

INTEGRATED CRISIS RESPONSE SYSTEM CONTACT SHEET – DMHP

DATE: _____ TIME OF DISPATCH: _____ DISPATCH #: _____

Clinician: _____ Clinician #: _____ Investigation Date: _____ Investigation Start 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: No Yes type: _____

Consumer Address: _____ City _____ State _____ ZIP _____

Phone Number: (____) _____ - _____ Phone Status:
 Phone Type: 52 Work 54 VMail 56 Emer 51 Home 53 Mobile 11 Anytime, msg OK 12 AM Only, Msg OK 13 PM Only, Msg OK
 58 Other 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	INVESTIGATION COUNTY <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 <input type="checkbox"/> H2011-HW ITA Investigation (read rights) <input type="checkbox"/> H2011-Crisis Intervention Services <input type="checkbox"/> T1013 Sign Language/Oral Interpretation	PLACE OF SERVICE <input type="checkbox"/> 03 School <input type="checkbox"/> 09 Jail or Place of Detention <input type="checkbox"/> 11 Office <input type="checkbox"/> 12 Private Home <input type="checkbox"/> 13 Assisted Living Facility <input type="checkbox"/> 14 Group Home <input type="checkbox"/> 21 Hospital Nonpsych Inpatient <input type="checkbox"/> 23 Hospital ER <input type="checkbox"/> 31 Skilled Nursing Facility <input type="checkbox"/> 32 Nursing Facility <input type="checkbox"/> 51 Psych Facility-Inpatient <input type="checkbox"/> 52 Psych Facility-Partial Hosp <input type="checkbox"/> 53 CMHC/MH Outpatient Fac <input type="checkbox"/> 56 Psych residential Tx Center <input type="checkbox"/> 57 Sub Abuse Tx Fac Non-Res <input type="checkbox"/> 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
 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
 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?
 Yes No

DETENTION GROUNDS
 Danger to Self
 Danger to Others
 Gravely Disabled
 Danger to Property
 Revoked for reasons other than above

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

INPATIENT PLACEMENT
 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
 1 Mainly Mental Disorder
 2 Mainly Chem Dep Disorder
 3 Co-Occurring MH & CD Disorders

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