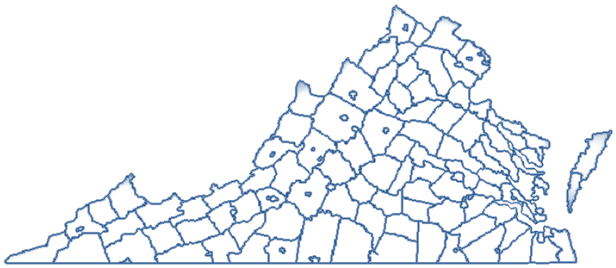

A Study of Face-to-Face Emergency Evaluations of Adults in April 2013: Variations Across Regions and CSBs

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

December 2013

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Preface

I have had the pleasure of working with providers and consumers of mental health services, and the leadership of the public agencies charged with overseeing these services and with protecting public health and safety, for almost four decades. That includes five years as Chair of the Commission on Mental Health Law Reform (2006-2011). Over these years, I have been impressed by the strong commitment to evidence-based decisions that characterizes mental health policymaking in the Commonwealth. This study of emergency evaluations conducted by community service boards in April, 2013 reflects that continuing commitment. It also reveals the habits of collaboration and transparency that have marked the path of mental health law reform in Virginia during the 21st century.

Funded by the Department of Behavioral Health and Developmental Services under contract with the University of Virginia's Institute of Law, Psychiatry and Public Policy, this study required active and careful participation by hundreds of emergency services staff in all 40 of the Commonwealth's community services agencies. This remarkable level of engagement might well be impossible to achieve anywhere else in this nation. We are grateful to all of our friends on the front lines of crisis response for their public service and for their contribution to this study.

This study replicates and extends a similar study conducted by the Commission on Mental Health Law Reform in June, 2007. The findings from that study were highly influential in informing the work of the Commission and shaping many of the reforms subsequently enacted by the General Assembly. This new study provides an opportunity to compare the findings of the two surveys and to gather first-time data on some important policy-relevant issues, including the prevalence of advance directives among the population of individuals evaluated and the proportion of persons evaluated who lack decisional capacity.

Like the 2007 study, the 2013 survey had three major policy-relevant objectives. One is to identify rates of involuntary action and the relationship between involuntary action and access to intensive services as alternatives to hospitalization. A second is to document the time spent looking for beds, the frequency and length of law enforcement custody, the extension of ECOs, and the frequency with individuals are released because no suitable hospital bed could be found within the prescribed time. A third is to ascertain the clinical profiles of persons presented for emergency evaluation and the relationship between these factors and the recommended dispositions, including the grounds for initiating involuntary proceedings.

This report presents the variations in study findings across planning partnership regions (PPRs) and community services boards (CSBs). This is the second in a series of planned reports on the study. It is the work of the Research Team and offers no interpretations of the findings, nor does it propose any recommendations. The report was prepared as a resource for policymakers and all the stakeholder organizations in the field.

Richard J. Bonnie

December, 2013

Variations among Planning Partnership Regions (PPRs) and Community Services Boards (CSBs): Adult Emergency Evaluations and Related Characteristics

Overview

This report is part of the statewide study of mental health emergency evaluations conducted by Emergency Services staff in all 40 Community Service Boards (CSBs)[1] in the Commonwealth of Virginia during April 2013. Funded by the Virginia Department of Behavioral Health and Developmental Services (DBHDS), the collaboration between the Virginia Association of Community Services Boards (VACSB) and the University of Virginia's Institute of Law, Psychiatry, and Public Policy (UVA's ILPPP) resulted in a statewide report entitled "A Study of Face-to-Face Emergency Evaluations Conducted by Community Services Boards in April 2013." For more information on the purpose and methodology of the current study, please see that report. For your reference, the questionnaire used to collect the data presented below can be found in Appendix 1.

The current report presents a comparison of results from the April 2013 study by Planning Partnership Region (PPR) *and* CSB; Section I presents the variations in adult emergency evaluations across the 7 PPRs, and Section II presents the variations in adult emergency evaluations across the 40 CSBs. Results for variations in juvenile evaluations across PPRs and CSBs are presented in a separate report. Appendix 2 lists the CSBs that are in each PPR and the corresponding PPR number.

For Section II, each CSB has been given a randomly assigned number that has been used throughout the Section so that the data each agency reported remains private; UVA has disclosed to each CSB their randomly assigned number so that they may have a record of the data they reported. In most cases, the state average ("VA"; this is not to be confused with the abbreviation for voluntary admission) is presented on the right side of the chart so the reader may compare the variations between the PPRs and CSBs with the state, as a whole.

For the current report, CSB clinicians documented 3,206 adults who needed an emergency evaluation for mental health or substance abuse crises during the month of April 2013. Of this total, 230 individuals were evaluated more than once over the course of the month, resulting in a total of 3,436 face-to-face emergency evaluations; this report presents the variations of these 3,436 cases between PPRs and CSBs. Please note that the sample size may vary from question to question, even when intending to use the same denominator, because of missing data.

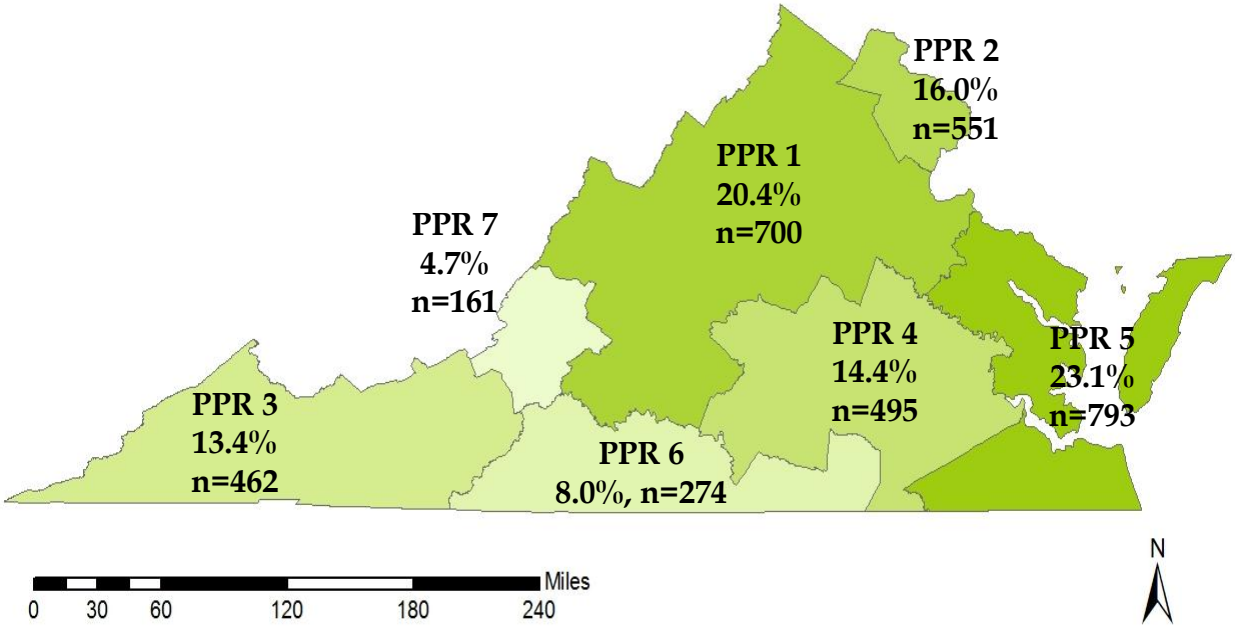
[1] For the purposes of this report, the term "CSB" will be used to designate the 40 local agencies that serve as the points of entry into the publicly-funded services for mental health, intellectual disability, and substance abuse in Virginia, which includes 39 Community Services Boards (CSBs) and 1 Behavioral Health Authority (BHA).

Section I: Variations in Adult Emergency Evaluations by Regions

Number of Adult Emergency Evaluations and Region Breakdown

In Section I, data from the 3,436 adult evaluations are analyzed and compared among the seven Planning Partnership Regions (PPRs). Virginia's seven PPRs, alongside each Region's corresponding frequencies and percentages of emergency evaluations, are shown in Figure 1. The CSBs located in each region are presented below the state map.

Figure 1. Proportions and numbers of evaluations conducted in the Commonwealth of Virginia by Planning Partnership Regions in April 2013



- ▶PPR 1 (Northwestern) – Harrisonburg-Rockingham, Horizon, Northwestern, Rappahannock Area, Rappahannock-Rapidan, Region Ten, Rockbridge Area, and Valley

- ▶PPR 2 (Northern) - Alexandria, Arlington, Fairfax-Falls Church, Loudoun County, and Prince William

- ▶PPR 3 (Southwestern) – Cumberland Mountain, Dickenson County, Highland, Mount Rogers, New River Valley, and Planning District One

- ▶PPR 4 (Central) – Chesterfield, Crossroads, District 19, Goochland-Powhatan, Hanover, Henrico, and Richmond BHA

▶PPR 5 (Eastern) – Chesapeake, Colonial, Eastern Shore, Hampton-Newport News, Middle Peninsula-Northern Neck, Norfolk, Portsmouth, Virginia Beach, and Western Tidewater

▶PPR 6 (Southern) –Danville-Pittsylvania, Piedmont Community Services, and Southside

▶PPR 7 (Catawba) – Alleghany/Highlands and Blue Ridge Behavioral Healthcare

Comparison of Demographic Adult Characteristics

Age and Sex of Clients Evaluated

▶The average age of the adults evaluated in the statewide study is 40.6 (*sd*=15.9) years. Average ages range from 37.3 to 42.9 years among the seven regions. PPR 2-Northern had the lowest average age of evaluated adults, while PPR 7-Catawba had the highest. There is a significant variation across the PPRs ($f_{6,3375}$=5.9, p<.01) in the average age of adults evaluated. See Figure 2 and Table 1.

Figure 2. Age variations of adults evaluated and 95% confidence interval among regions

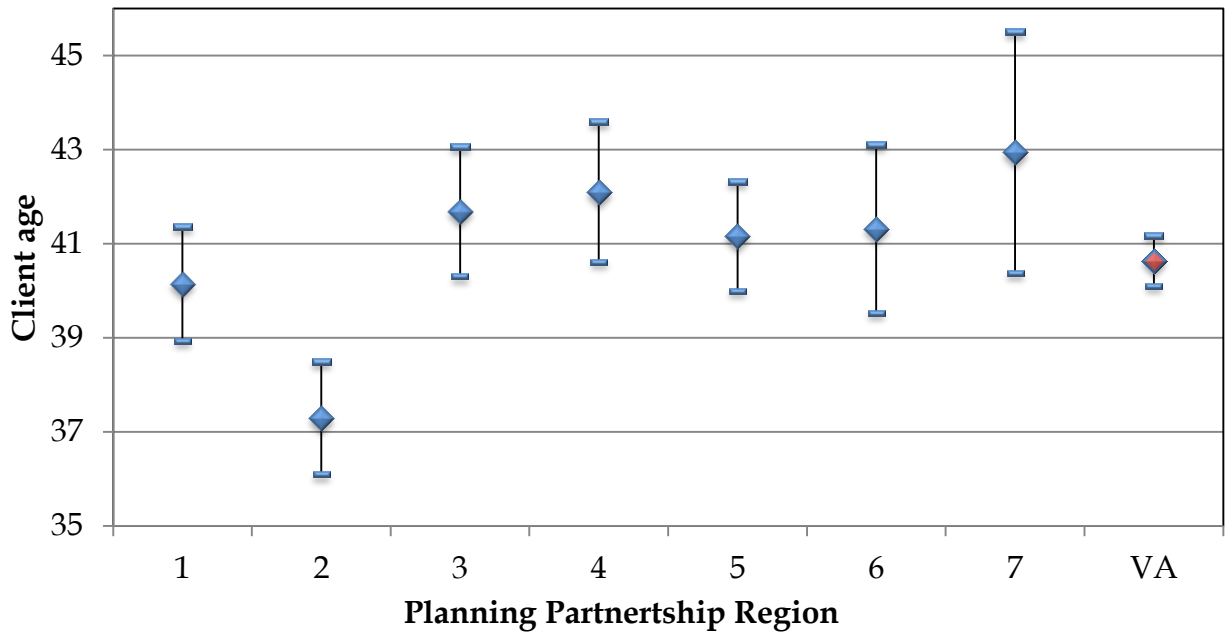


Table 1. Age variations of client by region

PPR	Sample size	Mean	Std. Deviation
1	692	40.2	16.2
2	536	37.3	14.1
3	459	41.7	15.1
4	491	42.1	16.8
5	781	41.2	16.5
6	269	41.3	14.9
7	154	42.9	16.1
Total	**3,382**	**40.6**	**15.9**

▶Proportions of males to females are similar across all seven PPRs, with approximately 49.9% of cases having a male client and 50.1% of cases having a female client. The proportions of males ranged from 47.2% (PPR 6-Southern) to 55.1% (PPR 7-Catawba), while the female proportions ranged from 44.9% (PPR 7) to 52.8% (PPR 6).

Race/Ethnicity of Clients Evaluated

▶The proportions of race/ethnicity of adults evaluated were significantly different across the seven regions ($\chi^2_{(36)}$=589.6, p<.001), which reflects the state census data. PPR 3-Southwestern has the largest white population (See Appendix 3); as such, the highest proportions of Caucasian clients (95%) were evaluated in that region. PPR 5-Eastern had the highest proportion of African American clients (40%). Other race/ethnicities are described in Figure 3 and Table 2.

Figure 3. Race/ethnicity of clients by region

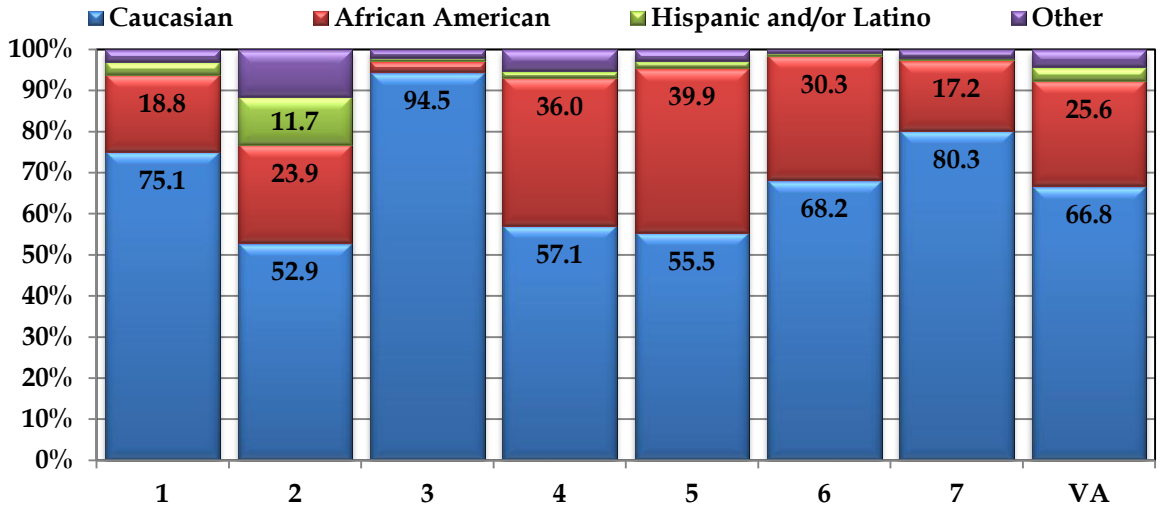
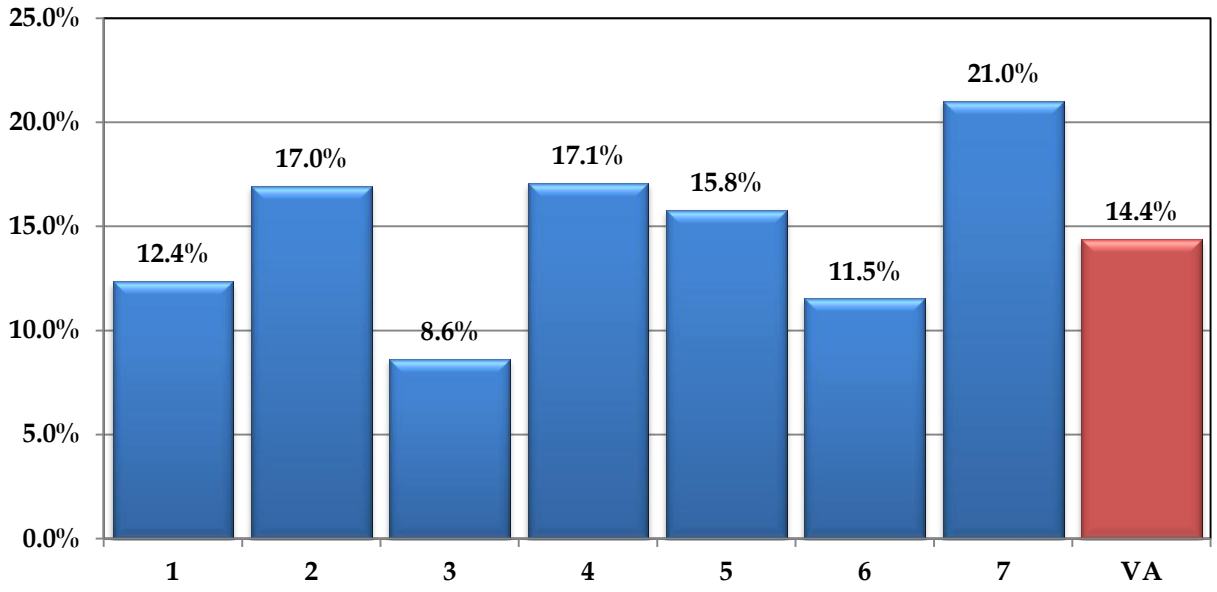


Table 2. Race/ethnicity of clients by region

PPR	Caucasian		African American		Hispanic and/or Latino		Asian or Pacific Islander		Native American		Other		More than one race		Total
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
1	508	75.1	127	18.8	21	3.1	4	0.6			5	0.7	11	1.6	**676**
2	281	52.9	127	23.9	62	11.7	34	6.4	3	0.6	15	2.8	9	1.7	**531**
3	431	94.5	12	2.6	4	0.9	3	0.7	3	0.7	1	0.2	2	0.4	**456**
4	281	57.1	177	36.0	8	1.6	6	1.2	1	0.2	2	0.4	17	3.5	**492**
5	425	55.5	306	39.9	14	1.8	4	0.5	2	0.3	3	0.4	12	1.6	**766**
6	182	68.2	81	30.3	2	0.7			1	0.4			1	0.4	**267**
7	126	80.3	27	17.2	1	0.6	1	0.6					2	1.3	**157**
VA	**2,234**	**66.8**	**857**	**25.6**	**112**	**3.3**	**52**	**1.6**	**10**	**0.3**	**26**	**0.8**	**54**	**1.6**	**3,345**

▶The military status of adults evaluated was significantly different among the seven regions ($\chi^2_{(18)}$=134.8, p<.001). PPR 7-Catawba had the highest proportion of Veterans (21%), while PPR 3-Southwestern had the lowest (9%). See Figure 4.

Figure 4. Proportion of Veterans in each region and the state



Living Situation of Client

▶The living situation of evaluated adults showed statistically significant differences across the seven PPRs ($\chi^2_{(30)}$=124.2, p<.001). For example, the lowest rates of homelessness were found in PPR 3-Southwstern (5%), PPR 6-Southern (4%), and PPR 4-

Central (7%), while the highest rate was found in PPR 2-Northern (17%). See Figure 5 and Table 3.

Figure 5. Living situation of client by region

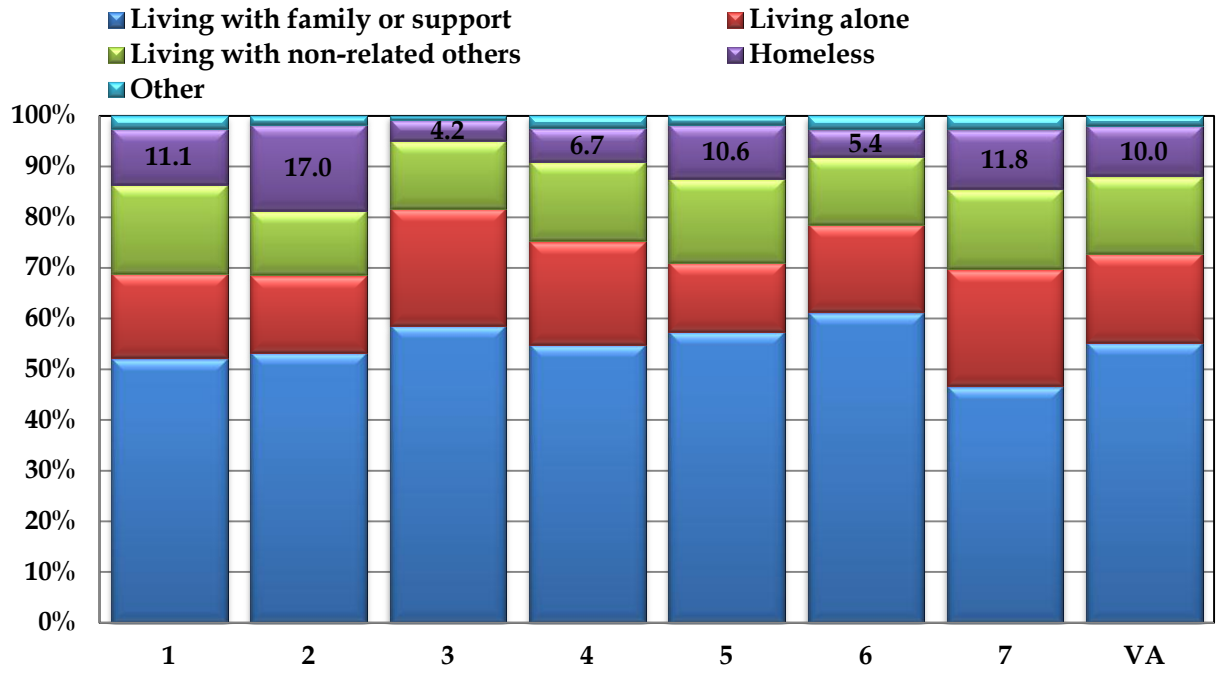


Table 3. Living situation of adults evaluated by region

PPR	Living with family		Living alone		Living with non-related others		Homeless		Living with support		Other		Total
	n	%	n	%	n	%	n	%	n	%	n	%	
1	334	49.3	113	16.7	119	17.6	75	11.1	20	2.9	17	2.5	**678**
2	267	50.0	81	15.2	68	12.7	91	17.0	18	3.4	9	1.7	**534**
3	237	52.7	104	23.1	60	13.3	19	4.2	27	6.0	3	0.7	**450**
4	213	45.7	95	20.4	73	15.7	31	6.7	43	9.2	11	2.4	**466**
5	382	50.7	103	13.7	125	16.6	80	10.6	50	6.6	13	1.7	**753**
6	148	56.7	45	17.2	35	13.4	14	5.4	12	4.6	7	2.7	**261**
7	61	40.1	35	23.0	24	15.8	18	11.8	10	6.6	4	2.6	**152**
VA	**1,642**	**49.8**	**576**	**17.5**	**504**	**15.3**	**328**	**10.0**	**180**	**5.5**	**64**	**1.9**	**3,294**

Comparison of Current Treatment Status of Adults Evaluated

▶Across the Commonwealth, 43.7% of adults had no current source of treatment. There were little variations across the regions regarding whether or not the client had any current source of treatment; however, there *were* significant differences ($\chi^2_{(24)}$=80.6, p<.001) regarding the specific sources of treatment. For example, adults in PPR 3-

Southwestern (35%) were most likely to have the CSB as their only source for treatment, while clients in PPR 6-Southern (22%) were least likely to have the CSB as their only source of treatment. See Figure 6 and Table 4.

Figure 6. Current treatment source of client by region

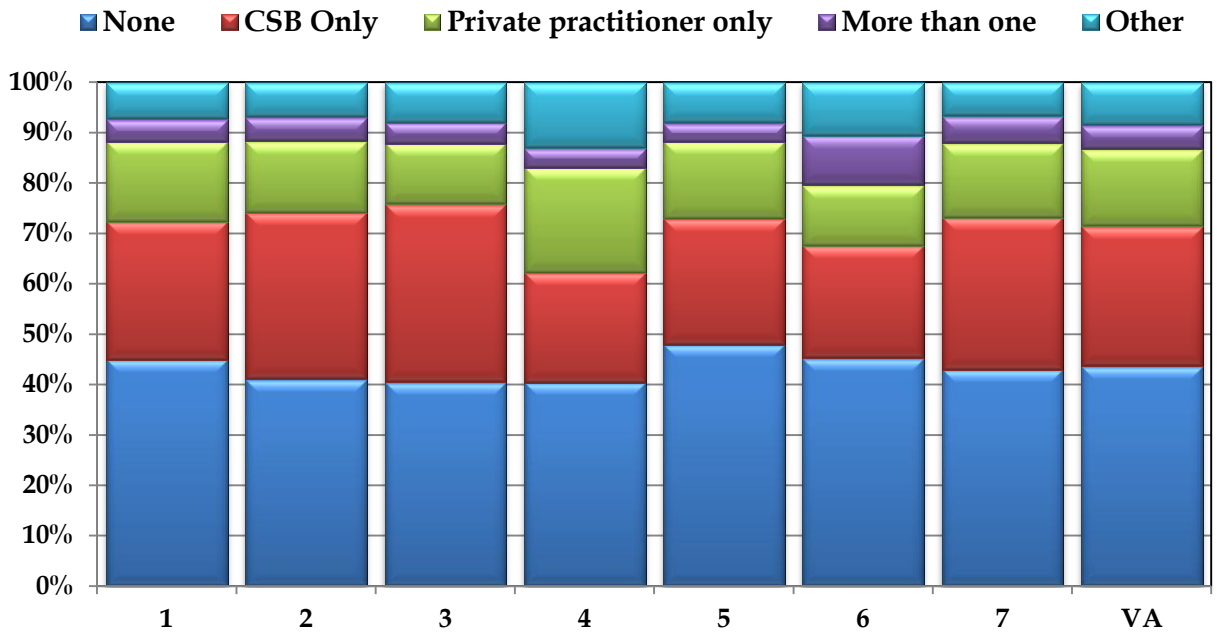


Table 4. Current treatment source of client by region

PPR	None		CSB Only		Private practitioner only		More than one		Other		Total
	n	%	n	%	n	%	n	%	n	%	
1	302	45.0	183	27.3	107	15.9	30	4.5	49	7.3	**671**
2	219	41.1	176	33.0	76	14.3	25	4.7	37	6.9	**533**
3	184	40.5	160	35.2	55	12.1	19	4.2	36	7.9	**454**
4	186	40.4	100	21.7	96	20.9	18	3.9	60	13.0	**460**
5	363	48.0	189	25.0	116	15.3	28	3.7	61	8.1	**757**
6	120	45.3	59	22.3	32	12.1	26	9.8	28	10.6	**265**
7	64	43.0	45	30.2	22	14.8	8	5.4	10	6.7	**149**
VA	**1,438**	**43.7**	**912**	**27.7**	**504**	**15.3**	**154**	**4.7**	**281**	**8.5**	**3,289**

Insurance Status of Adults

▶More than one-third (36.2%) of adults in this study had no health insurance. Statistically significant variations regarding the insurance status of clients were found among the Regions ($\chi^2_{(30)}$=218.9.3, p<.001). PPR 2-Northern (40%) and PPR 5-Eastern

(44%) had the highest proportion of adults with no insurance, while PPR 4-Central (23%) and PPR 7-Catawba (26%) had the lowest. See Figure 7 and Table 5.

Figure 7. Insurance status of client by region

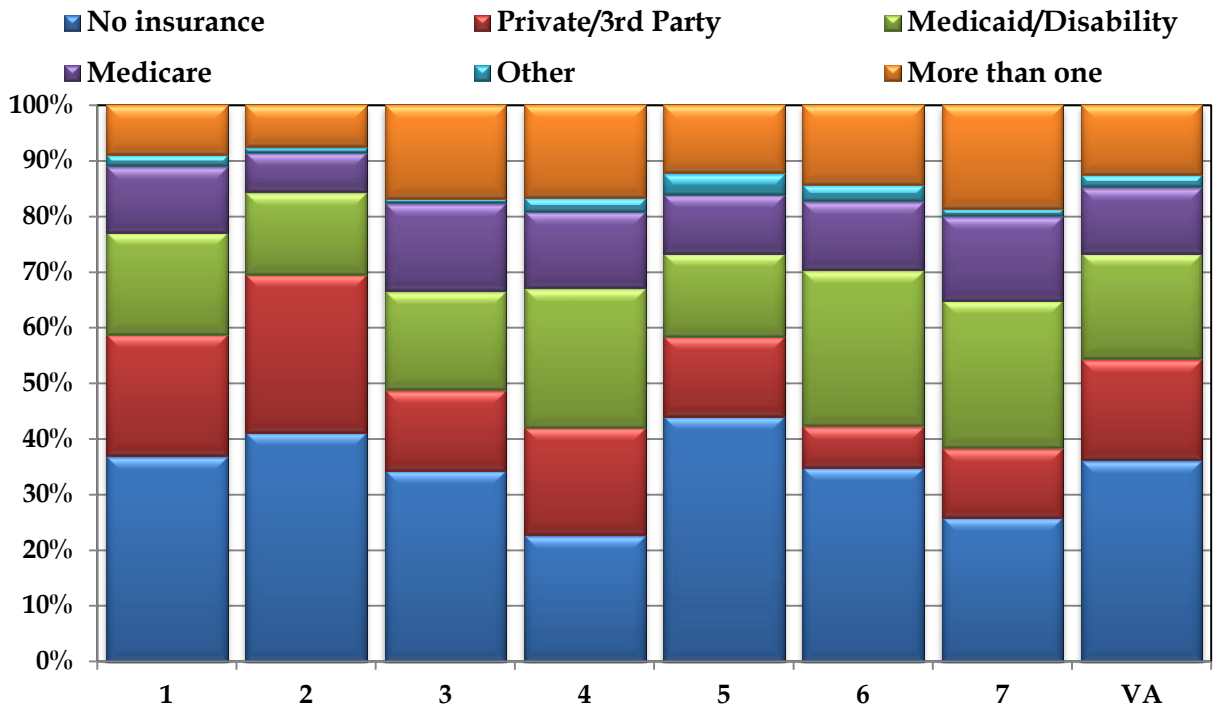


Table 5. Insurance status of client by region

PPR	No insurance		Private/ 3rd Party		Medicaid/ Disability		Medicare		Other		More than one		Total
	n	%	n	%	n	%	n	%	n	%	n	%	
1	247	36.9	146	21.8	123	18.4	80	12.0	14	2.1	59	8.8	**669**
2	213	41.1	147	28.4	77	14.9	37	7.1	5	1.0	39	7.5	**518**
3	156	34.3	66	14.5	81	17.8	72	15.8	4	0.9	76	16.7	**455**
4	107	22.7	91	19.3	118	25.1	65	13.8	12	2.5	78	16.6	**471**
5	343	44.0	112	14.4	117	15.0	83	10.6	30	3.8	95	12.2	**780**
6	93	34.8	20	7.5	75	28.1	33	12.4	8	3.0	38	14.2	**267**
7	39	25.8	19	12.6	40	26.5	23	15.2	2	1.3	28	18.5	**151**
VA	**1,198**	**36.2**	**601**	**18.2**	**631**	**19.1**	**393**	**11.9**	**75**	**2.3**	**413**	**12.5**	**3,311**

Pathways to CSB Crisis Response System

Adults in Police Custody

▶Statewide, 72.1% of evaluated adults were not in police custody at the time of the evaluation. There were statistically significant differences found among the PPRs

regarding client custody status, with the fewest adults being in police custody in PPR 7-Catawba (60%) and the highest rates of adults in police custody in PPR 3-Southwestern (80%) and PPR 6-Southern (79%) ($\chi^2_{(18)}$= 141.6, p<.001). See Figure 8 and Table 6. See details regarding adults in custody on an ECO in Appendix 4.

Figure 8. Custody status of client at the time of the evaluation by region

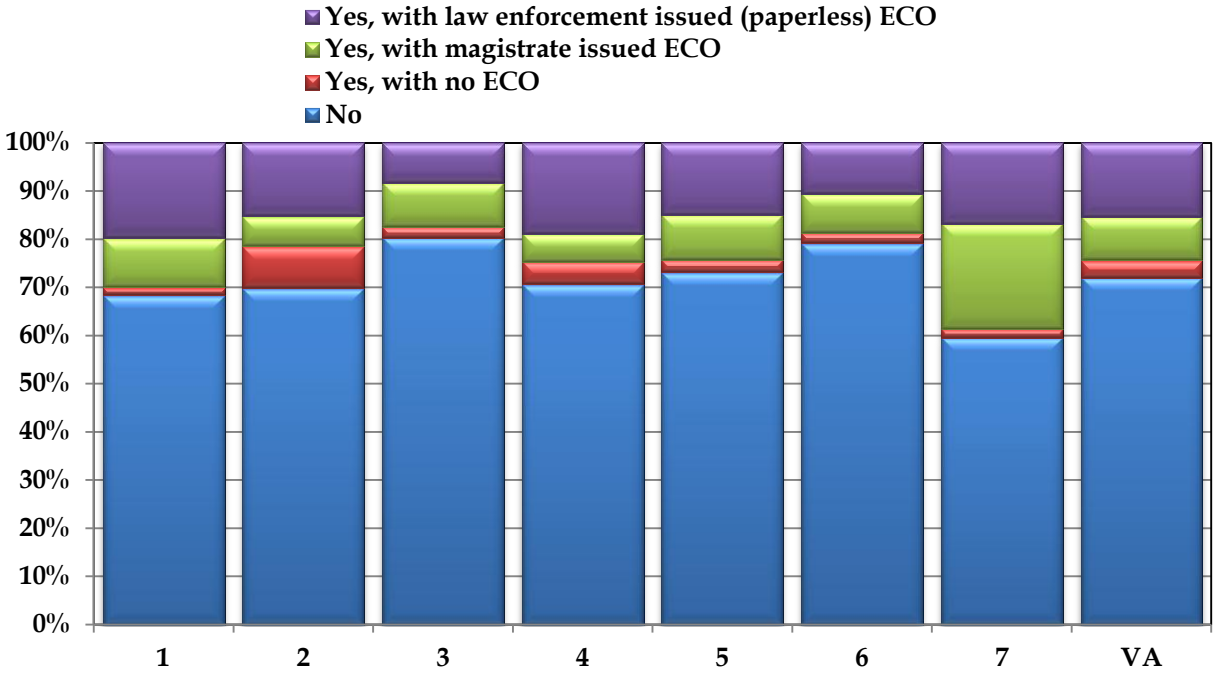


Table 6. Custody status of client at the time of the evaluation by region

PPR	No		Yes, with no ECO		Yes, with a magistrate-issued ECO		Yes, with a law enforcement issued (paperless) ECO		Total
	n	%	n	%	n	%	n	%	
1	479	68.4	11	1.6	72	10.3	138	19.7	**700**
2	385	69.9	48	8.7	34	6.2	84	15.2	**551**
3	371	80.3	11	2.4	42	9.1	38	8.2	**462**
4	350	70.7	23	4.6	29	5.9	93	18.8	**495**
5	580	73.1	21	2.6	74	9.3	118	14.9	**793**
6	217	79.2	6	2.2	22	8.0	29	10.6	**274**
7	96	59.6	3	1.9	35	21.7	27	16.8	**161**
VA	**2,478**	**72.1**	**123**	**3.6**	**308**	**9.0**	**527**	**15.3**	**3,436**

Adults in Restraints

▶About four out of 10 (39.8%) adults across the state who were evaluated were in police custody and in restraints prior to the evaluation. There were statistically

significant differences found among the Regions, with the highest percentage of adults in custody and in restraints found in PPR 6-Southern (58%) and PPR 4-Central (52%) ($\chi^2_{(6)}$=29.5, p<.001). See Figure 9 and Table 7.

Figure 9. Adults in police custody with restraints by region

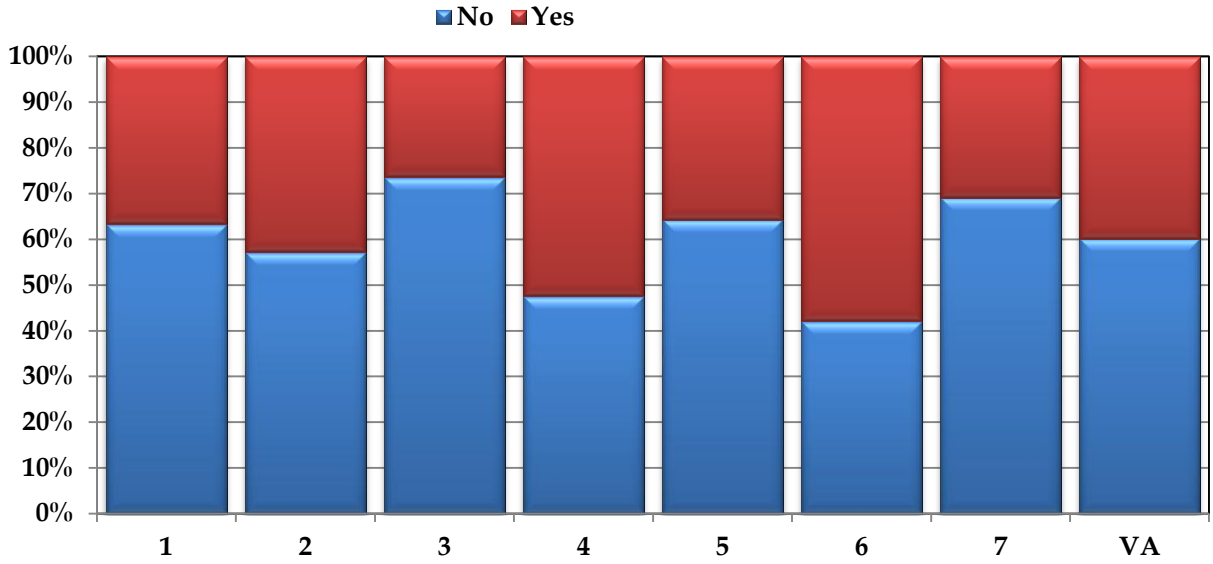


Table 7. Adults in police custody with restraints by region

PPR	No		Yes		Total
	n	%	n	%	n
1	140	63.3	81	36.7	221
2	95	57.2	71	42.8	166
3	67	73.6	24	26.4	91
4	69	47.6	76	52.4	145
5	137	64.3	76	35.7	213
6	24	42.1	33	57.9	57
7	45	69.2	20	30.8	65
VA	**577**	**60.2**	**381**	**39.8**	**958**

Contacting the CSB for Adult Emergency Evaluation

▶Overall, CSB emergency evaluations were most often initiated by hospital staff (43%), law enforcement (20.1%), and the client himself/herself (14.3%). Across the PPRs, there were statistically significant variations ($\chi^2_{(36)}$=307.9, p<.001). Evaluations were less likely to have been initiated by hospital staff in PPRs 2-Northern (24%) and 7-Catawba (37%) than in other Regions. Law enforcement officers were less likely to initiate the evaluation in PPRs 6-Southern (10%) and 3-Southwestern (16%), and were most likely to initiate it in PPR 7-Catawba (38%). See Figure 10 and Table 8.

Figure 10. Contacting the CSB for emergency evaluations by region

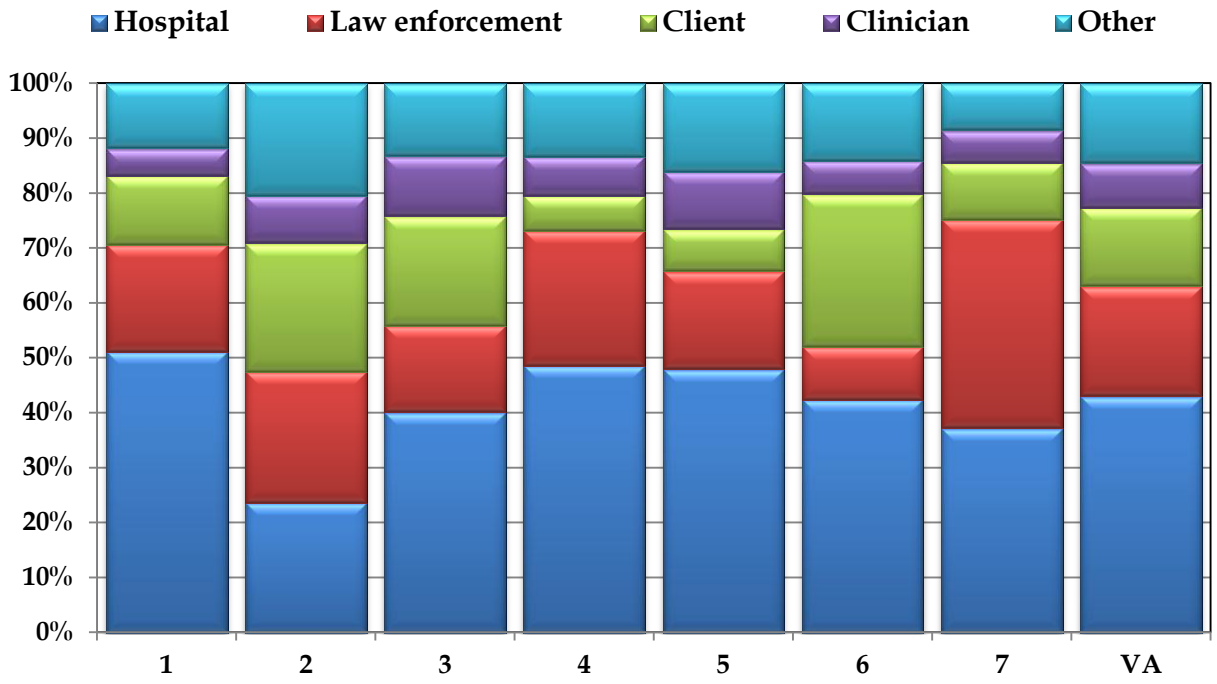


Table 8. Contacting the CSB for emergency evaluations by region

PPR	Hospital		Law enforcement		Client		Clinician		Friend/ family		More than one		Other		Total
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
1	332	51.1	127	19.5	82	12.6	32	4.9	37	5.7	13	2.0	27	4.2	**650**
2	111	23.6	113	24.0	110	23.4	41	8.7	47	10.0	26	5.5	23	4.9	**471**
3	181	40.1	71	15.7	90	20.0	49	10.9	20	4.4	17	3.8	23	5.1	**451**
4	226	48.6	114	24.5	30	6.5	33	7.1	23	4.9	8	1.7	31	6.7	**465**
5	350	47.9	130	17.8	56	7.7	77	10.5	55	7.5	15	2.1	47	6.4	**730**
6	105	42.3	24	9.7	69	27.8	15	6.0	22	8.9	7	2.8	6	2.4	**248**
7	57	37.3	58	37.9	16	10.5	9	5.9	0	0.0	1	0.7	12	7.8	**153**
VA	**1,362**	**43.0**	**637**	**20.1**	**453**	**14.3**	**256**	**8.1**	**204**	**6.4**	**87**	**2.7**	**169**	**5.3**	**3,168**

Location of Adult Emergency Evaluations

▶Statewide, a plurality of adult emergency evaluations (49%) took place at a hospital's emergency department. Regionally, there were statistically significant differences regarding the location of the evaluation ($\chi^2_{(36)}$=674.3, p<.001). PPR 7-Catawba had the highest proportion of adults evaluated in a hospital emergency department (67%), with PPRs 1, 3, 5, and 6 also reporting over 50% of the evaluations taking place in a hospital emergency department; this is in contrast with PPR 4-Central (39%) and PPR 2-Northern (27%), the two Regions that had the lowest percentages of evaluations taking

place in a hospital emergency department. Additionally, PPR 2-Northern (56%) and PPR 6-Southern (41%) were most likely to have conducted an emergency evaluation at the CSB; PPR 7-Catawba reported the fewest evaluations occurring at the CSB (19%). See Figure 11 and Table 9.

Figure 11. Location of the emergency evaluation by region

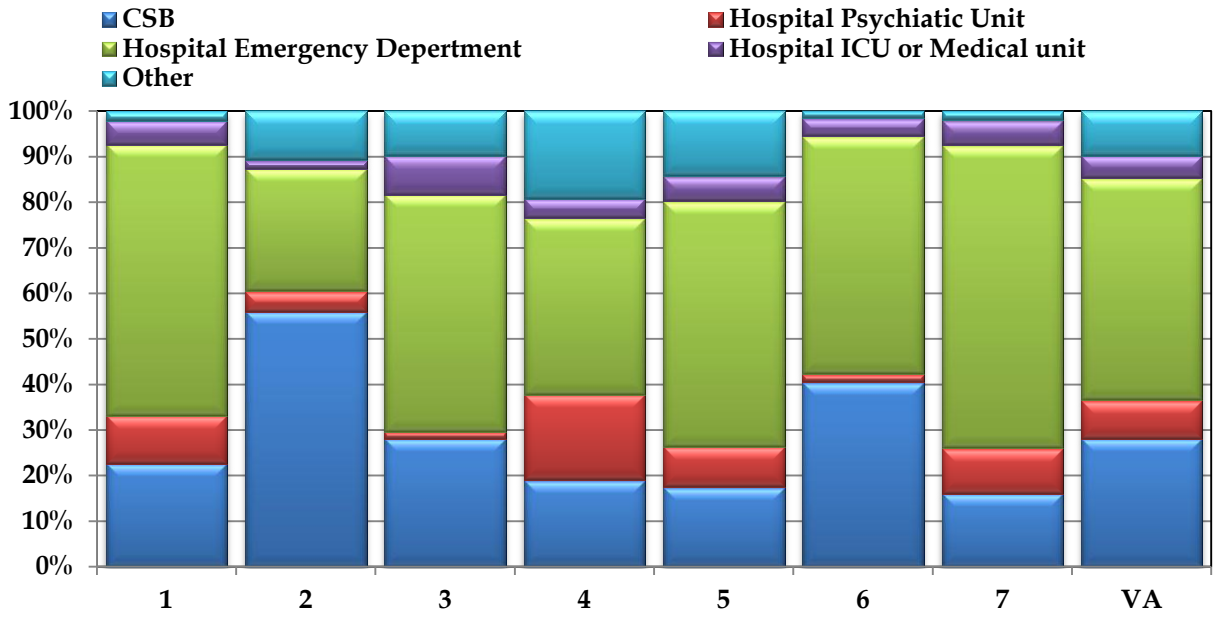


Table 9. Location of the emergency evaluation by region

PPR	CSB		Hospital Psychiatric Unit		Hospital Emergency Department		Hospital ICU or Medical unit		Client's Home		Police Station		Other		Total
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
1	158	22.6	74	10.6	416	59.5	37	5.3	0	0.0	0	0.0	14	2.0	**699**
2	308	56.0	25	4.5	148	26.9	10	1.8	30	5.5	17	3.1	12	2.2	**550**
3	128	28.1	7	1.5	237	52.1	39	8.6	0	0.0	21	4.6	23	5.1	**455**
4	94	19.0	93	18.8	192	38.8	21	4.2	44	8.9	22	4.4	29	5.9	**495**
5	139	17.6	70	8.8	426	53.9	44	5.6	38	4.8	15	1.9	59	7.5	**791**
6	111	40.5	5	1.8	143	52.2	11	4.0	0	0.0	2	0.7	2	0.7	**274**
7	26	16.1	16	9.9	107	66.5	9	5.6	0	0.0	0	0.0	3	1.9	**161**
VA	**964**	**28.1**	**290**	**8.5**	**1,669**	**48.7**	**171**	**5.0**	**112**	**3.3**	**77**	**2.2**	**142**	**4.1**	**3425**

Time of evaluation

▶Adult emergency evaluations were most likely to occur on weekdays, with the highest rates on Monday and then declining each day until Sunday. There were no statistically significant variations in this trend by region ($\chi^2_{(36)}$=44.3, p=.16).

Duration of the Evaluation

▶Statewide, the average emergency evaluation took 2 hours and 10 minutes (*sd*=2:20). There were statistically significant variations among PPRs regarding length of an evaluation ($f_{6,3328}$=10.8, p <.001). PPR 1 and PPR 3 reported the longest amount of time needed to complete an evaluation, while PPR 4, PPR 6, and PPR 7 reported the least amount of time. See Figure 12 and Tables 10-11. Table 11 shows the breakdown of cases by amount of time and PPR.

Figure 12. Average length of evaluation and 95% confidence interval by region

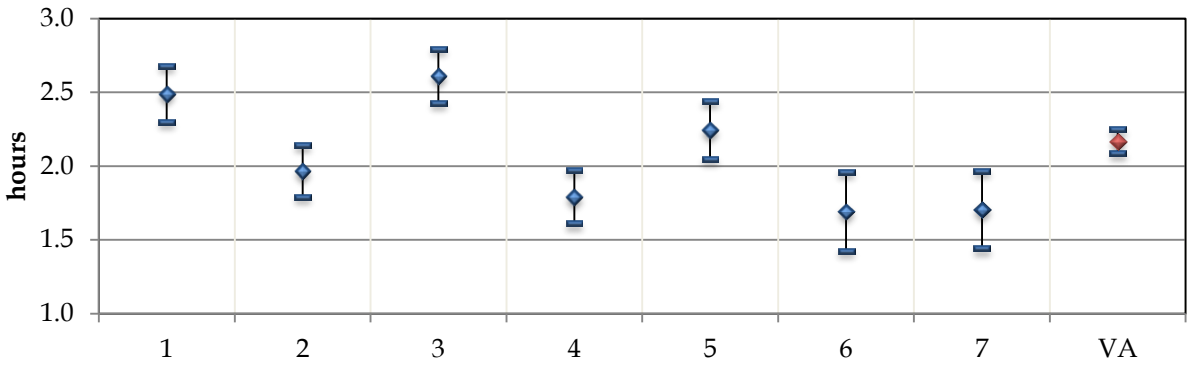


Table 10. Average length of evaluation time by region

PPR	N	Mean	Std. Deviation
1	684	2:29	2:32
2	524	1:58	2:02
3	456	2:37	1:59
4	490	1:47	2:02
5	772	2:15	2:45
6	260	1:42	2:12
7	149	1:43	1:38
VA	**3,335**	2:10	2:20

Table 11. Percentage of cases by the duration of the evaluation in categories

Time PPR	1	2	3	4	5	6	7
	n=684	n=524	n=456	n=490	n=772	n=260	n=149
One hour or less	27.6	38.7	18.4	52.0	35.5	51.9	32.2
Between 1:01 and 2:00 hrs.	34.1	34.5	31.8	28.6	38.5	30.0	54.4
Between 2:01 and 3:00 hrs.	16.5	15.3	22.8	10.0	10.4	9.6	10.7
Between 3:01 and 4:00 hrs.	10.7	5.9	14.0	4.1	6.2	3.8	0.7
Between 4:01 and 5:00 hrs.	5.0	2.5	6.6	1.8	2.7	1.2	0.7
Between 5:01 and 6:00 hrs.	2.0	0.6	2.6	0.8	1.3	0.8	0.0
Between 6:01 and 9:00 hrs.	1.2	1.1	1.8	0.4	2.1	0.4	0.0
Between 9:01 and 12:00 hrs.	0.4	0.0	0.7	0.2	0.5	0.0	0.0
More than 12 hrs.	2.5	1.3	1.3	2.0	2.8	2.3	1.3
Total	100%	100%	100%	100%	100%	100%	100%

Source of Information

▶Across Virginia, clinicians had an average of two sources of information available to review prior to the evaluation. The two most common sources were CSB records and hospital staff. Regional variations are presented below. One variation found is the low availability of law enforcement records in PPR 3 (18%) and PPR 6 (19%), as compared with other Regions. Statistically significant variations were found regarding the *type* of source available, as well as the *availability* of a specific source. See Figure 13 and Table 12.

Figure 13. Sources of information available to the clinician at the start of the evaluation

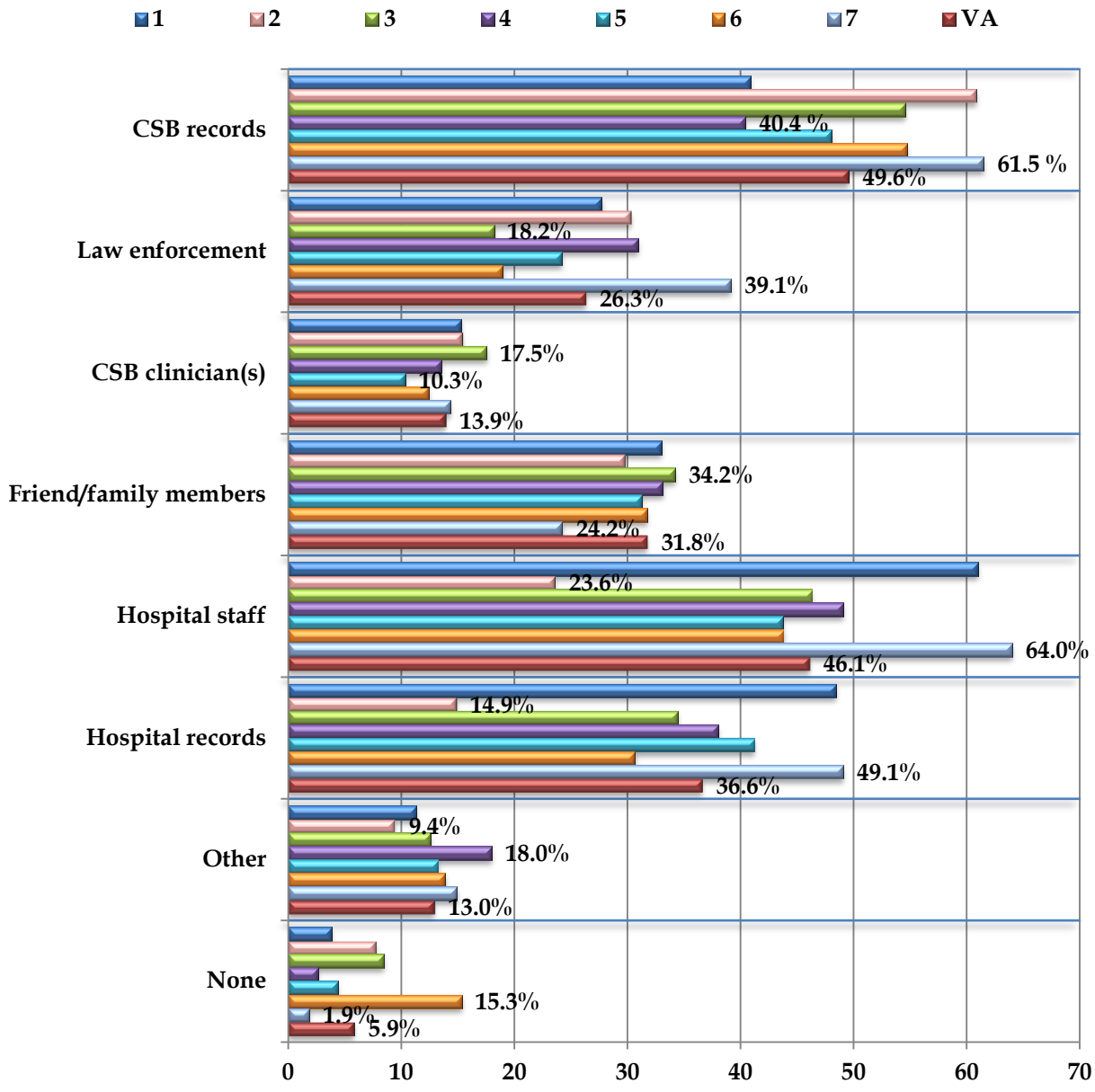


Table 12. Sources of information available to the clinician at the start of the evaluation

PPR	CSB records[1]		Law enforcement[2]		CSB clinician(s)[3]		Friend/family members[4]		Hospital staff[5]		Total
	n	%	n	%	n	%	n	%	n	%	
1	286	40.9	194	27.7	107	15.3	231	33.0	427	61.0	**700**
2	335	60.8	167	30.3	85	15.4	164	29.8	130	23.6	**551**
3	252	54.5	84	18.2	81	17.5	158	34.2	214	46.3	**462**
4	200	40.4	153	30.9	67	13.5	164	33.1	243	49.1	**495**
5	381	48.0	192	24.2	82	10.3	248	31.3	347	43.8	**793**
6	150	54.7	52	19.0	34	12.4	87	31.8	120	43.8	**274**
7	99	61.5	63	39.1	23	14.3	39	24.2	103	64.0	**161**
VA	**1,703**	**49.6**	**905**	**26.3**	**479**	**13.9**	**1,091**	**31.8**	**1,584**	**46.1**	**3,436**

1) $\chi^2_{(6)}$=83.1, p<.001, 2) $\chi^2_{(6)}$=49.4, p<.001, 3) $\chi^2_{(6)}$=16.2, p=.013, 4) $\chi^2_{(6)}$=7.5, p=.276, 5) $\chi^2_{(6)}$=199.7, p<.001

Table 12, continued

PPR	Hospital records[6]		Other providers[7]		Other clinical records[8]		Other[9]		None[10]		Total
	n	%	n	%	n	%	n	%	n	%	
1	339	48.4	31	4.4	26	3.7	22	3.1	27	3.9	**700**
2	82	14.9	20	3.6	12	2.2	20	3.6	43	7.8	**551**
3	159	34.4	27	5.8	14	3.0	17	3.7	39	8.4	**462**
4	188	38.0	36	7.3	21	4.2	32	6.5	13	2.6	**495**
5	327	41.2	34	4.3	38	4.8	33	4.2	35	4.4	**793**
6	84	30.7	15	5.5	5	1.8	18	6.6	42	15.3	**274**
7	79	49.1	6	3.7	13	8.1	5	3.1	3	1.9	**161**
VA	**1,258**	**36.6**	**169**	**4.9**	**129**	**3.8**	**147**	**4.3**	**202**	**5.9**	**3,436**

6) $\chi^2_{(6)}$=177.8, p<.001, 7) $\chi^2_{(6)}$=10.4, p=.11, 8) $\chi^2_{(6)}$=18.3, p=.006, 9) $\chi^2_{(6)}$=13.0, p=.043, 10) $\chi^2_{(6)}$=75.8, p<.001

Variation of Clinical Presentation of Adults

Adults Presenting with Mental Illness and/or Substance Abuse

▶Adults presented with symptoms of mental illness only in 66% of cases, and mental illness in combination with substance abuse in 24% of cases; 8% of adults presented with substance abuse only. Regional variations in presentation were statistically significant ($\chi^2_{(24)}$=136.1, p<.001). PPR 4-Central (72%) reported the highest proportion of adults presenting with mental illness only, and PPR 6-Southern reported the lowest proportion (51%). PPR 3-Southwestern (14%) and PPR 6-Southern (18%) each doubled the rates of the other regions regarding the percentage of adults presenting with substance abuse only. See Figure 14 and Table 13.

Figure 14. Adult presentation at the time of the evaluation by region

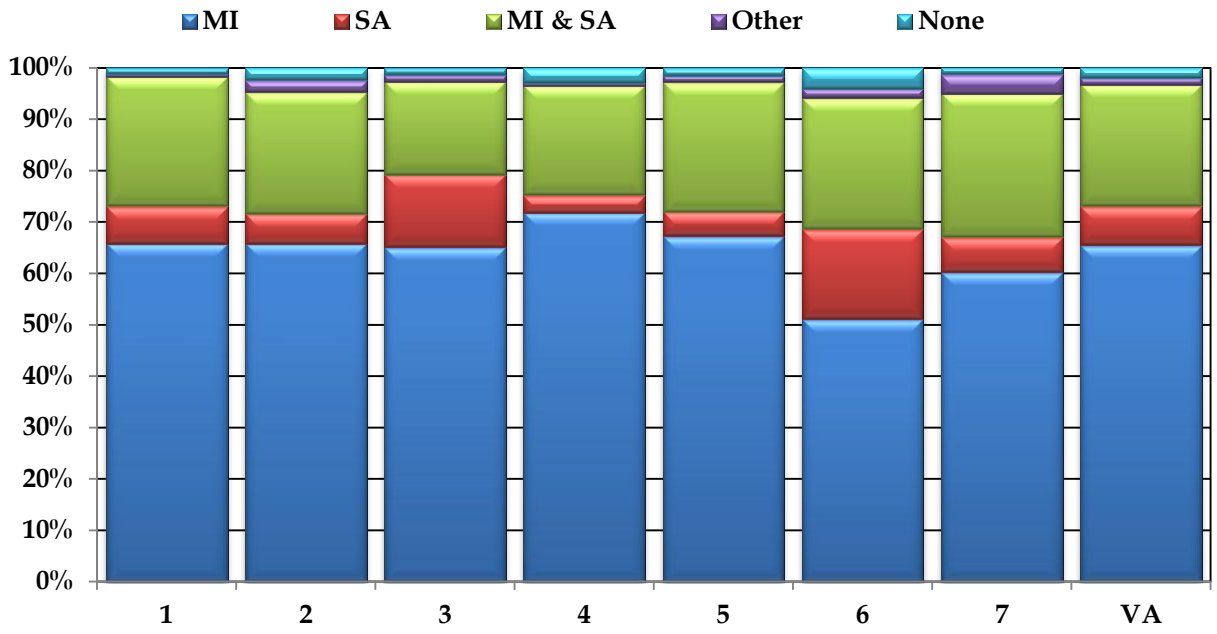


Table 13. Adult presentation at the time of the evaluation by region

PPR	MI		SA		MI & SA		Other		None		Total
	n	%	n	%	n	%	n	%	n	%	
1	460	65.8	51	7.3	176	25.2	4	0.6	8	1.1	**699**
2	362	65.8	32	5.8	130	23.6	13	2.4	13	2.4	**550**
3	301	65.2	65	14.1	84	18.2	6	1.3	6	1.3	**462**
4	355	71.9	17	3.4	105	21.3	3	0.6	14	2.8	**494**
5	533	67.3	37	4.7	200	25.3	10	1.3	12	1.5	**792**
6	140	51.1	48	17.5	70	25.5	5	1.8	11	4.0	**274**
7	97	60.2	11	6.8	45	28.0	6	3.7	2	1.2	**161**
VA	**2,248**	**65.5**	**261**	**7.6**	**810**	**23.6**	**47**	**1.4**	**66**	**1.9**	**3,432**

Adults under the Influence at the Time of the Evaluation

▶One out of four (23.4%) adults was, or was suspected to be, under the influence of drugs or alcohol at the time of the emergency evaluation. Statistically significant variations were found among Regions ($\chi^2_{(18)}$=70.8, p<.001). PPR 3-Southwestern (28%) and PPR 6-Southern (28%) reported the highest rates among the regions, with PPR 2-Northern (18.6%) reporting the lowest rate. See Figure 15 and Table 14.

Figure 15. Adults under the influence at the time of the evaluation by region

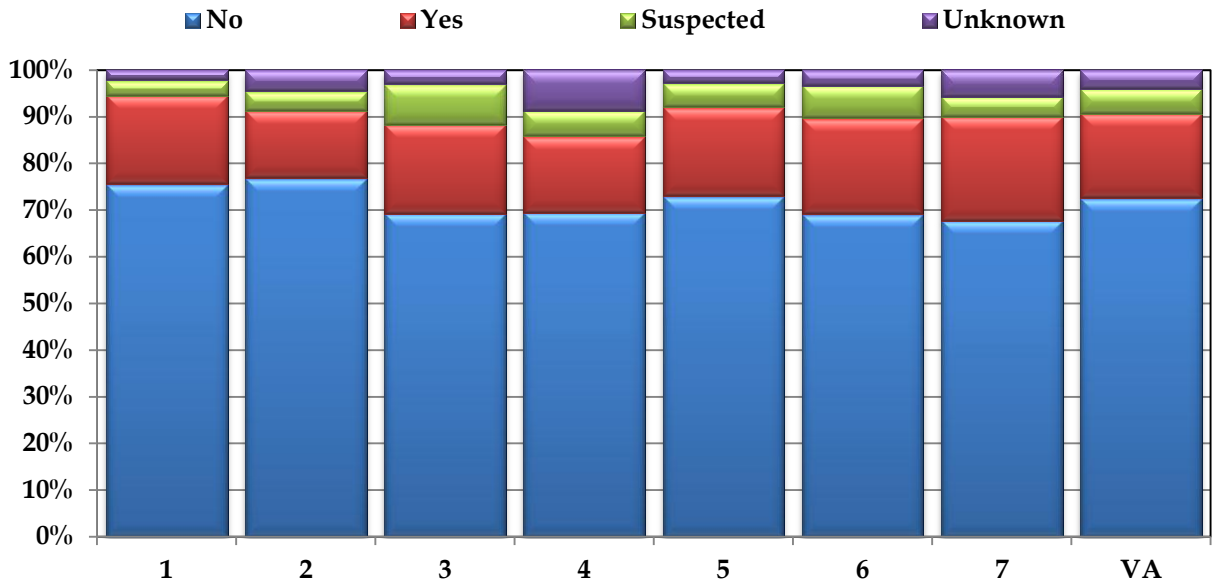


Table 14. Adults under the influence at the time of the evaluation by region

PPR	No		Yes		Suspected		Unknown		Total
	n	%	n	%	n	%	n	%	
1	529	75.6	133	19.0	23	3.3	15	2.1	**700**
2	423	76.9	79	14.4	23	4.2	25	4.5	**550**
3	319	69.2	88	19.1	40	8.7	14	3.0	**461**
4	344	69.5	81	16.4	27	5.5	43	8.7	**495**
5	579	73.0	151	19.0	41	5.2	22	2.8	**793**
6	188	69.1	56	20.6	19	7.0	9	3.3	**272**
7	109	67.7	36	22.4	7	4.3	9	5.6	**161**
VA	**2,491**	**72.6**	**624**	**18.2**	**180**	**5.2**	**137**	**4.0**	**3,432**

Adults Showing Psychotic Symptoms

▶Across the state, 31% of the evaluated adults presented with psychotic symptoms, with statistically significant variations across the Regions ($\chi^2_{(6)}$=69.9, p<.001). PPR 4-Central (41%) reported the highest proportion, compared to Region 1-Northwestern (24%) and Region 3-Southwestern (24%), who had the lowest proportions. See Figure 16 and Table 15 below.

Figure 16. Adults presenting psychotic symptoms by region

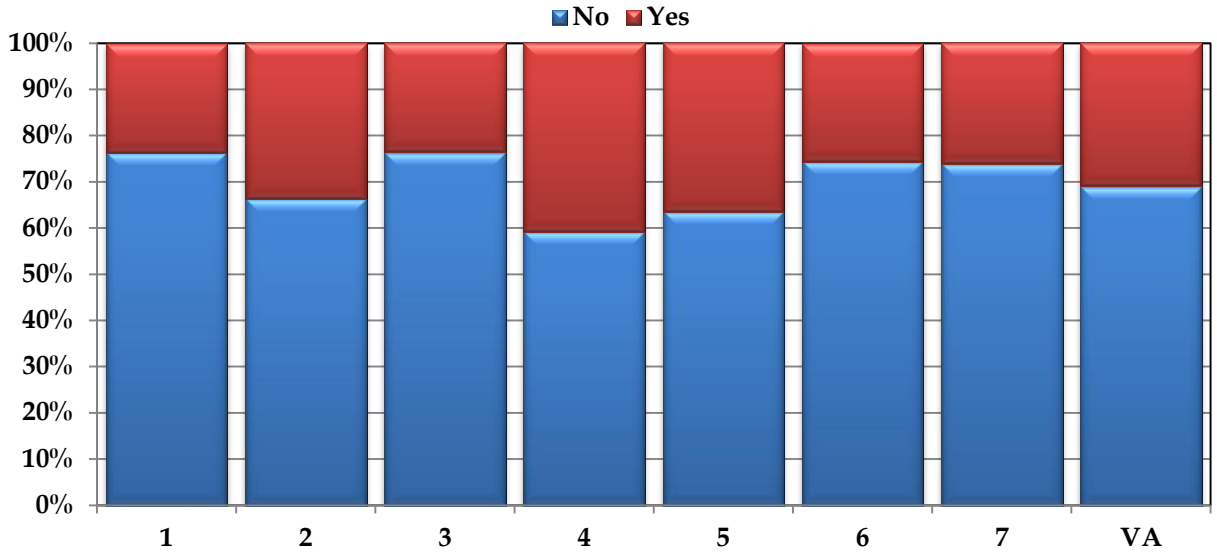


Table 15. Adults presenting psychotic symptoms by region

PPR	No		Yes		Total
	n	%	n	%	
1	534	76.3	166	23.7	**700**
2	366	66.4	185	33.6	**551**
3	353	76.4	109	23.6	**462**
4	293	59.2	202	40.8	**495**
5	504	63.6	289	36.4	**793**
6	204	74.5	70	25.5	**274**
7	119	73.9	42	26.1	**161**
VA	**2,373**	**69.1**	**1,063**	**30.9**	**3,436**

Client Displays of Behaviors Bearing on the Involuntary Commitment Criteria

Risk of Harm toward Self

▶About half (53%) of the evaluated adults presented with behaviors indicative of risk of harm toward self. There were statistically significant differences among Regions for those presenting with behaviors indicative of risk of harm toward self ($\chi^2_{(6)}$=13.9, p<.05), with the highest proportion found in Region 1-Northwestern (56%) and the lowest proportion found in Region 6-Southern (46%). See Figure 17.

Figure 17. Adults presenting with behaviors indicative of risk of harm toward self

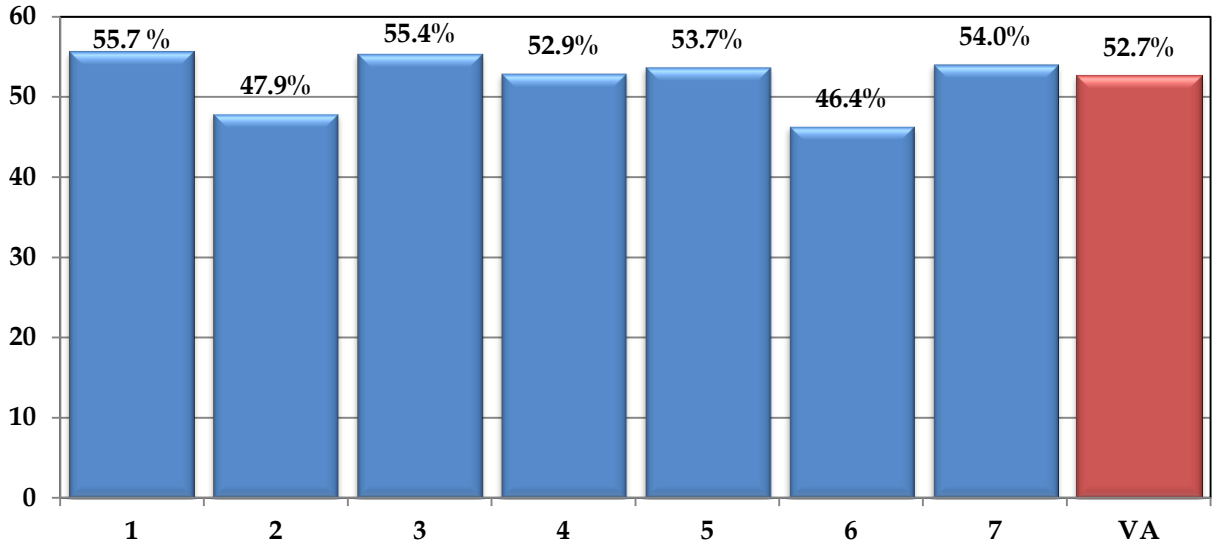


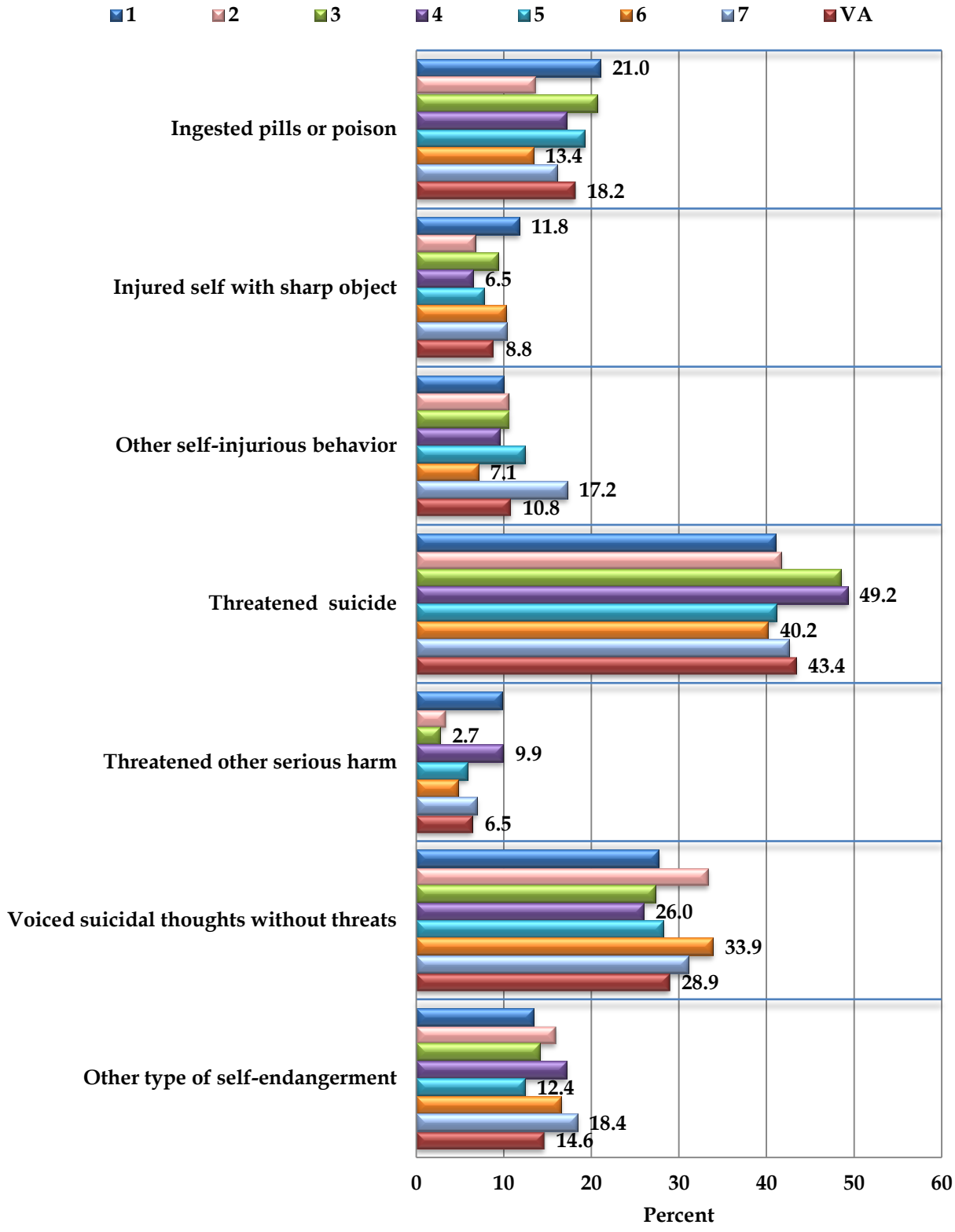
Table 16 and Figure 18 below provide details regarding the types of behaviors that were documented as indicative of risk of harm toward self.

Table 16. Specific behaviors indicative of risk of harm toward self by region

PPR	Ingested pills or poison[1]		Injured self with sharp object[2]		Other self-injurious behavior[3]		Threatened suicide[4]		Threatened other serious harm[5]		Voiced suicidal thoughts without threats[6]		Other type of self-endangerment[7]		Total
	n	%	n	%	n	%	n	%	N	%	n	%	n	%	
1	82	21.0	46	11.8	39	10.0	160	41.0	38	9.7	108	27.7	52	13.3	**390**
2	36	13.6	18	6.8	28	10.6	110	41.7	9	3.4	88	33.3	42	15.9	**264**
3	53	20.7	24	9.4	27	10.5	124	48.4	7	2.7	70	27.3	36	14.1	**256**
4	45	17.2	17	6.5	25	9.5	129	49.2	26	9.9	68	26.0	45	17.2	**262**
5	82	19.2	33	7.7	53	12.4	175	41.1	25	5.9	120	28.2	53	12.4	**426**
6	17	13.4	13	10.2	9	7.1	51	40.2	6	4.7	43	33.9	21	16.5	**127**
7	14	16.1	9	10.3	15	17.2	37	42.5	6	6.9	27	31.0	16	18.4	**87**
VA	**329**	**18.2**	**160**	**8.8**	**196**	**10.8**	**786**	**43.4**	**117**	**6.5**	**524**	**28.9**	**265**	**14.6**	**1,812**

1) $\chi^2_{(6)}$=9.6, p=.142, 2) $\chi^2_{(6)}$=8.6, p=.195, 3) $\chi^2_{(6)}$=7.5, p=.28, 4) $\chi^2_{(6)}$=9.0, p=.174
5) $\chi^2_{(6)}$=23.0, p=.001, 6) $\chi^2_{(6)}$=6.0, p=.42, 7) $\chi^2_{(6)}$=5.3, p=.508

Figure 18. Specific behaviors indicative of risk of harm toward self by region



Risk of Harm toward Others

▶One out of five (21%) evaluated adults presented with behaviors indicative of risk of harm toward others. There were statistically significant differences among Regions for those presenting behaviors indicative of risk of harm toward others ($\chi^2_{(6)}$=20.0, p=.003), with highest proportion found in Region 4-Central (26%), and the lowest proportions found in Region 3-Southwestern (17%) and Region 6-Southern (17%). See Figure 19.

Figure 19. Adults presenting with behaviors indicative of risk of harm toward others

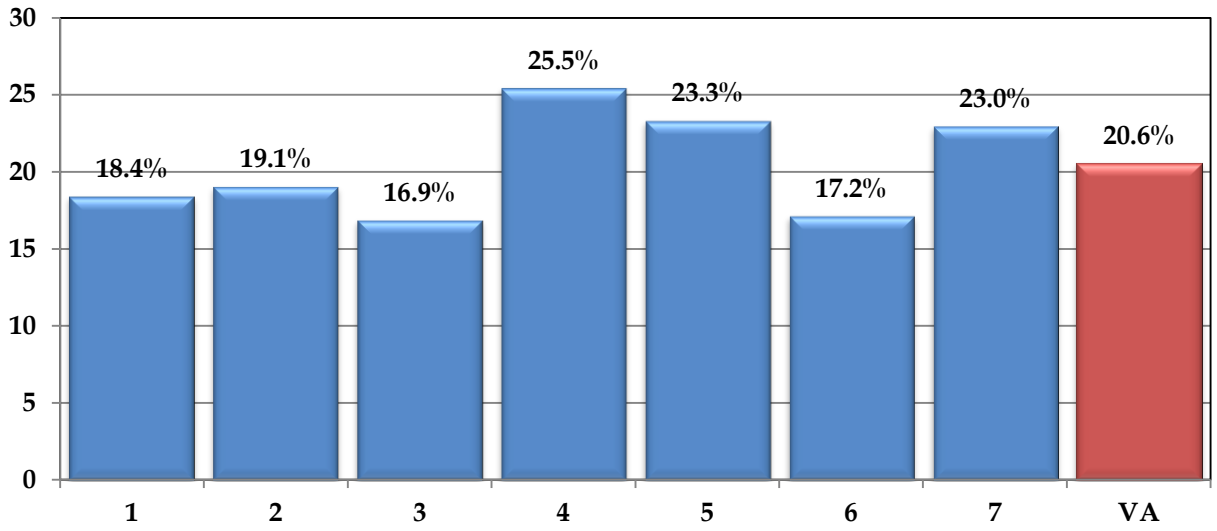


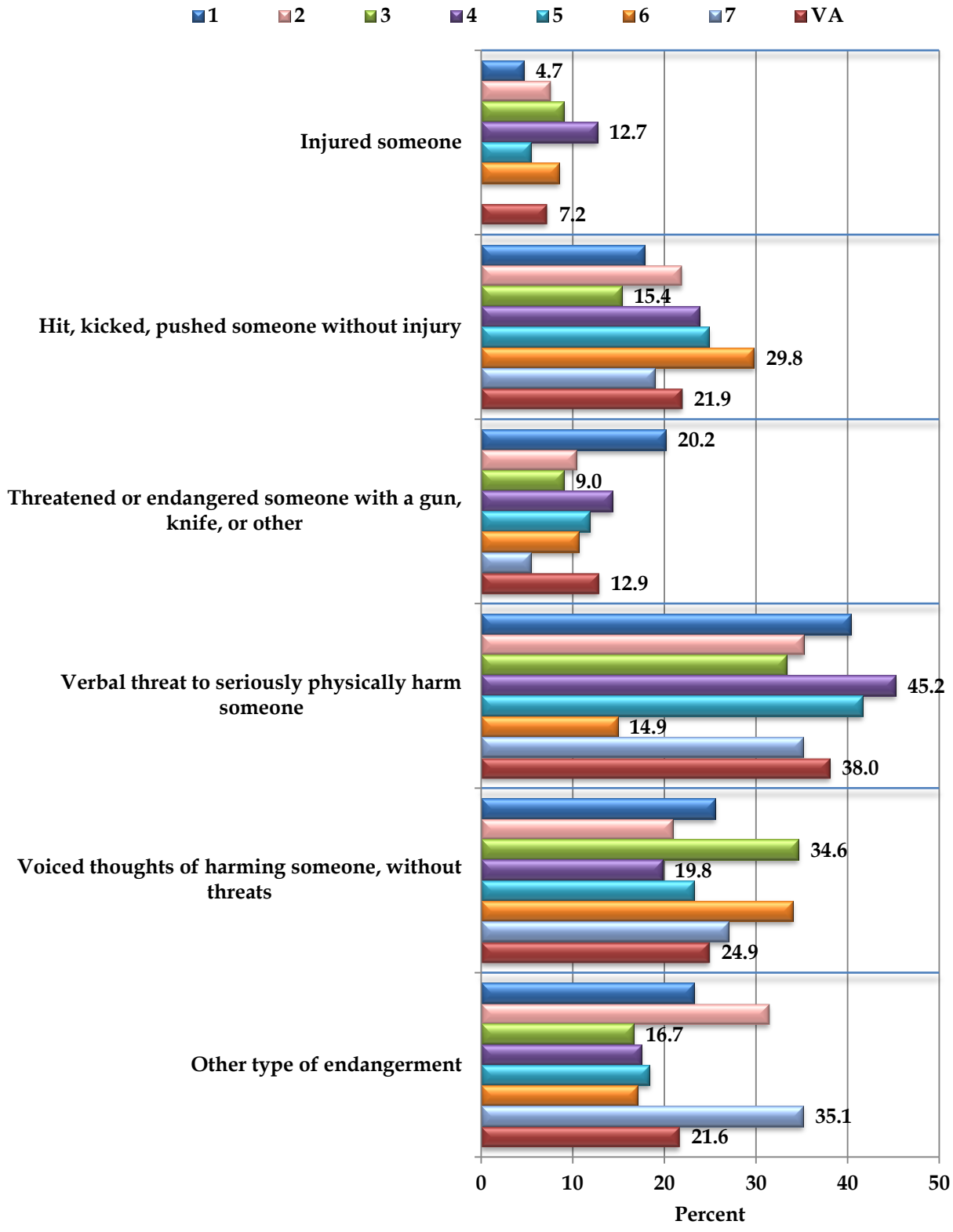
Table 17 and Figure 20 below provide details regarding the types of behaviors that were documented as indicative of risk of harm toward others.

Table 17. Specific behaviors indicative of risk of harm toward others by region

PPR	Injured someone[1]		Hit, kicked, pushed someone without injury[2]		Threatened or endangered someone with a gun, knife, or other[3]		Verbal threat to seriously physically harm someone[4]		Voiced thoughts of harming someone, without threats[5]		Other type of endangerment[6]		Total
	n	%	n	%	n	%	n	%	n	%	n	%	
1	6	4.7	23	17.8	26	20.2	52	40.3	33	25.6	30	23.3	**129**
2	8	7.6	23	21.9	11	10.5	37	35.2	22	21.0	33	31.4	**105**
3	7	9.0	12	15.4	7	9.0	26	33.3	27	34.6	13	16.7	**78**
4	16	12.7	30	23.8	18	14.3	57	45.2	25	19.8	22	17.5	**126**
5	10	5.4	46	24.9	22	11.9	77	41.6	43	23.2	34	18.4	**185**
6	4	8.5	14	29.8	5	10.6	7	14.9	16	34.0	8	17.0	**47**
7	0	0.0	7	18.9	2	5.4	13	35.1	10	27.0	13	35.1	**37**
VA	**51**	**7.2**	**155**	**21.9**	**91**	**12.9**	**269**	**38.0**	**176**	**24.9**	**153**	**21.6**	**707**

1) $\chi^2_{(6)}$=11.2, p=.082, 2) $\chi^2_{(6)}$=6.3, p=.39, 3) $\chi^2_{(6)}$=10.1, p=.119, 4) $\chi^2_{(6)}$=16.0, p=.014
5) $\chi^2_{(6)}$=9.0, p=.172, 6) $\chi^2_{(6)}$=14.3, p=.027

Figure 20. Specific behaviors indicative of risk of harm toward others by region



Adults with Access to Firearms

▶Across Virginia, clinicians determined that the client did not own or have easy access to a firearm in 66% of cases. The clinician was unable to determine the client's access to firearms in 27% of cases, and the clinician reported that the client *did* own or have access to a firearm in 7% of cases. There were statistically significant variations in these proportions by region ($\chi^2_{(12)}$=205.3, p<.001). Clinicians were least likely to be able to determine access to firearms in Region 2-Northern and were most likely to be able to determine access in Region 3-Southwestern and Region 7-Catawba. See Table 18.

Table 18. Access to firearms

PPR	Yes		No		Unable to determine		Total
	n	%	n	%	n	%	
1	58	8.3	460	65.7	182	26.0	**700**
2	16	2.9	458	83.1	77	14.0	**551**
3	53	11.5	245	53.0	164	35.5	**462**
4	22	4.4	266	53.7	207	41.8	**495**
5	47	5.9	582	73.4	164	20.7	**793**
6	20	7.3	186	67.9	68	24.8	**274**
7	17	10.6	82	50.9	62	38.5	**161**
VA	**233**	**6.8**	**2,279**	**66.3**	**924**	**26.9**	**3,436**

Impaired Capacity for Self-Protection or to Provide for Basic Needs

▶One out of three (37%) evaluated adults presented with behaviors indicative of impaired capacity for self–protection or to provide for basic needs. There were statistically significant differences among Regions for those presenting behaviors indicative of impaired capacity for self-protection or to provide for basic needs ($\chi^2_{(6)}$=52.4, p<.001), with the highest proportion found in Region 4-Central (50%) and the lowest proportion found in Region 6-Southern (27%). See Figure 21.

Figure 21. Adults presenting with behaviors indicative of risk of impaired capacity for self-protection or to provide for basic needs

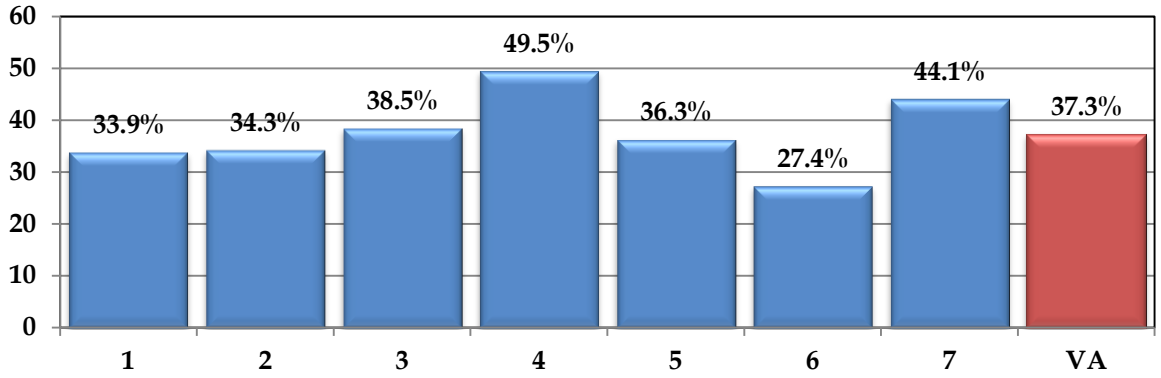


Figure 22 and Table 19 below provide details regarding the types of behaviors that were documented as indicative of impaired capacity for self-care.

Figure 22. Specific behaviors indicative of risk of impaired capacity for self-protection or to provide for basic needs

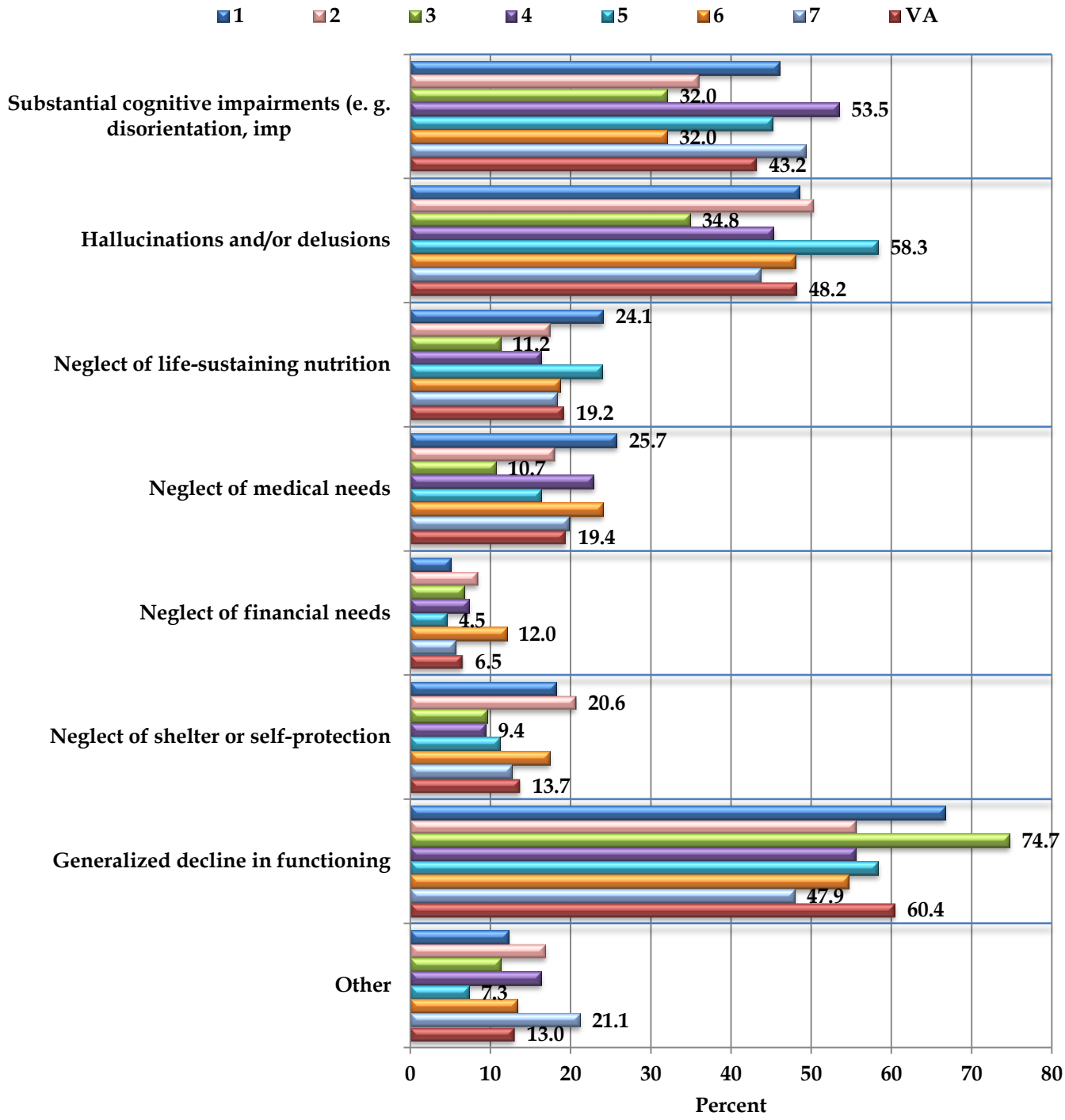


Table 19. Specific behaviors indicative of risk of impaired capacity for self-protection or to provide for basic needs

PPR	Substantial cognitive impairments[1]		Hallucinations and/or delusions[2]		Neglect of life-sustaining nutrition[3]		Neglect of medical needs[4]		Total
	n	%	n	%	n	%	n	%	
1	109	46.0	115	48.5	57	24.1	61	25.7	**237**
2	68	36.0	95	50.3	33	17.5	34	18.0	**189**
3	57	32.0	62	34.8	20	11.2	19	10.7	**178**
4	131	53.5	111	45.3	40	16.3	56	22.9	**245**
5	130	45.1	168	58.3	69	24.0	47	16.3	**288**
6	24	32.0	36	48.0	14	18.7	18	24.0	**75**
7	35	49.3	31	43.7	13	18.3	14	19.7	**71**
VA	**554**	**43.2**	**618**	**48.2**	**246**	**19.2**	**249**	**19.4**	**1,283**

1) $\chi^2_{(6)}=29.7$, p<.001, 2) $\chi^2_{(6)}=26.3$, p<.001, 3) $\chi^2_{(6)}=16.8$, p=.010, 4) $\chi^2_{(6)}=19.6$, p=.003

Table 19, continued

PPR	Neglect of financial needs[5]		Neglect of shelter or self-protection[6]		Generalized decline in functioning[7]		Other[8]		Total
	N	%	n	%	n	%	n	%	
1	12	5.1	43	18.1	158	66.7	29	12.2	**237**
2	16	8.5	39	20.6	105	55.6	32	16.9	**189**
3	12	6.7	17	9.6	133	74.7	20	11.2	**178**
4	18	7.3	23	9.4	136	55.5	40	16.3	**245**
5	13	4.5	32	11.1	168	58.3	21	7.3	**288**
6	9	12.0	13	17.3	41	54.7	10	13.3	**75**
7	4	5.6	9	12.7	34	47.9	15	21.1	**71**
VA	**84**	**6.5**	**176**	**13.7**	**775**	**60.4**	**167**	**13.0**	**1,283**

5) $\chi^2_{(6)}=7.9$, p=.242, 6) $\chi^2_{(6)}=20.6$, p=.002, 7) $\chi^2_{(6)}=29.6$, p<.001, 8) $\chi^2_{(6)}=18.0$, p=.006

Combinations of Commitment Criteria

Figure 23 and Table 20 below display more specific details about the proportion of adults evaluated who presented behaviors indicative of risk of harm to self or others, or impairment capacity for self–protection or to provide for basic needs. The proportions were statistically significant different ($\chi^2_{(42)}=165.8$, p<.001).

Figure 23. Combinations of behaviors indicative of risk of harm toward self or others, or indicative of impaired capacity for self-protection or to provide for basic needs

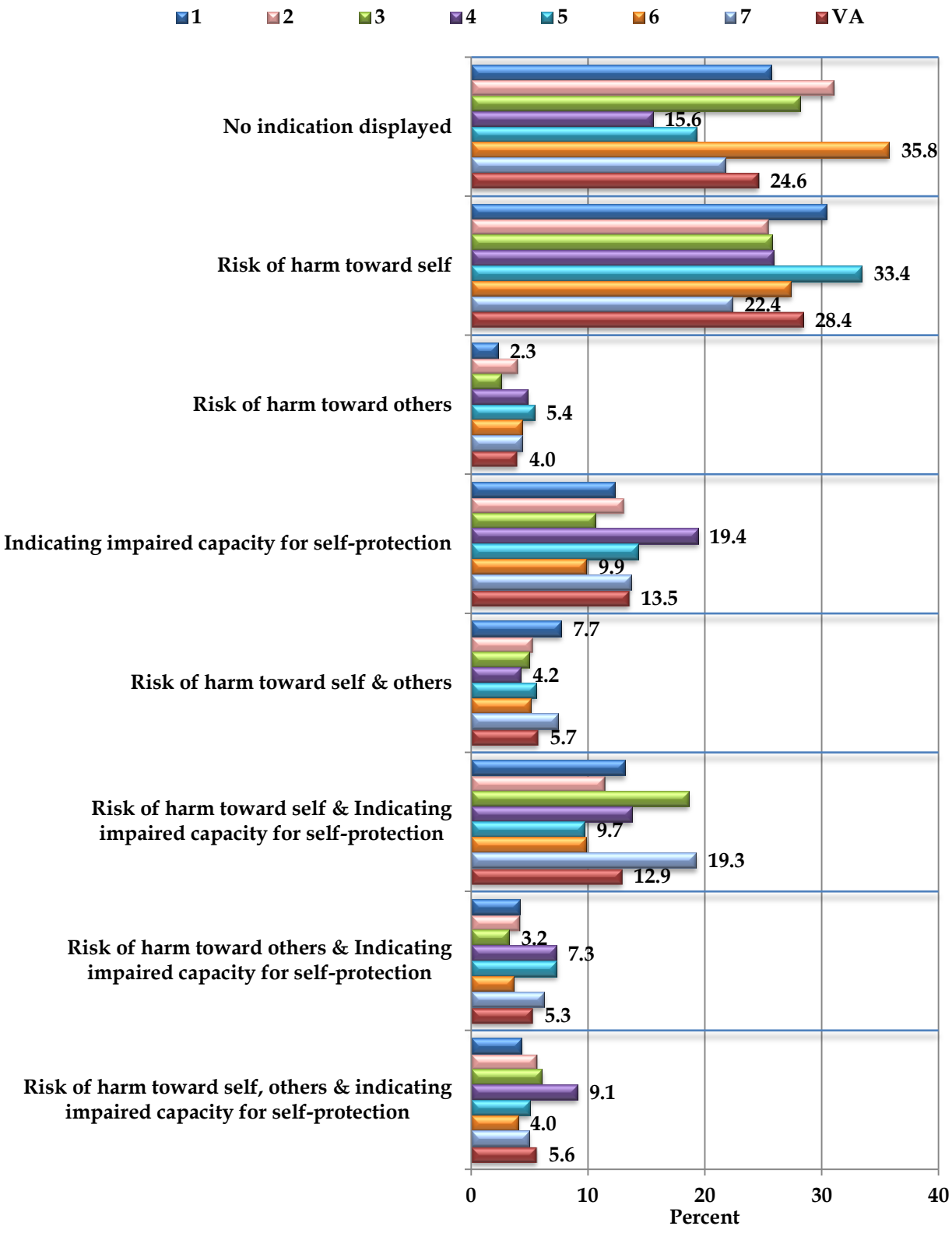


Table 20. Combinations of behaviors indicative of risk of harm toward self or others, or indicative of impaired capacity for self-protection or to provide for basic needs

PPR	No indication displayed		Risk of harm toward self		Risk of harm toward others		Indicating impaired capacity for self-protection		Total
	n	%	n	%	n	%	n	%	
1	180	25.7	213	30.4	16	2.3	86	12.3	**700**
2	171	31.0	140	25.4	22	4.0	72	13.1	**551**
3	130	28.1	119	25.8	12	2.6	49	10.6	**462**
4	77	15.6	128	25.9	24	4.8	96	19.4	**495**
5	153	19.3	265	33.4	43	5.4	113	14.2	**793**
6	98	35.8	75	27.4	12	4.4	27	9.9	**274**
7	35	21.7	36	22.4	7	4.3	22	13.7	**161**
VA	**844**	**24.6**	**976**	**28.4**	**136**	**4.0**	**465**	**13.5**	**3,436**

Table 20, continued

PPR	Risk of harm toward self & others		Risk of harm toward self & Indicating impaired capacity for self-protection		Risk of harm toward others & Indicating impaired capacity for self-protection		Risk of harm toward self, others & indicating impaired capacity for self-protection		Total
	n	%	n	%	n	%	n	%	
1	54	7.7	92	13.1	29	4.1	30	4.3	**700**
2	29	5.3	63	11.4	23	4.2	31	5.6	**551**
3	23	5.0	86	18.6	15	3.2	28	6.1	**462**
4	21	4.2	68	13.7	36	7.3	45	9.1	**495**
5	44	5.5	77	9.7	58	7.3	40	5.0	**793**
6	14	5.1	27	9.9	10	3.6	11	4.0	**274**
7	12	7.5	31	19.3	10	6.2	8	5.0	**161**
VA	**197**	**5.7**	**444**	**12.9**	**181**	**5.3**	**193**	**5.6**	**3,436**

Disposition after Adult Emergency Evaluations

Type of Actions Recommended by the CSB Clinician for Adults

▶Figure 24 and Table 21 below provide a summary of the disposition recommendations. There were statistically significant variations across PPRs regarding these recommendations. Throughout the state, approximately 58% of adults were recommended for inpatient hospitalization, either involuntary admission (TDO) or voluntary admission (VA). Across PPRs, the percentages of adults who were recommended for inpatient hospitalization were, in descending order, PPR 4-Central (69%), PPR 7-Catawba (67%), PPR 3-Southwestern (63%), PPR 5-Eastern (60%), PPR 1-Northwestern (59%), PPR 6-Southern (45%) and PPR 2-Northern (42%). See Figure 24 and Table 21.

▶Statewide, involuntary action was recommended by the clinician in 40% of cases; there were statistically significant variations across PPRs regarding this disposition ($\chi^2_{(42)}$=279.6, p<.001). The highest proportions of involuntary dispositions were in PPR 7-Catawba (54%) and PPR 4-Central (51%), with the lowest rates of involuntary dispositions were in PPR 6-Southern (25%) and PPR 2-Northern (26%). See Figure 24 and Table 21.

Figure 24. Clinician recommended dispositions

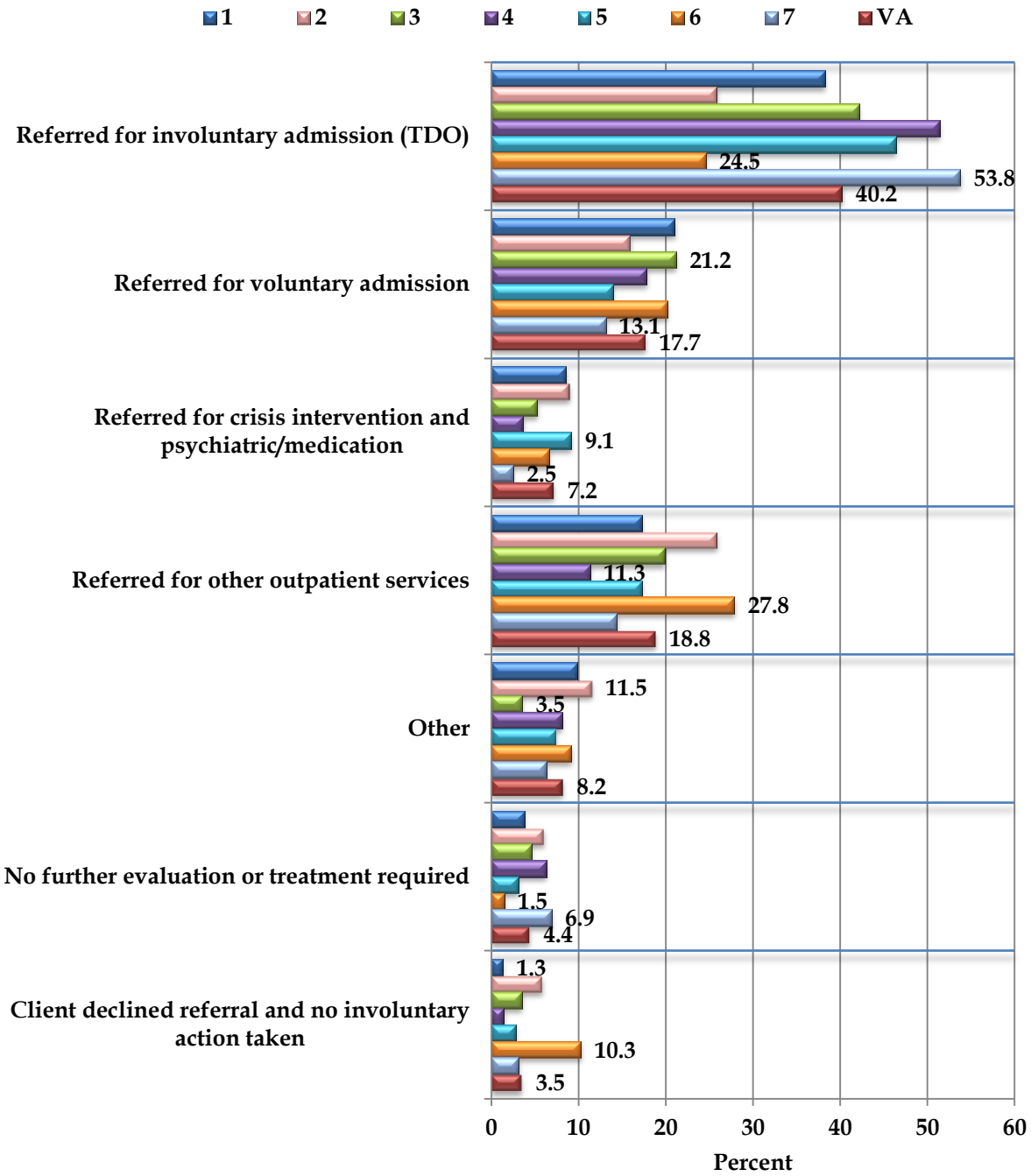


Table 21. Clinician recommended dispositions

PPR	Referred for involuntary admission (TDO)		Referred for voluntary admission		Referred for crisis intervention		Referred for crisis intervention and psychiatric/ medication		Total
	n	%	n	%	n	%	n	%	
1	264	38.3	145	21.0	33	4.8	26	3.8	**690**
2	141	25.8	87	15.9	27	4.9	22	4.0	**546**
3	193	42.1	97	21.2	20	4.4	4	0.9	**458**
4	254	51.4	88	17.8	11	2.2	7	1.4	**494**
5	365	46.4	110	14.0	30	3.8	42	5.3	**787**
6	67	24.5	55	20.1	7	2.6	11	4.0	**273**
7	86	53.8	21	13.1	2	1.3	2	1.3	**160**
VA	**1370**	**40.2**	**603**	**17.7**	**130**	**3.8**	**114**	**3.3**	**3,408**

Table 21, continued

PPR	Referred for other outpatient services		Other		No further evaluation or treatment required		Client declined referral and no involuntary action taken		Total
	n	%	n	%	n	%	n	%	
1	119	17.2	68	9.9	26	3.8	9	1.3	**690**
2	141	25.8	63	11.5	33	6.0	32	5.9	**546**
3	91	19.9	16	3.5	21	4.6	16	3.5	**458**
4	56	11.3	40	8.1	31	6.3	7	1.4	**494**
5	136	17.3	58	7.4	24	3.0	22	2.8	**787**
6	76	27.8	25	9.2	4	1.5	28	10.3	**273**
7	23	14.4	10	6.3	11	6.9	5	3.1	**160**
VA	**642**	**18.8**	**280**	**8.2**	**150**	**4.4**	**119**	**3.5**	**3,408**

Facilities where Adults were Admitted when a TDO was Granted

DBHDS mental health facilities for adults include Catawba Hospital (Catawba), Central State Hospital (Petersburg), Commonwealth Center for Children and Adolescents (Staunton), Eastern State Hospital (Williamsburg), Northern Virginia Mental Health Institute (Falls Church), Piedmont Geriatric Hospital (Burkeville), Southern Virginia Mental Health Institute (Danville), Southwestern Virginia Mental Health Institute (Marion), and Western State Hospital (Staunton) (http://www.vhha.com).

▶Across the Commonwealth, 87% of adults who were involuntarily hospitalized were admitted to a private or community facility/unit, 7% were admitted to a DBHDS facility, and about 6% were admitted to other types of facilities. Among the Regions, there were statistically significant variations regarding the type of facility to which clients were involuntarily admitted ($\chi^2_{(12)}$=276.4, p<.001). PPR 3-Southwestern (32%), PPR 6-Southern (21%), and PPR 2-Northern (11%) admitted the highest proportions of

patients to DBHDS facilities, compared with PPR 4-Central (1%), PPR 5-Eastern (1%), PPR 7-Catawba (1%), and PPR 1-Northwestern (0%), who admitted the lowest proportions of clients to DBHDS facilities. See Figure 25 and Table 22.

Figure 25. Types of facilities where TDO'd adults received treatment

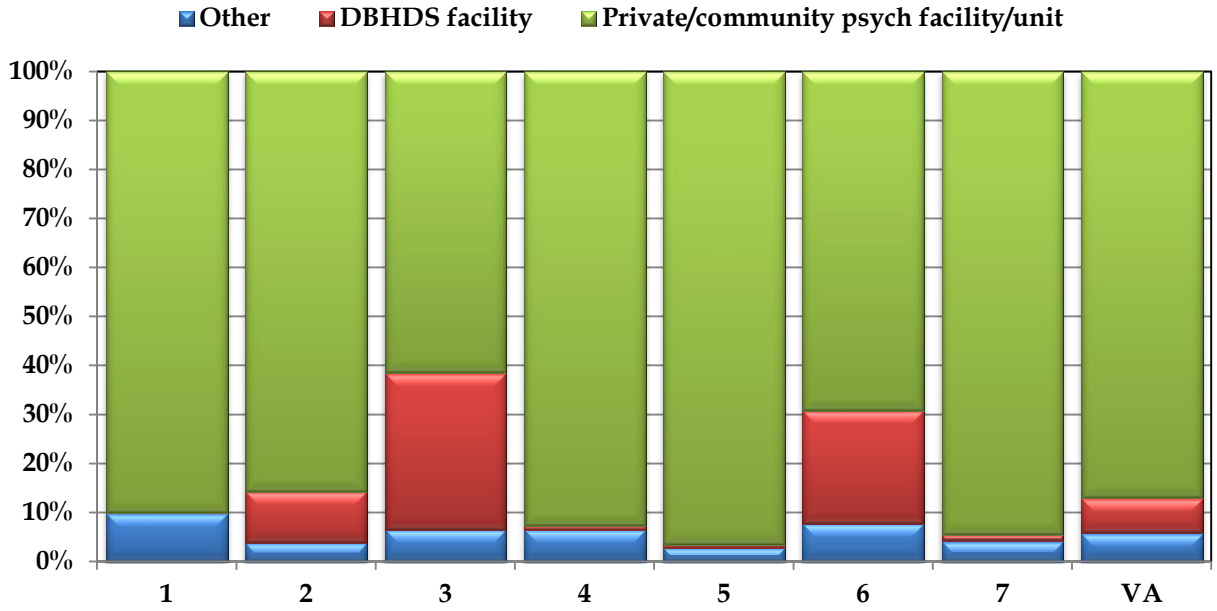


Table 22. Types of facilities where TDO'd adults received treatment

PPR	Other		DBHDS facility		Private/community psych facility/unit		Total
	n	%	n	%	n	%	
1	25	9.8	0	0.0	229	90.2	**254**
2	5	3.8	14	10.5	114	85.7	**133**
3	12	6.5	59	31.9	114	61.6	**185**
4	16	6.5	2	0.8	227	92.7	**245**
5	10	2.9	2	0.6	337	96.6	**349**
6	5	7.7	15	21.1	45	69.2	**65**
7	3	4.1	1	1.4	69	94.5	**73**
VA	**76**	**5.8**	**93**	**7.1**	**1,135**	**87.0**	**1,304**

Facilities where Adults were Admitted when Client was Voluntarily Hospitalized

▶For cases in which the client was voluntarily admitted to a facility, there were statistically significant differences throughout the PPRs regarding the type of facility to which the client was admitted (Crisis Stabilization Units, Private/community psychiatric facilities/units, Medical Detox, and Other [not specified] services; $\chi^2_{(18)}$=113.4, p<.001). See Figure 26 and Table 23.

Figure 26. Types of facilities where voluntarily admitted adults received treatment

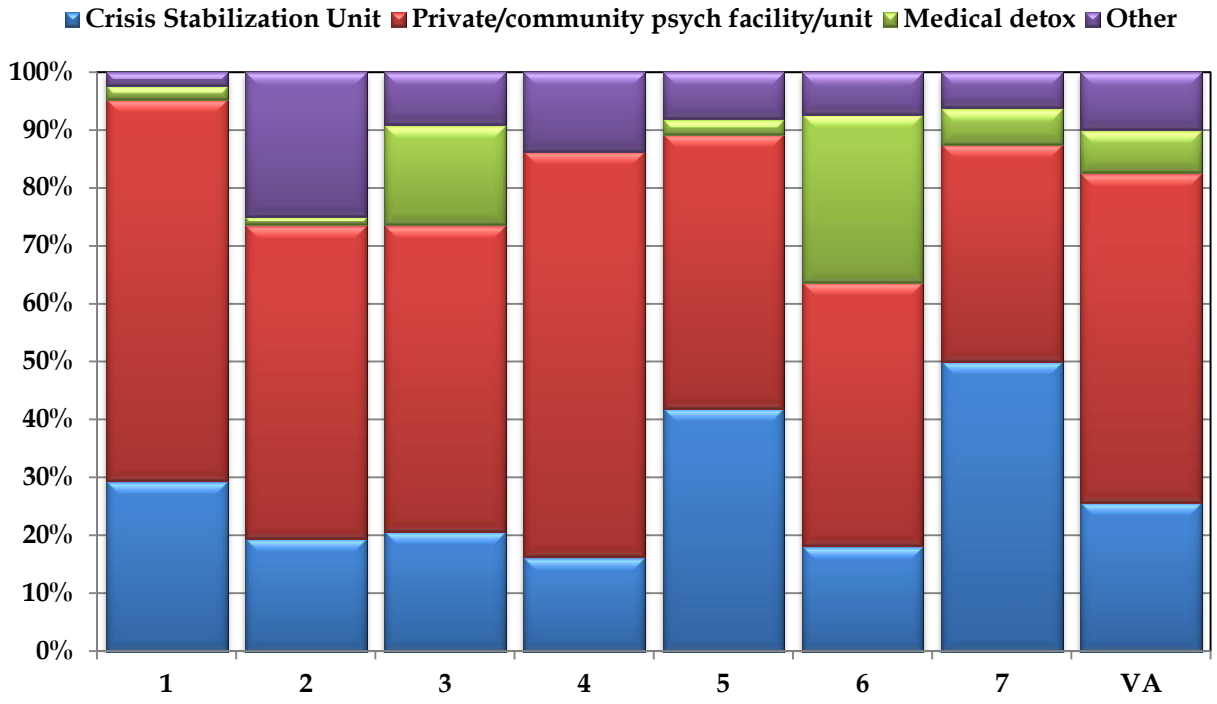


Table 23. Types of facilities where voluntarily admitted adults received treatment

PPR	Crisis Stabilization Unit		Private/community psych facility/unit		Medical detox		Other		Total
	n	%	n	%	n	%	n	%	
1	37	29.4	83	65.9	3	2.4	3	2.4	**126**
2	14	19.4	39	54.2	1	1.4	18	25.0	**72**
3	18	20.7	46	52.9	15	17.2	8	9.2	**87**
4	13	16.3	56	70.0	0	0.0	11	13.8	**80**
5	31	41.9	35	47.3	2	2.7	6	8.1	**74**
6	10	18.2	25	45.5	16	29.1	4	7.3	**55**
7	8	50.0	6	37.5	1	6.3	1	6.3	**16**
VA	**131**	**25.7**	**290**	**56.9**	**38**	**7.5**	**51**	**10.0**	**510**

Number of Private Facilities Contacted for Adults Who Needed Hospitalization

▶Of the cases in which the clinician recommended that the client be involuntarily admitted, the clinician only had to contact one private facility in 64% of cases; more than 3 private facilities had to be contacted in 14% of cases. There were statistically significant differences among the Regions, with PPR 2-Northern needing to contact more than three private facilities in 23% of cases ($\chi^2_{(18)}$=49.6, p<.001). See Table 24.

Table 24. Number of private facilities contacted for TDO admissions

PPR	1 facility contacted		2 facilities contacted		3 facilities contacted		More than 3 facilities contacted		Total
	n	%	n	%	n	%	n	%	
1	161	70.3	18	7.9	10	4.4	40	17.5	**229**
2	77	60.2	15	11.7	7	5.5	29	22.7	**128**
3	75	58.6	33	25.8	14	10.9	6	4.7	**128**
4	117	60.0	32	16.4	16	8.2	30	15.4	**195**
5	232	65.4	50	14.1	28	7.9	45	12.7	**355**
6	42	64.6	11	16.9	5	7.7	7	10.8	**65**
7	47	69.1	12	17.6	4	5.9	5	7.4	**68**
VA	**751**	**64.3**	**171**	**14.6**	**84**	**7.2**	**162**	**13.9**	**1,168**

▶Of the cases in which the clinician recommended that the client be voluntarily admitted, the clinician only had to contact one private facility in 81% of cases; more than 3 private facilities had to be contacted in 6% of cases. There were statistically significant differences among the Regions, with PPR 2-Northern needing to contact more than three private facilities in 15% of cases ($\chi^2_{(18)}$=48.1, p<.001). See Table 25.

Table 25. Number of private facilities contacted for voluntary admissions

PPR	1 facility contacted		2 facilities contacted		3 facilities contacted		More than 3 facilities contacted		Total
	n	%	n	%	n	%	N	%	
1	83	83.8	5	5.1	4	4.0	7	7.1	**99**
2	31	77.5	2	5.0	1	2.5	6	15.0	**40**
3	54	88.5	6	9.8	1	1.6	0	0.0	**61**
4	42	80.8	7	13.5	2	3.8	1	1.9	**52**
5	34	61.8	5	9.1	10	18.2	6	10.9	**55**
6	43	87.8	5	10.2	0	0.0	1	2.0	**49**
7	12	92.3	1	7.7	0	0.0	0	0.0	**13**
VA	**299**	**81.0**	**31**	**8.4**	**18**	**4.9**	**21**	**5.7**	**369**

Number of State Facilities Contacted for Adults Who Needed Hospitalization

▶Of the cases in which the clinician recommended that the client be involuntarily hospitalized, the clinician only had to contact one state facility in 88% of cases; two or three facilities had to be contacted in 12% of cases ($\chi^2_{(12)}$=24.6, p=.017). See Table 26.

Table 26. Number of state facilities contacted for TDO admissions

PPR	1 state facility contacted		2 state facilities contacted		3 state facilities contacted		Total
	n	%	n	%	n	%	
1	6	75.0	1	12.5	1	12.5	**8**
2	23	100.0	0	0.0	0	0.0	**23**
3	40	85.1	4	8.5	3	6.4	**47**
4	9	90.0	0	0.0	1	10.0	**10**
5	3	50.0	3	50.0	0	0.0	**6**
6	24	92.3	1	3.8	1	3.8	**26**
7	7	100.0	0	0.0	0	0.0	**7**
VA	**112**	**88.2**	**9**	**7.1**	**6**	**4.7**	**127**

▶Of the cases in which the clinician recommended that the client be voluntarily hospitalized, the clinician only had to contact one state facility in 76% of cases; two or three facilities had to be contacted in 24% of cases ($\chi^2_{(12)}$=24.3, p=.007). See Table 27.

Table 27. Number of state facilities contacted for voluntary admissions

PPR	1 state facility contacted		2 state facilities contacted		3 state facilities contacted		Total
	n	%	n	%	n	%	
1	2	100.0	0	0.0	0	0.0	**2**
2	17	100.0	0	0.0	0	0.0	**17**
3	3	75.0	0	0.0	1	25.0	**4**
4	7	100.0	0	0.0	0	0.0	**7**
5	6	35.3	3	17.6	8	47.1	**17**
7	2	100.0	0	0.0	0	0.0	**2**
VA	**37**	**75.5**	**3**	**6.1**	**9**	**18.4**	**49**

Length of Time Locating a Psychiatric Bed for an Adult under a TDO

▶In 87% of TDO cases, a bed was located within four hours. Variations among PPRs were statistically significant ($\chi^2_{(12)}$=36.9, p<.001). PPRs 5-Eastern, 6-Southern, and 7-Catawba needed the most amount of time to locate a TDO bed, while PPR 4-Central needed the least amount of time. See Figure 27 and Table 28.

Figure 27. Length of time locating a psychiatric bed for TDO

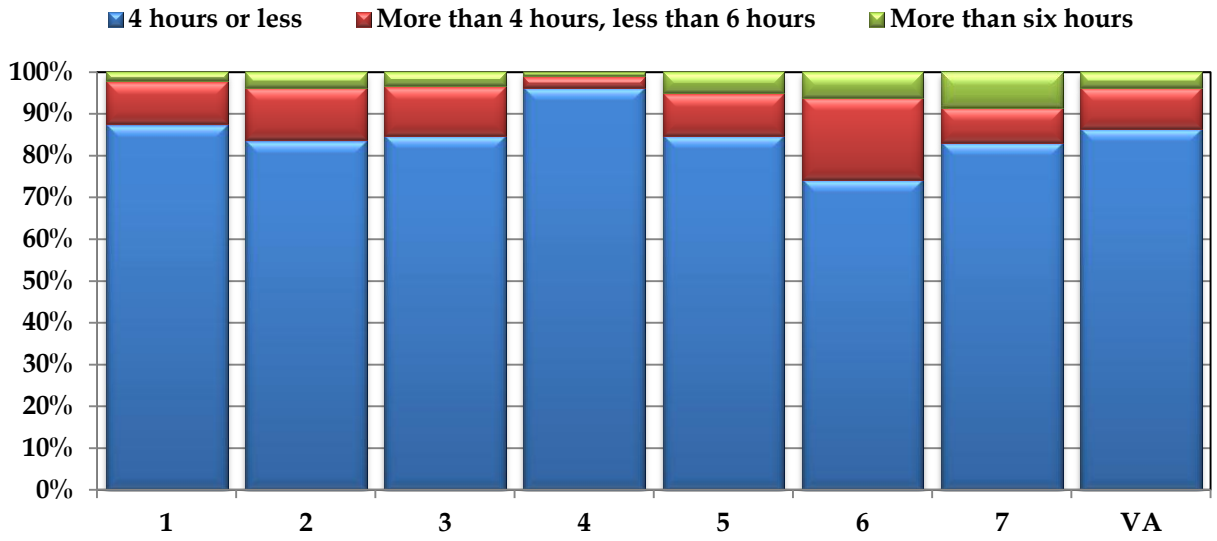


Table 28. Length of time locating a psychiatric bed for TDO

PPR	4 hours or less		> 4 ≤ 6 hours		> 6 hours		Total
	n	%	N	%	n	%	
1	204	87.6	24	10.3	5	2.1	**233**
2	113	83.7	17	12.6	5	3.7	**135**
3	156	84.8	22	12.0	6	3.3	**184**
4	208	96.3	6	2.8	2	0.9	**216**
5	303	84.9	36	10.1	18	5.0	**357**
6	49	74.2	13	19.7	4	6.1	**66**
7	59	83.1	6	8.5	6	8.5	**71**
VA	**1,092**	**86.5**	**124**	**9.8**	**46**	**3.6**	**1,262**

Emergency Custody Orders By Region

▶Of the 3,436 evaluations, 915 (26.6%) involved the need for an ECO, and 2,526 (73.4%) did not. There were significant variations by Region. See Appendix 4 for a detailed breakdown. Of the 915 individuals who did need an ECO, the ECO was granted in 99.5% (n=910) of cases. Of those granted, the initial ECO expired in 24.5% (n=223) of the cases. In 83.4% (n=186) of cases in which the initial ECO expired, the clinician sought an extension. In 98.9% (n=184) of cases in which the clinician sought an ECO extension, the extension was granted. Of the cases in which the ECO extension was granted, the extension was sufficient for locating a bed in 68.9% (n=122). In 11.3% (n=20) of cases in which the ECO extension was granted, the client did not needed a bed; in 19.8 (n=35) of

cases in which the ECO extension was granted, the clinician reported that the extension was not sufficient for finding a bed. Table 29 describes the proportion of cases by Regions. These findings are significantly different across the CSB ($\chi^2_{(12)}$=21.4, p=.046).

▶The extension of the ECO to 6 hours was not sufficient for finding a bed in 35 cases. About half of these cases (16) were in PPR 1-Northwestern. Many of these individuals were admitted or held in medical units. Appendix 4 describes what happened to each of these 35 clients.

Table 29. Was the ECO extension sufficient for locating a bed?

	Extension sufficient for locating bed		Extension was not sufficient for locating bed		Bed was not needed		Total Extension granted
	n	%	n	%	n	%	
1	33	61.1	16	29.6	5	9.3	54
2	14	73.7	1	5.3	4	21.1	19
3	21	91.3	1	4.3	1	4.3	23
4	7	53.8	4	30.8	2	15.4	13
5	32	78.0	7	17.1	2	4.9	41
6	9	50.0	4	22.2	5	27.8	18
7	6	66.7	2	22.2	1	11.1	9
VA	122	68.9	35	19.8	20	11.3	177

Length of Time Locating a Psychiatric Bed for a Voluntary Admission

▶In 93% of voluntary hospitalization cases, a bed was located within four hours. While there was less variation among PPRs, some proportions were statistically significant ($\chi^2_{(12)}$=38.1, p<.001). For example, PPR 4-Central was always able to locate a voluntary bed within 4 hours (100%), while PPR 5-Eastern found a voluntary bed within 4 hours in only 77% of cases. Furthermore, it took PPR 5-Eastern more than 6 hours to find a voluntary bed in 10% of cases. See Table 30.

Table 30. Length of time locating a psychiatric bed for a voluntary admission

PPR	4 hours or less		> 4 o ≤ 6 hours		> 6 hours		Total
	n	%	n	%	n	%	
1	100	96.2	3	2.9	1	1.0	**104**
2	50	92.6	2	3.7	2	3.7	**54**
3	74	97.4	2	2.6	0	0.0	**76**
4	59	100.0	0	0.0	0	0.0	**59**
5	54	77.1	9	12.9	7	10.0	**70**
6	48	94.1	2	3.9	1	2.0	**51**
7	15	93.8	0	0.0	1	6.3	**16**
VA	**400**	**93.0**	**18**	**4.2**	**12**	**2.8**	**430**

Adult's Status at End of Emergency Evaluation[2]

Clinicians' Opinions Regarding Harm to Self at the End of the Evaluation

▶CSB clinicians found that 40% of clients presented a likelihood of harm to self at the conclusion of the evaluation. PPRs 2-Northern (29%) and 6-Southern (31%) reported the lowest percentages of adults at risk of harm to self, while PPRs 3-Southwestern (46%) and 7-Catawba (48%) reported the highest. See Table 31 below.

Clinicians' Opinions Regarding Harm to Others at the End of the Evaluation

▶CSB clinicians found that 16% of clients presented a likelihood of harm to others at the conclusion of the evaluation. PPRs 2-Northern (11%), 3-Southwestern (13%), and 6-Southern (12%) reported the lowest percentages of risk of harm to others, while PPR 4-Central (23%) reported the highest. See Table 31 below.

Clinicians' Opinions Regarding Inability to Protect Self from Harm at the End of the Evaluation

▶CSB clinicians found that 29% of clients presented a likelihood of inability to protect self from harm at the conclusion of the evaluation. PPRs 2-Northern (23%) and 6-Southern (20%) reported the lowest percentage of adults who were unable to protect themselves from harm, while PPRs 7-Catawba (41%) and 4-Central (40%) reported the highest. See Table 31 below.

Clinicians' Opinions Regarding Inability to Provide for Basic Needs at the End of the Evaluation

▶CSB clinicians found that 26% of clients presented a likelihood of inability to provide for basic needs at the conclusion of the evaluation. PPRs 2-Northern (20%) and 6-Southern (18%) reported the lowest percentage of adults who were unable to provide for basic needs, while PPR 4-Central (37%) reported the highest. See Table 31 below.

[2] In this section of the instrument, the clinician was asked to rate his opinion or agreement with several statements about the individual's condition at the conclusion of the evaluation with yes, no, and N/A response options.

Clinicians' Opinions Regarding Absence of Any of the Commitment Criteria

▶CSB clinicians found that 40% of clients presented none of the commitment criteria at the conclusion of the evaluation. PPR 4-Central (27%) reported the lowest proportion of adults who did not meet any criteria, and PPR 6-Southern (54%) reported the highest. See Table 31 below.

Table 31. Clinicians' Opinions Regarding the Client's Status at the End of the Evaluation

PPR	Client presented a substantial likelihood of causing serious physical harm to self in the near future[1]		Client presented a substantial likelihood of causing serious physical harm to others in the near future[2]		Client was unable to protect self from harm[3]		Client was unable to provide for basic needs[4]		None[5]		Total
	n	%	n	%	n	%	n	%	n	%	
1	295	42.4	102	14.7	184	26.5	165	23.7	280	40.3	**695**
2	159	29.1	59	10.8	127	23.3	107	19.6	292	53.5	**546**
3	213	46.3	58	12.6	118	25.7	97	21.1	198	43.0	**460**
4	213	43.3	112	22.8	195	39.6	181	36.8	131	26.6	**492**
5	336	42.7	147	18.7	250	31.8	234	29.8	265	33.7	**786**
6	84	30.7	33	12.0	56	20.4	50	18.2	149	54.4	**274**
7	77	47.8	29	18.0	66	41.0	52	32.3	49	30.4	**161**
VA	**1,377**	**40.3**	**540**	**15.8**	**996**	**29.2**	**886**	**26.0**	**1,364**	**40.0**	**3,414**

1) $\chi^2_{(6)}=54.7$, p<.001, 2) $\chi^2_{(6)}=40.8$, p<.001, 3) $\chi^2_{(6)}=64.2$, p<.001, 4) $\chi^2_{(6)}=66.8$, p<.001 5) $\chi^2_{(6)}=122.5$, p<.001

Clinicians' Opinions Regarding Severe Distress at the End of the Evaluation

▶CSB clinicians found that 65% of clients were experiencing severe mental or emotional distress or dysfunction at the conclusion of the evaluation. PPR 4-Central (72%) reported the highest percentage of adults who were experiencing severe distress, while PPRs 2-Northern (57%) and 6-Southern (58%) reported the lowest. See Table 32 below.

Clinicians' Opinions Regarding Hospitalization at the End of the Evaluation

▶CSB clinicians found that 57% of clients warranted hospitalization at the conclusion of the evaluation. PPR 4-Central (70%) reported the highest percentage of adults whose condition warranted hospitalization, while PPRs 2-Northern (42%) and 6-Southern (44%) reported the lowest. See Table 32 below.

Clinician Would Have Sought TDO if Client Refused Voluntary Services

▶In one out of four cases (26%) clinicians reported that they would have sought a TDO if the client had refused voluntary services. There were PPR variations regarding whether the clinician would have sought a TDO if the client had refused voluntary services. PPRs 1-Northwestern (34%) and 4-Central (34%) reported the highest percentages of cases in which the clinician would have sought a TDO if the client refused voluntary services, while PPRs 2-Northern (23%) and 6-Southern (14%) the lowest percentages. See Table 32 below.

Clinician's Ability to Address the Client's Crisis Needs with Available Resources

▶Almost nine out of 10 (88%) clinicians reported that they were able to address the client's crisis needs with the resources available to them. PPR 3-Southwestern (91%) reported a slightly higher percentage, while PPR 5-Eastern reported a slightly lower percentage (86%). See Table 32 below.

Table 32. Clinicians' Opinions Regarding the Client's Status at the End of the Evaluation, Part 2

PPR	Client was experiencing severe mental or emotional distress or dysfunction[1]		Client's condition warranted hospitalization[2]		I would have sought involuntary action (TDO) if client refused voluntary services[3]		I was able to address this person's crisis needs with the resources available to me[4]		Total
	n	%	n	%	n	%	N	%	
1	451	64.9	394	56.7	235	33.8	624	89.8	**695**
2	311	57.0	230	42.1	118	21.6	464	84.8	**546**
3	306	66.5	282	61.3	110	23.9	419	91.1	**460**
4	355	72.2	345	70.1	168	34.1	433	88.0	**492**
5	547	69.6	460	58.5	187	23.8	675	85.9	**786**
6	159	58.0	121	44.2	37	13.5	241	88.0	**274**
7	101	62.7	111	68.9	45	28.0	144	89.4	**161**
VA	**2,230**	**65.3**	**1,943**	**56.9**	**900**	**26.4**	**3,000**	**87.8**	**3,414**

1) $\chi^2_{(6)}$=40.6, p<.001, 2) $\chi^2_{(6)}$=115.8, p<.001, 3) $\chi^2_{(6)}$=69.2, p<.001, 4) $\chi^2_{(6)}$=14.9, p=.021

Clinicians' Opinion Regarding the Client's Ability to Make Treatment Decisions

▶At the conclusion of the evaluation, clinicians determined that 33% of evaluated adults lacked the capacity to make treatment decisions. The variations among PPRs was statistically significant ($\chi^2_{(6)}$=92.4, p<.001). PPRs 1-Northwestern (27%), 2-Northern (22%), and 6-Southern (24%) reported the lowest percentage of adults who lacked the

capacity to make treatment decisions, while PPRs 3-Southwestern (40%), 4-Central (43%), and 7-Catawba (43%) reported the highest. See Table 33.

Table 33. Client's ability to make treatment decisions

PPR	Client capable of making treatment decisions		Client lacked capacity to make treatment decision		Total
	n	%	n	%	
1	505	72.7	190	27.3	**695**
2	426	78.0	120	22.0	**546**
3	275	59.8	185	40.2	**460**
4	279	56.7	213	43.3	**492**
5	516	65.6	270	34.4	**786**
6	208	75.9	66	24.1	**274**
7	92	57.1	69	42.9	**161**
VA	**2,301**	**67.4**	**1,113**	**32.6**	**3,414**

Among the clients who were determined to lack decisional capacity (n=1,113), CSB clinicians found that 60% lacked the ability to maintain and communicate choice, 63% lacked the ability to understand relevant information, and 76% lacked the ability to understand consequences. As above, there were significant variations among Regions. See Table 34.

Table 34. Among Clients who Lacked Decision Capacity, Type of Impairment

PPR	Client lacked ability to maintain and communicate choice[1]		Client lacked ability to understand relevant information[2]		Client lacked ability to understand consequences[3]		Total
	n	%	n	%	n	%	
1	118	62.1	123	64.7	150	78.9	**190**
2	57	47.5	74	61.7	85	70.8	**120**
3	124	67.0	100	54.1	119	64.3	**185**
4	116	54.5	142	66.7	169	79.3	**213**
5	164	60.7	175	64.8	216	80.0	**270**
6	49	74.2	38	57.6	44	66.7	**66**
7	35	50.7	45	65.2	65	94.2	**69**
VA	**663**	**59.6**	**697**	**62.6**	**848**	**76.2**	**1,113**

1) $\chi^2_{(6)}=22.6$, p<.001, 2) $\chi^2_{(6)}=9.2$, p=.164, 3) $\chi^2_{(6)}=36.0$, p<.001

Table 35 and Figure 28 show clinician opinion after recoding into four mutually exclusive categories that connects perceived clinical severity of the individual's condition with the commitment criteria:

(Group 1) Any person who was found to be at risk of harm toward self or harm toward others, even if such persons also exhibited an impaired capacity for self-protection or to provide for basic needs was recoded into the "Risk of harm to self or others" category.

(Group 2) After removing individuals who were determined to be at risk of harm to self or others, the remaining cases were recoded. The category of "Impaired capacity for self-protection or to provide for basic needs" includes individuals who exhibited an inability for self-care as unable to protect themselves from harm, or to provide for basic needs.

Once the individuals above were excluded, cases remained including those who were not assessed by the clinician to meet the commitment criteria (i.e., harm toward self, harm toward others, and impaired capacity for self-protection or to provide for basic needs). These were recoded into two categories:

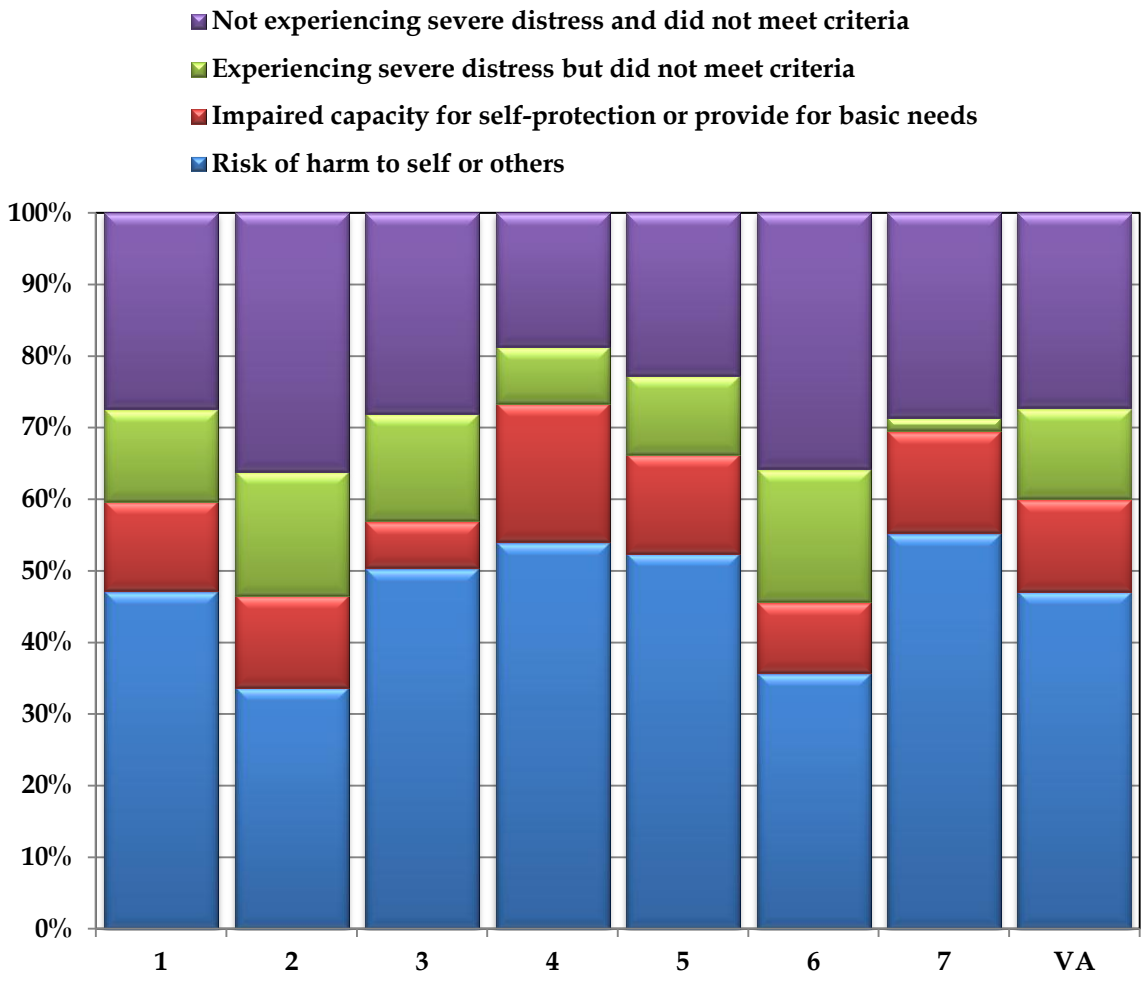
(Group 3) Cases in which individuals were found to be experiencing severe mental or emotional distress or dysfunction but did not meet the commitment criteria ("Experiencing severe distress but did not meet criteria"), or

(Group 4) Cases in which individuals were not found to be experiencing severe distress or dysfunction and did not meet the commitment criteria ("Not experiencing severe distress and did not meet criteria").

Table 35. Clinicians' opinion regarding the commitment criteria and the client's status at the end of the evaluation

	Group 1		Group 2		Group 3		Group 4		Total
	n	%	n	%	n	%	n	%	
1	328	47.2	87	12.5	90	12.9	190	27.3	**695**
2	184	33.7	70	12.8	95	17.4	197	36.1	**546**
3	232	50.4	30	6.5	69	15.0	129	28.0	**460**
4	266	54.1	95	19.3	39	7.9	92	18.7	**492**
5	412	52.4	109	13.9	87	11.1	178	22.6	**786**
6	98	35.8	27	9.9	51	18.6	98	35.8	**274**
7	89	55.3	23	14.3	3	1.9	46	28.6	**161**
VA	**1,609**	**47.1**	**441**	**12.9**	**434**	**12.7**	**930**	**27.2**	**3,414**

Figure 28. Clinicians' opinion regarding the commitment criteria and the client's status at the end of the evaluation



Services/Resources that, if Available, Would Have Helped Address Client's Needs Better

Clinicians were presented with a checklist of mental health services and resources that are available in various locations throughout the state. They were asked to check all services and resources that would have helped them to better address the client's needs, regardless of whether the person met the commitment criteria. In 41.5% (n=1,416) of cases, the clinician reported that he/she needed additional services, ranging from 46.9% in PPR 1 to 28.5% in PPR 7. See Figure 29 and Table 36, which presents the PPR variations of the services/resources that, if available, would have helped the clinician better address the client's needs.

Figure 29. Services/resources that would have helped address the client's needs better

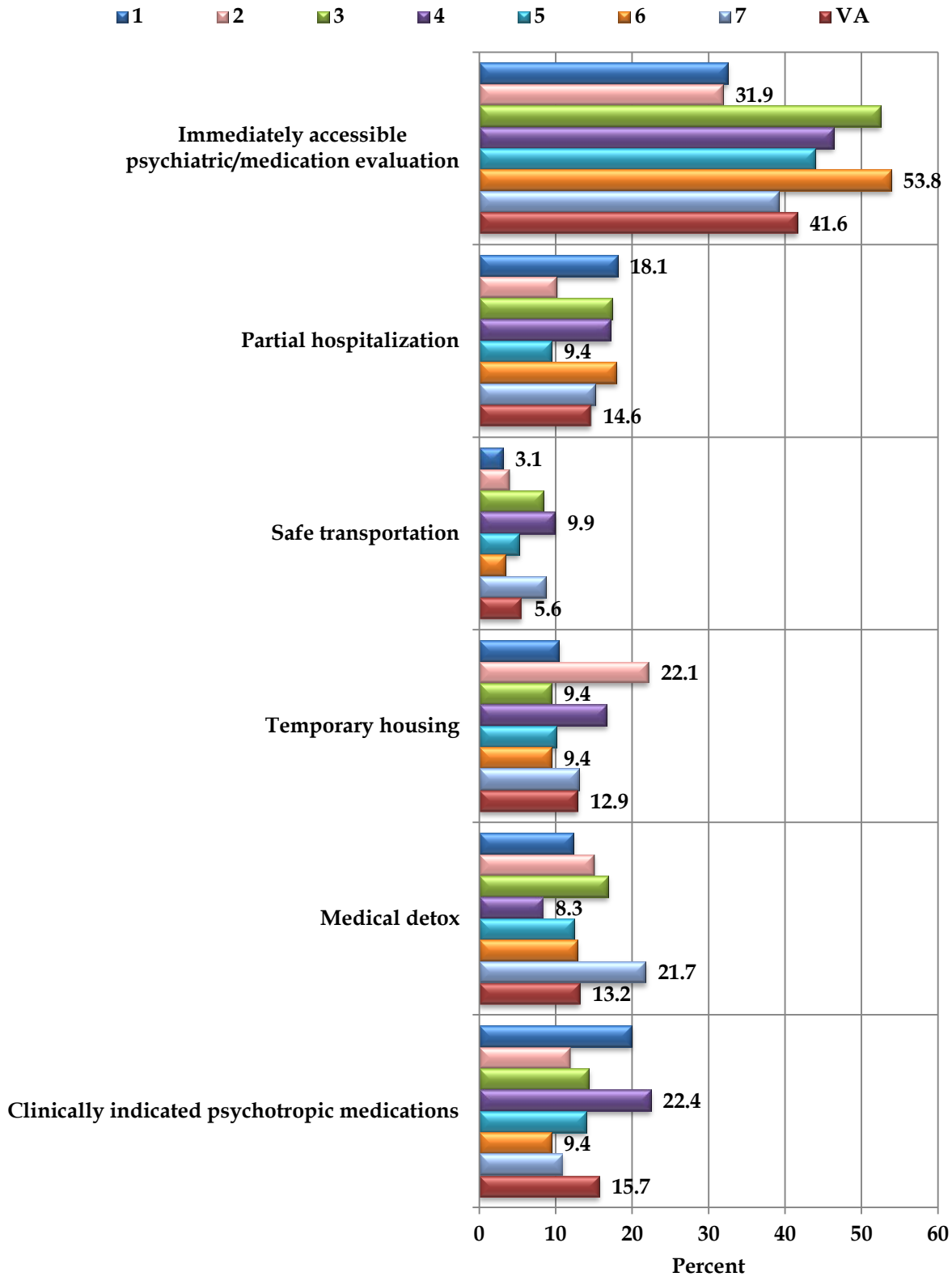


Figure 29, continued

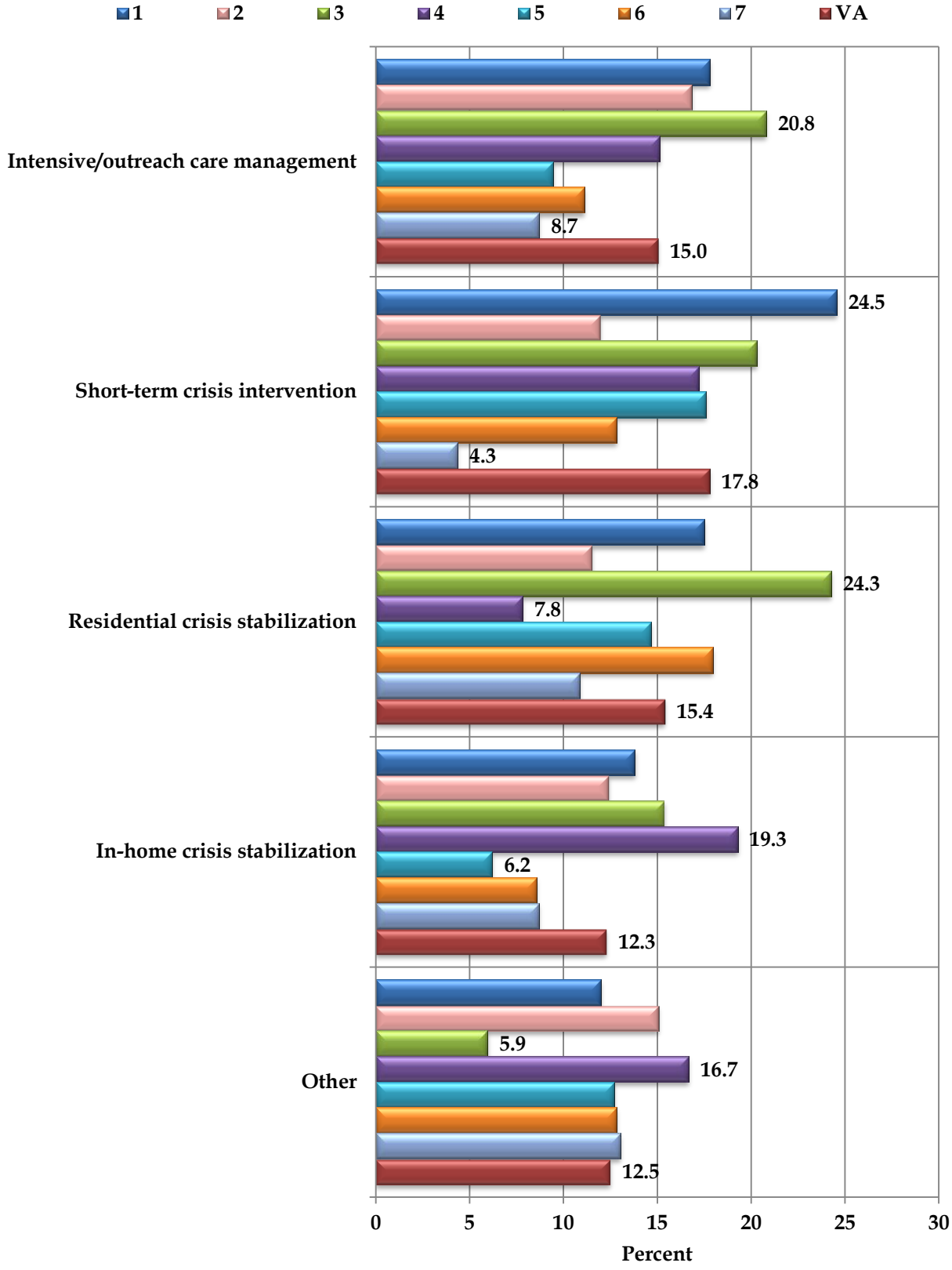


Table 36. Would additional services/resource have helped the clinician better address the client's needs?

	Need one or more services		Does not need services		Total
	n	%	n	%	
1	326	46.9	369	53.1	**695**
2	226	41.3	321	58.7	**547**
3	202	43.9	258	56.1	**460**
4	192	39.0	300	61.0	**492**
5	307	39.1	479	60.9	**786**
6	117	42.7	157	57.3	**274**
7	46	28.5	115	71.5	**161**
VA	**1,416**	**41.5**	**1,999**	**58.5**	**3,415**

Types of Services/Resources that, if Available, Would Have Allowed the Client to Avoid Hospitalization

Services/Resources that, if Available, Would Have Allowed the Client to Avoid Involuntary and Voluntary Hospitalization

▶Clinicians reported that 2% (n=29) of clients under a TDO, and 9% (n=47) of clients admitted to voluntary hospitalization, would have been able to avoid hospitalization if medical detox had been available. The PPR variations are shown in Figure 30 and Table 37.

Figure 30. Percentage of hospitalizations that could have been avoided if medical detox had been available

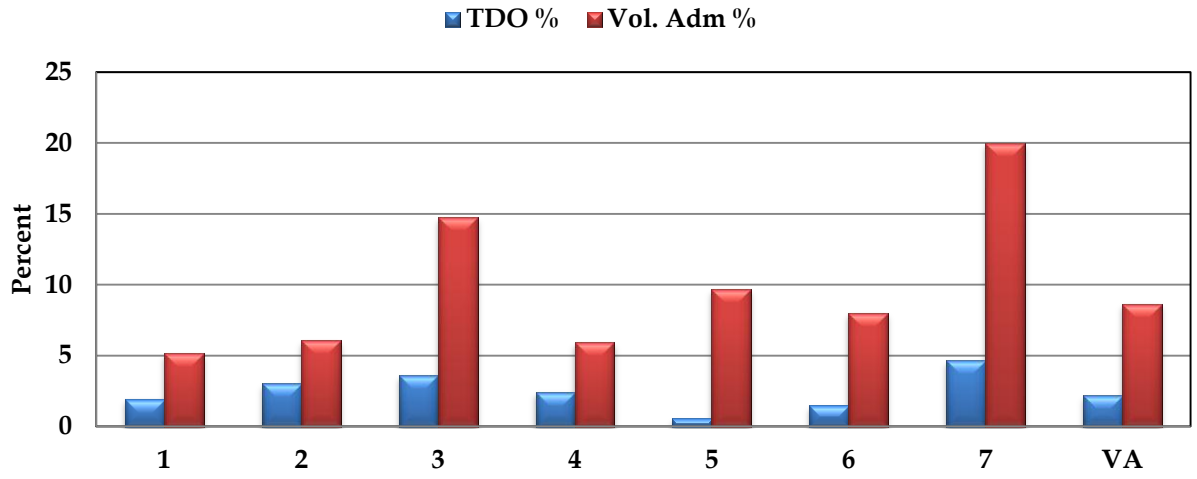


Table 37. Number and percentage of hospitalizations that could have been avoided if medical detox had been available

PPR	TDO			Voluntary Admission		
	n	%	Total	n	%	Total
1	5	1.9	**257**	7	5.1	**136**
2	4	3.0	**132**	4	6.1	**66**
3	7	3.6	**193**	14	14.7	**95**
4	6	2.4	**248**	5	6.0	**84**
5	2	0.6	**344**	9	9.7	**93**
6	1	1.5	**67**	4	8.0	**50**
7	4	4.7	**86**	4	20.0	**20**
VA	**29**	**2.2**	**1,327**	**47**	**8.6**	**544**

▶Clinicians reported that 1% (n=18) of clients who were under a TDO, and 2% (n=13) of clients admitted to voluntary hospitalization, would have been able to avoid hospitalization if safe transportation had been available. The PPR variations are shown in Figure 31 and Table 38.

Figure 31. Percentage of hospitalizations that could have been avoided if safe transportation had been available

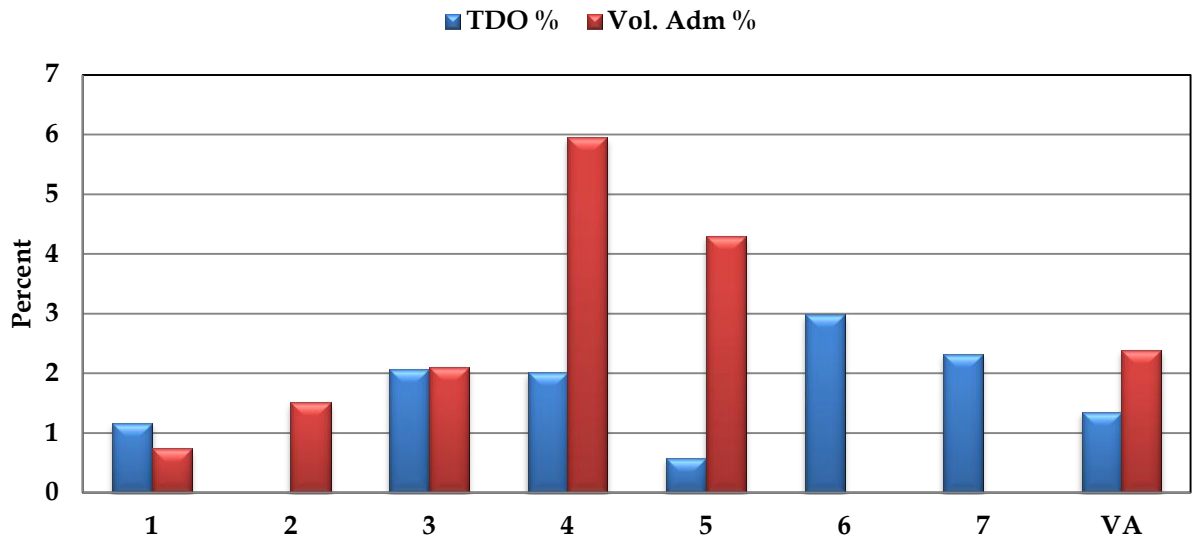


Table 38. Number and percentage of hospitalizations that could have been avoided if safe transportation had been available

PPR	TDO			Voluntary Admission		
	n	%	Total	n	%	Total
1	3	1.2	**257**	1	0.7	**136**
2			**132**	1	1.5	**66**
3	4	2.1	**193**	2	2.1	**95**
4	5	2.0	**248**	5	6.0	**84**
5	2	0.6	**344**	4	4.3	**93**
6	2	3.0	**67**			**50**
7	2	2.3	**86**			**20**
VA	**18**	**1.4**	**1,327**	**13**	**2.4**	**544**

▶Clinicians reported that 3% (n=38) of clients who were under a TDO, and 4% (n=21) of clients admitted to voluntary hospitalization, would have been able to avoid hospitalization if temporary housing had been available. The PPR variations are shown in Figure 32 and Table 39.

Figure 32. Percentage of hospitalizations that could have been avoided if temporary housing had been available

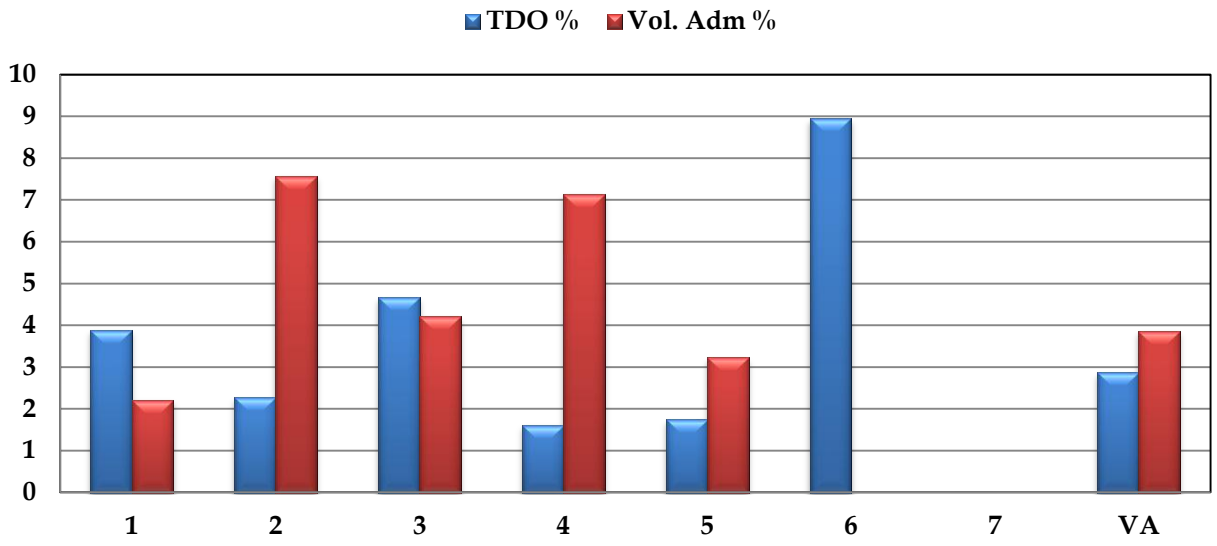


Table 39. Number and percentage of hospitalizations that could have been avoided if temporary housing had been available

PPR	TDO			Voluntary Admission		
	n	%	Total	n	%	Total
1	10	3.9	**257**	3	2.2	**136**
2	3	2.3	**132**	5	7.6	**66**
3	9	4.7	**193**	4	4.2	**95**
4	4	1.6	**248**	6	7.1	**84**
5	6	1.7	**344**	3	3.2	**93**
6	6	9.0	**67**			**50**
7			**86**			**20**
VA	**38**	**2.9**	**1,327**	**21**	**3.9**	**544**

▶Clinicians reported that 13% (n=172) of clients who were under a TDO, and 18% (n=99) of clients admitted to voluntary hospitalization, would have been able to avoid hospitalization if immediately accessible psychiatric/medical evaluation had been available. The PPR variations are shown in Figure 33 and Table 40.

Figure 33. Percentage of hospitalizations that could have been avoided if immediately accessible psychiatric/medical evaluation had been available

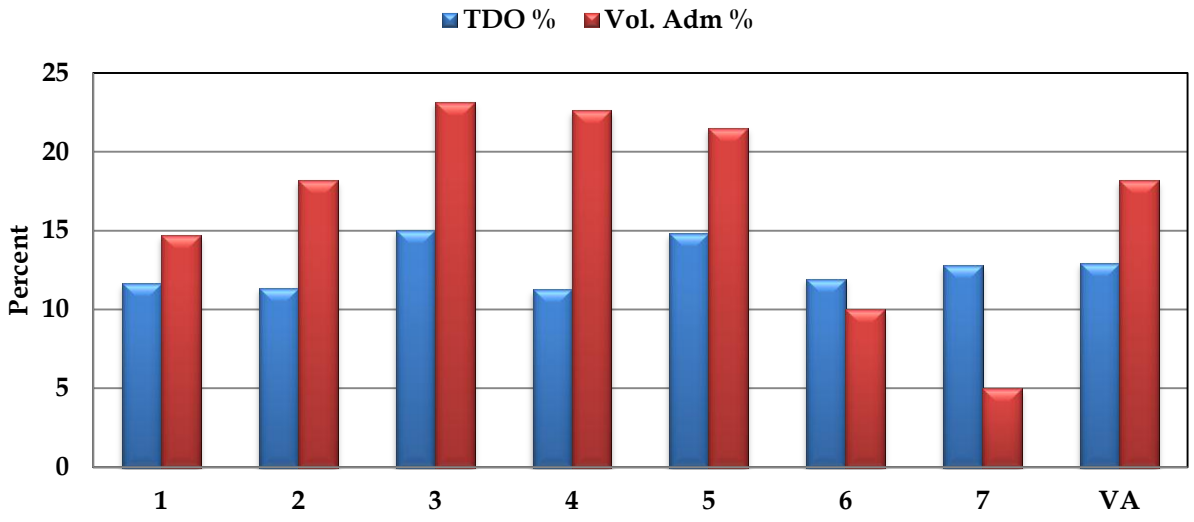


Table 40. Number and percentage of hospitalizations that could have been avoided if immediately accessible psychiatric/medical evaluation had been available

PPR	TDO			Voluntary Admission		
	n	%	Total	n	%	Total
1	30	11.7	**257**	20	14.7	**136**
2	15	11.4	**132**	12	18.2	**66**
3	29	15.0	**193**	22	23.2	**95**
4	28	11.3	**248**	19	22.6	**84**
5	51	14.8	**344**	20	21.5	**93**
6	8	11.9	**67**	5	10.0	**50**
7	11	12.8	**86**	1	5.0	**20**
VA	**172**	**13.0**	**1,327**	**99**	**18.2**	**544**

▶Clinicians reported that 6% (n=75) of clients who were under a TDO, and 8% (n=45) of clients admitted to voluntary hospitalization, would have been able to avoid hospitalization if clinically indicated psychotropic medications had been available. The PPR variations are shown in Figure 34 and Table 41.

Figure 34. Percentage of hospitalizations that could have been avoided if clinically indicated psychotropic medications had been available

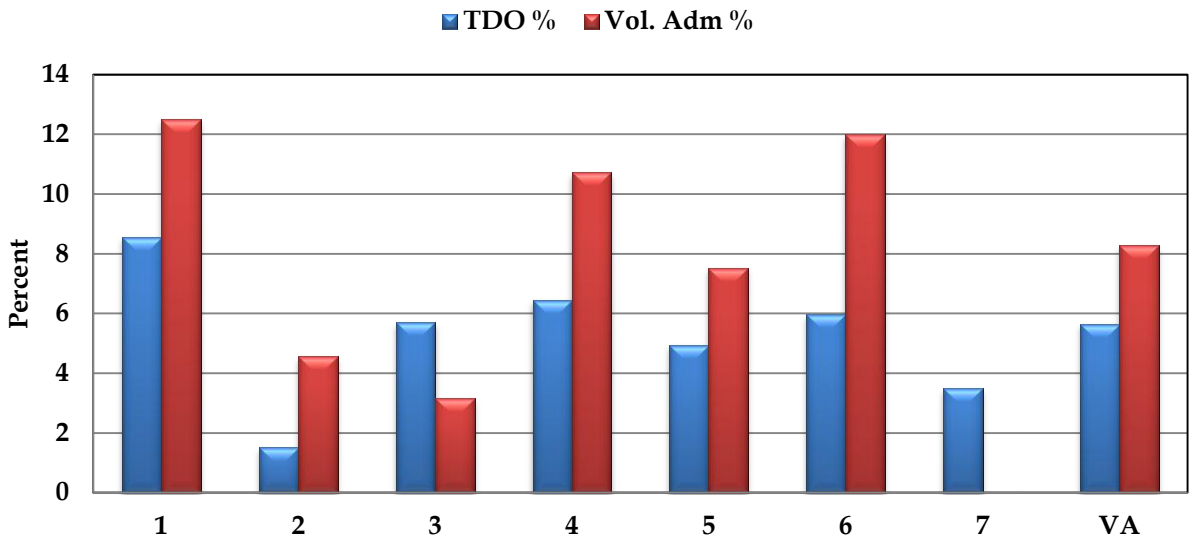


Table 41. Number and percentage of hospitalizations that could have been avoided if clinically indicated psychotropic medications had been available

PPR	TDO			Voluntary Admission		
	n	%	Total	n	%	Total
1	22	8.6	**257**	17	12.5	**136**
2	2	1.5	**132**	3	4.5	**66**
3	11	5.7	**193**	3	3.2	**95**
4	16	6.5	**248**	9	10.7	**84**
5	17	4.9	**344**	7	7.5	**93**
6	4	6.0	**67**	6	12.0	**50**
7	3	3.5	**86**			**20**
VA	**75**	**5.7**	**1,327**	**45**	**8.3**	**544**

▶Clinicians reported that 5% (n=69) of clients who were under a TDO, and 13% (n=68) of clients admitted to voluntary hospitalization, would have be able to avoid hospitalization if partial hospitalization had been available. The PPR variations are shown in Figure 35 and Table 42.

Figure 35. Percentage of hospitalizations that could have been avoided if partial hospitalization had been available

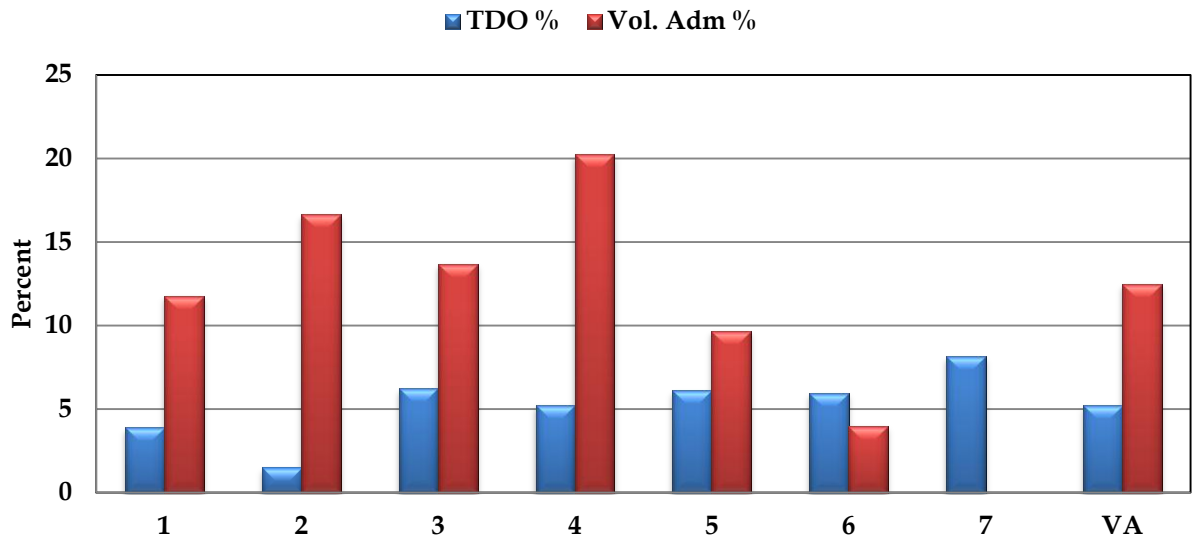


Table 42. Number and percentage of hospitalizations that could have been avoided if partial hospitalization had been available

PPR	TDO			Voluntary Admission		
	n	%	Total	n	%	Total
1	10	3.9	**257**	16	11.8	**136**
2	2	1.5	**132**	11	16.7	**66**
3	12	6.2	**193**	13	13.7	**95**
4	13	5.2	**248**	17	20.2	**84**
5	21	6.1	**344**	9	9.7	**93**
6	4	6.0	**67**	2	4.0	**50**
7	7	8.1	**86**			**20**
VA	**69**	**5.2**	**1,327**	**68**	**12.5**	**544**

▶Clinicians reported that 4% (n=51) of clients who were evaluated under a TDO, and 8% (n=43) of clients admitted to voluntary hospitalization, would have been able to avoid hospitalization if intensive/outreach care management had been available. The PPR variations are shown in Figure 36 and Table 43.

Figure 36. Percentage of hospitalizations that could have been avoided if intensive/outreach care management had been available

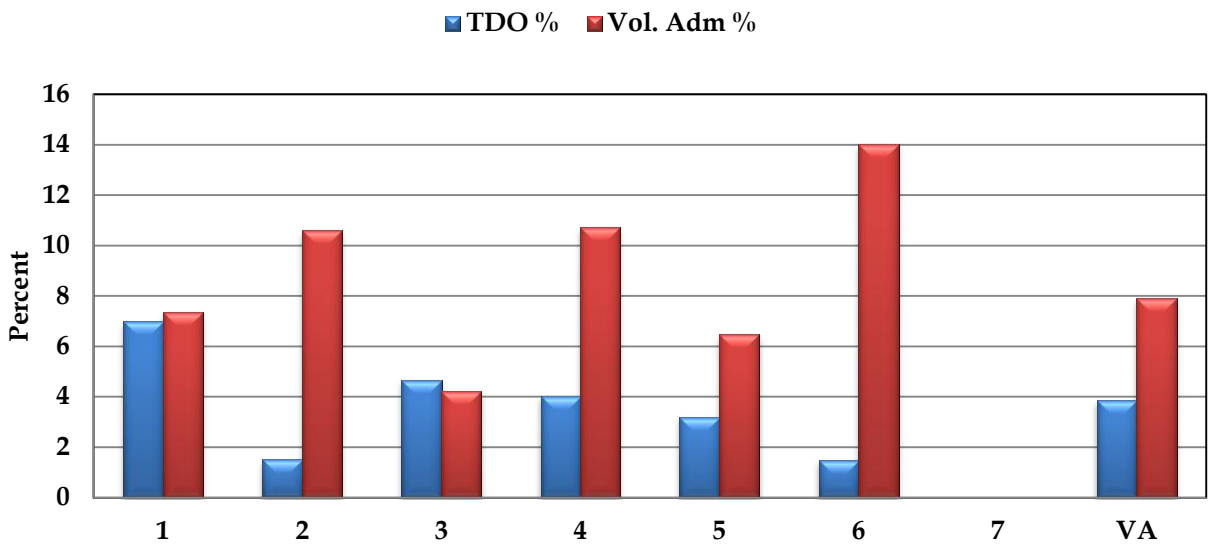


Table 43. Number and percentage of hospitalizations that could have been avoided if intensive/outreach care management had been available

PPR	TDO			Voluntary Admission		
	n	%	Total	n	%	Total
1	18	7.0	**257**	10	7.4	**136**
2	2	1.5	**132**	7	10.6	**66**
3	9	4.7	**193**	4	4.2	**95**
4	10	4.0	**248**	9	10.7	**84**
5	11	3.2	**344**	6	6.5	**93**
6	1	1.5	**67**	7	14.0	**50**
7			**86**			**20**
VA	**51**	**3.8**	**1,327**	**43**	**7.9**	**544**

▶Clinicians reported that 4% (n=40) of clients who were evaluated under a TDO, and 10% (n=53) of clients admitted to voluntary hospitalization, would have been able to avoid hospitalization if short-term crisis stabilization had been available. The PPR variations are shown in Figure 37 and Table 44.

Figure 37. Percentage of hospitalizations that could have been avoided if short-term crisis stabilization had been available

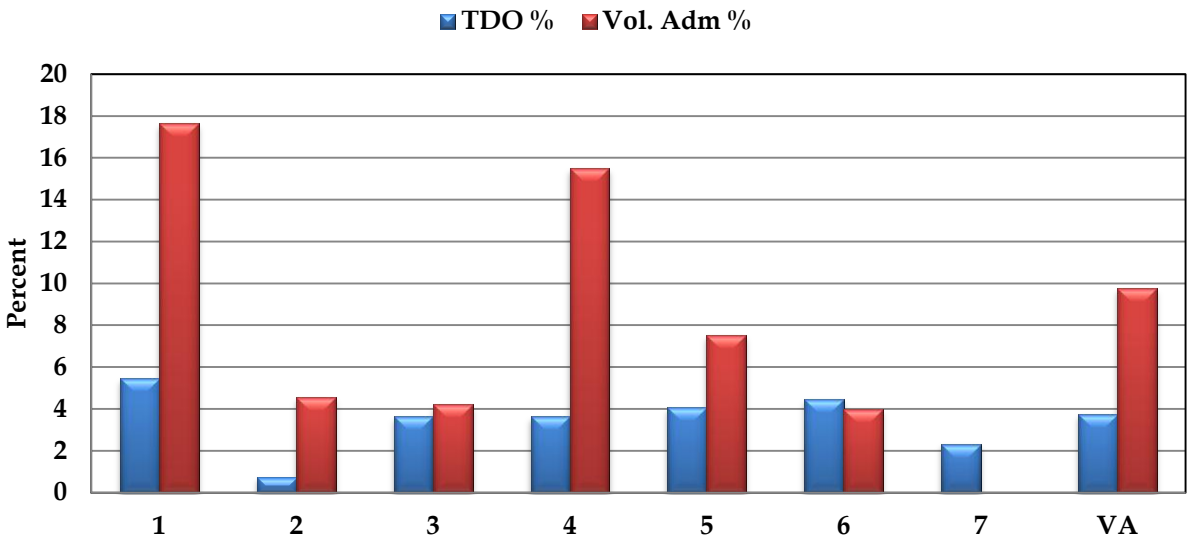


Table 44. Number and percentage of hospitalizations that could have been avoided if short-term crisis stabilization had been available

PPR	TDO			Voluntary Admission		
	n	%	Total	n	%	Total
1	14	5.4	**257**	24	17.6	**136**
2	1	0.8	**132**	3	4.5	**66**
3	7	3.6	**193**	4	4.2	**95**
4	9	3.6	**248**	13	15.5	**84**
5	14	4.1	**344**	7	7.5	**93**
6	3	4.5	**67**	2	4.0	**50**
7	2	2.3	**86**			**20**
VA	**50**	**3.8**	**1,327**	**53**	**9.7**	**544**

▶Clinicians reported that 5% (n=72) of clients who were evaluated under a TDO, and 12% (n=64) of clients admitted to voluntary hospitalization, would have been able to avoid hospitalization if residential crisis stabilization had been available. The PPR variations are shown in Figure 38 and Table 45.

Figure 38. Percentage of hospitalizations that could have been avoided if residential crisis stabilization had been available

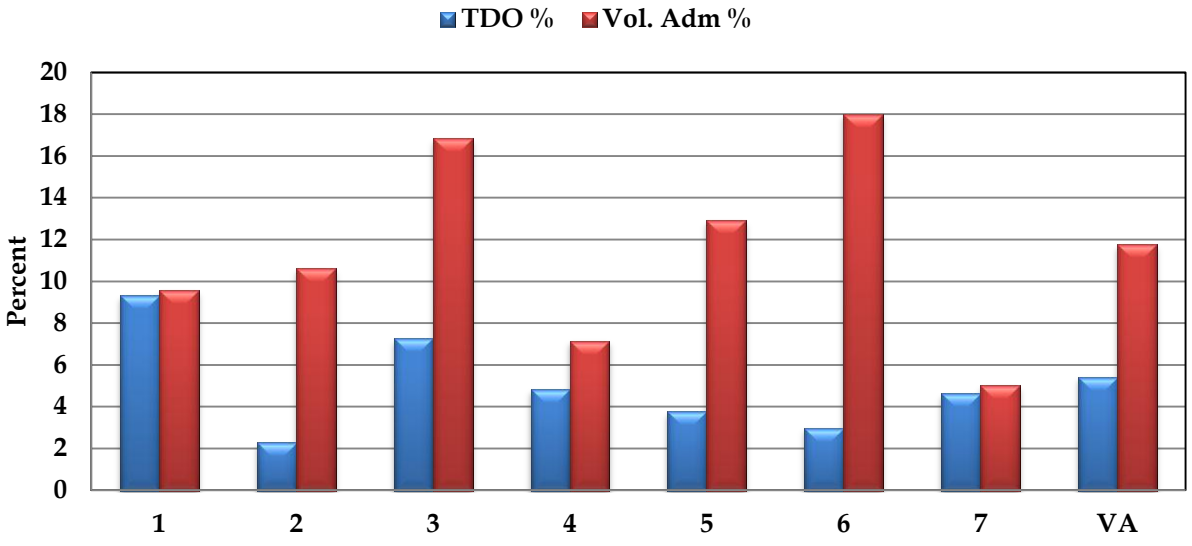


Table 45. Number and percentage of hospitalizations that could have been avoided if residential crisis stabilization had been available

PPR	TDO			Voluntary Admission		
	n	%	Total	n	%	Total
1	24	9.3	**257**	13	9.6	**136**
2	3	2.3	**132**	7	10.6	**66**
3	14	7.3	**193**	16	16.8	**95**
4	12	4.8	**248**	6	7.1	**84**
5	13	3.8	**344**	12	12.9	**93**
6	2	3.0	**67**	9	18.0	**50**
7	4	4.7	**86**	1	5.0	**20**
VA	**72**	**5.4**	**1,327**	**64**	**11.8**	**544**

▶Clinicians reported that 4% (n=21) of clients who were evaluated under a TDO, and 7% (n=38) of clients admitted to voluntary hospitalization, would have been able to avoid hospitalization if in-home crisis stabilization had been available. The PPR are shown in Figure 39 and Table 46.

Figure 39. Percentage of hospitalizations that could have been avoided if in-home crisis stabilization had been available

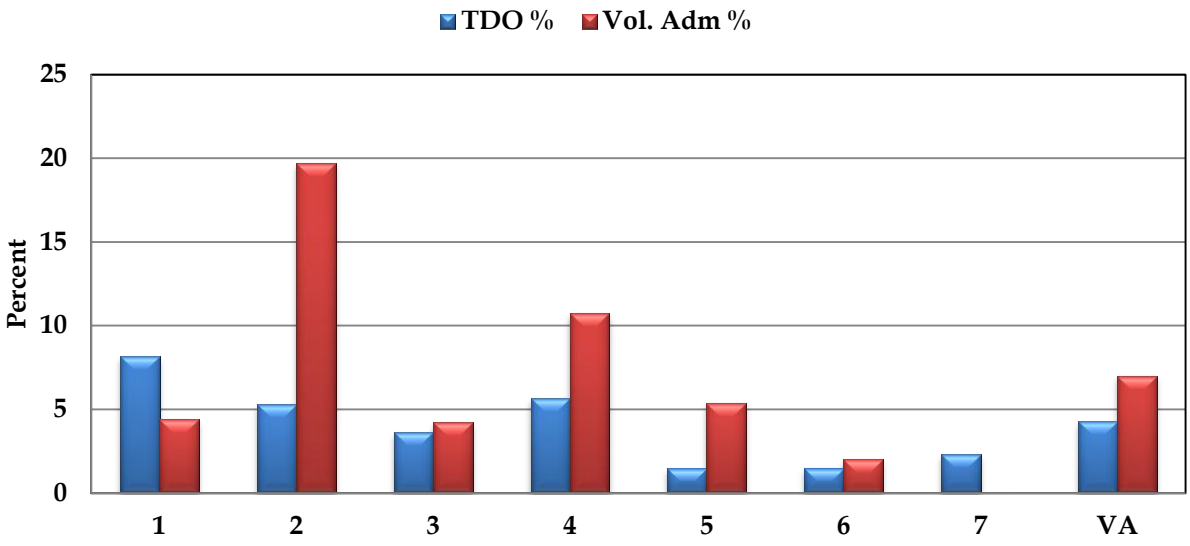


Table 46. Number and percentage of hospitalizations that could have been avoided if in-home crisis stabilization had been available

PPR	TDO			Voluntary Admission		
	n	%	Total	n	%	Total
1	21	8.2	**257**	6	4.4	**136**
2	7	5.3	**132**	13	19.7	**66**
3	7	3.6	**193**	4	4.2	**95**
4	14	5.6	**248**	9	10.7	**84**
5	5	1.5	**344**	5	5.4	**93**
6	1	1.5	**67**	1	2.0	**50**
7	2	2.3	**86**			**20**
VA	**21**	**8.2**	**1,327**	38	7.0	**544**

▶Clinicians reported that 2% (n=21) of clients who were evaluated under a TDO, and 3% (n=38) of clients admitted to voluntary hospitalization, would have been able to avoid hospitalization if other (not specified) resources or services had been available. The PPR variations are shown in Figure 40 and Table 47.

Figure 40. Percentage of hospitalizations that could have been avoided if other (not specified) services/resources had been available

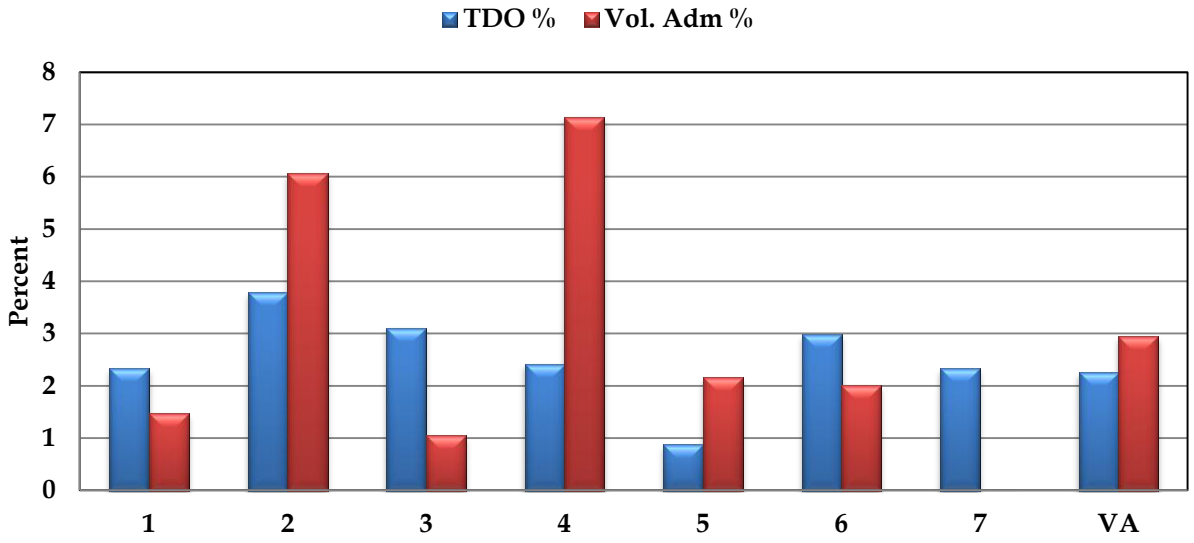


Table 47. Number and percentage of hospitalizations that could have been avoided if other (not specified) services/resources had been available

PPR	TDO			Voluntary Admission		
	n	%	Total	n	%	Total
1	21	8.2	**257**	6	4.4	**136**
2	7	5.3	**132**	13	19.7	**66**
3	7	3.6	**193**	4	4.2	**95**
4	14	5.6	**248**	9	10.7	**84**
5	5	1.5	**344**	5	5.4	**93**
6	1	1.5	**67**	1	2.0	**50**
7	2	2.3	**86**			**20**
VA	**21**	**8.2**	**1,327**	**38**	**7.0**	**544**

▶Clinicians reported that 74% (n=985) of clients who were evaluated under a TDO, and 52% (n=284) of clients admitted to voluntary hospitalization, would still have needed hospitalization, even if any/all of the listed services or resources were available. The PPR variations are shown in Figure 41 and Table 48.

Figure 41. Percentage of cases where hospitalization could not have been avoided, even if any/all other services or resources had been available

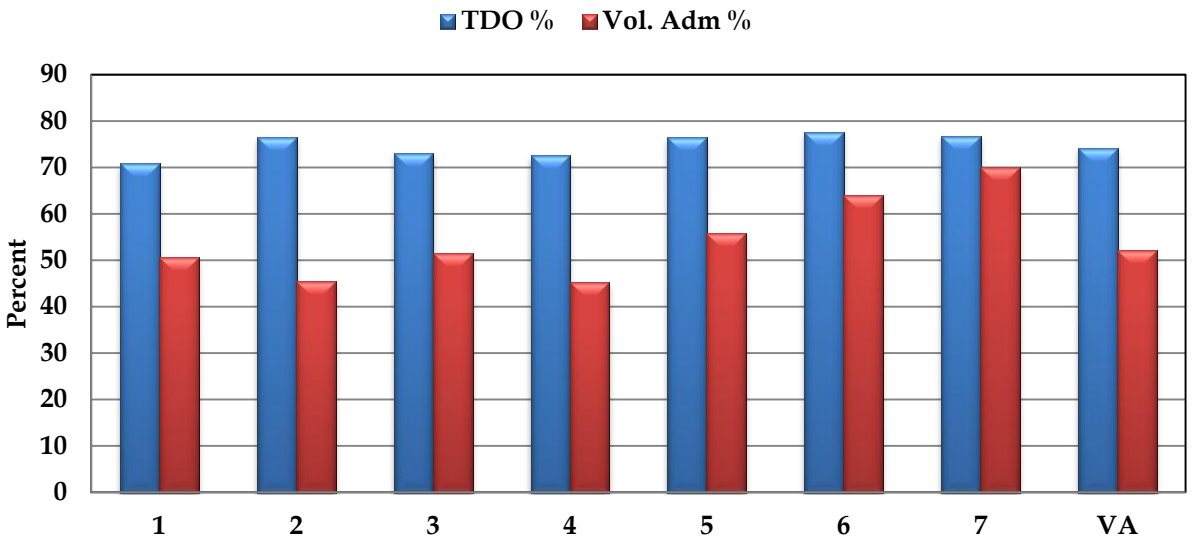


Table 48. Number and percentage of cases where hospitalization could not have been avoided, even if any/all other services or resources had been available

PPR	TDO			Voluntary Admission		
	n	%	Total	n	%	Total
1	182	70.8	**257**	69	50.7	**136**
2	101	76.5	**132**	30	45.5	**66**
3	141	73.1	**193**	49	51.6	**95**
4	180	72.6	**248**	38	45.2	**84**
5	263	76.5	**344**	52	55.9	**93**
6	52	77.6	**67**	32	64.0	**50**
7	66	76.7	**86**	14	70.0	**20**
VA	**985**	**74.2**	**1,327**	**284**	**52.2**	**544**

Section II: Variations in Adult Emergency Evaluations by CSBs

Number of Adult Emergency Evaluations and CSB Breakdown

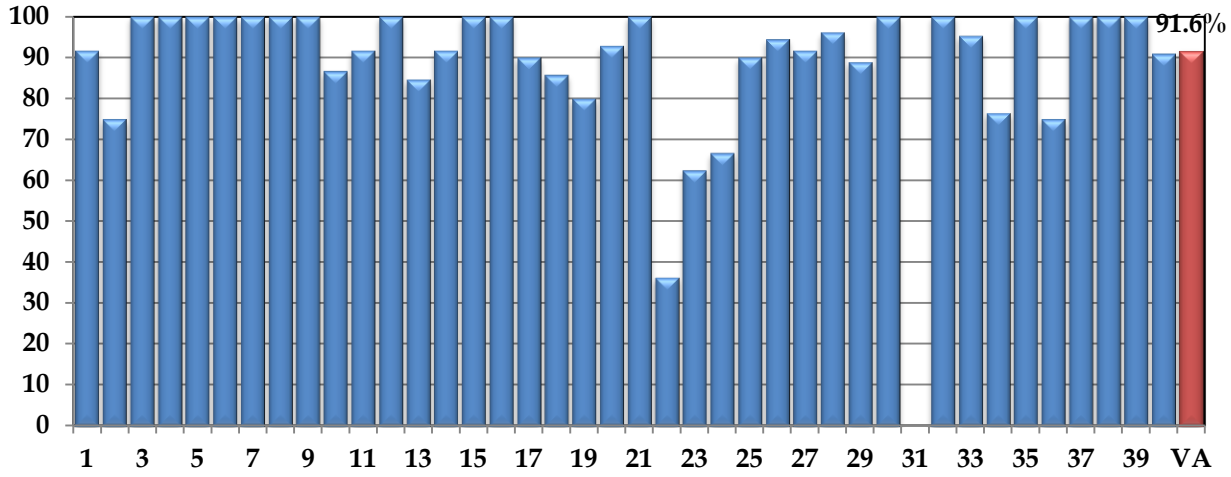
In this Section, data on the 3,436 evaluations were recoded into individual CSBs and analyzed. In most cases, the state average ("VA") is presented on the right side of the figure and at the bottom of the chart to facilitate easier comparisons between the individual CSBs and the Commonwealth, as a whole. Appendix 2 lists the CSBs that are in each PPR and the corresponding PPR number.

Clinician Characteristics

Clinician Credentials

►The majority of CSBs had emergency evaluators (i.e., clinicians) who had a Master's or higher degree. CSBs with clinicians having lower levels of formal education tended to be located in more rural areas, near the shore or near the mountains. See Figure 42.

Figure 42. Percentage of CSB clinicians with a Master's degree or higher



Clinician Number of Years of Experience in Behavioral Health

►There were statistically significant differences across the 40 CSBs regarding the average number of years of experience that the clinician had in behavioral health ($f_{39,530}$=1.97, p =.001). See Table 49.

Table 49. Clinician number of years of experience in behavioral health

CSB	Mean	Std. Dev.	Minimum	Maximum
1	10.3	6.3	1.0	20.0
2	16.4	12.1	3.0	35.0
3	12.1	6.3	5.0	25.0
4	13.4	7.3	6.0	30.0
5	17.1	8.5	3.0	30.0
6	17.4	12.7	2.0	40.0
7	18.7	10.1	1.0	37.0
8	17.6	8.0	3.0	38.0
9	14.8	8.0	4.0	32.0
10	17.0	10.9	2.0	35.0
11	14.7	9.9	0.0	30.0
12	11.4	7.8	3.0	32.0
13	11.1	6.4	3.0	25.0
14	12.4	10.7	2.0	36.0
15	18.4	10.7	6.0	36.0
16	15.9	8.4	2.0	33.0
17	18.5	6.7	10.0	28.0
18	14.6	9.3	2.0	30.0
19	18.2	7.2	3.0	27.0
20	17.7	8.2	5.0	30.0
21	15.3	12.0	3.0	26.0
22	14.7	6.9	5.0	25.0
23	7.2	3.2	1.0	10.5
24	16.2	9.8	0.6	28.0
25	9.7	6.8	1.5	26.0
26	14.3	8.1	0.0	28.0
27	13.3	7.3	4.0	30.0
28	13.3	6.4	1.0	27.0
29	10.8	9.1	0.0	27.0
30	16.2	9.1	4.0	32.0
31	14.0		14.0	14.0
32	17.4	9.2	6.0	35.0
33	10.8	5.9	0.0	22.0
34	16.0	11.3	0.0	40.0
35	14.5	7.0	7.0	25.0
36	15.8	9.1	5.0	33.0
37	12.3	7.1	6.0	20.0
38	6.5	5.3	1.5	20.0
39	6.7	6.2	2.0	24.0
40	14.5	8.9	2.0	30.0
VA	14.4	8.8	0.0	40.0

Clinician Number of Years of Experience as an Emergency Services Clinician

►There were statistically significant variations across CSBs regarding the percentage of clinicians who reported that they had less than 6 years of experience as an Emergency Services clinician ($f_{39,530}$=1.41, p=.055). See Figure 43 and Table 50.

Figure 43. Percentage of clinicians with less than 6 years of experience as an Emergency Services clinician

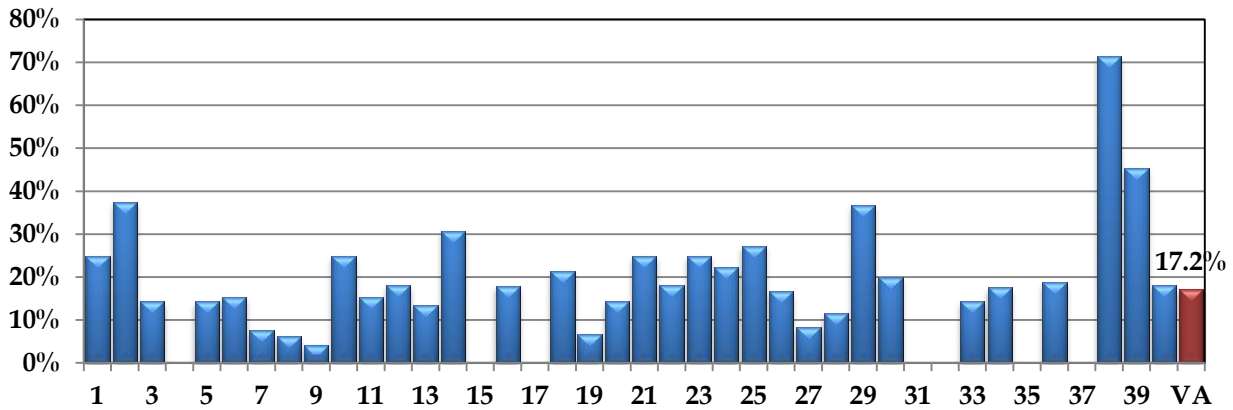


Table 50. Number of years of experience as an Emergency Services clinician

CSB	Mean	Std. Dev.	Minimum	Maximum
1	6.0	4.6	0.0	15.0
2	11.5	12.0	0.2	30.0
3	5.1	4.4	0.0	16.0
4	5.1	2.7	1.0	9.0
5	7.9	6.6	2.5	20.0
6	7.2	8.3	0.5	25.0
7	8.6	7.8	1.0	27.0
8	8.4	8.5	1.0	32.0
9	10.5	5.2	1.8	22.0
10	9.6	8.3	1.0	27.0
11	4.5	4.5	0.0	13.0
12	6.0	8.9	0.4	32.0
13	7.6	6.0	0.0	18.0
14	7.8	7.2	1.0	20.0
15	10.0	8.9	1.0	27.0
16	10.2	9.7	0.0	33.0
17	11.9	8.5	5.0	26.0
18	7.9	8.8	1.0	25.0
19	9.9	6.6	2.0	25.0
20	9.1	6.2	1.0	20.0
21	6.3	7.3	1.0	17.0
22	10.9	6.5	0.5	25.0
23	4.4	3.0	0.0	10.0
24	9.3	7.7	0.5	20.0
25	4.5	5.9	0.0	20.0
26	5.1	4.1	0.2	17.0
27	4.8	5.1	0.0	15.0
28	6.8	5.4	0.5	20.0
29	7.1	7.7	0.0	27.0
30	10.4	10.7	1.0	32.0
31	14.0		14.0	14.0
32	5.6	3.0	2.0	11.0
33	4.8	4.6	0.0	17.0
34	9.7	9.6	0.0	31.0
35	7.8	4.4	2.0	15.0
36	5.2	5.7	0.0	20.0
37	4.0	5.2	1.0	10.0
38	4.1	4.3	0.1	13.0
39	4.1	5.1	0.5	18.0
40	7.6	7.9	0.5	28.0
VA	7.7	7.3	0.0	33.0

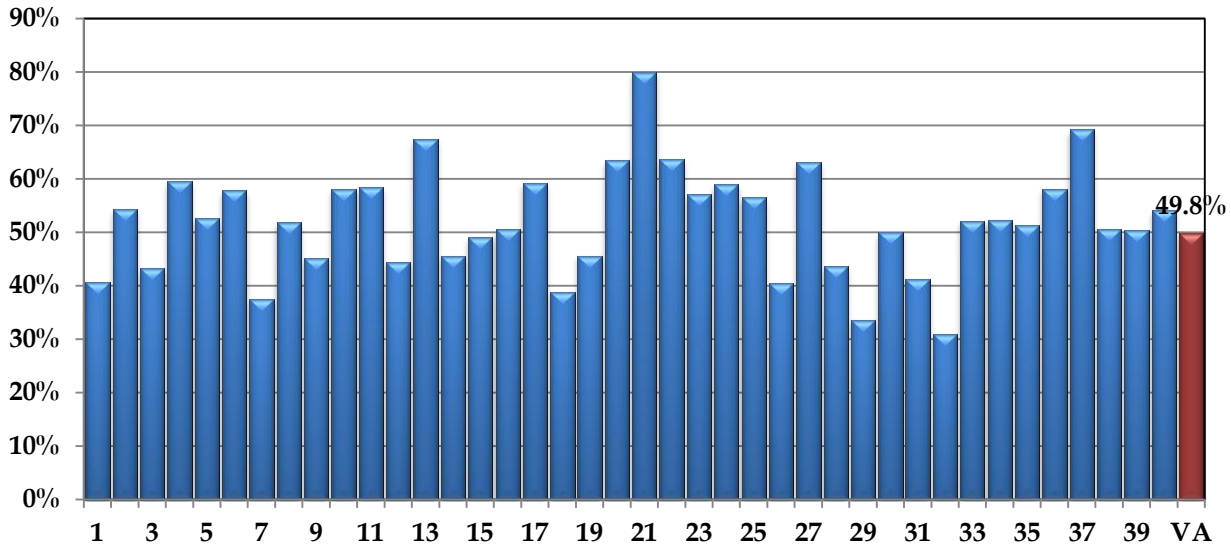
Characteristics of Adults Evaluated in a Mental Health Crisis

Living Arrangement

Current Living Arrangement – Living with Family

►About 50% of clients were living with family at the time of the evaluation. The CSB with the highest percentage of clients living with family (while also completing more than 20 evaluations) was CSB Code 13 (67%), and the lowest was CSB Code 29 (34%). See Figure 44 and Table 51 below.

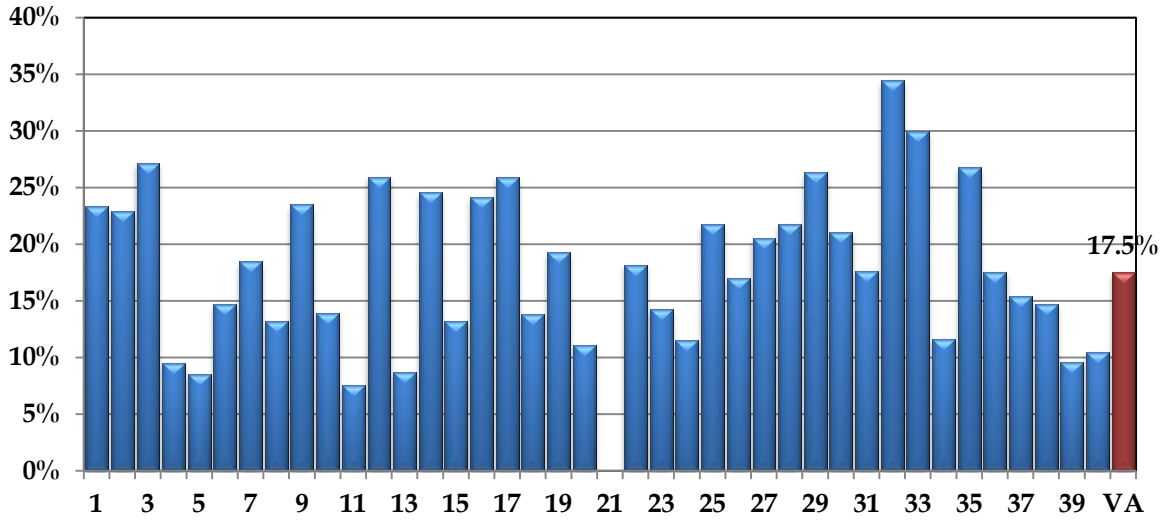
Figure 44. Percentage of clients who were living with family



Current Living Arrangement – Living Alone

►About 18% of clients were living alone at the time of the evaluation. The percentage of clients living alone at the time of the evaluation ranged from 0% to 35% among all CSBs**.** In 24 CSBs, the number of adults living alone was fewer than 20. See Figure 45 and Table 51 below.

Figure 45. Percentage of clients who were living alone



Current Living Arrangement – Living in Some Other Arrangement

►About 33% of clients had some living arrangement other than living with family or living alone. Of CSBs with 20 or more cases, the highest rates of adult in other living arrangements was CSB Code 18 (47%), and the lowest rate was CSB Code 33 (18%). See Figure 46 and Table 51 below.

Figure 46. Percentage of clients who had some other living arrangement

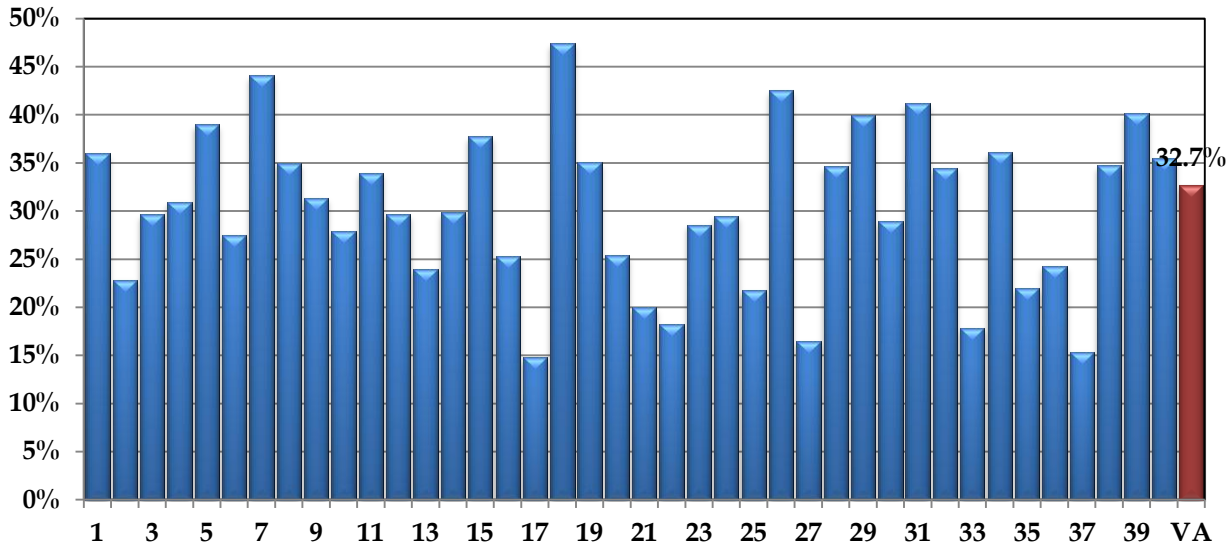


Table 51. Number and percentage of client's current living situation

CSB Code	Living with family		Living alone		Living with non-related others		Homeless/ recently undomiciled		Living with support		Other	
	n	%	n	%	n	%	n	%	n	%	n	%
1	61	40.7	35	23.3	26	17.3	18	12.0	4	2.7	6	4.0
2	19	54.3	8	22.9	5	14.3	1	2.9	2	5.7		
3	35	43.2	22	27.2	8	9.9	3	3.7	13	16.0		
4	25	59.5	4	9.5	4	9.5	8	19.0			1	2.4
5	31	52.5	5	8.5	13	22.0	7	11.9	1	1.7	2	3.4
6	63	57.8	16	14.7	15	13.8	9	8.3	3	2.8	3	2.8
7	63	37.5	31	18.5	30	17.9	12	7.1	26	15.5	6	3.6
8	114	51.8	29	13.2	16	7.3	46	20.9	11	5.0	4	1.8
9	46	45.1	24	23.5	10	9.8	20	19.6	1	1.0	1	1.0
10	50	58.1	12	14.0	15	17.4	3	3.5	3	3.5	3	3.5
11	31	58.5	4	7.5	6	11.3	5	9.4	7	13.2		
12	12	44.4	7	25.9	1	3.7	1	3.7	5	18.5	1	3.7
13	31	67.4	4	8.7	8	17.4	1	2.2			2	4.3
14	26	45.6	14	24.6	11	19.3	4	7.0	1	1.8	1	1.8
15	26	49.1	7	13.2	14	26.4	5	9.4	1	1.9		
16	46	50.5	22	24.2	12	13.2	6	6.6	4	4.4	1	1.1
17	16	59.3	7	25.9	3	11.1					1	3.7
18	45	38.8	16	13.8	15	12.9	25	21.6	11	9.5	4	3.4
19	52	45.6	22	19.3	22	19.3	8	7.0	8	7.0	2	1.8
20	40	63.5	7	11.1	13	20.6	2	3.2	1	1.6		
21	4	80.0			1	20.0						
22	28	63.6	8	18.2	6	13.6	2	4.5				
23	24	57.1	6	14.3	8	19.0	4	9.5				
24	36	59.0	7	11.5	10	16.4	6	9.8	1	1.6	1	1.6
25	13	56.5	5	21.7	2	8.7	1	4.3	2	8.7		
26	57	40.4	24	17.0	29	20.6	20	14.2	9	6.4	2	1.4
27	46	63.0	15	20.5	8	11.0	2	2.7			2	2.7
28	34	43.6	17	21.8	13	16.7	6	7.7	6	7.7	2	2.6
29	37	33.6	29	26.4	16	14.5	14	12.7	10	9.1	4	3.6
30	19	50.0	8	21.1	3	7.9	4	10.5	3	7.9	1	2.6
31	7	41.2	3	17.6	3	17.6	3	17.6	1	5.9		
32	9	31.0	10	34.5	5	17.2	3	10.3	2	6.9		
33	73	52.1	42	30.0	13	9.3	4	2.9	8	5.7		
34	113	52.3	25	11.6	38	17.6	18	8.3	18	8.3	4	1.9
35	21	51.2	11	26.8	7	17.1			2	4.9		
36	86	58.1	26	17.6	19	12.8	10	6.8	4	2.7	3	2.0
37	9	69.2	2	15.4	1	7.7					1	7.7
38	48	50.5	14	14.7	22	23.2	5	5.3	5	5.3	1	1.1
39	79	50.3	15	9.6	29	18.5	27	17.2	4	2.5	3	1.9
40	67	54.0	13	10.5	24	19.4	15	12.1	3	2.4	2	1.6
VA	**1,642**	**49.8**	**576**	**17.5**	**504**	**15.3**	**328**	**10.0**	**180**	**5.5**	**64**	**1.9**

Current Sources of Treatment

►There were significant differences among the CSBs regarding the percentage of adults who were receiving no treatment at the time of the evaluation. Among all CSBs, percentages ranged from 27 to 78 percent of adults receiving no treatment. See Figure 47 and Table 52.

Figure 47. Percentage of clients receiving no treatment at the time of the evaluation

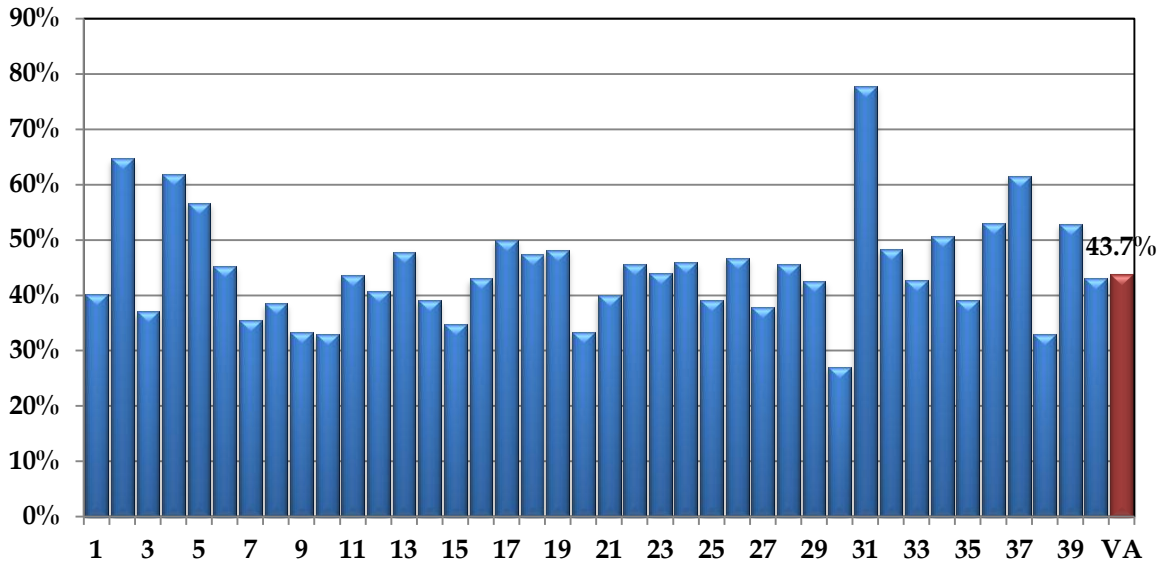


Table 52. Number and percent of clients receiving no treatment at the time of the evaluation

CSB	n	%
1	59	40.1
2	22	64.7
3	30	37.0
4	26	61.9
5	34	56.7
6	48	45.3
7	59	35.5
8	85	38.5
9	34	33.3
10	28	32.9
11	24	43.6

CSB	n	%
12	11	40.7
13	22	47.8
14	23	39.0
15	17	34.7
16	40	43.0
17	13	50.0
18	56	47.5
19	53	48.2
20	21	33.3
21	2	40.0
22	21	45.7

CSB	n	%
23	18	43.9
24	28	45.9
25	9	39.1
26	65	46.8
27	28	37.8
28	36	45.6
29	46	42.6
30	10	27.0
31	14	77.8
32	14	48.3
33	59	42.8

CSB	n	%
34	111	50.7
35	16	39.0
36	81	52.9
37	8	61.5
38	32	33.0
39	83	52.9
40	52	43.0
VA	1,438	43.7

►There were significant differences among the CSBs regarding the percentage of adults whose current treatment source was a CSB. Among all CSBs, percentages ranged from 0 to 50 percent of adults receiving treatment from a CSB. See Figure 48 and Table 53.

Figure 48. Percentage of clients who had the CSB as a current source of treatment

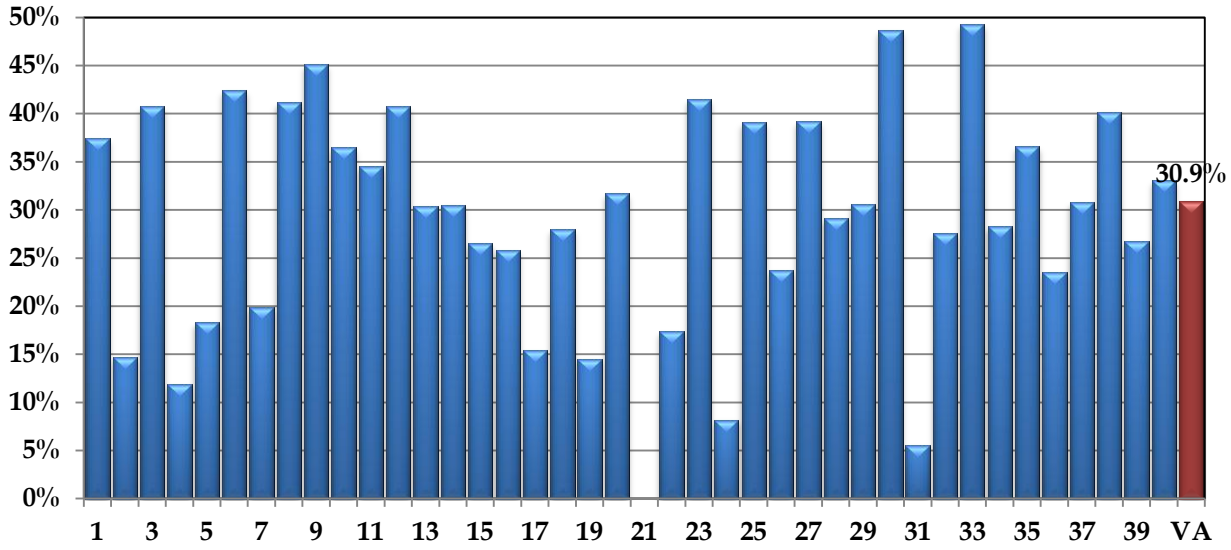


Table 53. Number and percentage of clients who had the CSB as a current source of treatment

CSB	n	%
1	55	37.4
2	5	14.7
3	33	40.7
4	5	11.9
5	11	18.3
6	45	42.5
7	33	19.9
8	91	41.2
9	46	45.1
10	31	36.5
11	19	34.5

CSB	n	%
12	11	40.7
13	14	30.4
14	18	30.5
15	13	26.5
16	24	25.8
17	4	15.4
18	33	28.0
19	16	14.5
20	20	31.7
21	0	0.0
22	8	17.4

CSB	n	%
23	17	41.5
24	5	8.2
25	9	39.1
26	33	23.7
27	29	39.2
28	23	29.1
29	33	30.6
30	18	48.6
31	1	5.6
32	8	27.6
33	68	49.3

CSB	n	%
34	62	28.3
35	15	36.6
36	36	23.5
37	4	30.8
38	39	40.2
39	42	26.8
40	40	33.1
VA	1,017	30.9

►Across the state, 18% of clients had a private practitioner as a current source of treatment. Across the 40 CSBs, the percentages ranged from 4 to 40 percent. See Figure 49 and Table 54.

Figure 49. Percentage of clients who had a private practitioner as a current source of treatment

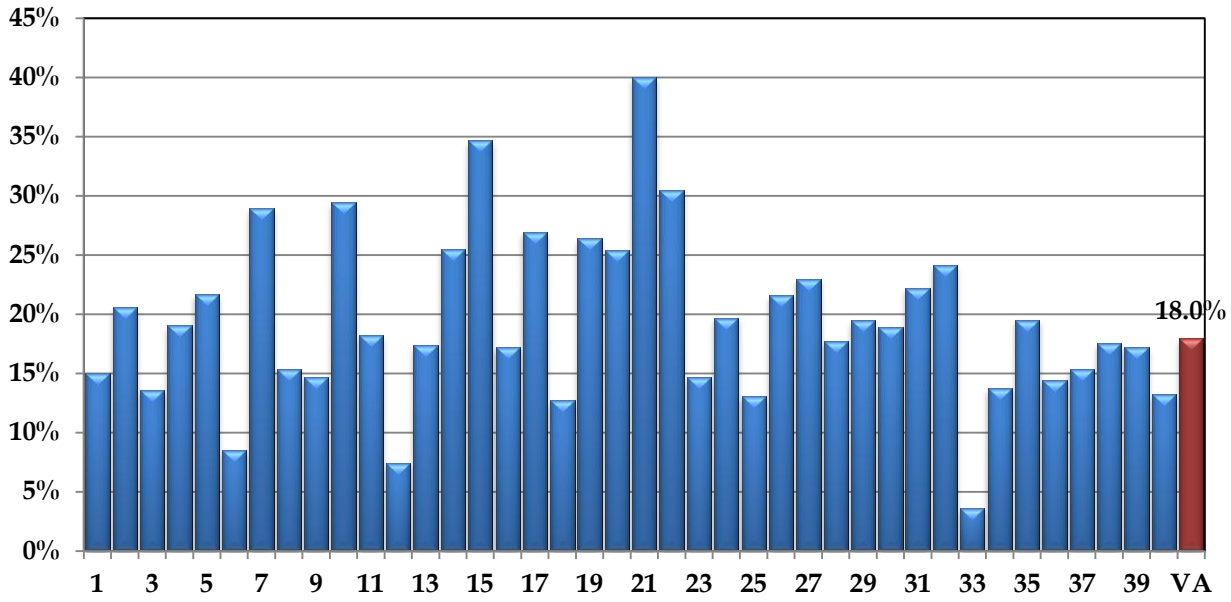


Table 54. Number and percentage of clients who had a private practitioner as a current source of treatment

CSB	n	%
1	22	15.0
2	7	20.6
3	11	13.6
4	8	19.0
5	13	21.7
6	9	8.5
7	48	28.9
8	34	15.4
9	15	14.7
10	25	29.4
11	10	18.2

CSB	n	%
12	2	7.4
13	8	17.4
14	15	25.4
15	17	34.7
16	16	17.2
17	7	26.9
18	15	12.7
19	29	26.4
20	16	25.4
21	2	40.0
22	14	30.4

CSB	n	%
23	6	14.6
24	12	19.7
25	3	13.0
26	30	21.6
27	17	23.0
28	14	17.7
29	21	19.4
30	7	18.9
31	4	22.2
32	7	24.1
33	5	3.6

CSB	n	%
34	30	13.7
35	8	19.5
36	22	14.4
37	2	15.4
38	17	17.5
39	27	17.2
40	16	13.2
VA	591	18.0

►In total, clinicians reported that 7% of clients were receiving treatment from a private hospital at the time of the evaluation; this was the least-endorsed source of treatment. See Table 55.

Table 55. Number and percentage of clients who had a private hospital as a current source of treatment

CSB	n	%
1	14	9.5
2	0	0.0
3	6	7.4
4	2	4.8
5	4	6.7
6	3	2.8
7	21	12.7
8	9	4.1
9	3	2.9
10	10	11.8
11	4	7.3

CSB	n	%
12	2	7.4
13	3	6.5
14	4	6.8
15	3	6.1
16	10	10.8
17	2	7.7
18	9	7.6
19	7	6.4
20	3	4.8
21	1	20.0
22	2	4.3

CSB	n	%
23	2	4.9
24	18	29.5
25	2	8.7
26	8	5.8
27	5	6.8
28	5	6.3
29	6	5.6
30	5	13.5
31	0	0.0
32	0	0.0
33	2	1.4

CSB	n	%
34	10	4.6
35	1	2.4
36	12	7.8
37	1	7.7
38	5	5.2
39	6	3.8
40	10	8.3
VA	220	6.7

Insurance Status of Adults

►Three out of 10 (36%) evaluated adults did not have health insurance at the time of the evaluation. In eight CSBs, over 50% of the clients did not have health insurance. Of the individuals who *did* have insurance, the most frequently-endorsed coverage was Medicaid/Disability (29%), followed by private/3rd party insurance (21%). Figure 50 and Table 56 illustrate the percentage of clients with no insurance coverage.

Figure 50. Percentage of clients without insurance

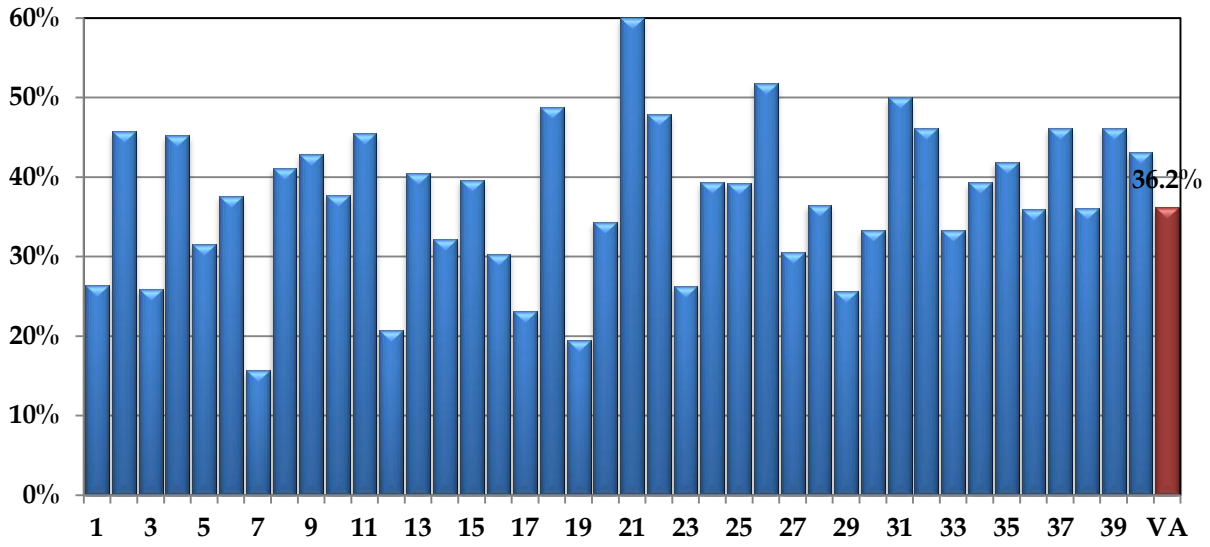


Table 56. Number and percentage of clients without insurance

CSB	n	%
1	39	26.4
2	16	45.7
3	21	25.9
4	19	45.2
5	18	31.6
6	41	37.6
7	28	15.6
8	88	41.1
9	42	42.9
10	32	37.6
11	25	45.5

CSB	n	%
12	6	20.7
13	19	40.4
14	19	32.2
15	21	39.6
16	27	30.3
17	6	23.1
18	61	48.8
19	22	19.5
20	22	34.4
21	3	60.0
22	22	47.8

CSB	n	%
23	11	26.2
24	24	39.3
25	9	39.1
26	75	51.7
27	22	30.6
28	27	36.5
29	28	25.7
30	12	33.3
31	9	50.0
32	12	46.2
33	47	33.3

CSB	n	%
34	88	39.3
35	18	41.9
36	55	35.9
37	6	46.2
38	35	36.1
39	70	46.1
40	53	43.1
VA	1,198	36.2

Characteristics of Adult Emergency Evaluations

Contacting the CSB for Adult Emergency Evaluations

► Across the Commonwealth, hospital staff (43%) were most likely to initiate the emergency evaluation. There were significant differences among the CSBs regarding how often an emergency evaluation was initiated by hospital staff, ranging from not at all (0%) to 71% of cases. CSB Codes 7 (71%), 2 (67%), 3 (65%), and 24 (64%) had the highest percentages of cases initiated by hospital staff, while CSB Code 21 did not have an evaluation initiated by hospital staff over the course of the survey month. Instead, CSB Code 21 was most often contacted by law enforcement. See Figure 51 and Table 57.

Figure 51. Percentage of cases in which hospital staff initiated the emergency evaluation

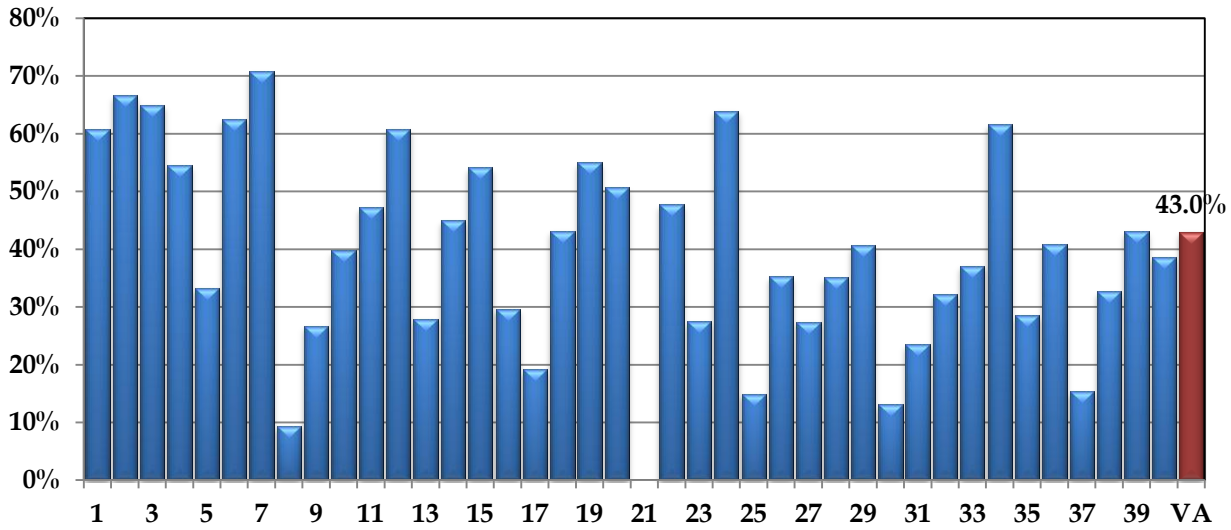


Table 57. Number and percentage of cases in which hospital staff initiated the emergency evaluation

CSB	n	%
1	82	60.7
2	20	66.7
3	52	65.0
4	24	54.5
5	20	33.3
6	60	62.5
7	131	70.8
8	18	9.4
9	23	26.7
10	35	39.8
11	26	47.3
12	14	60.9
13	12	27.9
14	27	45.0
15	26	54.2
16	27	29.7
17	5	19.2
18	54	43.2
19	55	55.0
20	33	50.8
21	0	0.0
22	22	47.8
23	11	27.5
24	39	63.9
25	3	15.0
26	49	35.3
27	20	27.4
28	27	35.1
29	46	40.7
30	5	13.2
31	4	23.5
32	9	32.1
33	52	37.1
34	124	61.7
35	8	28.6
36	56	40.9
37	2	15.4
38	31	32.6
39	69	43.1
40	41	38.7
VA	1,362	43.0

Location of Emergency Evaluation

►There was wide variation among CSBs regarding how often emergency evaluations took place at a hospital, ranging from 7% of cases to 98%. Two CSBs (CSB Codes 8 and 30) had significantly lower rates, with less than 8% of evaluations taking place at a hospital. CSB Code 24, on the other hand, had nearly all (98%) of their evaluations occurring at a hospital. See Figure 52 and Table 58.

Figure 52. Percentage of evaluations that took place at a hospital

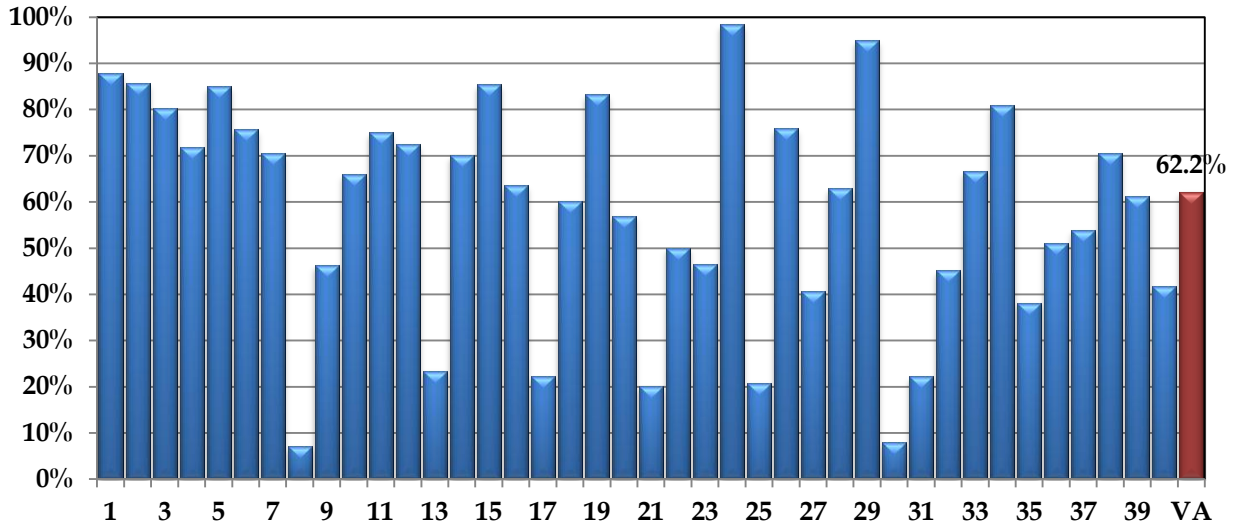


Table 58. Number and percentage of evaluations that took place at a hospital

CSB	n	%
1	137	87.8
2	30	85.7
3	65	80.2
4	33	71.7
5	51	85.0
6	84	75.7
7	131	70.4
8	16	7.1
9	49	46.2
10	58	65.9
11	42	75.0

CSB	n	%
12	21	72.4
13	11	23.4
14	42	70.0
15	47	85.5
16	61	63.5
17	6	22.2
18	75	60.0
19	99	83.2
20	37	56.9
21	1	20.0
22	23	50.0

CSB	n	%
23	20	46.5
24	60	98.4
25	5	20.8
26	110	75.9
27	30	40.5
28	51	63.0
29	112	94.9
30	3	7.9
31	4	22.2
32	14	45.2
33	92	66.7

CSB	n	%
34	186	80.9
35	16	38.1
36	80	51.0
37	7	53.8
38	69	70.4
39	99	61.1
40	53	41.7
VA	2,130	62.2

►Across the state, 28% of emergency evaluations took place at a CSB. There were significant variations across the CSBs regarding how often emergency evaluations took place at a CSB, ranging from 0% to 92% of cases. Two CSBs (CSB Codes 31 and 24) had no evaluations take place at the CSB. The CSBs with the highest occurrence of evaluations taking place at the CSB were CSB Codes 8 and 30, which had evaluations occurring at the CSB 79% and 92% of the time, respectively. See Figure 53 and Table 59.

Figure 53. Percentage of cases in which the evaluation took place at the CSB

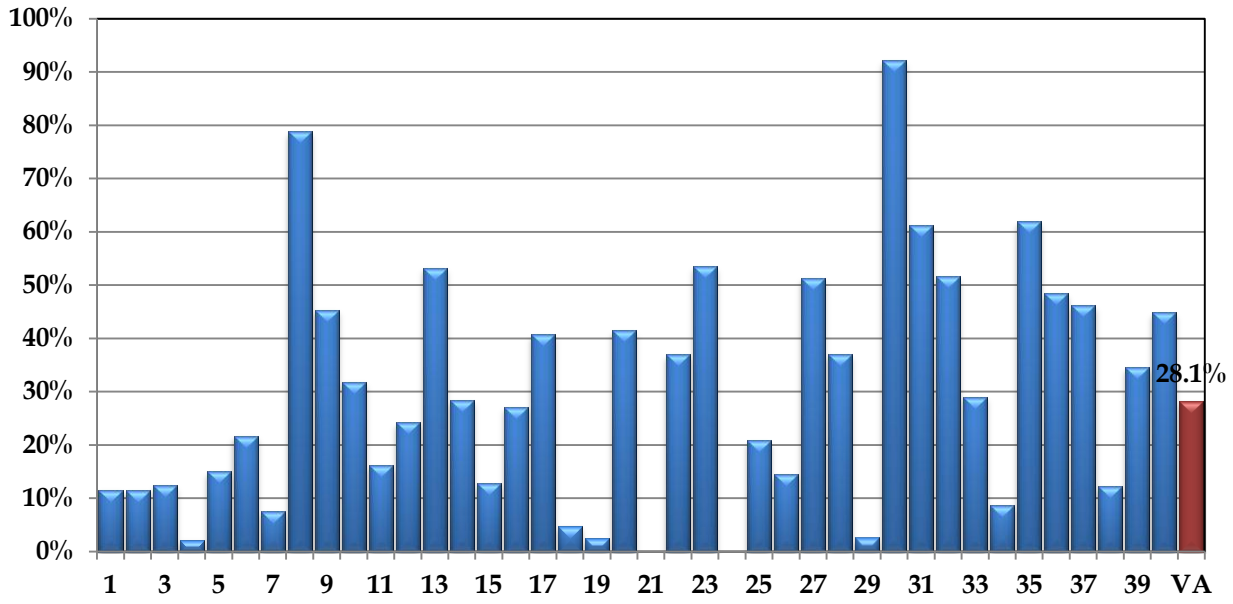


Table 59. Number and percentage of cases in which the evaluation took place at the CSB

CSB	n	%
1	18	11.5
2	4	11.4
3	10	12.3
4	1	2.2
5	9	15.0
6	24	21.6
7	14	7.5
8	178	78.8
9	48	45.3
10	28	31.8
11	9	16.1

CSB	n	%
12	7	24.1
13	25	53.2
14	17	28.3
15	7	12.7
16	26	27.1
17	11	40.7
18	6	4.8
19	3	2.5
20	27	41.5
21	0	0.0
22	17	37.0

CSB	n	%
23	23	53.5
24	0	0.0
25	5	20.8
26	21	14.5
27	38	51.4
28	30	37.0
29	3	2.5
30	35	92.1
31	11	61.1
32	16	51.6
33	40	29.0

CSB	n	%
34	20	8.7
35	26	61.9
36	76	48.4
37	6	46.2
38	12	12.2
39	56	34.6
40	57	44.9
VA	964	28.1

►Over the course of the survey month, 10% of all emergency evaluations took place at a variety of "other" locations, including the client's home, public location, magistrate office, police station, or other (not specified). CSB Codes 21 and 25 had over 50% of their CSB's emergency evaluations take place in another location (i.e., in a location other than the hospital or CSB). Please note, however, that CSB Code 21 has a small sample size, therefore the percentage may not be representative. For CSB Code 25, 42% of emergency evaluations took place at the client's home; this is twice the rate of the evaluations that took place at the CSB.

Client Custody Status at the Time of the Evaluation[3]

►On average, 27.8% of evaluated adults were in police custody – either with or without an ECO – at the time of the evaluation. Six CSBs reported that at least 50% of the clients whom they evaluated were in police custody at the time of the evaluation. See Figure 54 and Table 60.

[3] Section 37.2-808 of the Code of Virginia states that "any person for whom an emergency custody order is issued shall be taken into custody and transported to a convenient location to be evaluated to assess the need for hospitalization or treatment."

Figure 54. Percentage of clients in police custody at the time of the evaluation

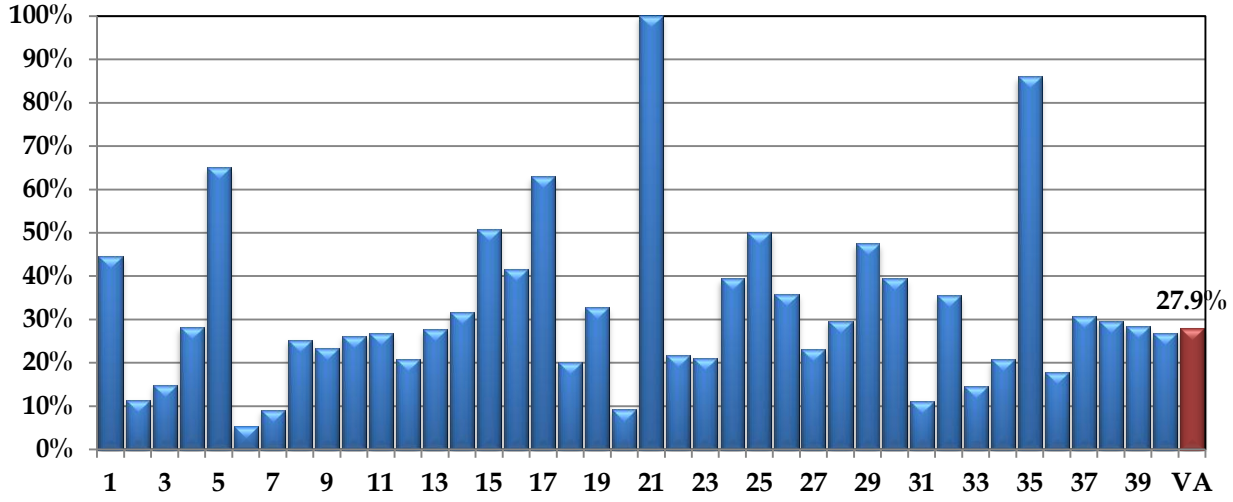


Table 60. Number and percentage of clients in police custody at the time of the evaluation

CSB	n	%
1	70	44.6
2	4	11.4
3	12	14.8
4	13	28.3
5	39	65
6	6	5.4
7	17	9.1
8	57	25.2
9	25	23.4
10	23	26.1
11	15	26.8

CSB	n	%
12	6	20.7
13	13	27.7
14	19	31.7
15	28	50.9
16	40	41.7
17	17	63
18	25	20
19	39	32.8
20	6	9.2
21	5	100
22	10	21.7

CSB	n	%
23	9	20.9
24	24	39.3
25	12	50
26	52	35.9
27	17	23
28	24	29.6
29	56	47.5
30	15	39.5
31	2	11.1
32	11	35.5
33	21	14.5

CSB	n	%
34	48	20.8
35	37	86
36	28	17.8
37	4	30.8
38	29	29.6
39	46	28.4
40	34	26.8
VA	958	27.9

Clinician Disposition Recommendation

Client Recommended for Involuntary Hospitalization (TDO)

►Across the state, 40% of evaluations resulted in a TDO during the survey month. There was a wide variation regarding TDO rates across the 40 CSBs. For example, CSB Code 21 had all of its 5 cases result in a TDO. Other CSBs with high rates of TDOs were CSB Codes 11 (63%), 26 (66%), 29 (66%), and 35 (67%). On the other hand, five CSBs had less than 20% of their evaluations result in a TDO (CSB Codes 2, 6, 8, 27, and 31. See Figure 55 and Table 61.

Figure 55. Percentage of clients for whom a TDO was recommended

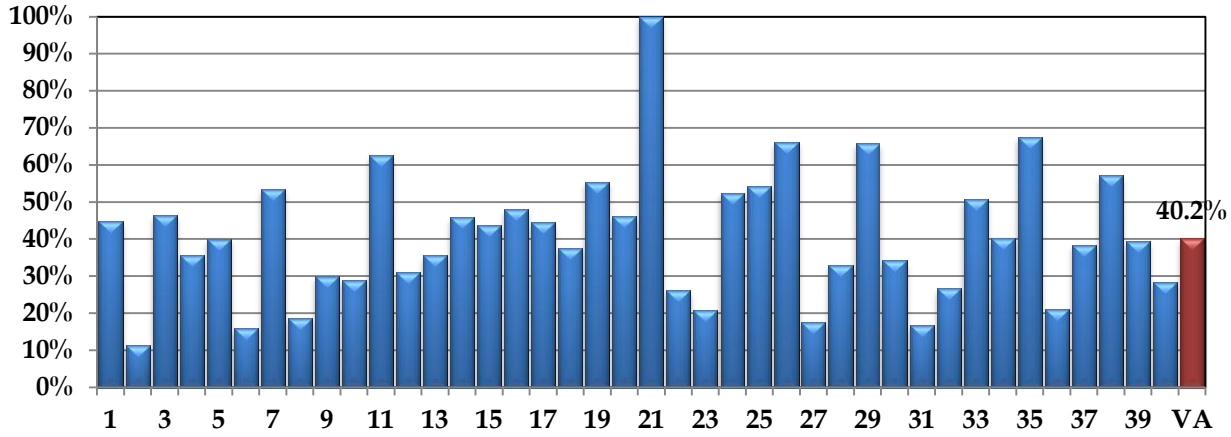


Table 61. Number and percentage of client for whom a TDO was recommended

CSB	n	%
1	70	44.9
2	4	11.4
3	37	46.3
4	16	35.6
5	24	40.0
6	17	15.9
7	99	53.5
8	41	18.5
9	32	29.9
10	25	28.7
11	35	62.5

CSB	n	%
12	9	31.0
13	16	35.6
14	27	45.8
15	24	43.6
16	46	47.9
17	12	44.4
18	47	37.6
19	66	55.5
20	30	46.2
21	5	100.0
22	12	26.1

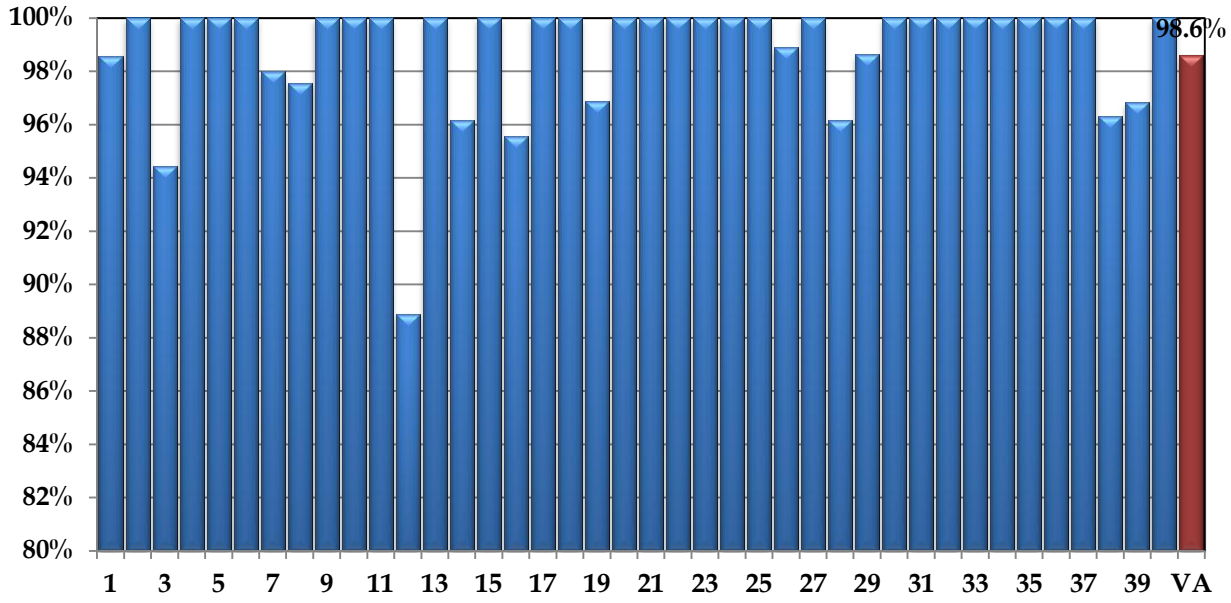
CSB	n	%
23	9	20.9
24	32	52.5
25	13	54.2
26	96	66.2
27	13	17.6
28	26	32.9
29	77	65.8
30	13	34.2
31	3	16.7
32	8	26.7
33	72	50.7

CSB	n	%
34	92	40.4
35	29	67.4
36	33	21.0
37	5	38.5
38	56	57.1
39	63	39.4
40	36	28.3
VA	1,370	40.2

Was the Recommended TDO Granted?

►In most CSBs, 100% of the TDOs that the clinician recommended were granted, although there were variations across CSBs. For example, CSB Code 12 had 89% of recommended TDOs granted by a magistrate. Additionally, CSB Code 3 had 94.4% of recommended TDOs granted. See Figure 56.

Figure 56. Percentage of clients for whom a TDO was granted



Length of Time Locating a Psychiatric Bed for an Adult under a TDO

►Of the cases in which the clinician recommended that the client be involuntarily hospitalized, 87% took 4 or less hours to locate an available bed in an admitting facility. There was significant variation among the CSBs regarding the length of time needed to locate a psychiatric bed for a client under a TDO. See Figure 57 and Table 62.

Figure 57. Percentage of TDO cases in which a psychiatric bed was found in 4 hours or less

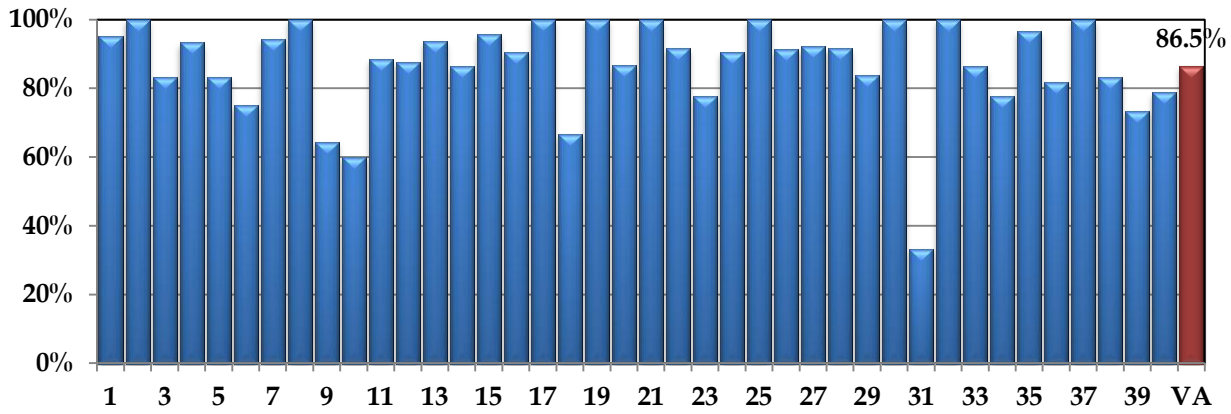


Table 62. Number and percentage of TDO cases in which a psychiatric bed was found in 4 hours or less

CSB	n	%
1	60	95.2
2	4	100.0
3	30	83.3
4	14	93.3
5	20	83.3
6	12	75.0
7	66	94.3
8	40	100.0
9	20	64.5
10	15	60.0
11	31	88.6

CSB	n	%
12	7	87.5
13	15	93.8
14	19	86.4
15	22	95.7
16	38	90.5
17	12	100.0
18	30	66.7
19	63	100.0
20	26	86.7
21	5	100.0
22	11	91.7

CSB	n	%
23	7	77.8
24	29	90.6
25	11	100.0
26	85	91.4
27	12	92.3
28	22	91.7
29	52	83.9
30	13	100.0
31	1	33.3
32	7	100.0
33	57	86.4

CSB	n	%
34	70	77.8
35	28	96.6
36	27	81.8
37	4	100.0
38	45	83.3
39	36	73.5
40	26	78.8
VA	1,092	86.5

Figure 58 shows the proportion of TDO cases in which a psychiatric bed was found in less than six hours.

Figure 58. Percentage of TDO cases in which a psychiatric bed was found in less than 6 hours

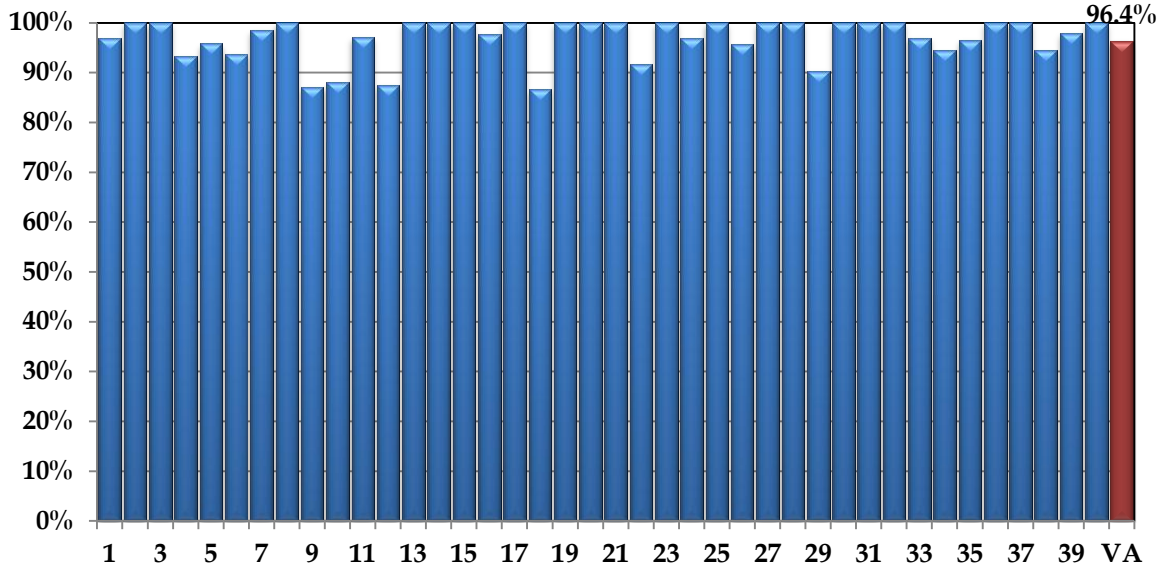


Table 63. Number and percentage of TDO cases in which a psychiatric bed was found in 6 hours or less

CSB	n	%
1	61	96.8
2	4	100.0
3	36	100.0
4	14	93.3
5	23	95.8
6	15	93.8
7	69	98.6
8	40	100.0
9	27	87.1
10	22	88.0
11	34	97.1

CSB	n	%
12	7	87.5
13	16	100.0
14	22	100.0
15	23	100.0
16	41	97.6
17	12	100.0
18	39	86.7
19	63	100.0
20	30	100.0
21	5	100.0
22	11	91.7

CSB	n	%
23	9	100.0
24	31	96.9
25	11	100.0
26	89	95.7
27	13	100.0
28	24	100.0
29	56	90.3
30	13	100.0
31	3	100.0
32	7	100.0
33	64	97.0

CSB	n	%
34	85	94.4
35	28	96.6
36	33	100.0
37	4	100.0
38	51	94.4
39	48	98.0
40	33	100.0
VA	1,216	96.4

Table 64 shows the proportion of TDO cases (i.e., cases in which TDOs were recommended) in which the CSB clinicians found it necessary to obtain an extension of an ECO (from 4 hours to 6 hours). The substantial variations across CSBs provide an approximate measure of the relative difficulty of finding a bed. As noted earlier in the regional analyses, there were 35 cases in which the extended ECO expired before a bed was found.

Table 64. Number and percentage of TDOs recommended in which ECO extension was obtained

CSB	# of TDOs recommended	% of TDOs recommended in which ECO extension was obtained	
	n	n	%
1	70	10	14.3
2	4		
3	37	3	8.1
4	16	1	6.3
5	24	4	16.7
6	17	1	5.9
7	99	1	1.0
8	41		
9	32	5	15.6
10	25	6	24.0
11	35	3	8.6
12	9	1	11.1
13	16	1	6.3
14	27	5	18.5
15	24		
16	46	2	4.3
17	12		
18	47		
19	66	2	3.0
20	30		

CSB	# of TDOs recommended	% of TDOs recommended in which ECO extension was obtained	
21	5	1	20.0
22	12		
23	9	2	22.2
24	32	7	21.9
25	13	2	15.4
26	96	14	14.6
27	13	3	23.1
28	26	8	30.8
29	77	7	9.1
30	13	2	15.4
31	3	1	33.3
32	8		
33	72	6	8.3
34	92	15	16.3
35	29	6	20.7
36	33	7	21.2
37	5		
38	56	9	16.1
39	63	13	20.6
40	36	9	25.0
VA	1,370	157	11.5

Admitting Hospital's Location under a TDO

►Of the cases in which an individual was recommended for a TDO, the admitting hospital was located within the client's PPR 85% of the time. Seven CSBs had 100% of adults admitted to a hospital within his or her region; however, three CSBs (CSB Codes 30, 6, and 12) were significantly below the Commonwealth's average. See Figure 59 and Table 63.

Figure 59. Percentage of hospitalizations in which the admitting facility was in the client's PPR

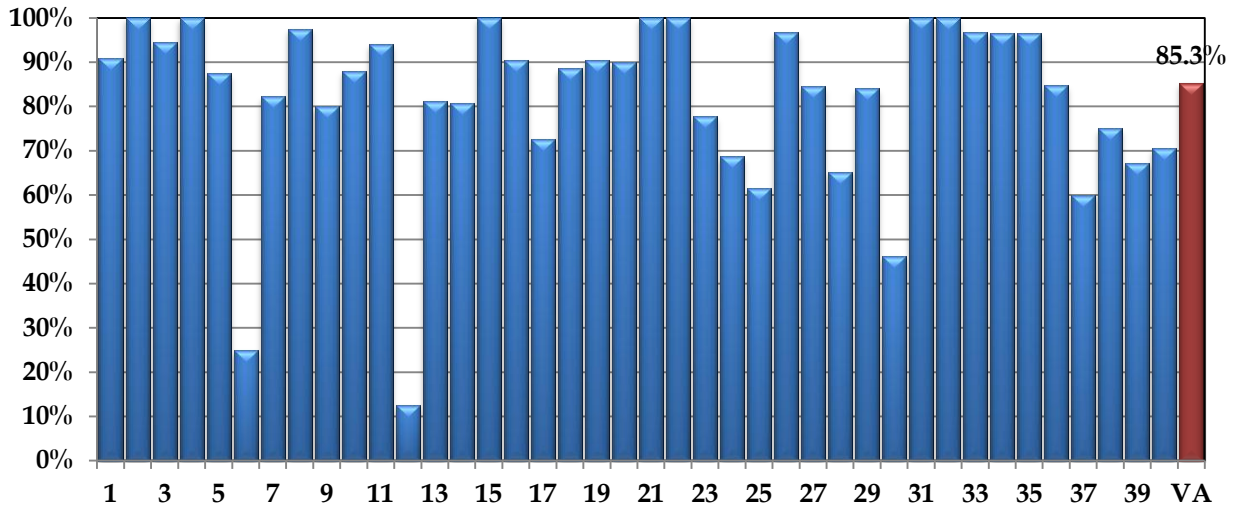


Table 65. Number and percentage of hospitalizations in which the admitting facility was in the client's PPR

CSB	N	%
1	60	90.9
2	4	100.0
3	34	94.4
4	15	100.0
5	21	87.5
6	4	25.0
7	79	82.3
8	39	97.5
9	24	80.0
10	22	88.0
11	32	94.1

CSB	n	%
12	1	12.5
13	13	81.3
14	21	80.8
15	23	100.0
16	38	90.5
17	8	72.7
18	39	88.6
19	56	90.3
20	27	90.0
21	5	100.0
22	12	100.0

CSB	n	%
23	7	77.8
24	22	68.8
25	8	61.5
26	88	96.7
27	11	84.6
28	15	65.2
29	58	84.1
30	6	46.2
31	3	100.0
32	7	100.0
33	58	96.7

CSB	n	%
34	86	96.6
35	28	96.6
36	28	84.8
37	3	60.0
38	39	75.0
39	39	67.2
40	24	70.6
VA	1,107	85.3

Services/Resources that, if Available, Would Have Helped Address the Client's Needs Better

Clinicians were presented with a checklist of mental health services and resources that are available in various locations throughout the state. They were asked to check all services and resources that would have helped them to better address the client's needs, regardless of whether the person met the commitment criteria.

►The most endorsed service (17%) that clinicians reported would have helped them better address the client's needs was an "immediately accessible psychiatric/ medication evaluation" (also referred to below as "immediate medication evaluation"). There were variations across the CSBs, ranging from 2 to 35 percent. See Figure 60.

Figure 60. Percentage of cases in which immediately accessible psychiatric/ medication evaluation would have helped the clinician better address the client's needs

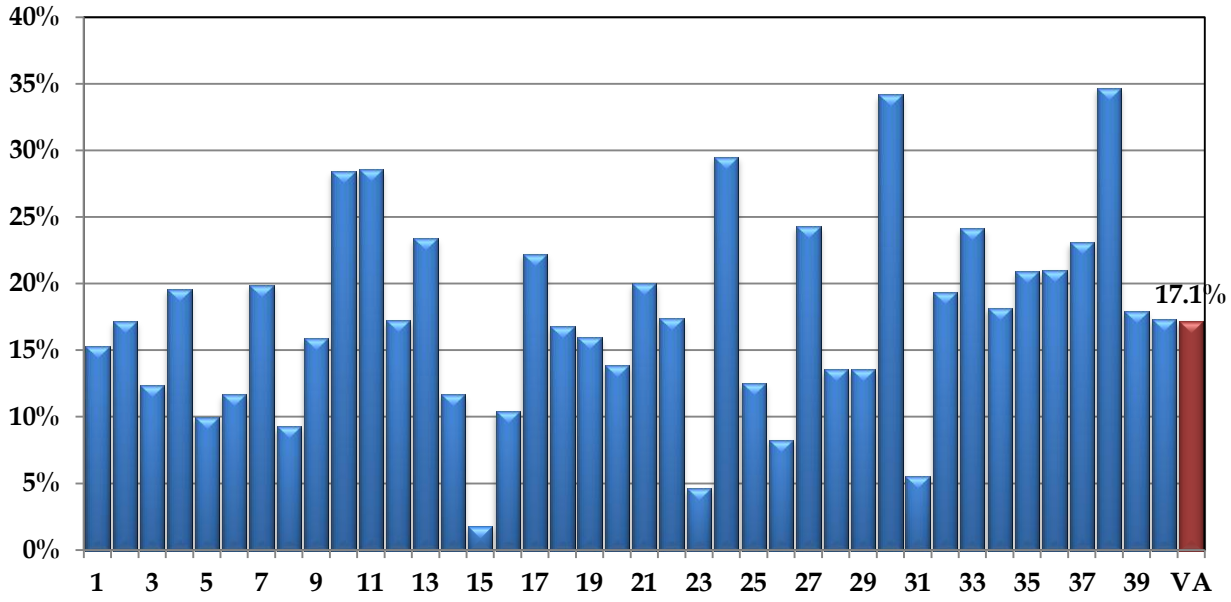


Figure 61 shows each CSB's location and the proportion of cases in which the clinician could have better addressed the client's needs if immediately accessible psychiatric/medication evaluation had been available. The purple section on the bottom of the bar chart indicates the number of clients who would not have benefitted from this particular service; the green section on the top of the bar chart indicates the number of clients who *would* have benefitted from this particular service. The bar on legend represents 100 cases.

Figure 61. Proportion of clients who would/would not have benefited if immediately accessible psychiatric/medication evaluation had been available

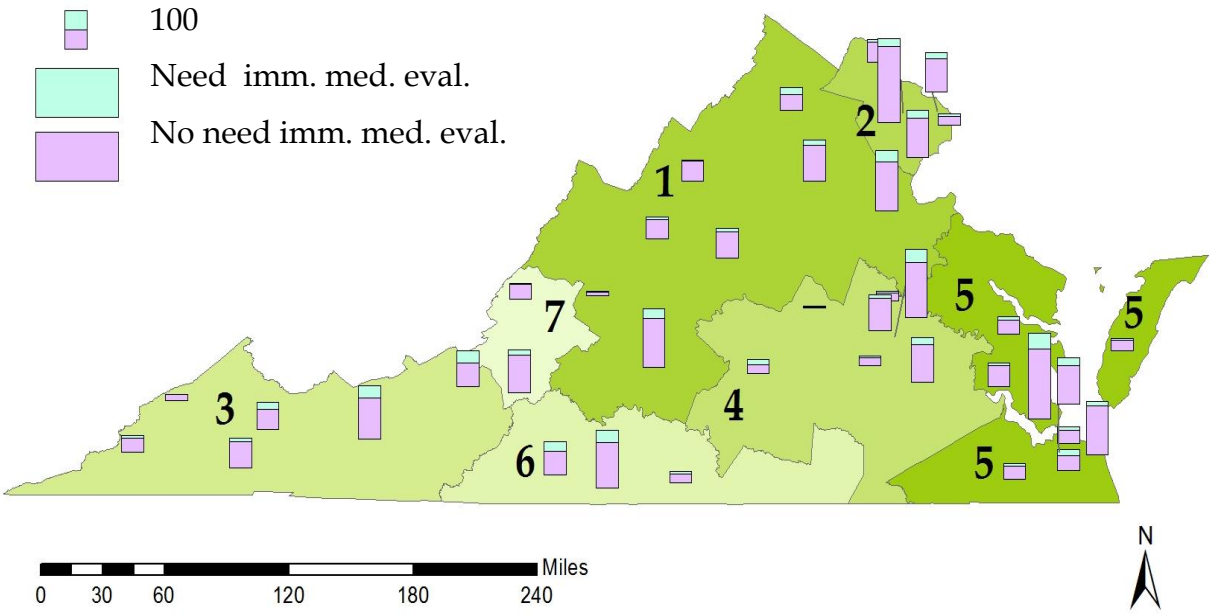


Figure 62 shows the proportion of cases in which the clinician would *not* have been able to better address the client's needs with the availability of immediately accessible psychiatric/medication evaluation. See Table 64.

Figure 62. Proportion of cases in which the client would not have benefited from immediately accessible psychiatric/medication evaluation

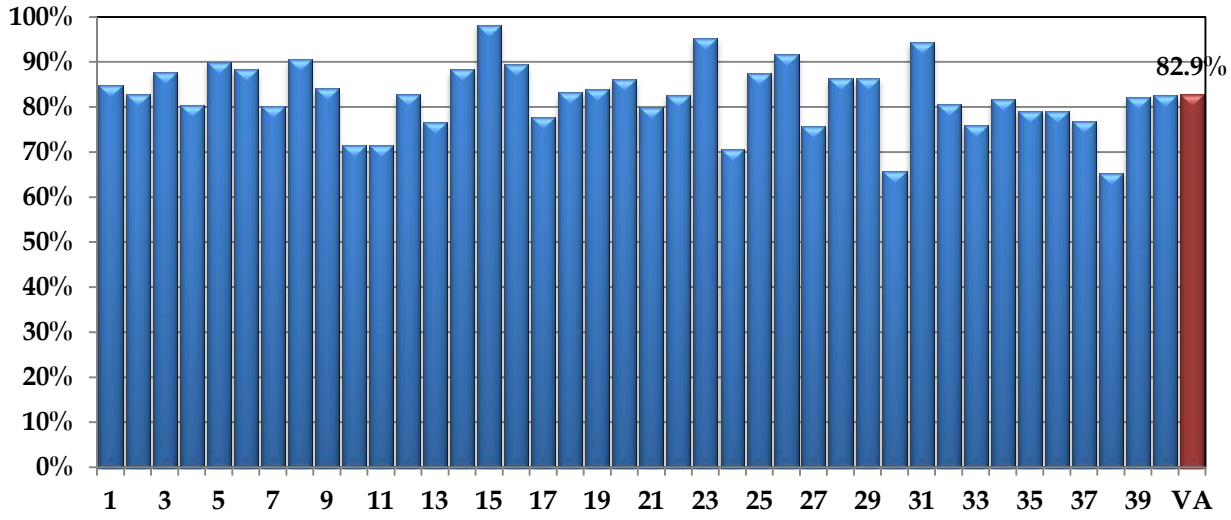


Table 66. Number and proportion of cases in which the client would not have benefited from immediately accessible psychiatric/medication evaluation

CSB	N	%
1	133	84.7
2	29	82.9
3	71	87.7
4	37	80.4
5	54	90.0
6	98	88.3
7	149	80.1
8	205	90.7
9	90	84.1
10	63	71.6
11	40	71.4

CSB	n	%
12	24	82.8
13	36	76.6
14	53	88.3
15	54	98.2
16	86	89.6
17	21	77.8
18	104	83.2
19	100	84.0
20	56	86.2
21	4	80.0
22	38	82.6

CSB	n	%
23	41	95.3
24	43	70.5
25	21	87.5
26	133	91.7
27	56	75.5
28	70	86.4
29	102	86.4
30	25	65.8
31	17	94.4
32	25	80.6
33	110	75.9

CSB	n	%
34	189	81.8
35	34	79.1
36	124	79.0
37	10	76.9
38	64	65.3
39	133	82.1
40	105	82.7
VA	2,847	82.9

►The next two most frequently-endorsed services/resources that clinicians reported would have helped them better address the client's needs were short-term crisis intervention and clinically indicated psychotropic medications. See Figures 63 and 64.

Figure 63. Proportion of cases in which short-term crisis intervention would have helped the clinician better address the client's needs

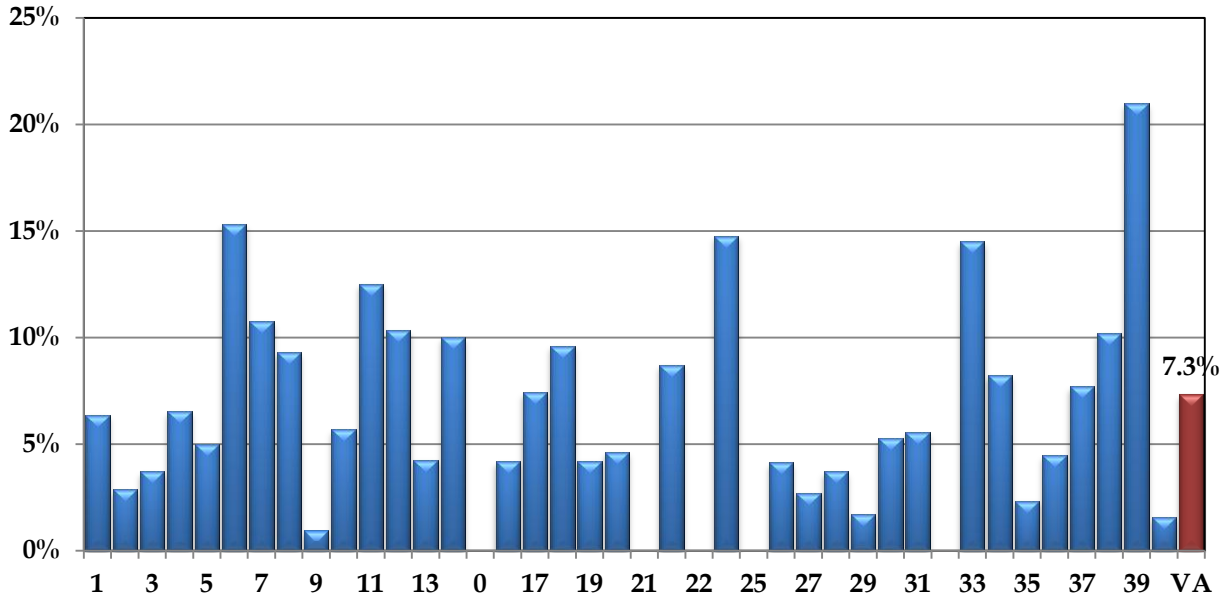
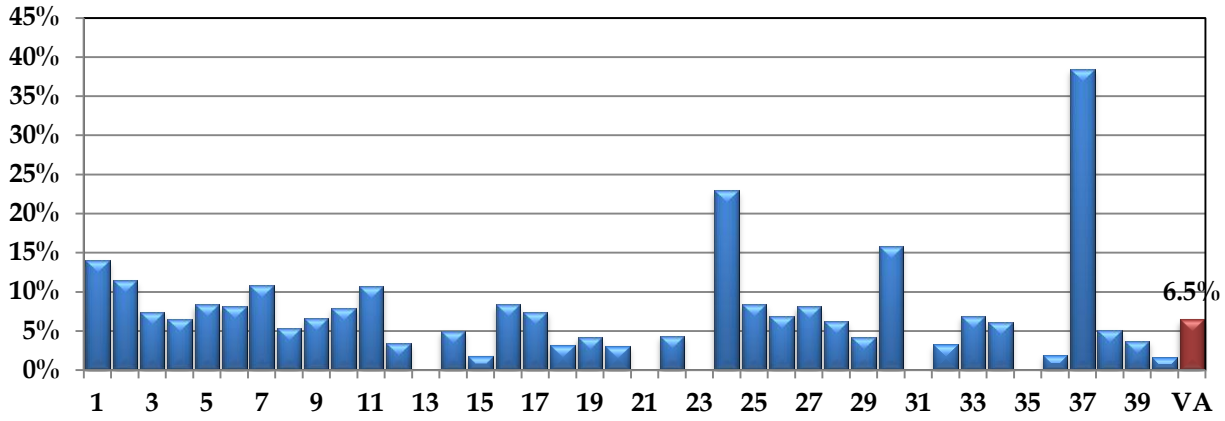


Figure 64. Proportion of cases in which clinically indicated psychotropic medications would have helped the clinician better address the client's needs



Services/Resources That, if Available, Would Have Allowed the Client to Avoid Hospitalization

Services/Resources that, if Available, Would have Allowed the Client to Avoid Involuntary and Voluntary Hospitalization

►Of the cases in which the client was referred for involuntary hospitalization (TDO), clinicians reported that the client would have been able to avoid hospitalization in 25.8% (n=342 of 1,327) of cases, if certain services/resources had been available. There were significant variations across the CSBs. See Figure 65 and Table 65.

Figure 65. Proportion of TDO cases where additional services would have helped the client avoid hospitalization

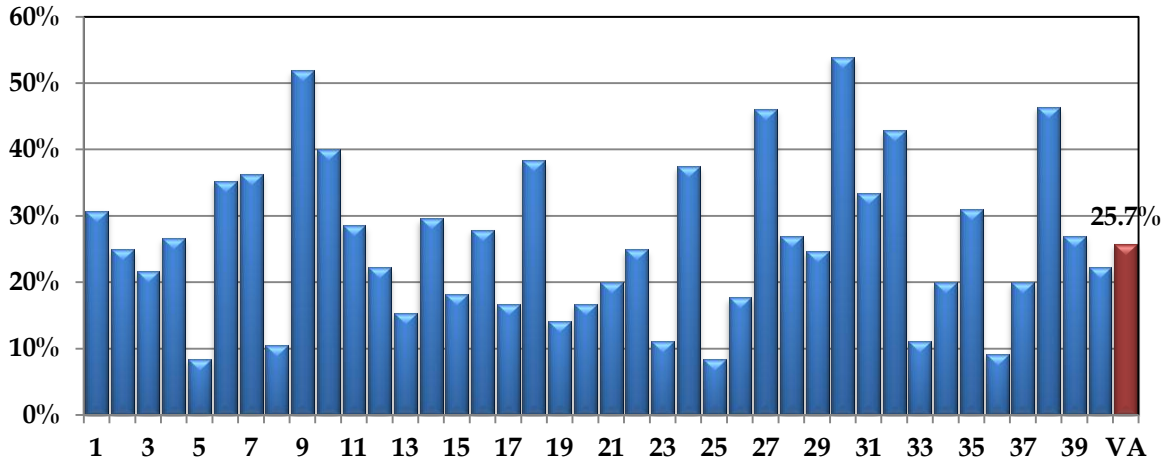


Table 67. Number and proportion of TDO cases where additional services would have helped the client avoid hospitalization

CSB	n	%
1	20	30.8
2	1	25.0
3	8	21.6
4	4	26.7
5	2	8.3
6	6	35.3
7	36	36.4
8	4	10.5
9	14	51.9
10	10	40.0
11	10	28.6

CSB	n	%
12	2	22.2
13	2	15.4
14	8	29.6
15	4	18.2
16	12	27.9
17	2	16.7
18	18	38.3
19	9	14.1
20	5	16.7
21	1	20.0
22	3	25.0

CSB	n	%
23	1	11.1
24	12	37.5
25	1	8.3
26	17	17.7
27	6	46.2
28	7	26.9
29	19	24.7
30	7	53.8
31	1	33.3
32	3	42.9
33	8	11.1

CSB	n	%
34	15	20.0
35	9	31.0
36	3	9.1
37	1	20.0
38	26	46.4
39	17	27.0
40	8	22.2
VA	342	25.8

Table 66 highlights which services that, if available, would have helped the client avoid hospitalization by TDO. The three most frequently reported services for TDO'd clients were immediately accessible psychiatric/medication evaluation (13%), clinically indicated psychotropic medications (5.7%), and residential crisis stabilization (5.4%).

Table 68. Services/resources that would have helped the client avoid TDO

	Immediately accessible psychiatric/medical evaluation		Clinically indicated psychotropic medications		Residential crisis stabilization	
	n	%	n	%	n	%
1	6	9.2	11	16.9	11	16.9
2	1	25.0	1	25.0	0	0.0
3	3	8.1	2	5.4	4	10.8
4	2	13.3	1	6.7	0	0.0
5	0	0.0	0	0.0	0	0.0
6	4	23.5	0	0.0	2	11.8
7	18	18.2	12	12.1	7	7.1
8	0	0.0	0	0.0	2	5.3
9	9	33.3	0	0.0	1	3.7
10	5	20.0	3	12.0	2	8.0
11	7	20.0	3	8.6	3	8.6
12	1	11.1	0	0.0	0	0.0
13	0	0.0	0	0.0	1	7.7
14	3	11.1	2	7.4	0	0.0
15	1	4.5	1	4.5	1	4.5
16	2	4.7	1	2.3	1	2.3
17	1	8.3	1	8.3	0	0.0
18	11	23.4	1	2.1	1	2.1
19	4	6.3	0	0.0	2	3.1
20	4	13.3	0	0.0	0	0.0
21	1	20.0	0	0.0	0	0.0
22	1	8.3	0	0.0	2	16.7
23	1	11.1	0	0.0	0	0.0
24	6	18.8	6	18.8	6	18.8
25	0	0.0	0	0.0	0	0.0
26	9	9.4	7	7.3	4	4.2
27	1	7.7	1	7.7	1	7.7
28	2	7.7	1	3.8	1	3.8
29	10	13.0	3	3.9	4	5.2
30	2	15.4	2	15.4	2	15.4
31	1	33.3	0	0.0	0	0.0
32	2	28.6	1	14.3	0	0.0
33	5	6.9	1	1.4	1	1.4
34	10	13.3	4	5.3	3	4.0
35	7	24.1	0	0.0	1	3.4
36	2	6.1	1	3.0	0	0.0
37	0	0.0	0	0.0	0	0.0
38	18	32.1	7	12.5	6	10.7
39	8	12.7	1	1.6	3	4.8
40	4	11.1	1	2.8	0	0.0
VA	**172**	**13.0**	**75**	**5.7**	**72**	**5.4**

►Of the cases in which the client was referred for voluntary admission (VA) to a hospital, clinicians reported that the client would have been able to avoid hospitalization in 48% (n=261 of 544) of cases, if certain services/resources had been available. There were significant variations across the CSBs. See Figure 66 and Table 67.

Figure 66. Proportion of voluntary admission cases where additional services would have helped the client avoid hospitalization

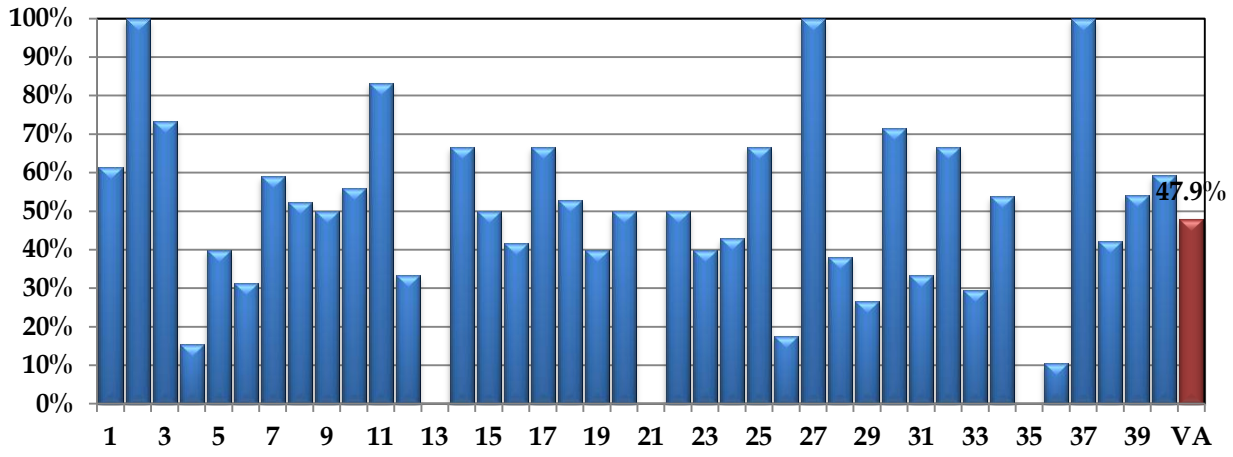


Table 69. Number and proportion of voluntary admission cases where additional services would have helped the client avoid hospitalization

CSB	n	%
1	19	61.3
2	5	100.0
3	11	73.3
4	2	15.4
5	2	40.0
6	5	31.3
7	26	59.1
8	11	52.4
9	5	50.0
10	14	56.0
11	5	83.3

CSB	n	%
12	2	33.3
13	0	0.0
14	4	66.7
15	5	50.0
16	5	41.7
17	2	66.7
18	9	52.9
19	6	40.0
20	3	50.0
21	0	0.0
22	7	50.0

CSB	n	%
23	2	40.0
24	6	42.9
25	2	66.7
26	3	17.6
27	8	100.0
28	8	38.1
29	4	26.7
30	5	71.4
31	4	33.3
32	2	66.7
33	8	29.6

CSB	n	%
34	14	53.8
35	0	0.0
36	2	10.5
37	1	100.0
38	8	42.1
39	20	54.1
40	16	59.3
VA	261	48.0

Table 68 highlights which services that, if available, would have helped the client avoid voluntary hospitalization. The three most frequently reported services for these clients were immediately accessible psychiatric/medication evaluation (18.2%), partial hospitalization (12.5%), and residential crisis stabilization (11.7%).

Table 70. Services/resources that would have helped the client avoid VA

	Immediately accessible psychiatric/medical evaluation		Partial hospitalization		Residential crisis stabilization	
CSB	n	%	n	%	n	%
1	6	19.4	1	3.2	4	12.9
2	2	40.0	1	20.0	2	40.0
3	4	26.7	1	6.7	4	26.7
4	1	7.7	2	15.4	0	0.0
5	2	40.0	0	0.0	0	0.0
6	1	6.3	0	0.0	3	18.8
7	10	22.7	11	25.0	5	11.4
8	1	4.8	4	19.0	1	4.8
9	2	20.0	1	10.0	0	0.0
10	4	16.0	2	8.0	8	32.0
11	3	50.0	3	50.0	3	50.0
12	0	0.0	0	0.0	1	16.7
13	0	0.0	0	0.0	0	0.0
14	0	0.0	0	0.0	1	16.7
15	2	20.0	0	0.0	1	10.0
16	1	8.3	1	8.3	0	0.0
17	1	33.3	1	33.3	0	0.0
18	5	29.4	1	5.9	1	5.9
19	2	13.3	2	13.3	0	0.0
20	1	16.7	1	16.7	2	33.3
21	0	0.0	0	0.0	0	0.0
22	3	21.4	2	14.3	2	14.3
23	0	0.0	0	0.0	0	0.0
24	4	28.6	1	7.1	0	0.0
25	1	33.3	0	0.0	0	0.0
26	0	0.0	0	0.0	2	11.8
27	5	62.5	5	62.5	2	25.0
28	2	9.5	2	9.5	2	9.5
29	1	6.7	0	0.0	1	6.7
30	4	57.1	2	28.6	1	14.3
31	0	0.0	1	8.3	0	0.0
32	0	0.0	1	33.3	1	33.3
33	6	22.2	2	7.4	2	7.4
34	8	30.8	1	3.8	2	7.7
35	0	0.0	0	0.0	0	0.0
36	1	5.3	0	0.0	0	0.0
37	0	0.0	0	0.0	0	0.0
38	4	21.1	2	10.5	6	31.6
39	5	13.5	12	32.4	2	5.4
40	7	25.9	5	18.5	5	18.5
VA	**99**	**18.2**	**68**	**12.5**	**64**	**11.8**

Appendix 1

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

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

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

10. **Where did the evaluation take place?**
☐ CSB ☐ Hospital ED
☐ Client's home ☐ Public location
☐ Hospital psyc unit ☐ Jail
☐ Police station ☐ Magistrate's office
☐ Other _____

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

12. **Was client in hospital for recommitment hearing?**
☐ No ☐ Yes → If yes, STOP HERE. Turn in form.

AT THE TIME OF EVALUATION:
13. **Client presented with** (Check all that apply):
☐ Mental illness
(Primary diagnosis: _____)
☐ Intellectual/developmental disability
☐ Substance use/abuse disorder
☐ Other ☐ None

14. **Was the client under the influence of drugs or alcohol?**
☐ No ☐ Yes ☐ Suspected ☐ Unknown

15. **Client's current treatment** (Check all that apply):
☐ CSB ☐ Other community agency
☐ DBHDS facility ☐ Private practitioner
☐ Private/community psych facility
☐ Non-psychiatric private/community facility
☐ None ☐ Don't know/not sure
☐ Other _____

16. **Client's insurance status** (Check all that apply):
☐ Medicaid ☐ Private/3rd party
☐ Medicare ☐ Military/Veteran's Benefit
☐ None ☐ Don't know/not sure
☐ Other _____

17. **Was the client showing psychotic symptoms?**
☐ No ☐ Yes

18. **What sources of information were available to you <u>prior</u> to the evaluation? Information from** (Check all that apply):
☐ CSB records ☐ Law enforcement
☐ CSB clinician(s) ☐ Friend/family member(s)
☐ Hospital staff ☐ Hospital records
☐ Other providers ☐ Other clinical records
☐ Other _____ ☐ None

19. **Did the record or client interview reveal recent behavior or symptoms indicating an elevated risk of serious physical <u>harm toward self</u>?**
☐ No ☐ Yes
If yes, what were the behaviors? (Check all that apply)
☐ Ingested pills or poison
☐ Injured self with sharp object
☐ Other self- injurious behavior _____
_____
☐ Threatened to commit suicide
☐ Threatened other serious harm
☐ Voiced suicidal thoughts without threats

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

Last 4 digits of case #: _____

☐ Other type of self-endangerment _____
_____

20. **Did the record or client interview reveal recent behavior or symptoms indicating an elevated risk of serious physical <u>harm toward others</u>?**
☐ No ☐ Yes
If yes, what were the behaviors? (Check all that apply)
☐ Injured someone
☐ Hit, kicked, pushed someone without injury
☐ Threatened or endangered someone with a gun, knife, or other weapon
☐ Verbal threat to seriously physically harm someone
☐ Voiced thoughts of harming someone, without threats
☐ Other type of endangerment _____
_____

21. **Did the client own or otherwise have easy access to a firearm?**
☐ No ☐ Yes ☐ Unable to determine

22. **Did the record or client interview reveal recent behavior or symptoms indicating <u>impaired capacity for self-protection or ability to provide for basic needs</u>?**
☐ No ☐ Yes
If yes, what symptoms, deficits, or behaviors were noted? (Check all that apply)
☐ Substantial cognitive impairments (e.g., disorientation, impaired memory)
☐ Hallucinations and/or delusions
☐ Neglect of life-sustaining nutrition
☐ Neglect of medical needs
☐ Neglect of financial needs
☐ Neglect of shelter or self-protection
☐ Generalized decline in functioning
☐ Other _____
_____

23. **Who contacted the CSB for evaluation?**
☐ Law enforcement ☐ Client
☐ Clinician ☐ Friend/family member
☐ Hospital ☐ Don't know/not sure
☐ Other _____

24. **Was the client in police custody at the time the evaluation was initiated?**
☐ No
☐ Yes, with no ECO
☐ Yes, with a magistrate-issued ECO
☐ Yes, with a law enforcement issued (paperless) ECO

25. **If client was in police custody, were restraints used?** ☐ No ☐ Yes

26. **If client was <u>not</u> in police custody at the time of initial contact, did you seek an ECO in order to carry out the evaluation?**
☐ No ☐ Yes

27. **If an ECO was sought, was the ECO obtained?** ☐ No ☐ Yes

28. **If an ECO was issued, did the initial (4-hour) ECO expire?** ☐ No ☐ Yes

29. **If initial ECO expired, did you seek an extension?** ☐ No ☐ Yes

30. **If extension was sought, was the extension granted?** ☐ No ☐ Yes

31. **If extension was granted, was the extension sufficient for:**
CSB evaluation? ☐ No ☐ Yes ☐ N/A
Medical screening? ☐ No ☐ Yes ☐ N/A
For locating a bed? ☐ No ☐ Yes ☐ N/A

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

Last 4 digits of case #: _____

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

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

41. **Which of the following services, if any, would have helped you address this client's needs better?** (Check all that apply) ☐ None
- ☐ Immediately accessible psychiatric/ medication evaluation
- ☐ Partial hospitalization
- ☐ Safe transportation
- ☐ Temporary housing
- ☐ Medical detox
- ☐ Clinically indicated psychotropic medications
- ☐ Intensive/outreach care management
- ☐ Short-term crisis intervention
- ☐ Residential crisis stabilization
- ☐ In-home crisis stabilization
- ☐ Other _____

42. **If hospitalization was the disposition, which of the following services, if available to you, would have allowed the client to avoid hospitalization?** (Check all that apply) ☐ None
- ☐ Immediately accessible psychiatric/ medication evaluation
- ☐ Partial hospitalization
- ☐ Safe transportation
- ☐ Temporary housing
- ☐ Medical detox
- ☐ Clinically indicated psychotropic medications
- ☐ Intensive/outreach care management
- ☐ Short-term crisis intervention
- ☐ Residential crisis stabilization
- ☐ In-home crisis stabilization
- ☐ Other _____

43. **What was the disposition?** (Choose one)
- ☐ Referred for involuntary admission (TDO)
- ☐ Referred for voluntary admission
- ☐ Referred for crisis intervention
- ☐ Referred for crisis intervention and psychiatric/medication evaluation
- ☐ Referred for other outpatient services
- ☐ No further evaluation or treatment required
- ☐ Client declined referral and no involuntary action taken
- ☐ Other _____ _____

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

Last 4 digits of case #: _____

44. **If a TDO was sought, was it granted?**
☐ No ☐ Yes
If TDO was granted, was the client admitted?
☐ No ☐ Yes
If the client was admitted, to which of the following facilities:
☐ DBHDS facility
☐ Private/community psych facility/unit
☐ ED or medical unit of private/community hospital
☐ Crisis Stabilization Unit
☐ Other_____

45**. If voluntary admission was sought, was the client admitted?**
☐ No ☐ Yes
If admitted, to which of the following:
☐ DBHDS facility
☐ Crisis Stabilization Unit
☐ Private/community psych facility/unit
☐ Non-psychiatric private/community facility
☐ Medical detox
☐ Other _____

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

47. **Approximately how much time did you spend locating a psychiatric bed?**
☐ 4 hours or less
☐ More than 4 hours, less than 6 hours
☐ More than 6 hours (# of hours, if known: _____)

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

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

50. **If hospitalization was sought but client was <u>not</u> admitted to psychiatric facility, why not? (**check all that apply)
☐ No voluntary bed available
☐ Insurance limitations
☐ No TDO bed available
☐ Client required medical evaluation or treatment
☐ Acuity of client's condition/level of care required
☐ Transportation or logistical problems
☐ Unable to confirm bed availability in requisite time
☐ Other _____
_____

51. **If hospitalization was sought but no bed was available within requisite time, what happened to client?** (Check all that apply)
☐ Client held by police until bed was available
☐ Client held on medical unit until bed was available or until reevaluated
☐ Client held in ED until bed was available or until reevaluated
☐ Client admitted to a CSU
☐ Client released voluntarily with safety plan (other than to a CSU)
☐ Client released and declined service
☐ Client reevaluated during screening process and no longer met criteria for inpatient treatment; client released with safety plan
☐ Other _____
_____

Additional comments or suggestions:
_____
_____
_____
_____
_____
_____
_____
_____

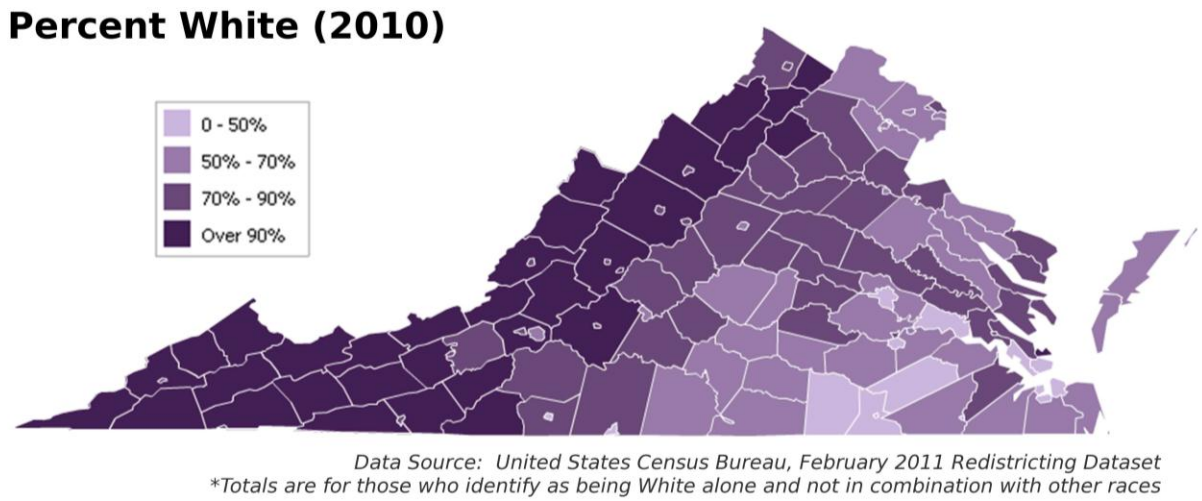
Appendix 2

Community Services Boards (CSBs) by Planning Partnership Region (PPRs)

PPR	CSB name
1	Harrisonburg-Rockingham Community Services Board
	Horizon Behavioral Health
	Northwestern Community Services
	Rappahannock Area Community Services Board
	Rappahannock-Rapidan Community Services Board
	Region Ten Community Services Board
	Rockbridge Area Community Services
	Valley Community Services Board
2	Alexandria Community Services Board
	Arlington County Community Services Board
	Fairfax-Falls Church Community Services Board
	Loudoun County Community Services Board
	Prince William County Community Services Board
3	Cumberland Mountain Community Services Board
	Dickenson County Behavioral Health Services
	Highlands Community Services
	Mount Rogers Community MH and MR
	New River Valley Community Services
	Planning District One Behavioral Health Services
4	Chesterfield Community Services Board
	Crossroads Community Services Board
	District 19 Community Services Board
	Goochland-Powhatan Community Services
	Hanover County Community Services Board
	Henrico Area Mental Health; Developmental Services
	Richmond Behavioral Health Authority
5	Chesapeake Community Services Board
	Colonial Services Board
	Eastern Shore Community Services Board
	Hampton-Newport News Community Services Board
	Middle Peninsula-Northern Neck Community Services Board
	Norfolk Community Services Board
	Portsmouth Department of Behavioral Healthcare Services
	Virginia Beach Community Services Board
	Western Tidewater Community Services Board
6	Danville-Pittsylvania Community Services
	Piedmont Community Services
	Southside Community Services Board
7	Alleghany-Highlands Community Services Board
	Blue Ridge Behavioral Healthcare

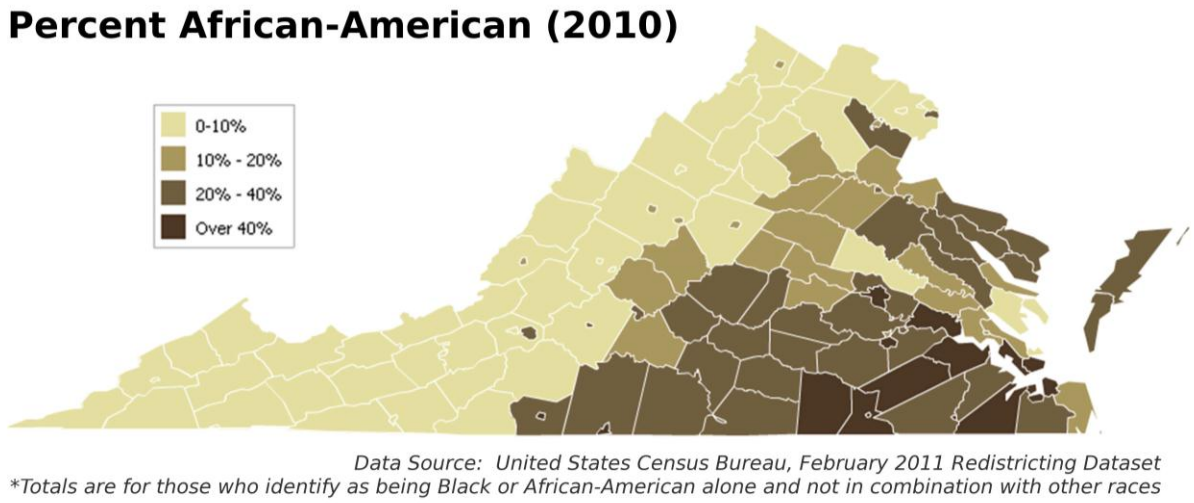
Appendix 3

Proportion of Caucasians by County in Virginia



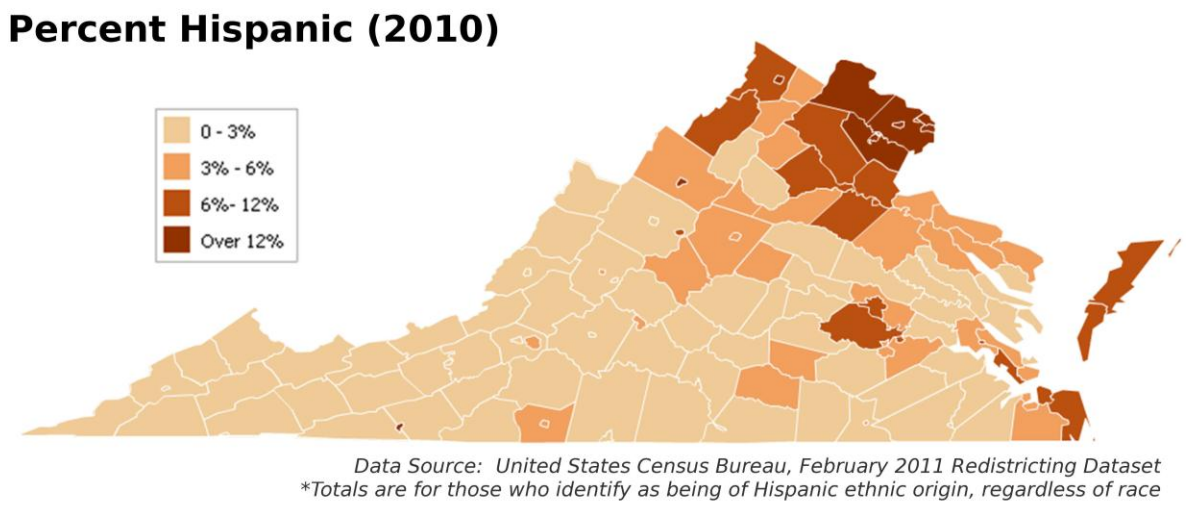
http://www.coopercenter.org/demographics/interactive-map/citycounty/3098

Proportion of African-Americans by County in Virginia



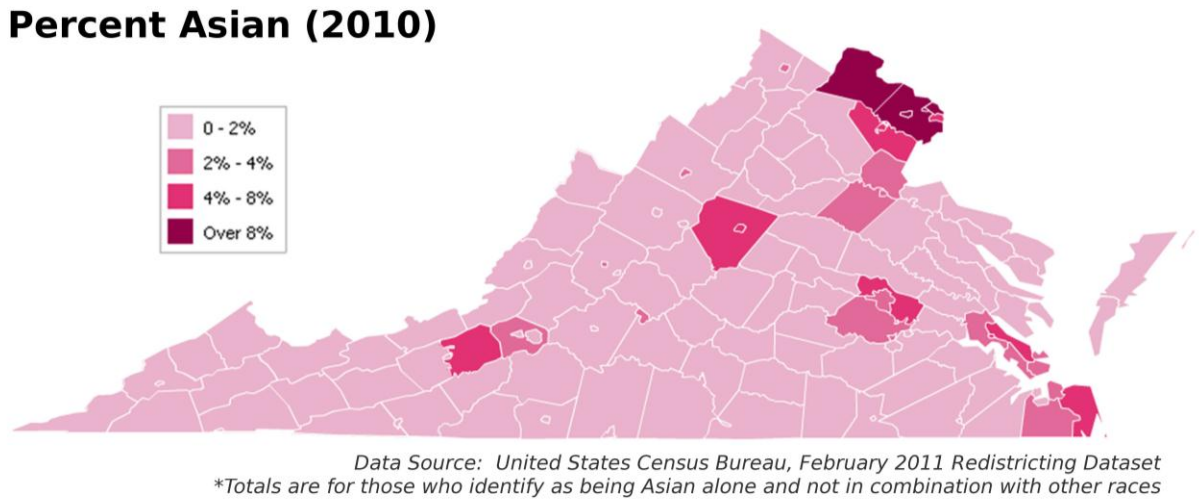
http://www.coopercenter.org/demographics/interactive-map/citycounty/3084

Proportion of Hispanics by County in Virginia



http://www.coopercenter.org/demographics/interactive-map/citycounty/3099

Proportion of Asians by County in Virginia



http://www.coopercenter.org/demographics/interactive-map/citycounty/3097

Appendix 4

Frequency and proportion of adult by type of ECO in each region

	No ECO		Seek an ECO		Magistrate issued ECO		Law enforcement issued ECO		Total
	n	%	n	%	n	%	n	%	
1	476	68.0	14	2.0	72	10.3	138	19.7	**700**
2	425	77.1	8	1.50	34	6.2	84	15.2	**551**
3	375	81.2	7	1.5	42	9.1	38	8.2	**462**
4	349	70.5	24	4.8	29	5.9	93	18.8	**495**
5	589	74.3	12	1.5	74	9.3	118	14.9	**793**
6	213	77.7	10	3.6	22	8.0	29	10.6	**274**
7	99	61.5			35	21.7	27	16.8	**161**
VA	**2,526**	**73.5**	**75**	**2.2**	**308**	**9.0**	**527**	**15.3**	**3,436**

PPR	Total ECO	Initial ECO expired[1]		Seek an extension[2]		Extension granted	
	N	n	%	n	%	n	%
1	224	68	30.4	54	79.4	54	100.0
2	126	24	19.0	21	87.5	20	95.2
3	87	27	31.0	23	85.2	23	100.0
4	146	20	13.7	15	75.0	14	93.3
5	204	47	23.0	42	89.4	42	100.0
6	61	23	37.7	21	91.3	21	100.0
7	62	14	22.6	10	71.4	10	100
VA	**910**	**223**	**24.5**	**186**	**83.4**	**184**	**98.9**

1)$\chi^2_{(6)}$=23.5, p=.001, 2)$\chi^2_{(6)}$=5.85, p=.44, 3)$\chi^2_{(6)}$= 8.72, p=.19

	Extension sufficient for CSB evaluation		Extension sufficient for medical screening		Extension sufficient for locating bed		Total Extensions
	n	%	n	%	n	%	
1	32	64.0	34	69.4	33	61.1	54
2	3	20.0	10	62.5	14	73.7	20
3	11	50.0	10	43.5	21	91.3	23
4	7	63.6	9	69.2	7	53.8	14
5	19	55.9	25	64.1	32	78.0	42
6	10	66.7	15	83.3	9	50.0	21
7	3	75.0	4	100	6	66.7	10
VA	85	56.3	107	66.0	122	68.9	184

What happened to the 35 clients who were held under an ECO extension that was NOT sufficient for locating a bed (presented by region)?

The information presented below was provided by the clinicians in the form of written text. Because this text can be difficult to summarize, verbatim responses have been reported below when a summary is not feasible.

Northwestern:

1. An extension to the paperless ECO was needed but Law Enforcement did not agree that an extension was needed and the person was released before the person could be re-evaluated by the CSB.
2. Client held in medical unit.
3. No TDO Bed, Acuity condition of client, unable to confirm bed, client held by ED. After more contacting more than 12 facilities in more than 4 hours.
4. Admitted to and held in ED
5. Client held in medical unit after contacting 13 units in more than 4 hours.
6. Client was medically admitted due to no appropriate beds
7. Admitted to a private hospital after more than 4 hours
8. Client require medical evaluation due to acuity of client condition, clinician unable to confirm bed, client held on ED
9. Client got a TDO but was not admitted (There is no more information about what happen)
10. Client was admitted to a private/community hospital after contacting 5 facilities, it took more than 4 hours but less than 6
11. Client was admitted to a private/community hospital
12. No TDO bed and unable to confirm bed, client released voluntary with a safety plan Client's father agreed to that client home and call 911 if more help was needed. After the ECO extension, an Attending MD in the ED released client with a safety plan but agreed to a TDO to the Medical Center although no bed was available.
13. Client was admitted to a private/community facility
14. Client was arrested
15. Client was admitted to a private/community facility after contacting 11 facilities, it took more than 6 hours and hospital was not in client region.
16. Client was admitted to a private/community facility

Northern:

1. Client admitted to a private/community facility

Southwestern:

1. Client passed placement, unaware of final disposition

Central:

1. No TDO bed and unable to confirm bed, hospital wanted more hospital documentation. Client released voluntarily with a safety plan.
2. Client admitted to a private/community facility after contacting 6 facilities, it took more than 4 hours and less than 6
3. A TDO was requested on client but was not granted, clinician spent more than 6 hours contacting 21 facilities but the client was not hospitalized
4. Client was admitted to a private/community facility

Eastern:

1. Client admitted to a private/community facility after contacting 3 units
2. Client admitted to a private/community facility after contacting 3 units and took more than 6 hours
3. Client admitted to a private/community facility after contacting 3 units
4. Client admitted to a private/community facility after contacting 3 units, client held in ED
5. Client obtained an ESH safety bed/no TDO bed available after contacting 16 facilities in more than 6 hours, client held in ED
6. Client admitted to a private/community facility after contacting 3 units, it took more than 6 hours
7. Client admitted to a private/community facility after contacting 5 units, it took more than 12 hours, client held in ED

Southern:

1. Client admitted to a private/community facility after contacting 6 units, it took 9 hours
2. Client admitted to a private/community facility after contacting 3 units
3. Client required medical evaluation, low potassium after 8 hrs and contacting 12 units, client was return to ALF
4. This admission was more efficient than most, which go through the serving ER.

Catawba:

1. Unable to locate TDO bed after contacting six units, client released voluntary with safety plan and decline services
2. No information