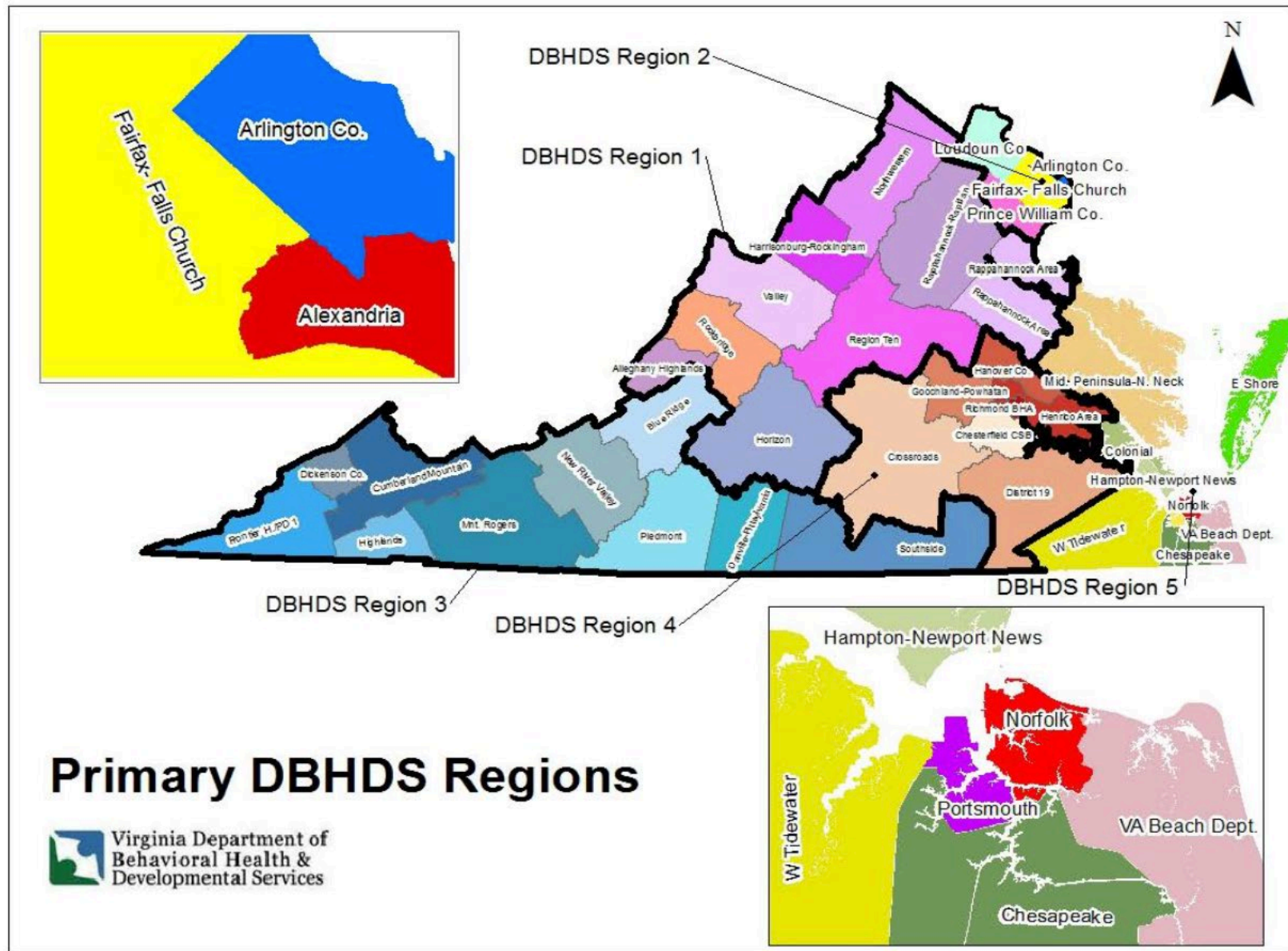
\_\_\_\_\_  
Print name here (Not required if electronically signed)                      CSB/BHA

\_\_\_\_\_  
Print name here (Not required if electronically signed)                      CSB/BHA

*\*Not applicable under Virginia Code 19.2-16*

Person evaluated: \_\_\_\_\_

Appendix 2: DBHDS Health Planning Districts





### Appendix 3: Localities Served by CSBs

Name	County or City
Alleghany-Highlands Community Services Board	County of Alleghany
	City of Clifton
	City of Forge
	City of Covington
Blue Ridge Behavioral Healthcare	County of Botetourt
	County of Craig
	County of Roanoke
	City of Roanoke
City of Salem	
Chesapeake Community Services Board	City of Chesapeake
Chesterfield Community Services Board	County of Chesterfield
Crossroads Community Services Board	County of Amelia
	County of Buckingham
	County of Charlotte
	County of Cumberland
	County of Lunenburg
	County of Nottoway
County of Prince Edward	
Cumberland Mountain Community Services Board	County of Buchanan
	County of Russell
	County of Tazewell
Danville-Pittsylvania Community Services	Pittsylvania County
	City of Danville
Dickenson County Behavioral Health Services	Dickenson County
District 19 Community Services Board	County of Dinwiddie
	County of Greensville
	County of Prince George
	County of Surry
	County of Sussex
	City of Colonial Heights
	City of Emporia
	City of Hopewell
City of Petersburg	
Goochland-Powhatan Community Services	County of Goochland
	County of Powhatan
Hanover Community Services Board	County of Hanover
Henrico Area Mental Health; Developmental Services	Charles City
	County of Henrico
	County of Kent
Highlands Community Services	Washington County
	City of Bristol

Name	County or City
Middle Peninsula-Northern Neck Community Services Board	County of Essex
	County of Gloucester
	County of King
	County of Queen
	County of King William
	County of Lancaster
	County of Mathews
	County of Middlesex
	County of Northumberland
	County of Richmond
	County of Westmoreland
Mount Rogers	County of Bland
	County of Carroll
	County of Grayson
	County of Smyth
	County of Wythe
	City of Galax
New River Valley Community Services	County of Floyd
	County of Giles
	County of Montgomery
	County of Pulaski
	City of Blacksburg
Piedmont Community Services	City of Radford
	County of Franklin
	County of Henry
	County of Patrick
Planning District 1	City of Martinsville
	Lee County
	Scott County
	Wise County
Rappahannock Area Community Services Board	City of Norton
	County of Caroline
	County of King George
	County of Spotsylvania
	County of Stafford
Region Ten Community Services Board	City of Fredericksburg
	County of Albemarle
	County of Fluvanna
	County of Greene
	County of Louisa
	County of Nelson
Richmond Behavioral Health Authority	City of Charlottesville
Southside Community Services Board	City of Richmond
	County of Brunswick
	County of Halifax
	County of Mecklenburg
Valley Community Services Board	City of South Boston
	County of Augusta
	County of Highland
	City of Staunton
Virginia Beach Community Services Board	City of Waynesboro
	City of Virginia Beach

## Appendix 4: Counts of Adults Prescreened by CSB

<b>Evaluating CSB</b>	<b>Adult N (%)</b>
<i>Alleghany Highlands</i>	23 (71.88)
<i>Blue Ridge</i>	188 (93.07)
<i>Chesapeake</i>	69 (90.79)
<i>Chesterfield</i>	45 (84.91)
<i>Crossroads</i>	47 (85.45)
<i>Cumberland</i>	42 (80.77)
<i>Danville-Pittsylvania</i>	102 (85)
<i>Dickenson</i>	3 (100)
<i>District 19</i>	167 (90.27)
<i>Goochland-Powhatan</i>	7 (87.5)
<i>Hanover</i>	28 (96.55)
<i>Henrico</i>	146 (92.41)
<i>Highlands</i>	68 (74.73)
<i>Middle Peninsula-Northern Neck</i>	45 (78.95)
<i>Mount Rogers</i>	158 (77.45)
<i>New River Valley</i>	115 (79.31)
<i>Piedmont</i>	105 (88.24)
<i>Planning District 1</i>	30 (83.33)
<i>RACSB</i>	195 (87.05)
<i>Region Ten CSB</i>	99 (86.09)
<i>Richmond</i>	260 (92.2)
<i>Southside Community Service Board</i>	53 (86.89)
<i>Valley</i>	90 (81.82)
<i>Virginia Beach</i>	127 (95.49)

## Appendix 5: Demographic Characteristics Data for Adults

### Gender for adults

	Count	%
<i>Female</i>	1060	47.92
<i>Male</i>	1137	51.40
<i>Other</i>	3	0.14
<i>Unknown</i>	12	0.54
<i>Total</i>	2212	

### Race for adults

	Count	%
<i>African-American</i>	610	27.58
<i>Caucasian</i>	1476	66.73
<i>Asian</i>	12	0.54
<i>Multiple races</i>	31	1.4
<i>Other</i>	60	2.71
<i>Unknown</i>	16	0.72
<i>Blank</i>	7	0.32
<i>Total</i>	2212	

### Hispanic origin for adults

	Count	%
<i>No</i>	2048	92.59
<i>Yes</i>	55	2.49
<i>Unknown</i>	82	3.71
<i>Blank</i>	27	1.22
<i>Total</i>	2212	

## Appendix 6: Evaluation Recommendations by CSB for Adults

<b>Evaluating CSB</b>	<b>Eloped</b> N (%)	<b>No further treatment</b> N (%)	<b>Recommitment</b> N (%)	<b>Temporary Detention Order</b> N (%)	<b>Voluntary admission to crisis stabilization program</b> N (%)	<b>Voluntary community treatment</b> N (%)	<b>Voluntary inpatient</b> N (%)	<b>Other</b> N (%)	<b>Blank</b> N (%)
<i>Alleghany Highlands</i>	0 (0)	4 (17.39)	0 (0)	10 (43.48)	0 (0)	8 (34.78)	1 (4.35)	0 (0)	0 (0)
<i>Blue Ridge</i>	0 (0)	22 (11.70)	14 (7.45)	121 (64.36)	3 (1.60)	14 (7.45)	10 (5.32)	4 (7.45)	0 (0)
<i>Chesapeake</i>	0 (0)	2 (2.90)	2 (2.90)	41 (59.42)	2 (2.90)	11 (15.94)	3 (4.35)	7 (2.90)	1 (1.45)
<i>Chesterfield</i>	0 (0)	9 (20)	0 (0)	24 (53.33)	2 (4.44)	7 (15.56)	3 (6.67)	0 (0)	0 (0)
<i>Crossroads</i>	0 (0)	3 (6.39)	0 (0)	19 (40.43)	7 (14.89)	16 (34.04)	1 (2.13)	0 (0)	1 (2.13)
<i>Cumberland</i>	0 (0)	10 (23.81)	7 (16.67)	13 (30.95)	0 (0)	2 (4.76)	6 (14.29)	4 (9.52)	0 (0)
<i>Danville-Pittsylvania</i>	1 (0.98)	14 (13.73)	1 (0.98)	59 (57.84)	1 (0.98)	14 (13.73)	11 (10.78)	1 (0.98)	0 (0)
<i>Dickenson</i>	0 (0)	2 (66.67)	0 (0)	1 (33.33)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
<i>District 19</i>	0 (0)	28 (16.77)	2 (1.20)	70 (41.92)	11 (6.59)	20 (11.98)	36 (21.56)	0 (0)	0 (0)
<i>Goochland-Powhatan</i>	0 (0)	0 (0)	3 (42.86)	3 (42.86)	0 (0)	1 (14.29)	0 (0)	0 (0)	0 (0)
<i>Hanover</i>	0 (0)	4 (14.29)	2 (7.14)	16 (57.14)	1 (3.57)	5 (17.86)	0 (0)	0 (0)	0 (0)
<i>Henrico</i>	0 (0)	17 (11.64)	7 (4.79)	78 (53.42)	15 (10.27)	14 (9.59)	15 (10.27)	0 (0)	0 (0)
<i>Highlands</i>	0 (0)	8 (11.76)	8 (11.76)	40 (58.82)	1 (1.47)	6 (8.82)	5 (7.35)	0 (0)	0 (0)
<i>Middle Peninsula-Northern Neck</i>	0 (0)	6 (13.33)	0 (0)	18 (40.00)	1 (2.22)	14 (31.11)	6 (13.33)	0 (0)	0 (0)
<i>Mount Rogers</i>	0 (0)	10 (6.33)	12 (7.59)	69 (43.67)	21 (13.29)	37 (23.42)	7 (4.43)	2 (1.27)	0 (0)
<i>New River Valley</i>	0 (0)	5 (4.35)	6 (5.22)	74 (64.35)	15 (13.04)	9 (7.83)	3 (2.61)	2 (1.74)	1 (0.87)
<i>Piedmont</i>	0 (0)	18 (17.14)	2 (1.90)	31 (29.52)	1 (0.95)	35 (33.33)	18 (17.14)	0 (0)	0 (0)
<i>Planning District 1</i>	0 (0)	0 (0)	1 (3.33)	19 (63.33)	0 (0)	7 (23.33)	3 (10.00)	0 (0)	0 (0)

<i>RACSB</i>	0 (0)	12 (6.15)	9 (4.62)	71 (36.41)	37 (18.97)	34 (17.44)	32 (16.41)	0 (0)	0 (0)
<i>Region Ten CSB</i>	0 (0)	6 (6.06)	8 (8.08)	44 (44.44)	6 (6.06)	17 (17.17)	16 (16.16)	2 (2.02)	0 (0)
<i>Richmond</i>	0 (0)	21 (8.08)	9 (3.46)	139 (53.46)	8 (3.08)	29 (11.15)	53 (20.38)	1 (0.38)	0 (0)
<i>Southside Community Services Board</i>	0 (0)	4 (7.55)	0 (0)	21 (39.62)	1 (1.89)	14 (26.42)	13 (24.53)	0 (0)	0 (0)
<i>Valley</i>	0 (0)	7 (7.78)	15 (16.67)	43 (47.78)	4 (4.44)	12 (13.33)	8 (8.89)	1 (1.11)	0 (0)
<i>Virginia Beach</i>	0 (0)	7 (5.51)	1 (0.79)	82 (64.57)	23 (18.11)	8 (6.30)	4 (3.15)	0 (0)	2 (1.57)
<i>Total</i>	1 (0.05)	219 (9.90)	109 (4.93)	1106 (50.00)	160 (7.23)	334 (15.10)	254 (11.48)	24 (1.08)	5 (0.23)

## Appendix 7: Adult Evaluation Recommendations by Demographic Characteristics

### Evaluation recommendation by race

	<b>Eloped</b> N (%)	<b>No further treatment</b> N (%)	<b>Recommitment</b> N (%)	<b>Temporary Detention Order</b> N (%)	<b>Voluntary admission to crisis stabilization program</b> N (%)	<b>Voluntary community treatment</b> N (%)	<b>Voluntary inpatient</b> N (%)	<b>Other</b> N (%)	<b>Blank</b> N (%)
<i>African-American</i>	1 (0.16)	55 (9.02)	31 (5.08)	318 (52.13)	37 (6.07)	97 (15.9)	65 (10.66)	4 (0.66)	2 (0.33)
<i>Caucasian</i>	0 (0)	154 (10.43)	73 (4.95)	726 (49.19)	112 (7.59)	218 (14.77)	171 (11.59)	19 (1.29)	3 (0.2)
<i>Asian</i>	0 (0)	2 (16.67)	1 (8.33)	5 (41.67)	2 (16.67)	2 (16.67)	0 (0)	0 (0)	0 (0)
<i>Multiple races</i>	0 (0)	0 (0)	0 (0)	18 (58.06)	4 (12.9)	6 (19.35)	3 (9.68)	0 (0)	0 (0)
<i>Other</i>	0 (0)	5 (8.33)	3 (5)	28 (46.67)	4 (6.67)	9 (15)	11 (18.33)	0 (0)	0 (0)
<i>Unknown</i>	0 (0)	1 (6.25)	1 (6.25)	9 (56.25)	1 (6.25)	1 (6.25)	3 (18.75)	0 (0)	0 (0)
<i>Blank</i>	0 (0)	2 (28.57)	0 (0)	2 (28.57)	0 (0)	1 (14.29)	1 (14.29)	1 (14.29)	0 (0)
<i>Total</i>	1	219	109	1106	160	334	254	24	5

### Evaluation recommendation by gender

	<b>Eloped</b> N (%)	<b>No further treatment</b> N (%)	<b>Recommitment</b> N (%)	<b>Temporary Detention Order</b> N (%)	<b>Voluntary admission to crisis stabilization program</b> N (%)	<b>Voluntary community treatment</b> N (%)	<b>Voluntary inpatient</b> N (%)	<b>Other</b> N (%)	<b>Blank</b> N (%)
<i>Female</i>	0 (0)	109 (10.28)	46 (4.34)	503 (47.45)	91 (8.58)	171 (16.13)	0 (0)	7 (0.66)	5 (0.47)
<i>Male</i>	1 (0.09)	107 (9.41)	61 (5.36)	596 (52.42)	69 (6.07)	161 (14.16)	1 (0.09)	17 (1.5)	0 (0)
<i>Other</i>	0 (0)	0 (0)	0 (0)	2 (66.67)	0 (0)	1 (33.33)	0 (0)	0 (0)	0 (0)
<i>Unknown</i>	0 (0)	3 (25)	2 (16.67)	5 (41.67)	0 (0)	1 (8.33)	0 (0)	0 (0)	0 (0)
<i>Total</i>	1	219	109	1106	160	334	254	24	5

## Appendix 8: TDO rate by CSB for Adults

<b>Evaluating CSB</b>	<b>%</b>
<i>Alleghany Highlands</i>	43.48
<i>Blue Ridge</i>	64.36
<i>Chesapeake</i>	59.42
<i>Chesterfield</i>	53.33
<i>Crossroads</i>	40.43
<i>Cumberland</i>	30.95
<i>Danville-Pittsylvania</i>	57.84
<i>Dickenson</i>	33.33
<i>District 19</i>	41.92
<i>Goochland-Powhatan</i>	42.86
<i>Hanover</i>	57.14
<i>Henrico</i>	53.42
<i>Highlands</i>	58.82
<i>Middle Peninsula-Northern Neck</i>	40
<i>Mount Rogers</i>	43.67
<i>New River Valley</i>	64.35
<i>Piedmont</i>	29.52
<i>Planning District 1</i>	63.33
<i>RACSB</i>	36.41
<i>Region Ten CSB</i>	44.44
<i>Richmond</i>	53.46
<i>Southside Community Services Board</i>	39.62
<i>Valley</i>	47.78
<i>Virginia Beach</i>	64.57



## Appendix 9: Rate of TDO Admission by Facility Type and CSB for Adults

<b>Evaluating CSB</b>	<b>CSU</b>	<b>Non-State Hospital</b>	<b>Rehabilitation Facility</b>	<b>State Hospital</b>	<b>Other</b>	<b>Unknown</b>	<b>Blank</b>
<i>Alleghany Highlands</i>	0	50	0	10	0	0	40
<i>Blue Ridge</i>	0	36.36	3.31	33.06	1.65	0	25.62
<i>Chesapeake</i>	0	0	0	0	0	0	100
<i>Chesterfield</i>	0	29.17	0	12.5	0	0	58.33
<i>Crossroads</i>	0	15.79	0	21.05	0	0	63.16
<i>Cumberland</i>	0	53.85	0	23.08	0	0	23.08
<i>Danville-Pittsylvania</i>	0	64.41	1.69	22.03	0	0	11.86
<i>Dickenson</i>	0	0	0	0	0	0	100
<i>District 19</i>	0	31.43	0	5.71	0	0	62.86
<i>Goochland-Powhatan</i>	0	66.67	0	33.33	0	0	0
<i>Hanover</i>	0	87.5	0	12.5	0	0	0
<i>Henrico</i>	0	66.67	0	17.95	0	0	15.38
<i>Highlands</i>	0	60	0	32.5	0	0	7.5
<i>Middle Peninsula-Northern Neck</i>	0	72.22	0	16.67	0	0	11.11
<i>Mount Rogers</i>	0	52.17	1.45	13.04	0	0	33.33
<i>New River Valley</i>	14.86	50	0	29.73	0	0	5.41
<i>Piedmont</i>	0	12.9	0	0	0	0	87.1
<i>Planning District 1</i>	0	26.32	0	10.53	0	0	63.16
<i>RACSB</i>	0	54.93	0	4.23	0	0	40.85
<i>Region Ten CSB</i>	0	77.27	0	18.18	0	0	4.55
<i>Richmond</i>	0	48.2	0	10.07	4.32	0	37.41
<i>Southside Community Services Board</i>	0	52.38	0	19.05	4.76	4.76	19.05
<i>Valley</i>	0	55.81	0	34.88	0	0	9.3
<i>Virginia Beach</i>	0	32.93	0	2.44	0	0	64.63

## Appendix 10: TDO Admission Facility Type by Race

### TDO facility by race for adults

<b>Race</b>	<b>CSU</b>	<b>Non- State Hospital</b>	<b>Rehabilitation Facility</b>	<b>State Hospital</b>	<b>Other</b>	<b>Unknown</b>	<b>Blank</b>
<i>African-American</i>	0.31	44.97	0.63	15.09	1.57	0	37.42
<i>Caucasian</i>	0.83	47.8	0.55	16.39	0.41	0.14	33.88
<i>Asian</i>	0	60	0	20	0	0	20
<i>Multiple races</i>	11.11	33.33	0	16.67	0	0	38.89
<i>Other</i>	3.57	35.71	0	25	3.57	0	32.14
<i>Unknown</i>	11.11	66.67	0	11.11	0	0	11.11
<i>Blank</i>	0	0	0	50	0	0	50

### TDO facility by race for children and adolescents

<b>Race</b>	<b>Non-State Hospital</b>	<b>Rehabilitation Facility</b>	<b>State Hospital</b>	<b>Blank</b>
<i>African-American</i>	38.89	0	16.67	44.44
<i>Caucasian</i>	49.25	5.97	19.4	25.37
<i>Asian</i>	0	0	0	100
<i>Multiple races</i>	60	0	0	40
<i>Other</i>	50	0	0	50
<i>Unknown</i>	50	0	0	50

## Appendix 11: Demographic Characteristics Data for Children and Adolescents

### Gender for Children and Adolescents

	Count	%
<i>Female</i>	163	48.22%
<i>Male</i>	173	51.18%
<i>Unknown</i>	2	0.59%
<i>Total</i>	338	

### Race for Children and Adolescents

	Count	%
<i>African-American</i>	81	23.96%
<i>Caucasian</i>	213	63.02%
<i>Asian</i>	4	1.18%
<i>Multiple races</i>	18	5.33%
<i>Other</i>	19	5.62%
<i>Unknown</i>	3	0.89%
<i>Total</i>	338	

### Hispanic Origin for Children and Adolescents

	Count	%
<i>No</i>	307	90.83%
<i>Yes</i>	18	5.33%
<i>Unknown</i>	13	3.85%
<i>Total</i>	338	

## Appendix 12: Child and Adolescent Evaluation Recommendations by Demographic Group

### Evaluation recommendation by gender

	No further treatment N (%)	Temporary Detention Order N (%)	Voluntary admission to crisis stabilization program N (%)	Voluntary community treatment N (%)	Voluntary inpatient N (%)	Other N (%)	Unknown N (%)
<i>Female</i>	19 (11.66)	50 (30.67)	17 (10.43)	44 (26.99)	29 (17.79)	3 (1.84)	1 (0.61)
<i>Male</i>	18 (10.4)	69 (39.88)	11 (6.36)	57 (32.95)	17 (9.83)	1 (0.58)	0 (0)
<i>Unknown</i>	0 (0)	0 (0)	0 (0)	1 (50)	1 (50)	0 (0)	0 (0)
<i>Total</i>	37	119	28	102	47	4	1

### Evaluation recommendation by race

Race	No further treatment N (%)	Temporary Detention Order N (%)	Voluntary admission to crisis stabilization program N (%)	Voluntary community treatment N (%)	Voluntary inpatient N (%)	Other N (%)	Unknown N (%)
<i>African-American</i>	7 (8.64)	36 (44.44)	5 (6.17)	23 (28.4)	9 (11.11)	1 (1.23)	0 (0)
<i>Caucasian</i>	24 (11.27)	67 (31.46)	21 (9.86)	67 (31.46)	31 (14.55)	2 (0.94)	1 (0.47)
<i>Asian</i>	0 (0)	3 (75)	0 (0)	0 (0)	0 (0)	1 (25)	0 (0)
<i>Multiple races</i>	2 (11.11)	5 (27.78)	1 (5.56)	9 (50)	1 (5.56)	0 (0)	0 (0)
<i>Other</i>	4 (21.05)	6 (31.58)	1 (5.26)	3 (15.79)	5 (26.32)	0 (0)	0 (0)
<i>Unknown</i>	0 (0)	2 (66.67)	0 (0)	0 (0)	1 (33.33)	0 (0)	0 (0)

## Appendix 13: Logistic Regression Formulas for Adults

### Base Regression Covariates: TDO Recommendation and Destination

- *Current and Historical Risks: Other*
- *Current and Historical Risks: Impulsivity*
- *Current and Historical Risks: Physical*
- *Current and Historical Risks: Suicidality*
- *Current and Historical Risks: Inability to Care for Self*
- *Sum of Mental Status Indicators*
- *Diagnosis: Substance Use*
- *Diagnosis: Psychotic*
- *Diagnosis: Dementia*
- *Diagnosis: Intellectual and Developmental Disabilities*
- *Diagnosis: Other*
- *Diagnosis: Anxiety Disorder*
- *Diagnosis: Mood Disorder*
- *Strengths and Moderating Factors: Educated*
- *Strengths and Moderating Factors: Family*
- *Strengths and Moderating Factors: Goal Oriented*
- *Strengths and Moderating Factors: Insurance*
- *Strengths and Moderating Factors: Seeking Help*
- *Strengths and Moderating Factors: Housing*
- *Strengths and Moderating Factors: In Mental Health Treatment*
- *Strengths and Moderating Factors: Insight*
- *Strengths and Moderating Factors: Income*
- *Strengths and Moderating Factors: Friends*
- *Strengths and Moderating Factors: None*
- *Gender*
- *Race*

### Interaction Terms: TDO Recommendation Only

- *Current and Historical Risks: Inability to Care for Self + Strengths and Moderating Factors: In Mental Health Treatment*
- *Current and Historical Risks: Inability to Care for Self + Gender*
- *Diagnosis: Psychotic + Evaluation Duration*

Appendix 14: Demographic Characteristics Logistic Regression for TDO Recommendation for Adults

<b>Variable</b>	<b>Odds Ratio</b>	<b>SE</b>	<b>Test Statistic (z)</b>	<b>p value</b>
<i>Intercept</i>	1.00	0.09	-0.05	0.96
<i>Gender: Male</i>	1.21	0.09	2.18	0.03*
<i>Gender: Other</i>	2.27	1.23	0.67	0.50
<i>Gender: Unknown</i>	0.85	0.77	-0.21	0.83
<i>Race: Asian</i>	0.66	0.59	-0.69	0.49
<i>Race: Caucasian</i>	0.89	0.10	-1.25	0.21
<i>Race: Multiple Race</i>	1.25	0.38	0.59	0.55
<i>Race: Other</i>	0.81	0.27	-0.79	0.43
<i>Race: Unknown</i>	1.16	0.51	0.30	0.77

**N = 2,197; R-Squared = 0.004**

**\*\*\* p < 0.001; \*\* p < 0.01; \* p < 0.05**

## Appendix 15: Logistic Regression for TDO Recommendation for Adults

<b>Variable</b>	<b>Odds Ratio</b>	<b>SE</b>	<b>Test Statistic (z)</b>	<b>p value</b>
<i>Intercept</i>	0.04	0.31	-10.46	0.00***
<i>Other Current and Historical Risks</i>	1.04	0.08	0.50	0.62
<i>Impulsivity Risks</i>	2.10	0.46	1.63	0.10
<i>Physical Harm Risks</i>	0.64	0.29	-1.55	0.12
<i>Suicidal Ideation and Behavior Risks</i>	0.87	0.22	-0.65	0.51
<i>Inability to Care for Self Risks</i>	1.99	0.12	5.59	0.00***
<i>Sum of Mental Status Indicators</i>	1.21	0.01	13.62	0.00***
<i>Substance Use Diagnosis</i>	1.00	0.17	0.02	0.98
<i>Psychotic Diagnosis</i>	3.53	0.24	5.32	0.00***
<i>Dementia Diagnosis</i>	0.78	0.40	-0.61	0.54
<i>Intellectual and Developmental Disability</i>	0.68	0.37	-1.04	0.30
<i>Other Diagnosis</i>	1.92	0.21	3.17	0.00**
<i>Anxiety Diagnosis</i>	0.72	0.16	-2.05	0.04*
<i>Mood Diagnosis</i>	1.91	0.17	3.85	0.00***
<i>Substance Use: Historical Only</i>	0.79	0.31	-0.77	0.44
<i>Substance Use: No Current or Historical Use</i>	0.64	0.23	-1.93	0.054
<i>Substance Use: No Current Use</i>	0.86	0.18	-0.84	0.40

<i>Substance Use: No History</i>	0.64	0.2556	-1.7372	0.08
<i>Substance Use: Current Use. No History</i>	0.52	1.1398	-0.5730	0.57
<i>Active Intoxication</i>	1.24	0.2101	1.0374	0.30
<i>Moderating Factor: Educated</i>	0.63	0.4909	-0.9561	0.34
<i>Moderating Factor: Family</i>	1.03	0.1401	0.1894	0.85
<i>Moderating Factor: Goal Oriented</i>	0.50	0.4379	-1.5922	0.11
<i>Moderating Factor: Insurance</i>	1.80	0.2652	2.2247	0.03*
<i>Moderating Factor: Seeking Help</i>	0.31	0.2034	-5.8150	0.00***
<i>Moderating Factor: Housing</i>	1.80	0.2799	2.0906	0.04*
<i>Moderating Factor: In Mental Health Treatment</i>	1.06	0.2026	0.3052	0.76
<i>Moderating Factor: Insight</i>	0.27	0.3504	-3.7725	0.00***
<i>Moderating Factor: Income</i>	0.87	0.3120	-0.4556	0.65
<i>Moderating Factor: Friends</i>	0.84	0.2587	-0.6941	0.49
<i>Moderating Factor: None</i>	1.49	0.2032	1.9702	0.05*
<i>Evaluation Duration</i>	1.004	0.0007	5.7915	0.00***
<i>Gender: Male</i>	1.49	0.1545	2.5809	0.01**
<i>Gender: Other</i>	0.00	882.7435	-0.0121	0.99
<i>Gender: Unknown</i>	0.00	362.1413	-0.0371	0.97
<i>Race: Asian</i>	0.55	0.9134	-0.6593	0.51
<i>Race: Caucasian</i>	0.87	0.1484	-0.9718	0.33
<i>Race: Multiple Race</i>	0.62	0.6341	-0.7422	0.46
<i>Race: Other</i>	0.78	0.4215	-0.5817	0.56
<i>Race: Unknown</i>	0.66	0.8130	-0.5034	0.61



<i>Current and Historical Risks: Inability to Care for Self + Strengths and Moderating Factors: In Mental Health Treatment</i>	0.59	0.1597	-3.3512	0.00***
<i>Current and Historical: Inability to Care for Self Risks + Gender: Male</i>	0.51	0.1439	-4.6478	0.00***
<i>Current and Historical: Inability to Care for Self Risks + Gender: Other</i>	366626.90	624.1939	0.0205	0.98
<i>Current and Historical: Inability to Care for Self Risks + Gender: Unknown</i>	4557841107 4.07	954.1396	0.0257	0.98
<i>Psychotic Diagnosis + Evaluation Duration</i>	1.00	0.0011	-3.3343	0.00***

**N = 1,659; R-Squared = 0.38**

**\*\*\* p < 0.001; \*\* p < 0.01; \* p < 0.05**

Appendix 15A: Counts and Measures of Central Tendency by TDO Outcome for Variables Found to Be Significant in Regression Model of TDO Recommendation for Adults

Demographic Characteristics

<b>Gender</b>	<b>TDO Not Recommended</b>	<b>TDO Recommended</b>
<i>Female (n = 1,055)</i>	552	503
<i>Male (n = 1,137)</i>	541	596
<i>Other (n = 3)</i>	1	2
<i>Unknown (n = 7)</i>	4	3

Current and Historical Risk

<b>Current and Historical Risk Factor</b>	<b>TDO Not Recommended</b>	<b>TDO Recommended</b>
<i>Number of impulsivity items noted</i>		
0	1089	1082
1	1	6
2	8	5
3	3	11
4+	0	2
<i>Number of inability to care for self items noted</i>		
0	871	535
1	144	341
2	55	126
3	14	75
4+	17	29

Mental Status

<b>Measures of Central Tendency for Mental Status Indicators</b>	<b>TDO Not Recommended</b>	<b>TDO Recommended</b>
<i>Range</i>	(0, 32)	(0, 37)
<i>Mean</i>	7.56	13.49
<i>Median</i>	7	13
<i>Standard Deviation</i>	5.04	6.40

## Diagnostic Categories

<b>Diagnostic Category</b>	<b>TDO Not Recommended</b>	<b>TDO Recommended</b>
<i>Anxiety Disorders (n = 494)</i>	302	192
<i>Mood Disorders (n = 1,222)</i>	616	606
<i>Psychotic Disorders (n = 561)</i>	185	376
<i>Other (n = 252)</i>	113	139

## Strengths and Moderating Factors

<b>Strengths and Moderating Factors</b>	<b>TDO Not Recommended</b>	<b>TDO Recommended</b>
<i>Insurance (n = 149)</i>	53	96
<i>Seeking Help (n = 314)</i>	242	72
<i>Housing (n = 135)</i>	47	88
<i>Insight (n = 136)</i>	114	22

## Evaluation Duration

<b>Measures of Central Tendency for Evaluation Duration</b>	<b>TDO Not Recommended</b>	<b>TDO Recommended</b>
<i>Range</i>	(10, 1605)	(0, 4893)
<i>Mean</i>	113.90	166.03
<i>Median</i>	90	120
<i>Standard Deviation</i>	107.73	218.78

Interaction: Inability to Care for Self Risks and In Mental Health Treatment

		Current and Historical Risks: Inability to Care for Self		
		TDO Not Recommended	TDO Recommended	
Strengths and Moderating Factors: In Mental Health Treatment	Yes	0	126	80
		1	24	42
		2	14	16
		3	4	11
		4+	9	5
	No	0	745	455
		1	120	299
		2	41	110
		3	10	64
		4+	8	24

Interaction: Inability to Care for Self Risks and Male Gender

Current and Historical Risks: Inability to Care for Self		TDO Not Recommended	TDO Recommended
0		406	304
1		79	185
2		33	52
3		11	40
4+		12	15

Interaction: Evaluation Duration and Psychotic Disorder Diagnosis

		<b>Measures of Central Tendency for Evaluation Duration</b>	<b>TDO Not Recommended</b>	<b>TDO Recommended</b>
<b>Psychotic Disorder Diagnosis</b>	<b>No</b>	<i>Range</i>	(14, 790)	(0, 4893)
		<i>Mean</i>	112.59	176.03
		<i>Median</i>	90	120
		<i>Standard Deviation</i>	82.33	252.26
	<b>Yes</b>	<i>Range</i>	(10, 1605)	(0, 780)
		<i>Mean</i>	120.02	147.31
		<i>Median</i>	90	105
		<i>Standard Deviation</i>	185.05	133.93

Appendix 16: Demographic Characteristics Logistic Regression for TDO Recommendation for Children and Adolescents

<b>Variable</b>	<b>Odds Ratio</b>	<b>SE</b>	<b>Test Statistic (z)</b>	<b>p value</b>
<i>Intercept</i>	0.67	0.26	-1.53	0.13
<i>Gender: Male</i>	1.43	0.24	1.53	0.13
<i>Gender: Unknown</i>	0.00	614.51	-0.02	0.98
<i>Race: Asian</i>	3.42	1.18	1.04	0.30
<i>Race: Caucasian</i>	0.57	0.27	-2.08	0.04*
<i>Race: Multiple Race</i>	0.53	0.58	-1.11	0.27
<i>Race: Other</i>	0.55	0.54	-1.09	0.28
<i>Race: Unknown</i>	2.35	1.25	0.68	0.49

**N = 337; R-Squared = 0.04**

**\*\*\* p < 0.001; \*\* p < 0.01; \* p < 0.05**

Appendix 17: Individual Variable Logistic Regressions for TDO Recommendation for Children and Adolescents

	<b>Variable</b>	<b>Odds Ratio</b>	<b>SE</b>	<b>Test Statistic (z)</b>	<b>p value</b>
<b>Mental Status Indicators</b>	<i>Intercept</i>	0.14	0.38	-5.25	0.00***
	<i>Sum of Mental Status Indicators</i>	1.22	0.03	6.29	0.00***
	<i>Gender: Male</i>	1.46	0.25	1.48	0.14
	<i>Gender: Unknown</i>	0.00	602.16	-0.02	0.98
	<i>Race: Asian</i>	4.48	1.36	1.11	0.27
	<i>Race: Caucasian</i>	0.55	0.29	-2.07	0.04*
	<i>Race: Multiple Race</i>	0.54	0.64	-0.97	0.33
	<i>Race: Other</i>	0.44	0.58	-1.41	0.16
	<i>Race: Unknown</i>	1.26	1.27	0.18	0.86
	<b>N = 337; R-Squared = 0.17</b>				
<b>Diagnostic Categories</b>	<i>Intercept</i>	0.36	0.38	-2.70	0.01*
	<i>Intellectual and Developmental Disability</i>	3.32	0.58	2.06	0.04*
	<i>Other Diagnosis</i>	2.20	0.26	3.06	0.00**
	<i>Anxiety Diagnosis</i>	0.90	0.27	-0.43	0.67
	<i>Mood Diagnosis</i>	1.67	0.27	1.86	0.06
	<i>Gender: Male</i>	1.19	0.25	0.70	0.49
	<i>Gender: Unknown</i>	0.00	1014.59	-0.01	0.99
	<i>Race: Asian</i>	NA	738.87	0.02	0.98
	<i>Race: Caucasian</i>	0.57	0.28	-1.99	0.05*
	<i>Race: Multiple Race</i>	0.75	0.60	-0.48	0.63
	<i>Race: Other</i>	0.57	0.57	-0.99	0.32
	<i>Race: Unknown</i>	3.10	1.30	0.87	0.38
<b>N = 330; R-Squared = 0.10</b>					
<b>*** p &lt; 0.001; ** p &lt; 0.01; * p &lt; 0.05</b>					

	<b>Variable</b>	<b>Odds Ratio</b>	<b>SE</b>	<b>Test Statistic (z)</b>	<b>p value</b>
<b>Substance Use</b>	<i>Intercept</i>	1.46	0.42	0.91	0.36
	<i>Substance Use: Historical Only</i>	0.89	0.75	-0.17	0.87
	<i>Substance Use: No Current or Historical Use</i>	0.20	0.40	-3.98	0.00***
	<i>Substance Use: No Current Use</i>	0.52	0.40	-1.64	0.10
	<i>Substance Use: No History</i>	0.29	0.43	-2.89	0.00**
	<i>Substance Use: Current Use. No History</i>	4155735.56	1455.40	0.01	0.99
	<i>Active Intoxication</i>	1.36	1.06	0.29	0.77
	<i>Gender: Male</i>	1.22	0.27	0.76	0.45
	<i>Gender: Unknown</i>	0.00	1026.04	-0.01	0.99
	<i>Race: Caucasian</i>	0.77	0.31	-0.86	0.39
	<i>Race: Multiple Race</i>	0.43	0.85	-1.00	0.32
	<i>Race: Other</i>	0.73	0.62	-0.52	0.60
	<i>Race: Unknown</i>	1.60	1.45	0.32	0.75
	<b>N = 290; R-Squared = 0.10</b>				
<b>Current and Historical Risk Factors</b>	<i>Intercept</i>	0.29	0.34	-3.59	0.00***
	<i>Other Current and Historical Risks</i>	1.36	0.14	2.17	0.03*
	<i>Impulsivity Risks</i>	NA	3984.65	0.02	0.99
	<i>Physical Harm Risks</i>	0.00	2390.79	-0.02	0.99
	<i>Suicidal Ideation and Behavior Risks</i>	0.00	796.92	-0.02	0.99
	<i>Inability to Care for Self Risks</i>	3.97	0.26	5.37	0.00***
	<i>Gender: Male</i>	1.88	0.26	2.38	0.02*
	<i>Gender: Unknown</i>	0.00	4612.01	0.00	1.00
	<i>Race: Asian</i>	5.37	1.21	1.39	0.16
	<i>Race: Caucasian</i>	0.53	0.29	-2.18	0.03*
	<i>Race: Multiple Race</i>	0.68	0.62	-0.61	0.54
	<i>Race: Other</i>	0.67	0.57	-0.69	0.49
	<i>Race: Unknown</i>	2.23	1.29	0.62	0.53
	<b>N = 337; R-Squared = 0.18</b>				
<b>*** p &lt; 0.001; ** p &lt; 0.01; * p &lt; 0.05</b>					



	<b>Variable</b>	<b>Odds Ratio</b>	<b>SE</b>	<b>Test Statistic (z)</b>	<b>p value</b>
<b>Strengths and Moderating Factors</b>	<i>Intercept</i>	1.20	0.33	0.52	0.60
	<i>Educated</i>	0.90	0.73	-0.14	0.89
	<i>Family and/or Friends</i>	0.48	0.27	-2.76	0.01*
	<i>None</i>	1.02	0.39	0.04	0.96
	<i>Insurance</i>	2.03	0.55	1.30	0.19
	<i>Insight and/or Seeking Help</i>	0.20	0.44	-3.69	0.00***
	<i>In Mental Health Treatment</i>	1.22	0.32	0.64	0.53
	<i>Gender: Male</i>	1.30	0.25	1.03	0.30
	<i>Gender: Unknown</i>	0.00	584.19	-0.02	0.98
	<i>Race: Asian</i>	3.10	1.20	0.94	0.35
	<i>Race: Caucasian</i>	0.54	0.29	-2.14	0.03*
	<i>Race: Multiple Race</i>	0.57	0.61	-0.91	0.36
	<i>Race: Other</i>	0.56	0.58	-1.00	0.32
	<i>Race: Unknown</i>	3.60	1.43	0.89	0.37

**N = 337; R-Squared = 0.12**

<b>Evaluation Duration</b>	<i>Intercept</i>	0.37	0.31	-3.17	0.00**
	<i>Evaluation Duration</i>	1.005	0.00	3.95	0.00***
	<i>Gender: Male</i>	1.32	0.26	1.07	0.29
	<i>Gender: Unknown</i>	0.00	882.74	-0.06	0.99
	<i>Race: Asian</i>	2174697.21	882.74	0.02	0.99
	<i>Race: Caucasian</i>	0.48	0.30	-2.43	0.02*
	<i>Race: Multiple Race</i>	0.60	0.62	-0.81	0.42
	<i>Race: Other</i>	0.45	0.65	-1.25	0.21
	<i>Race: Unknown</i>	1.96	1.27	0.53	0.60

**N = 297; R-Squared = 0.10**

**\*\*\* p < 0.001; \*\* p < 0.01; \* p < 0.05**

Appendix 17A: Counts and Measures of Central Tendency by TDO Outcome for Variables Found to Be Significant in Regression Model of TDO Recommendation for Children and Adolescents

Demographic Characteristics

<b>Race</b>	<b>TDO Not Recommended</b>	<b>TDO Recommended</b>
<i>African American (n = 608)</i>	290	318
<i>Asian (n = 12)</i>	7	5
<i>Caucasian (n = 1,473)</i>	747	726
<i>Multiple Race (n = 31)</i>	13	18
<i>Other (n = 60)</i>	32	28
<i>Unknown (n = 16)</i>	7	9

Current and Historical Risk

<b>Current and Historical Risk Factors</b>	<b>TDO Not Recommended</b>	<b>TDO Recommended</b>
<i>Number of other items noted</i>		
0	79	36
1	91	41
2	39	30
3	9	12
4+	0	0
<i>Number of inability to care for self items noted</i>		
0	189	68
1	27	42
2	2	7
3	0	1
4+	0	1

Mental Status

<b>Measures of Central Tendency for Mental Status Indicators</b>	<b>TDO Not Recommended</b>	<b>TDO Recommended</b>
<i>Range</i>	(0, 21)	(0, 24)
<i>Mean</i>	6.40	9.91
<i>Median</i>	6	10
<i>Standard Deviation</i>	3.96	4.37

### Diagnostic Category

<b>Diagnostic Category</b>	<b>TDO Not Recommended</b>	<b>TDO Recommended</b>
<i>Intellectual and Developmental Disability (n = 17)</i>	5	12
<i>Other (n = 148)</i>	80	68

### Substance Use

<b>Substance Use History</b>	<b>TDO Not Recommended</b>	<b>TDO Recommended</b>
<i>No Current or Historical Use (n = 100)</i>	80	20
<i>No History (n = 59)</i>	43	16

### Strengths and Moderating Factors

<b>Strengths and Moderating Factors</b>	<b>TDO Not Recommended</b>	<b>TDO Recommended</b>
<i>Family and Friends (n = 164)</i>	119	45
<i>Insight and Seeking Help (n = 21)</i>	17	4

### Evaluation Duration

<b>Measures of Central Tendency for Evaluation Duration</b>	<b>TDO Not Recommended</b>	<b>TDO Recommended</b>
<i>Range</i>	(0, 1050)	(20, 675)
<i>Mean</i>	130.08	191.92
<i>Median</i>	120.00	147.50
<i>Standard Deviation</i>	100.03	151.50

## Appendix 18: Commitment Criteria Logistic Regression for Hospital of Admission for Adults

Variable	Odds Ratio	SE	Test Statistic (z)	p value
<i>Intercept</i>	0.06	0.55	-5.22	0.00***
<i>Meets Suicide Criterion</i>	1.28	0.56	0.44	0.66
<i>Meets Physical Harm Criterion</i>	7.26	0.63	3.13	0.00**
<i>Meets Inability to Care for Self Criterion</i>	5.47	0.54	3.14	0.01**
<i>Meets Suicide and Physical Harm Criteria</i>	0.38	0.72	-1.33	0.13
<i>Meets Suicide and Inability to Care for Self Criteria</i>	0.38	0.63	-1.52	0.06
<i>Meets Physical Harm and Inability to Care for Self Criteria</i>	0.27	0.68	-1.91	0.30
<i>Meets All Three Criteria</i>	2.35	0.83	1.03	0.30
<i>Race: Asian</i>	0.68	1.20	-0.33	0.26
<i>Race: Caucasian</i>	1.22	0.18	1.12	0.89
<i>Race: Multiple Race</i>	0.91	0.73	-0.13	0.44
<i>Race: Other</i>	1.45	0.48	0.76	0.62
<i>Race: Unknown</i>	0.66	0.84	-0.50	0.18

**N = 1,051; R-Squared = 0.09**

**\*\*\* p < 0.001; \*\* p < 0.01; \* p < 0.05**

Appendix 19: Counts of Adults Admitted to State Hospitals, by Commitment Criteria Met and Least Restrictive Alternative Availability

		Harm to Others		
		<i>LRA Available</i>	<i>No LRA</i>	<i>Criterion Not Met</i>
Harm to Self	<i>LRA Available</i>	Care for Self	Care for Self	Care for Self
		<i>LRA</i> 1	<i>LRA</i> 1	<i>LRA</i> 0
		<i>No LRA</i> 3	<i>No LRA</i> 7	<i>No LRA</i> 0
		<i>Not Met</i> 0	<i>Not Met</i> 0	<i>Not Met</i> 0
	<i>No LRA</i>	Care for Self	Care for Self	Care for Self
		<i>LRA</i> 1	<i>LRA</i> 2	<i>LRA</i> 0
		<i>No LRA</i> 0	<i>No LRA</i> 38	<i>No LRA</i> 18
		<i>Not Met</i> 0	<i>Not Met</i> 16	<i>Not Met</i> 30
	<i>Criterion Not Met</i>	Care for Self	Care for Self	Care for Self
<i>LRA</i> 1		<i>LRA</i> 1	<i>LRA</i> 1	
<i>No LRA</i> 1		<i>No LRA</i> 43	<i>No LRA</i> 67	
	<i>Not Met</i> 1	<i>Not Met</i> 12	<i>Not Met</i> 4 <sup>10</sup>	

Appendix 19A: Counts of Adults Admitted to Non-State Hospitals, by Commitment Criteria Met and Least Restrictive Alternative Availability

		Harm to Others		
		<i>LRA Available</i>	<i>No LRA</i>	<i>Criterion Not Met</i>
Harm to Self	<i>LRA Available</i>	Care for Self	Care for Self	Care for Self
		<i>LRA</i> 8	<i>LRA</i> 0	<i>LRA</i> 5
		<i>No LRA</i> 12	<i>No LRA</i> 4	<i>No LRA</i> 6
		<i>Not Met</i> 4	<i>Not Met</i> 2	<i>Not Met</i> 18
	<i>No LRA</i>	Care for Self	Care for Self	Care for Self
		<i>LRA</i> 21	<i>LRA</i> 6	<i>LRA</i> 0
		<i>No LRA</i> 4	<i>No LRA</i> 80	<i>No LRA</i> 70
		<i>Not Met</i> 0	<i>Not Met</i> 44	<i>Not Met</i> 251
	<i>Criterion Not Met</i>	Care for Self	Care for Self	Care for Self
<i>LRA</i> 0		<i>LRA</i> 0	<i>LRA</i> 2	
<i>No LRA</i> 1		<i>No LRA</i> 50	<i>No LRA</i> 149	
	<i>Not Met</i> 1	<i>Not Met</i> 19	<i>Not Met</i> 48	

<sup>10</sup> Note that counts in Appendices 19 and 19A may differ from counts in Tables 3 and 3A due to the inclusion of individuals who did not meet any of the criteria. Counts in Tables 3 and 3A were limited to evaluation recommendations that were likely to result in admission to a facility. These Appendices include all individuals who were admitted to a hospital regardless of evaluation recommendation.

Appendix 20: Demographic Characteristics Logistic Regression for Hospital of Admission for Adults

<b>Variable</b>	<b>Odds Ratio</b>	<b>SE</b>	<b>Test Statistic (z)</b>	<b>p value</b>
<i>Intercept</i>	0.22	0.17	-8.89	0.00***
<i>Gender: Male</i>	1.66	0.15	3.38	0.00***
<i>Gender: Other</i>	0.00	535.41	-0.02	0.98
<i>Gender: Unknown</i>	2.13	1.23	0.61	0.54
<i>Race: Asian</i>	1.15	1.17	0.12	0.91
<i>Race: Caucasian</i>	1.06	0.17	0.33	0.74
<i>Race: Multiple Race</i>	0.90	0.68	-0.15	0.88
<i>Race: Other</i>	1.17	0.46	0.34	0.74
<i>Race: Unknown</i>	0.71	0.80	-0.43	0.67

**N = 1,051; R-Squared = 0.01**

**\*\*\* p < 0.001; \*\* p < 0.01; \* p < 0.05**

## Appendix 21: Logistic Regression for State Hospitalization for Adults

Variable	Odds Ratio	SE	Test Statistic (z)	p value
<i>Intercept</i>	0.10	0.44	-5.25	0.00***
<i>Other Current and Historical Risks</i>	1.17	0.11	1.45	0.15
<i>Impulsivity Risks</i>	6.42	0.90	2.07	0.04*
<i>Physical Harm Risks</i>	3.53	0.74	1.70	0.09
<i>Suicidal Ideation and Behavior Risks</i>	0.06	1.25	-2.21	0.03*
<i>Inability to Care for Self Risks</i>	1.20	0.08	2.21	0.03*
<i>Substance Use Diagnosis</i>	1.34	0.25	1.16	0.25
<i>Psychotic Diagnosis</i>	1.63	0.28	1.79	0.07
<i>Dementia Diagnosis</i>	3.53	0.49	2.59	0.01**
<i>Intellectual and Developmental Disability</i>	5.64	0.43	4.06	0.00***
<i>Other Diagnosis</i>	1.42	0.28	1.27	0.20
<i>Anxiety Diagnosis</i>	0.93	0.24	-0.31	0.75
<i>Mood Diagnosis</i>	2.39	0.40	2.17	0.03*
<i>Sum of Mental Status Indicators</i>	0.99	0.02	-0.39	0.70
<i>Substance Use: Historical Only</i>	2.38	0.40	2.17	0.03*
<i>Substance Use: No Current or Historical Use</i>	2.21	0.33	2.41	0.02*
<i>Substance Use: No Current Use</i>	1.42	0.27	1.33	0.18
<i>Substance Use: No History</i>	0.83	0.40	-0.48	0.63
<i>Substance Use: Current Use, No History</i>	0.00	2399.54	-0.01	1.00
<i>Active Intoxication</i>	0.82	0.31	-0.63	0.53
<i>Moderating Factor: Educated</i>	0.00	615.87	-0.02	0.98
<i>Moderating Factor: Family</i>	0.79	0.21	-1.12	0.26
<i>Moderating Factor: Goal Oriented</i>	3.48	0.63	1.96	0.05*
<i>Moderating Factor: Insurance</i>	1.16	0.38	0.40	0.69
<i>Moderating Factor: Seeking Help</i>	0.59	0.31	-1.70	0.09
<i>Moderating Factor: Housing</i>	2.16	0.40	1.92	0.06

<i>Moderating Factor: In Mental Health Treatment</i>	1.59	0.24	1.92	0.06
<i>Moderating Factor: Insight</i>	0.42	0.55	-1.5811	0.11
<i>Moderating Factor: Income</i>	0.12	0.84	-2.5216	0.01*
<i>Moderating Factor: Friends</i>	0.39	0.55	-1.7233	0.09
<i>Moderating Factor: None</i>	0.76	0.28	-0.9852	0.32
<i>Evaluation Duration</i>	1.00	0.00	1.56	0.12
<i>Gender: Male</i>	2.03	0.19	3.68	0.00***
<i>Gender: Unknown</i>	6.11	1.46	1.24	0.21
<i>Race: Asian</i>	0.00	1373.63	-0.01	0.99
<i>Race: Caucasian</i>	1.08	0.21	0.34	0.73
<i>Race: Multiple Race</i>	0.16	2.79	-0.66	0.51
<i>Race: Other</i>	1.43	0.60	0.60	0.55
<i>Race: Unknown</i>	1.01	1.17	0.01	0.99

**N = 837; R-Squared = 0.19**

**\*\*\* p < 0.001; \*\* p < 0.01; \* p < 0.05**



Appendix 21A: Counts and Measures of Central Tendency by TDO Outcome for Variables Found to Be Significant in Regression Model of Hospital of Admission for Adults

Demographic Characteristics

<b>Gender</b>	<b>Non-State Hospital</b>	<b>State Hospital</b>
<i>Female (n = 491)</i>	398	93
<i>Male (n = 558)</i>	404	154
<i>Other (n = 1)</i>	1	0
<i>Unknown (n = 3)</i>	2	1

Current and Historical Risk

<b>Current and Historical Risk Factors</b>	<b>Non-State Hospital</b>	<b>State Hospital</b>
<i>Number of impulsivity items noted</i>		
0	788	237
1	4	3
2	6	4
3	8	3
4+	0	1
<i>Number of Suicidal Ideation and Behavior items noted</i>		
0	787	242
1	4	3
2	1	1
3	2	0
4+	12	2
<i>Number of inability to care for self items noted</i>		
0	452	100
1	209	79
2	82	38
3	42	18
4+	21	13

Diagnosis

<b>Diagnostic Category</b>	<b>Non-State Hospital</b>	<b>State Hospital</b>
<i>Dementia (n = 27)</i>	14	13
<i>Intellectual and Developmental Disability (n = 38)</i>	15	23
<i>Mood Disorder (n = 621)</i>	506	115

## Substance Use

<b>Substance Use History</b>	<b>Non-State Hospital</b>	<b>State Hospital</b>
<i>Historical Use Only (n = 45)</i>	27	18
<i>No Current or Historical Use (n = 109)</i>	67	42

## Strengths and Moderating Factors

<b>Strengths and Moderating Factors</b>	<b>Non-State Hospital</b>	<b>State Hospital</b>
<i>Goal Oriented (n = 15)</i>	10	5
<i>Income (n = 38)</i>	34	4

Appendix 22: Statistical Tests for Individuals Meeting Commitment Criterion by Admission Hospital Type for Hospitalized Children and Adolescents<sup>11</sup>

**PHYSICAL HARM TO OTHERS (Fisher’s Exact Test)**

<b>HOSPITAL TYPE</b>	<b>MEETS CRITERIA?</b>	
	<b>NO N (%)</b>	<b>YES N (%)</b>
NON-STATE HOSPITAL	51 (43.22)	47 (39.83)
STATE HOSPITAL	3 (2.54)	17 (14.41)

p-value = 0.0008934

**HARM TO SELF (Chi-Square Test)**

<b>HOSPITAL TYPE</b>	<b>MEETS CRITERIA?</b>	
	<b>NO N (%)</b>	<b>YES N (%)</b>
NON-STATE HOSPITAL	19 (16.10)	79 (66.95)
STATE HOSPITAL	13 (11.02)	7 (5.93)

X-Square = 21.64, p = 0.00001998

**INABILITY TO CARE FOR SELF (Chi-Square Test)**

<b>HOSPITAL TYPE</b>	<b>MEETS CRITERIA?</b>	
	<b>NO N (%)</b>	<b>YES N (%)</b>
NON-STATE HOSPITAL	69 (58.47)	29 (24.58)
STATE HOSPITAL	9 (7.63)	11 (9.32)

X-Square = 9.34, p = 0.009366

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<sup>11</sup> 220 observations where facility was left blank on the preadmission screening form were excluded from these analyses.

Appendix 23: Counts of Children and Adolescents Admitted to State Hospitals, by Commitment Criteria Met and Least Restrictive Alternative Availability

		Harm to Others		
		<i>LRA Available</i>	<i>No LRA</i>	<i>Criterion Not Met</i>
Harm to Self	<i>LRA Available</i>	Care for Self		
		<i>LRA</i> 0	<i>LRA</i> 0	<i>LRA</i> 0
		<i>No LRA</i> 0	<i>No LRA</i> 0	<i>No LRA</i> 0
		<i>Not Met</i> 0	<i>Not Met</i> 0	<i>Not Met</i> 0
	<i>No LRA</i>	Care for Self		
		<i>LRA</i> 0	<i>LRA</i> 1	<i>LRA</i> 0
		<i>No LRA</i> 0	<i>No LRA</i> 2	<i>No LRA</i> 1
		<i>Not Met</i> 0	<i>Not Met</i> 2	<i>Not Met</i> 1
	<i>Criterion Not Met</i>	Care for Self		
<i>LRA</i> 0		<i>LRA</i> 0	<i>LRA</i> 0	
<i>No LRA</i> 0		<i>No LRA</i> 6	<i>No LRA</i> 1	
	<i>Not Met</i> 0	<i>Not Met</i> 6	<i>Not Met</i> 0 <sup>12</sup>	

Appendix 23A: Counts of Children and Adolescents Admitted to Non-State Hospitals, by Commitment Criteria Met and Least Restrictive Alternative Availability

		Harm to Others		
		<i>LRA Available</i>	<i>No LRA</i>	<i>Criterion Not Met</i>
Harm to Self	<i>LRA Available</i>	Care for Self		
		<i>LRA</i> 1	<i>LRA</i> 1	<i>LRA</i> 0
		<i>No LRA</i> 0	<i>No LRA</i> 0	<i>No LRA</i> 1
		<i>Not Met</i> 0	<i>Not Met</i> 0	<i>Not Met</i> 2
	<i>No LRA</i>	Care for Self		
		<i>LRA</i> 3	<i>LRA</i> 1	<i>LRA</i> 1
		<i>No LRA</i> 1	<i>No LRA</i> 6	<i>No LRA</i> 3
		<i>Not Met</i> 3	<i>Not Met</i> 18	<i>Not Met</i> 38
	<i>Criterion Not Met</i>	Care for Self		
<i>LRA</i> 0		<i>LRA</i> 1	<i>LRA</i> 1	
<i>No LRA</i> 0		<i>No LRA</i> 5	<i>No LRA</i> 4	
	<i>Not Met</i> 0	<i>Not Met</i> 7	<i>Not Met</i> 1	

<sup>12</sup> Note that counts in Appendices 23 and 23A may differ from counts in Tables 6 and 6A due to the inclusion of individuals who did not meet any of the criteria. Counts in Tables 6 and 6A were limited to evaluation recommendations that were likely to result in admission to a facility. These Appendices include all individuals who were admitted to a hospital regardless of evaluation recommendation.

Appendix 24: Demographic Characteristics Logistic Regression for Hospital of Admission for Children and Adolescents

<b>Variable</b>	<b>Odds Ratio</b>	<b>SE</b>	<b>Test Statistic (z)</b>	<b>p value</b>
<i>Intercept</i>	0.10	0.66	-3.48	0.00***
<i>Gender: Male</i>	5.90	0.60	2.94	0.00**
<i>Gender: Unknown</i>	0.00	6522.64	-0.00	1.00
<i>Race: Caucasian</i>	0.75	0.56	-0.51	0.61
<i>Race: Multiple Race</i>	0.00	3068.09	-0.01	1.00
<i>Race: Other</i>	0.00	2169.47	-0.01	0.99
<i>Race: Unknown</i>	0.00	4338.94	-0.00	1.00

**N = 118; R-Squared = 0.13**

**\*\*\* p < 0.001; \*\* p < 0.01; \* p < 0.05**

Appendix 25: Individual Variable Logistic Regressions for State Hospitalization for Children and Adolescents

	Variable	Odds Ratio	SE	Test Statistic (z)	p value
<b>Sum of Mental Status Indicators</b>	<i>Intercept</i>	0.03	0.92	-3.67	0.00
	<i>Sum of Mental Status Indicators</i>	1.12	0.06	1.85	0.06
	<i>Gender: Male</i>	6.08	0.62	2.93	0.00**
	<i>Gender: Unknown</i>	0.00	6522.64	-0.002	1.00
	<i>Race: Caucasian</i>	0.71	0.58	-0.59	0.56
	<i>Race: Asian</i>	NA	NA	NA	NA
	<i>Race: Multiple Race</i>	0.00	3122.24	-0.01	1.00
	<i>Race: Other</i>	0.00	2182.17	-0.01	0.99
	<i>Race: Unknown</i>	0.00	4272.00	-0.004	1.00
	<b>N =118; R-Squared = 0.17</b>				
<b>Diagnostic Categories</b>	<i>Intercept</i>	0.06	1.00	-2.87	0.004**
	<i>Intellectual and Developmental Disability</i>	4.52	0.89	1.70	0.09
	<i>Other Diagnosis</i>	3.69	0.65	2.02	0.04*
	<i>Anxiety Diagnosis</i>	1.37	0.65	0.49	0.62
	<i>Mood Diagnosis</i>	1.00	0.64	0.01	0.99
	<i>Gender: Male</i>	3.57	0.66	1.93	0.05
	<i>Gender: Unknown</i>	0.00	6522.64	-0.002	1.00
	<i>Race: Caucasian</i>	0.50	0.63	-1.09	0.28
	<i>Race: Asian</i>	NA	NA	NA	NA
	<i>Race: Multiple Race</i>	0.00	3196.25	-0.01	1.00
	<i>Race: Other</i>	0.00	2231.55	-0.01	0.99
	<i>Race: Unknown</i>	0.00	4523.48	-0.004	1.00
	<b>N =118; R-Squared = 0.22</b>				
<b>*** p &lt; 0.001; ** p &lt; 0.01; * p &lt; 0.05</b>					

	Variable	Odds Ratio	SE	Test Statistic (z)	p value
Substance Use	<i>Intercept</i>	0.09	1.00	-2.41	0.02*
	<i>Substance Use: Historical Only</i>	0.00	2721.64	-0.01	1.00
	<i>Substance Use: No Current or Historical Use</i>	0.68	0.90	-0.44	0.66
	<i>Substance Use: No Current Use</i>	2.06	0.82	0.88	0.38
	<i>Substance Use: No History</i>	0.67	1.06	-0.38	0.71
	<i>Substance Use: Current Use. No History</i>	0.00	6522.64	-0.00	1.00
	<i>Active Intoxication</i>	0.00	4333.67	-0.00	1.00
	<i>Gender: Male</i>	6.00	0.63	2.83	0.01**
	<i>Gender: Unknown</i>	0.00	6522.64	-0.00	1.00
	<i>Race: Caucasian</i>	0.92	0.62	-0.13	0.90
	<i>Race: Multiple Race</i>	0.00	6522.64	-0.00	1.00
	<i>Race: Other</i>	0.00	2208.56	-0.01	0.99
	<i>Race: Unknown</i>	0.00	4572.11	-0.00	1.00
	<b>N = 108; R-Squared = 0.19</b>				
	Current and Historical Risk Factors	<i>Intercept</i>	0.05	0.86	-3.56
<i>Other Current and Historical Risks</i>		1.66	0.29	1.72	0.08
<i>Impulsivity Risks</i>		NA	13397.24	0.00	1.00
<i>Physical Harm Risks</i>		0.02	5529.84	-0.00	1.00
<i>Suicidal Ideation and Behavior Risks</i>		0.02	5529.84	-0.00	1.00
<i>Inability to Care for Self Risks</i>		1.14	0.34	0.38	0.70
<i>Gender: Male</i>		7.10	0.64	3.06	0.00**
<i>Gender: Unknown</i>		0.00	6522.64	-0.00	1.00
<i>Race: Asian</i>		NA	NA	NA	NA
<i>Race: Caucasian</i>		0.68	0.59	-0.66	0.51
<i>Race: Multiple Race</i>		0.00	3124.12	-0.01	1.00
<i>Race: Other</i>		0.00	2169.39	-0.01	0.99
<i>Race: Unknown</i>		0.00	4456.15	-0.00	1.00
<b>N = 118; R-Squared = 0.17</b>					
<b>*** p &lt; 0.001; ** p &lt; 0.01; * p &lt; 0.05</b>					

	<b>Variable</b>	<b>Odds Ratio</b>	<b>SE</b>	<b>Test Statistic (z)</b>	<b>p value</b>
<b>Evaluation Duration</b>	<i>Intercept</i>	0.12	0.71	-2.99	0.002**
	<i>Evaluation Duration</i>	1.00	0.00	-1.02	0.31
	<i>Gender: Male</i>	5.24	0.62	2.67	0.01**
	<i>Gender: Unknown</i>	0.00	6522.64	-0.00	1.00
	<i>Race: Asian</i>	NA	NA	NA	NA
	<i>Race: Caucasian</i>	0.94	0.61	-0.10	0.92
	<i>Race: Multiple Race</i>	0.00	2999.15	-0.01	1.00
	<i>Race: Other</i>	0.00	2735.81	-0.01	0.99
	<i>Race: Unknown</i>	0.00	4244.93	-0.00	1.00

**N = 109; R-Squared = 0.12**

**\*\*\* p < 0.001; \*\* p < 0.01; \* p < 0.05.**



Appendix 25A: Counts and Measures of Central Tendency by TDO Outcome for Variables Found to Be Significant in Regression Model of Hospital of Admission for Children and Adolescents

Demographic Characteristics

<b>Gender</b>	<b>Non-State Hospital</b>	<b>State Hospital</b>
<i>Female (n = 61)</i>	57	4
<i>Male (n = 56)</i>	40	16
<i>Other (n = 0)</i>	0	0
<i>Unknown (n = 1)</i>	1	0

Diagnostic Categories

<b>Diagnostic Category</b>	<b>Non-State Hospital</b>	<b>State Hospital</b>
<i>Other (n = 53)</i>	37	16