

INTEGRATED CRISIS RESPONSE SYSTEM CONTACT SHEET - VOLUNTARY

DATE: _____ TIME OF DISPATCH: _____ NO DISPATCH/CONSULTATION Non-Emergent DISPATCH #: _____

Clinician: _____ Clinician #: _____ Begin Date: _____ Begin Time: _____

** These four fields must be completed for minimum data set

**Consumer Name _____ **SSN _____ - _____ - _____ **DOB: _____

Referral From: VOA (name: _____) Other: _____ **Gender F M Interpreter Needed: Yes No type: _____

Consumer Address: _____ City _____ State _____ ZIP _____

Phone Number: (_____) _____ - _____ Phone Status:
 Phone Type: 52 Work 54 VMail 56 Emer 51 Home 53 Mobile 58 Other
 11 Anytime, msg OK 12 AM Only, Msg OK 13 PM Only, Msg OK
 21 Anytime, No Msg 22 AM Only, No Msg 23 PM Only, No Msg 31 Never Call

ETHNICITY (self-reported, up to 3) <input type="checkbox"/> 010 Other White <input type="checkbox"/> 031 Asian Indian <input type="checkbox"/> 032 Native Hawaiian <input type="checkbox"/> 033 Other Pacific Islander <input type="checkbox"/> 034 Other Asian <input type="checkbox"/> 040 Black/African American	<input type="checkbox"/> 050 Other Race <input type="checkbox"/> 100 Iraqi <input type="checkbox"/> 105 Iranian <input type="checkbox"/> 108 Bosnian <input type="checkbox"/> 110 Russian/Ukrainian <input type="checkbox"/> 597 Amer Indian <input type="checkbox"/> 604 Cambodian	<input type="checkbox"/> 605 Chinese <input type="checkbox"/> 608 Filipino <input type="checkbox"/> 611 Japanese <input type="checkbox"/> 612 Korean <input type="checkbox"/> 613 Laotian <input type="checkbox"/> 618 Thai <input type="checkbox"/> 619 Vietnamese	<input type="checkbox"/> 655 Samoan <input type="checkbox"/> 660 Guamanian/Chamorro <input type="checkbox"/> 935 Eskimo <input type="checkbox"/> 941 Aleut <input type="checkbox"/> 999 Unknown	HISPANIC ORIGIN <input type="checkbox"/> 998 Not Spanish/Hispanic <input type="checkbox"/> 000 General Hispanic <input type="checkbox"/> 999 Unknown	COUNTY OF SERVICE <input type="checkbox"/> 15 Island <input type="checkbox"/> 28 San Juan <input type="checkbox"/> 29 Skagit <input type="checkbox"/> 31 Snohomish <input type="checkbox"/> 37 Whatcom
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	CPT/Act Code	Begin Time	End Time	Ttl Min This Svc	Place of Service	Program/Notes	Mult. staff this svc for safety		CPT CODES
							Yes	No	
1							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> H2011-Crisis Intervention Services <input type="checkbox"/> T1013-Sign Language/Oral Interpretation
2						<input type="checkbox"/>	<input type="checkbox"/>		
3						<input type="checkbox"/>	<input type="checkbox"/>		

INPATIENT PLACEMENT
 740 Skagit Valley Hospital
 742 St Joseph-B'ham
 655 Swedish - Edmonds
 607 Fairfax - Kirkland
 10205 - Fairfax Everett
 ?? - Fairfax Monroe
 10206 - Cascade Beh Health - Tukwila

605 Children's
 674 Northwest - Seattle
 635 Our Lady of Lourdes
 759 Navos/West Seattle Psych.
 636 Overlake

482 Kitsap E&T
 668 Yakima Valley Memorial Hospital
 657 Swedish - Seattle
 677 UW Medical Center

145 Sacred Heart - Spokane
 614 Harborview
 10054 Two Rivers Landing - Yakima
 Other: _____

REFERRAL SOURCE
 1 Community CD Provider
 2 Community MH Agency
 4 Individual Professional Staff
 5 Self
 6 Employer or Co-Worker
 7 Family for Friend
 8 Hospital ER
 9 Hospital Medical Unit
 10 Hospital Psychiatric Unit
 11 Law Enforcement Agency
 12 MH Eval & Tx Facility
 13 Residential Facility
 14 Sobering Center or Detox
 16 Other: _____
 21 Social Service Agency
 22 Probation
 23 Corrections
 24 Court
 25 School
 26 Tribe
 27 State Hospital (WSH, ESH, or CSTC)
 90 Crisis Stabilization - Whatcom
 91 Crisis Stabilization - Skagit
 92 Crisis Triage - Snohomish

PLACE OF SERVICE
 03 School
 09 Jail or Place of Detention
 11 Office
 12 Private Home
 13 Assisted Living Facility
 14 Group Home
 21 Hospital Nonpsych Inpatient
 23 Hospital ER
 31 Skilled Nursing Facility
 32 Nursing Facility
 51 Psych Facility-Inpatient
 52 Psych Facility-Partial Hosp
 53 CMHC/MH Outpatient Fac
 56 Psych residential Tx Center
 57 Sub Abuse Tx Fac Non-Res
 99 Other Place of Service

OUTCOME
 1 Ref to voluntary outpatient MH services
 2 Ref to voluntary inpatient MH services
 3 Ref to non-MH community resources
 4 Ref to Criminal Justice System
 5 Ref to ER/Emergency Medical Svcs.
 6 Ref to CD IOP
 7 Ref to CD inpatient program
 8 Ref to CD residential program
 9 No Outcome - No Action Taken
 10 Crisis Resolved - No Referral
 11 Ref to Crisis Stabilization - Whatcom
 12 Ref to Crisis Stabilization - Skagit
 13 Ref to Crisis Triage - Snohomish
 14 Ref to Another Agency for ITA
 99 Other Voluntary Outcome NEC

If outreach response time exceeded two hours, explain why: N/A

CLOSE ICRS EPISODE?
 No (skip rest)
 Yes—close date: _____

Peers Involved
 Yes No

VOA CALL DISPOSITION?
 Yes No

Who: _____

Time: _____

DIAGNOSIS
 R69 Illness, Unspecified
 Other: _____

PRIMARY INTERVENTION REASON
 1 Mainly Mental Disorder
 2 Mainly Chem Dep Disorder
 3 Co-Occurring MH & CD Disorders