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| **CSB:** | **Date/Time of Event:** | **Confirmed or Suspected DD: Was REACH notified? Y / N** | | **If not, why?** |
| Was the regional state facility contacted: Y / N If yes, date and time?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Who at the state facility?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Check all that apply in the following sections.** | | | | |
| **ECO - Y / N**  **Was there a loss of custody for any reason during the ECO period? Y / N**  If yes, please check reason below:   * Law enforcement left person unattended. * Person escaped custody.   **Was individual located after loss of custody? Y / N**  If no, please check actions taken:   * Law enforcement attempted to locate. * ES was able to make phone contact. * ES was able to make phone contact with emergency contacts. * Current service providers notified. * Arrested. * ES attempted to make contact; either no answer or no phone contact available. * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **TDO - Y / N**  **Was there a loss of custody for any reason after TDO issued and/or executed?**   * Loss of custody after TDO issued. * Loss of custody after TDO executed.   **Reason for loss of custody.**   * Law enforcement left person unattended. * Person escaped custody. * TDO issued but not executed. * Medically admitted; law enforcement left person unattended.   **Was person located after loss of custody? Y / N**   * Law enforcement located and regained custody. * Not located. * Phone contact with emergency contacts but not with person. * Phone contact with person. * Remained with family/friends; provide referrals for outpatient services. * Left the state. * Arrested. * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Other issues/concerns (please check all that apply to this specific situation):**   * Magistrate denied TDO petition. * TDO issued after ECO expired (for any reason). * Technical issue (fax machine not working, phone lines down, etc.). * Unable to reach or significant delay reaching magistrate to seek TDO. * Law enforcement dropped off individual at state hospital w/o prior acceptance. * Late notification of ECO to ES. * Medically admitted at any point in the prescreening process. * Medical detention order obtained by physician. * TDO expired with no hearing. * Law enforcement refusing to execute TDO for any reason. * Admitted medically during ECO time period and ES not notified to conduct assessment prior to discharge from medical admission. * Arrested. * No ECO, individual left prior to ES assessment. * No ECO, individual left prior to TDO execution. * Delayed admission to state hospital. * Individual refusing medical testing/evaluation. * Individual COVID +. * Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **If TDO is executed and individual’s admission is delayed for any reason, was a bedside hearing held?** **Y / N**  **If no, why?**   * No hearing team available. * Hearing team refused to conduct hearing.   **If yes, check all that apply:**   * Law enforcement left after hearing. * Case dismissed due to no placement available at the time of hearing. * Individual remained in ED in custody regardless of commitment status. * Individual left ED. * Re-evaluated and referred to outpatient or community-based services. * Additional TDO obtained after hearing due to no immediate placement available. * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Optional Narrative:** | | | | |