Beaver County Behavior Health

Critical Incident/Early Warning Submission Form

SSN*			
First Name*			
Middle Init			
Last Name*			
Date of Birth*			
Gender*	(Male, Female)		
Race*	(Asian, Black, Biracial, Hispanic, Native American/Alaskan, Other, Pacific Islande		
MA Recipient Nr	White, Unknown)		
Associated Provider View Access			
Has a WRAP			
Has a MH Advance Directive			
Emergency Contact Name			
Emergency Contact Street Address 1			
Emergency Contact Street Address 2			
Emergency Contact City			
Emergency Contact State			
Emergency Contact Zip			
Emergency Contact Phone Nr			
Emergency Contact Email Address			
Date of Death			
Death Description			
Notes			

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Incident Date*		
Incident Type*	(* Bottom of page for Incident Types)	
Illness Subcategory (CI only)	(CRIT - MH Voluntary Admit, CRIT - MH Involuntary Admit, CRIT - MH SMH Admit, CRIT - Medical Hospitalization, CRIT - Contagious Disease) (201 Asst, 201 Not Asst, 302, 303, 304, 305, 306)	
Commitment Status (CI only)		
When type is CRIT-Overdose - Fatal (Y/N)		
Number People Impacted		
Incident Location*		
Incident Location Type*	(Community, Hospital/Provider, Residence)	
Reporting Person*		
Title of Person Reporting		
Reporting Agency*		
Reporting Phone Nr		
Housing Type*	(* Bottom of page for Housing Types)	

History Of COD

- * Incident Types: CRIT Abuse, CRIT Arrest/Police and Fire Depart Involvement, CRIT Death, CRIT Illness of an Individual, CRIT Injury, CRIT Missing Person, CRIT Neglect, CRIT Outbreak of Pandemic Disease, CRIT Overdose, CRIT Seclusion/Restraint, CRIT Serious Nature/Other, CRIT Significant Medication Error, CRIT Suicide, CRIT Suicide Attempt, EW AMA, EW Attempts At Elopement, EW Atypical Behavior Change From Baseline, EW Complaints Property Destruction/Eviction, EW Consumer Not Responding to Contact, EW E/R Visit Behavioral/Physical Health, EW Illness of an Individual, EW Inability to Locate Consumer, EW Indications For Increased Service/Supports, EW Police Involvement, EW Refusal to Take Medications Posing Risk, EW Sleep Pattern Change From Baseline, EW Unexcused Missed Appts Provider
- * Housing Types: Boarding Home, CLA Group Home, CMHPCH, Criminal Detention, CRR Apartment, CRR Group Home, CRR MISA, CRR Transitional, D&A Residential, DAS/Respite, Dom Care, EPCH, Extended Acute Care, Foster Home, Halfway House, Homeless, Jail, Living Indep, Living w/Family, Living w/Friend, LTSR, MR Supervised, Nursing Home, PCH, Perm Supp Housing, RTF, RTF-A, Specialize Residence, State Hosp PA, Supp Hous 24hr, Supp Hous Comm, Supp Housing, TRU

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Incident Desc*		
Followup Actions		