



# North Sound Mental Health Administration

## NSMHA-CIS Data Dictionary

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## ICRS - Voluntary

### Transaction

Transaction ID	Transaction Description	Status	Status Date
875.00	ICRS - Voluntary	Final	7/1/2015

### Transaction Details

Key	Field ID	Field Code	Field Name	Field Description	Actions Allowed	Data Type
	<a href="#">101073</a>	CV01	RCODE	Transaction ID	NN	char(6)
	<a href="#">030010</a>	CV02	RACTION	Action Code	NA	char(1)
	<a href="#">030760</a>	CV03	RSNID	RSN Report Unit	NN	char(3)
K	<a href="#">030020</a>	CV04	RORG	Agency Reporting Unit ID	NN	varchar(5)
K	<a href="#">030001</a>	CV05	RLGUID	Unique Identifier	NN	varchar(11)
	<a href="#">030620</a>	CV06	PN	Master Client Number	NN	varchar(11)
	<a href="#">030880</a>	RV01	ddate	Dispatch Date	NA	date
	<a href="#">030890</a>	RV02	dtime	Dispatch Time	NA	time
	<a href="#">201303</a>	RV03	caseno	Dispatch Case Number	NA	varchar(10)
	<a href="#">201545</a>	RV04	nodisp	Dispatch/Consultation	NA	char(1)
	<a href="#">201546</a>	RV05	noemrg	Non-Emergent	NA	char(1)
	<a href="#">201547</a>	RV06	bdate	Begin Date	NA	date
	<a href="#">201548</a>	RV07	btime	Begin Time	NA	time
	<a href="#">201549</a>	RV08	county	Service County	NA	char(2)
	<a href="#">201550</a>	RV09	outc	Crisis Outcome	NA	varchar(2)
	<a href="#">030670</a>	RV10	detain	Placement (Rpt Unit)	LA	char(3)
	<a href="#">200309</a>	RV11	icrrs	Referral Source	NA	varchar(2)
	<a href="#">200310</a>	RV12	icrir	Primary Intervention Reason	LA	varchar(1)
	<a href="#">201551</a>	RV13	prinv	Peer Involved	NA	char(1)

### Validations

Field ID	Validation	CodeTable
<a href="#">030001</a>	001 - Value Cannot Be Null	
<a href="#">030010</a>	001 - Value Cannot Be Null	
<a href="#">030020</a>	001 - Value Cannot Be Null	

**INTEGRATED CRISIS RESPONSE SYSTEM CONTACT SHEET – VOLUNTARY**

201545 201546

DATE: 030880 TIME OF DISPATCH: 030890  NO DISPATCH/CONSULTATION  Non-Emergent DISPATCH #: 201303

Clinician: \_\_\_\_\_ Clinician #: \_\_\_\_\_ Begin Date: 201547 Begin Time: 201548

\*\* 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:  11 Anytime, msg OK  12 AM Only, Msg OK  13 PM Only, Msg OK  
 14 Other \_\_\_\_\_  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

COUNTY OF SERVICE  15 Island  28 San Juan  29 Skagit  31 Snohomish  37 Whatcom  
201549

	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"/>	H2011-Crisis Intervention Services T1013-Sign Language/Oral Interpretation
2							<input type="checkbox"/>	<input type="checkbox"/>	
3							<input type="checkbox"/>	<input type="checkbox"/>	

**INPATIENT PLACEMENT** 030670  
 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** 200309  
 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** 201550  
 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** 201551  
 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  
200310