**Crisis Stabilization Services Screening Form**

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| Client Name: |  |
| Date: |  | Gender: |  | DOB: |  |
| Client Residing Locality: |  | Client Location: |  | Age: |  |

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| Caller name and type:(i.e., mother, CSB, hospital, CM, etc.) |  | CSB/ DA:If CSB, what Locality?: | CSB: 🞏 Direct Access: 🞏 |
|  Caller contact # |  | Current OPEN CSB Case: | Yes: 🞏 No: 🞏 |
| Caller email address (if appropriate): |  | CSB Prescreener Name/Person who verified Open or Not Open Case |  |

**\*Please enter the following information at the time of every phone call.\***

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| Call start: | Call end: | Reason (Inquiry/ Referral) | Decision/ Action: |
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| Youth is between ages 5-17  | **YES** | **NO** | Comment: |
| Youth is currently receiving Intensive In-Home Services. (If YES, IIH will be notified to discontinue services while residing at the CSU.) | **YES** | **NO** | Comment: |
| Is Youth actively suicidal or actively homicidal or actively psychotic? | **YES** | **NO** | Comment: |
| History of Fire-setting; Medical Fragile; Sex-Offense (victim or perpetrator)?  | **YES** | **NO** | Comment: |
| CSB is Region IV? CSB determined Out-Of-Home Placement?  | **YES** | **NO** | Comment: |
| CSB is participating in the contract for services that SJV is providing through the CSU. | **YES** | **NO** | Comment: |
| Family aware of CSU length of stay and Parental Involvement requirements? | **YES** | **NO** | Comment: |
| Does the youth have an ID/DD Diagnosis? If yes, Call REACH ASAP to discuss at 855-282-1006 (REACH CRISIS HOTLINE). | **YES** | **NO** | Name of REACH staff you collaborated with? |

***IF*** *youth is actively suicidal, actively homicidal, or actively psychotic they* ***MUST*** *be able to contract for safety at the CSU. Can youth have the means to implement suicidal/homicidal plans at CSU? IF* ***YES****, more information is needed.*

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| DA Admission decision:Time of Decision: | SSPI scheduled Yes: 🞏 No: 🞏  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CSB Admission Decision:Time of Decision: | Yes: 🞏 No: 🞏  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Reason for decision: | 🞏 Consumer refusal 🞏 Alternate placement found 🞏 Caller did not follow up after initial call 🞏 information only 🞏 Denied per criteria 🞏 Does not fit crisis criteria 🞏 Age 🞏 Suicidal 🞏 Homicidal 🞏 Psychotic 🞏 No available bed space (day/mobile offered) 🞏 Referred to CSB (open case) 🞏 Out of Region IV 🞏 AWOL risk 🞏 Referral Retracted |
| Explain rationale: |  |

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| **Presenting Needs:** *(ASK ABOUT****:***Current Medications? Mental health history? Current psychiatric crisis? Can client return home/placement?) |
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| Follow-up Decision for SSPI: (i.e., admitted, consumer refusal during SSPI, not voluntary, need acute care, etc.) |  |

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Staff Signature & Credentials Staff Printed Name & Credentials Date

**\*\*Make copy for youth’s chart, original stays in call log book\*\***