**Children’s Crisis Outreach Response System/Intensive Stabilization Services (CCORS/ISS)**

**King Behavioral Health Administrative Services Organization**

**Reporting**

Submit the following data quarterly to HCA forty-five (45) calendar days after the end of each calendar quarter. Reports are due May 15 (January-March); August 15 (April-June); November 15 (July-September) and February 15 (October-December). The report will be submitted to [hcabhaso@hca.wa.gov](mailto:hcabhaso@hca.wa.gov).

| **CCORS/ISS Report** | |
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| **Data Elements** | **Quarterly Totals** |
| Total # of clients REFERRED during this quarter |  |
| # of those referrals from Mental Health |  |
| # of those referrals from DCYF |  |
| # of those referrals which chose to enroll in ISS (regardless of referring agency) |  |
| Total # of ISS clients who were SERVED during this quarter. (Clients may have been referred this quarter or in prior months.) |  |
| Total # of ISS clients EXITED during this quarter regardless of referral date or enrollment status. |  |
| * # of those exits in which the client did NOT enroll in services, regardless of referral source. |  |
| * # of those exits in which the client was enrolled in services, regardless of referral source. |  |