SanWITS Contact Form Instructions

REQUIRED FORM:

The Contact Form is a required document in the client's file and is needed before an intake can be created.

WHEN:

This form will be created after the Profile. A contact should be created each time a client contacts the facility until an appointment is made. There must be a Contact to be able to create an intake.

COMPLETED BY:

Authorized agency representative

REQUIRED ELEMENTS:

- For instructions on each specific field, refer to CalOMS Data Collection Guide/CalOMS Treatment Data Dictionary.

NOTE:

You might have several Contacts before you create an Intake. The Intake must be linked to the last Contact created.

IMPORTANT: The _Complete Review_ link coverts the screen into "read only". Therefore, the Contact screen should be reviewed for accuracy and "Complete Review" action should be done at the time the client is present for intake.

Some of the fields in the Contact are tied to other parts of the system. Pay special attention to the "Source of Referral" question. If the Source of referral code values 7, 10 or 12 is entered, then the Criminal Justice Status question in the admission record cannot equal 1 "No Criminal Justice Involvement". If Source of Referral contains 7, 10, or 12 and Criminal Justice Status contains 1, an error will occur and the record will be rejected.

If Source of Referral code is value 8 (AB109 clients) then the Criminal Justice Status must be a value 4, or an error will occur and the record will be rejected.

County of San Diego
Behavioral Health Services

LIVE WELL
SAN DIEGO

SanWITS Contact Screen

CONTACT	(*REQUIRED)

*Initial Contact Date (MUST BE ORIGINAL DATE CLIENT MADE CONTACT)

*Stop Date (Required if contact method= Phone, should be same date as initial contact date)

Status (Auto-populates when saved)

*Start Time (required if contact method = Phone)

*Stop Time (Required if Contact Method = Phone)

Duration (Auto-populates when saved)

Created Date (Auto-populates when saved)

*Contact Reason
☐ Routine Service
☐ Urgent
☐ Information
☐ Other

*Contact Method
☐ Electronic
☐ Phone
☐ Walk-In

If Other, Specify (Required if Contact Reason = **Other** is selected)

*Source of Referral
(Selection populates to the Intake screen and is read only; Important to review for accuracy before completing the review)

1- Individual, including self-referral
2- Alcohol/Drug Abuse Program
3- Other Health Care Provider
4- School/Educational
5- Employer/EAP
6- 12 Step Mutual Aid
7- Probation or Parole

8- Post-release Community Supervision (AB109)
9- DUI/DWI
10- Adult Felon Drug Court
11- Dependency Drug Court
12- Court/Criminal Justice Referral
13- Other Community Referral
14- Child Protective Services

*Call Taker –(Auto-populates based on staff login; can be changed to reflect actual staff name)

Requestor Name

Requestor Phone #

Location

☐ By Appointment
☐ Community Service Patrol
☐ Drop-in/Office

☐ Emergency Outreach intervention
☐ Hospital/On-call intervention
☐ Phone

☐ In home
☐ In community
☐ Other

*Contact Made By

☐ Self
☐ Family Member
☐ Justice System
☐ Other SUD Provider

☐ Primary Health Care Provider
☐ MH Provider
☐ Other

LMHA

Appointments (Required when Disposition = Made Appointment)	*** 1st Available Intake/Screening Appt**	*** 2nd Available Intake/Screening Appt**	*** 3rd Available Intake/Screening Appt**	*** 1st Accepted Intake/Screening Appt**

* Benefit Type

☐ Medi-Cal
☐ Medicare
☐ Medi-Cal/Medicare
☐ No Insurance

☐ Other/Private Insurance
☐ Tricare
☐ Veterans Admin
☐ NA (Use when No appointment is made)

Presenting Needs

*Disposition

☐ Made an Appointment
☐ No Appointment Made
☐ Declined appointment

☐ Ref Out to Another Level of Care
☐ Ref Out for Non-SUD Services
☐ Ref to Private Insurance Carrier

Unsigned Notes

*Required Field

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