Virginia Department of Behavioral Health & Developmental Services

Crisis Risk Assessment Tool

Directions: *This tool must be utilized by CSB Case Manager/Intake Coordinator at initial intake and at face-to-face visits for persons with a DD diagnosis. Scoring instructions are located at the bottom of the tool. If a person is already open and active with REACH, this does not need to be completed, although case manager should verify supports and services are being delivered according to the need.*

Individual's Name: _____   Individual's Age: _____   Date Completed: _____

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1. Within the most recent 30 days,
    a.   Has the individual experienced a change that puts them at risk for crisis or hospitalization?

    ☐ Yes   ☐ No

    b. Has the individual displayed behavior that is unusual for them, behavior that puts them at risk in the community, and/or has ongoing unstable behavior (without professional behavioral services in place)---and behavior is not directly related to a medical issue*? (*if medical issue please refer to medical practitioner)

    ☐ Yes   ☐ No

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

    ☐ Yes   ☐ No

    d. Has the individual stopped taking their prescribed psychotropic medication (against medical advice) and/or refused treatment related to unstable psychiatric and/or behavioral patterns?

    ☐ Yes   ☐ No

2. Within the most recent 90 days,
    a.   Has the individual received inpatient psychiatric treatment or been in contact with emergency services?

    ☐ Yes   ☐ No

Scoring Instructions and Outcome (check all that apply):

☐ Zero "Yes" Checked – No REACH referral needed

☐ 1 or more "Yes" checked – Risk of crisis/hospitalization, referral to REACH required within 72 hours if approved by individual/substitute decision maker

☐ Referral made to REACH on this date: _____

☐ Referral not made to REACH because:
    ☐ Person/ Substitute Decision Maker refused REACH
    ☐ Other (describe): _____

Person Completing:_____   CSB/BHA: _____