



**Colorado Crisis Support Network  
Annual Team Report/Membership Renewal  
Report Year 2011**

**Team Name** \_\_\_\_\_

**Team Coordinator** \_\_\_\_\_

**Demographics**

**Team Roster – Please attach**

**Number of new Team members added** \_\_\_\_\_

**Number of Team meetings or training sessions** \_\_\_\_\_

**Number of Network meetings attended** \_\_\_\_\_

**Number of Network meeting phone or email updates  
prior to the meeting** \_\_\_\_\_

**Services**

**Number of Debriefings** \_\_\_\_\_

**Number of Defusings** \_\_\_\_\_

**Number of Education presentations** \_\_\_\_\_

**Number of "Other" interventions** \_\_\_\_\_

**Data Collection Tools submitted to the  
Network as required** Yes \_\_\_\_\_ No \_\_\_\_\_

**I verify that the identified Crisis Support Team continues to abide by the *Colorado Crisis Support Protocol and Operational Guidelines* and new team member training requirements. This Team is available 24 hours/day, is active and continues to provide the full range of crisis interventions to emergency responders and healthcare workers in our region.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Email completed form to [patricia.tritt@healthonecares.com](mailto:patricia.tritt@healthonecares.com) or fax to Patricia Tritt at 303-788-7656.