



North Sound Mental Health Administration

NSMHA-CIS Data Dictionary

[Data Dictionary Home](#)
[Code Tables](#)
[Data Elements](#)
[General Notes](#)
[NSMHA SFTP](#)
[Transactions](#)

DMHP Investigation

Transaction

Transaction ID	Transaction Description	Status	Status Date
865.00	DMHP Investigation	Final	7/1/2015

Transaction Details

Key	Field ID	Field Code	Field Name	Field Description	Actions Allowed	Data Type
	101073	CV01	RCODE	Transaction ID	NN	char(6)
	030010	CV02	RACTION	Action Code	NA	char(1)
	030760	CV03	RSNID	RSN Report Unit	NN	char(3)
K	030020	CV04	RORG	Agency Reporting Unit ID	NN	varchar(5)
K	030001	CV05	RLGUID	Unique Identifier	NN	varchar(11)
	030620	CV06	PN	Master Client Number	NN	varchar(11)
	030880	RV01	ddate	Dispatch Date	NA	date
	030890	RV02	dtime	Dispatch Time	NA	time
	201303	RV03	caseno	Dispatch Case Number	NA	varchar(10)
	101059	RV04	bdate	Investigation Date	NA	date
	101061	RV05	btime	Investigation Start Time	NA	time
	101058	RV06	county	Investigation County	NA	char(2)
	030740	RV07	rights	Rights Read	NA	varchar(1)
	101060	RV08	outc	Investigation Outcome	NA	varchar(2)
	200266	RV09	dsself	Dangerous to Self	LA	varchar(1)
	200267	RV10	dothers	Dangerous to Others	LA	varchar(1)
	200268	RV11	gravely	Gravely Disabled	LA	varchar(1)
	200269	RV12	property	Dangerous to Property	LA	varchar(1)
	200271	RV13	rvkot	Revoked - Reason other than above	LA	varchar(1)
	030670	RV14	detain	Placement (Rpt Unit)	LA	char(3)
	101087	RV15	revok	Revoke Initiated	LA	varchar(2)
	200309	RV16	icrrs	Referral Source	NA	varchar(2)
	200310	RV17	icrir	Primary Intervention Reason	NA	varchar(1)

Validations

INTEGRATED CRISIS RESPONSE SYSTEM CONTACT SHEET - DMHP

DATE: 030880 TIME OF DISPATCH: 030890 DISPATCH #: 201303
 Clinician: _____ Clinician #: _____ Investigation Date: 101059 Investigation Start Time: 101061
 ** These four fields must be completed for minimum data set

**Consumer Name _____ **SSN . - **DOB: _____
 Referral From: VOA (name: _____) Other: _____ **Gender F M Interpreter Needed: No Yes 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) 050 Other Race 605 Chinese 655 Samoan
 010 Other White 100 Iraqi 608 Filipino 660 Guamanian/Chamorro
 031 Asian Indian 105 Iranian 611 Japanese 935 Eskimo
 032 Native Hawaiian 108 Bosnian 612 Korean 941 Aleut
 033 Other Pacific Islander 110 Russian/Ukrainian 613 Laotian 999 Unknown
 034 Other Asian 597 Amer Indian 618 Thai
 040 Black/African American 604 Cambodian 619 Vietnamese

HISPANIC ORIGIN
 998 Not Spanish/Hispanic
 000 General Hispanic
 999 Unknown

INVESTIGATION COUNTY 101058
 15 Island
 28 San Juan
 29 Skagit
 31 Snohomish
 37 Whatcom

	CPT/Act Code	Begin Time	End Time	Ttl Min This Svc	Place of Service	Program/Notes	Mult. staff this svc for safety		CPT CODES H2011-HW ITA Investigation (read rights) H2011-Crisis Intervention Services T1013 Sign Language/Oral Interpretation	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 Community Setting
							Yes	No		
1							<input type="checkbox"/>	<input type="checkbox"/>		
2							<input type="checkbox"/>	<input type="checkbox"/>		
3							<input type="checkbox"/>	<input type="checkbox"/>		

REFERRAL SOURCE 200309
 1 Community CD Provider
 2 Community MH Agency
 4 Individual Professional Staff
 5 Self
 6 Employer or Co-Worker
 7 Family or 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

OUTCOME 101060
 1 Detained (need Det Grnds)
 2 Ref to Vol Outpatient MH Svcs.
 3 Ref to Vol Inpatient MH Svcs.
 4 Filed Revocation Petition
 5 Petition LRA Extension
 6 Ref non-MH Comm Resources
 9 Other: _____
 90 Ref to Crisis Stabilization – Whatcom
 91 Ref to Crisis Stabilization – Skagit
 92 Ref to Crisis Triage - Snohomish
 More codes to come for ITA legislation

READ RIGHTS? 030940
 Yes No

DETENTION GROUNDS
 Danger to Self 200266
 Danger to Others 200267
 Gravely Disabled 200268
 Danger to Property 200269
 Revoked for reasons other than above 200271

Revok Initiated – Ret'd to IP
 01 DMHP determined detention during course of investigation per RCW 71.05.350(3)(a)
 02 Outpatient provider requested revocation per RCW 71.05.340(3)(b) or 71.34 for kids

101087

INPATIENT PLACEMENT 030670
 740 Affiliated Health (Skagit)
 742 St Joseph-B'ham
 058 Mukilteo E&T
 655 Swedish - Edmonds
 607 Fairfax – Kirkland
 10205-Fairfax – Everett
 Fairfax - Monroe
 638 Providence Everett
 Evergreen - Monroe
 Telecare E&T – Sedro Woolley
 482 Kitsap E&T
 431 Western State Hospital
 668 Yakima Valley Memorial Hospital
 657 Swedish – Seattle
 677 UW Medical Center
 Other: _____

DIAGNOSIS:
 R69 Illness, Unspecified
 Other: _____

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

VOA CALL DISPOSITION?
 Yes No

Who: _____
 Time: _____

PRIMARY INTERVENTION REASON 200310
 1 Mainly Mental Disorder
 2 Mainly Chem Dep Disorder
 3 Co-Occurring MH & CD Disorders

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