

# ODMHSAS/OHCA BEHAVIORAL HEALTH CUSTOMER DATA CORE

<b>SECTION I</b> Agency: _____ Member ID: _____		Date of Transaction (MMDDYYYY): _____ Date of Birth (MMDDYYYY): _____		Transaction Time (0000-2359): _____ Service Focus*: _____		Transaction Type:* (Contacts: 21, 27) (23, 40, 41, 42) (60,61,62,63,64,65,66,67,68,69,70,71,72)	
<b>RACE:</b> (1=Yes for all that apply; Blank = No) White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian or Other Pac. Islander <input type="checkbox"/> Asian <input type="checkbox"/> <b>SSN:</b> _____		<b>GENDER:</b> (F=Female; M=Male) <input type="checkbox"/> <b>Alert Information:</b> _____ <b>ETHNICITY:</b> Hispanic/Latino (1=Yes; 2=No) <input type="checkbox"/>		<b>SCREENING:</b> (1=Pos; 2=Neg; 3=Not Admin) Mental Health Screen <input type="checkbox"/> Substance Abuse Screen <input type="checkbox"/> Trauma Screen <input type="checkbox"/>		<b>PRIMARY REFERRAL:*</b> _____ <b>AGENCY #:</b> _____ <b>SECONDARY REFERRAL:*</b> _____ <b>AGENCY #:</b> _____ <b>COUNTY OF RESIDENCE:</b> (01-77 or Other State Initials) _____ <b>ZIP CODE:</b> (99999 for Homeless-Streets) _____	
<b>SECTION II &amp; III</b> <b>RESIDENCE:</b> A. Permanent Housing F. RC Facility/Group Home <input type="checkbox"/> B. Perm Sup Hous-Non-Cong G. Nursing Home <input type="checkbox"/> C. Perm Sup Hous-Cong H. Institutional Setting <input type="checkbox"/> D. Transitional Housing I. Homeless-Shelter <input type="checkbox"/> E. Temporary Housing J. Homeless-Streets <input type="checkbox"/> <b>Is customer in PRISON/JAIL?:</b> (If 1, Residence must=H) <input type="checkbox"/> 1. Prison 2. No 3. Jail <b>LIVING SITUATION:</b> <input type="checkbox"/> <b>CHRONIC HOMELESSNESS:</b> (1=Yes; 2=No) <input type="checkbox"/> 1. Alone 2. With Family/Relatives 3. With Non-Related Persons <b>EMPLOYMENT:</b> <input type="checkbox"/> 1. Full-time (35+ hrs.) 3. Unemployed (looking for work in last 30 days) 2. Part-time (<35 hrs.) 4. Not in Labor Force = (A-F below) <b>TYPE OF EMPLOYMENT/ Not in Labor Force:</b> <input type="checkbox"/> 1. Competitive A. Homemaker 2. Supported B. Student 3. Volunteer C. Retired 4. None D. Disabled 5. Transitional E. Inmate 6. Sheltered Workshop F. Other <b>EDUCATION:</b> (Highest Grade Completed 00-25) (00-Less Than 1 Grade Completed, GED = 12) <b>Is customer currently IN SCHOOL?:</b> (1=Yes; 2=No) <input type="checkbox"/> <b>MILITARY STATUS:</b> (1=Veteran; 2=No; 3=Active) <input type="checkbox"/> <b>MARITAL STATUS:</b> <input type="checkbox"/> 1. Never Married 3. Divorced 5. Living as Married 2. Married 4. Widowed 6. Separated <b>Is customer PREGNANT?:</b> (1=Yes; 2=No) <input type="checkbox"/> If Yes enter expected DOB, blank if No (MMDDYYYY) <b>ANNUAL INCOME:</b> \$ _____ <b>Number contributing to and/or dependent upon "Annual Income" above:</b> (01-15) <b>SSI:</b> <input type="checkbox"/> (1=Yes; 2=No) <b>SSDI:</b> <input type="checkbox"/> <b>Medicare:</b> <input type="checkbox"/> (1=Yes; 2=No) <b>Medicaid:</b> <input type="checkbox"/>		<b>LANGUAGE PROFICIENCY:</b> <b>Does customer speak English well?:</b> (1=Yes; 2=No) <input type="checkbox"/> <b>If no, what language is preferred?:</b> (1-9*) <input type="checkbox"/> <b>If language 2 or 9, then specify:</b> _____ <b>DISABILITY:</b> (01-11 or Blank) _____ <b>LEGAL STATUS:*</b> (01,03,05,07,09,12,13,15,17,20,21) _____ <b>County of Commitment:</b> (If Legal Status = 01 or 17, County of Commitment not required) <b>TOBACCO USE:</b> Times tobacco used on a typical day (00-99) _____ <b>PRESENTING PROBLEM: *</b> <b>Drugs of Choice</b> (01-21*) _____ <b>Usual Route of Administration:*</b> <input type="checkbox"/> (1-5) <input type="checkbox"/> (1-5) <input type="checkbox"/> <b>Frequency of Use in Last 30 days:*</b> <input type="checkbox"/> (1-5) <input type="checkbox"/> (1-5) <input type="checkbox"/> <b>Age First Used</b> (00-99): _____ <b>LEVEL OF CARE:</b> (CI, CL, HA, OO, SC, or SN*) _____ <b>CAR: (Mental Health)</b> (01-50) _____ Feeling Mood Thinking Substance Use Medical/Physical Family Interpersonal Role Performance Socio-Legal Self Care/Basic Needs <b>ASI: (Substance Abuse)</b> (0-9) _____ <b>TASI:*</b> (Ages 12-17) (0-4) Medical Chemical Employ/Support School Alcohol Use Emp/Sup Drug Use Family Legal Status Peer/Soc Family/Social Rel. Legal Psychiatric Status Psychiatric		<b>CURRENT LOF:</b> (GAF SCALE) (01-99*) <b>SMI:</b> (1=Yes; 2=No) <input type="checkbox"/> <b>SED:</b> (1=Yes; 2=No) <input type="checkbox"/> <b>(For customer 18 and older)</b> <b>(For customer under 18)</b> In the <u>past 30 days</u> , how many <u>times</u> has the customer been <u>arrested</u> , or since admission if less than 30 days ago? (00-99) In the <u>past 12 months</u> , how many <u>times</u> has the customer been <u>arrested</u> , or since admission if less than 12 months ago? (00-99) In the <u>past 30 days</u> , how many <u>times</u> has the customer <u>attended self-help/support groups</u> , or since admission if less than 30 days ago? (00-99) <b>FAMILY ID, DOC #, or DHS Case Number:</b> _____ <b>CLINICIAN OF RECORD (NPI):</b> _____			
<b>SECTION IV</b> <b>(Required if under 18 years old)</b> Is this customer in the <u>custody of</u> ? : (1=Yes; 2=No) <b>OJA</b> <input type="checkbox"/> <b>DHS</b> <input type="checkbox"/> In what <u>type of out-of-home placement</u> is the customer currently living? (select only one from below) <input type="checkbox"/> 1. Not in out-of-home placement 4. Foster Care 2. Residential Treatment 5. Group Home 3. Specialized Community Group Home 6. Other In the <u>past 90 days</u> , how many <u>days</u> was the customer in <u>restrictive placement</u> ? (00-90) In the <u>past 90 days</u> , on how many <u>days</u> did an <u>incident of self-harm occur</u> ? (00-90) <b>SCHOOL-AGED CHILDREN:</b> (00-66 days OR 99 for not applicable) In the <u>past 90 days</u> of the school year, how many <u>days</u> was the customer <u>absent from school</u> ? In the <u>past 90 days</u> of the school year, how many <u>days</u> was the customer <u>suspended from school</u> ? <b>CHILDREN UNDER SCHOOL AGE:</b> (00-66 days OR 99 for not applicable) In the <u>past 90 days</u> , how many <u>days</u> was the customer <u>not permitted to return to day care</u> ?							
<b>LEGAL NAME:</b> Last: _____ Maiden: _____ First: _____ Middle: _____ Suffix: _____		<b>ADDRESS:</b> (1) _____ (2) _____ <b>CITY:</b> _____ <b>STATE:</b> _____					

**TRANSACTION TYPE:** (Enter Appropriate Code)

- |   |  |
|---|--|
| 21 Pre-admission - Only Section I is to be completed with Name, & Address       | 63 Discharge/Moved                                     |
| 23 Admission - All sections required; CAR/ASI/TASI depends on age/service focus | 64 Discharge/Transferred to another treatment facility |
| 27 First Contact - Only Section I is to be completed with Name, & Address       | 65 Discharge/Incarcerated                              |
| 40 Level of Care Change   | 66 Discharge/Broke Rules                               |
| 41 Information Update - Only fields to be updated are required                  | 67 Discharge/AWOL                                      |
| 42 Treatment Extension/Outcome Update   | 68 Discharge/Death - Primary Referral 36               |
| 60 Discharge/Completed Treatment  | 69 Discharge/Failed to begin Treatment                 |
| 61 Discharge/Completed Court Treatment  | 70 Discharge/Due to Treatment Incompatibility          |
| 62 Discharge/Left Against Counselor's Advice (ACA)                              | 71 Discharge/Medical                                   |
|   | 72 Discharge/Children Related To Parent's Discharge    |

**Note: All fields will be assumed to be updated on all transaction types. Prior to 7/1/2010, only certain fields were required to be updated for different transactions. To allow agencies to receive credit for all the changes which occurred during treatment, all fields are allowed to be updated, regardless of transaction type.**

**SERVICE FOCUS:**

- |  |  |                               |                             |
|--|--|-------------------------------|-----------------------------|
| 01 - Mental Health                       | 11 - Other (R.C., Homeless/Housing Svcs) | 18 - ICC/MHC                  | 25 - To be determined       |
| 02 - Substance Abuse                     | 12 - PACT                                | 19 - Gambling                 | 26 - Mobile Crisis          |
| 03 - Drug Court                          | 13 - Co-Occurring                        | 20 - Gambling/Mental Health   | 27 - Long Term MH Inpatient |
| 06 - Mental Health and Substance Abuse   | 14 - SOC (Systems of Care)               | 21 - Gambling/Substance Abuse | 30 - Non-DMHSAS/OHCA funded |
| 09 - Special Populations Treatment Units | 15 - MH Court                            | 22 - RICCT Team Mental Health |                             |
|  | 16 - ICC                                 | 23 - Day School               |                             |
|  | 17 - MH Court/PACT                       | 24 - Medication Clinic Only   |                             |

**REFERRAL:** (Primary and Secondary)

- |                                 |   |  |
|---------------------------------|---|--|
| 01 Self                         | 22 Social Security  | 39 Change in Pay Source (to/from public funding)         |
| 02 Significant Other            | 23 Attorney/Legal Aid                                       | 40 ODMHSAS/OHCA Funded Facility (With Agency Number)     |
| 03 School                       | 25 Law Enforcement  | 41 Non-ODMHSAS/OHCA funded Psychiatric Hospital          |
| 04 Church/Clergy                | 26 Reachout Hot-Line/ Advertising Media                     | 42 Non-ODMHSAS/OHCA funded Mental Health Center          |
| 05 Group Home                   | 28 Referral Due to Unscheduled Discharge for 62 and 67      | 43 Non-ODMHSAS/OHCA funded Community Agency              |
| 06 Employer, Union              | 30 Shelter for Homeless                                     | 44 Non-ODMHSAS/OHCA funded Residential Care Home         |
| 08 Non-Psychiatric Hospital     | 31 Additional Services Recommended, Referral not Attainable | 45 Non-ODMHSAS/OHCA funded Alcohol/Drug Program          |
| 09 VA System                    | 32 Court  | 46 Non-ODMHSAS/OHCA funded Domestic Violence Facility    |
| 10 Indian Health Service        | 33 Probation  | 47 Non-ODMHSAS/OHCA funded Crisis/Stabilization Facility |
| 11 Department of Health         | 34 Parole   | 48 Office of Juvenile Affairs                            |
| 12 Department of Corrections    | 35 Department of Public Safety                              | 49 TANF/Child Welfare                                    |
| 14 Department of Human Services | 36 Active Client-Died (Used with 68-Discharge only)         | 50 Change in Eligibility Standards                       |
| 18 Nursing Home                 | 37 Private Physician  | 51 Self Help Group (AA/NA/CA)                            |
| 21 Private Psychiatrist/MH Prof | 38 HMO/MCO  | 52 Parent/Guardian                                       |

**LANGUAGE**

- 1 - Spanish      3 - German      5 - Vietnamese      7 - Slavic (Russian, Polish, etc.)      9 - Other (specify)

**PROFICIENCY:**

- 2 - Native North American (specify)      4 - French      6 - Chinese      8 - Sign Language

**LEGAL STATUS:**

- |                           |  |                                    |   |
|---------------------------|--|------------------------------------|---|
| 01 - Voluntary Admission* | 05 - Not Guilty by Reason of Insanity (NGRI) | 12 - Emergency Detention           | 17 - Protective Custody* (Co. Not Required)*  |
| 03 - Civil Commitment     | 09 - Court Order for Observation/Evaluation  | 13 - Continued Emergency Detention | 20 - Criminal Hold (CR-H) - OFC Only          |
|                           |  | 15 - Court Referred                | 21 - Court Commit with Hold (CC-H) - OFC Only |

**PRESENTING PROBLEM:**

- 100 Other-Non-Behavioral Health Problem

**Physical**

- 110 Speech/Hearing  
120 Physical  
130 Medical/Somatic

**Development Inadequacies**

- 210 Intellectual  
220 Emotional  
230 Social  
240 Physical

**Abuse Victim**

- 311 Sexual Incest-Received Medical Treatment  
312 Sexual Incest-No Medical Treatment  
314 History of Sexual Incest  
321 Exploitation/Neglect-Received Medical Treatment  
322 Exploitation/Neglect-No Medical Treatment  
331 Psychological-Received Medical Treatment  
332 Psychological-No Medical Treatment  
341 Physical-Received Medical Treatment  
342 Physical-No Medical Treatment  
344 History of Physical Abuse  
351 Family/Dependent of Abuse Victim-Received Medical Treatment  
352 Family/Dependent of Abuse Victim-No Medical Treatment  
361 Sexual Assault by Stranger-Received Medical Treatment  
362 Sexual Assault by Stranger-No Medical Treatment  
364 History of Sexual Abuse

- 371 Sexual Assault by Acquaintance/Intimate Partner with Medical Treatment  
372 Sexual Assault by Acquaintance/Intimate Partner without Medical Treatment

**Social Relations Disturbance**

- 410 With Family Members  
420 Outside Immediate Family

**Social Performance Deficit**

- 450 Social Performance Deficit

**Emotional Maladjustment/Disturbance**

- 500 Emotional Maladjustment/Disturbance  
501 Depression  
502 Anxiety/Panic  
503 Eating Disorder

**Thought Disorder/Disturbance**

- 510 Perceptual Problems  
520 Disorientation  
530 Other Psychotic Symptoms

**Behavioral Disturbance**

- 610 Homicidal  
620 Assaultive  
621 Domestic Abuse Perpetrator  
630 Other  
631 Involvement with Criminal Justice System  
632 Runaway Behavior  
633 Attention Deficit/Hyperactivity Disorder  
634 Oppositional Defiant Disorder  
635 Posttraumatic Stress Disorder

**Suicidal/Self-Abusive**

- 650 Suicidal/Self-Abusive

**Substance Abuse Related Problems**

- 710 Alcohol Abuse  
711 Alcohol Dependency  
720 Drug/Other Abuse  
721 Drug/Other Dependency  
730 Abuse of Both Alcohol & Drug(s)  
731 Dependency on Both Alcohol & Drug(s)  
741 At Risk for Relapse (Alcohol)  
742 At Risk for Relapse (Drugs)  
743 At Risk for Relapse (Both)  
745 Dependent Child of an Alcohol Abuse Client  
746 Dependent Child of a Drug Abuse Client  
747 Dependent Child of Both Alcohol/Drug Abuse Client  
748 Co-Dependent of an Alcohol Abuse Client  
749 Co-Dependent of a Drug Abuse Client  
750 Co-Dependent of Both Alcohol/Drug Abuse Client  
751 Family Member or Significant Other of a SA Client

**Gambling**

- 760 Pathological Gambling  
761 Problem Gambling  
762 Relative of person with Problem Gambling

**DISABILITY INDICATORS:**

- 01 None  
02 Semi-Ambulatory  
03 Non-Ambulatory  
04 Severe Sight Disability  
05 Blind  
06 Organic Based Communication Disability  
07 Chronic Health Problem  
08 Mental Retardation/Developmental Disability  
09 Hard of Hearing  
10 Deaf  
11 Interpreter for the Deaf (Must 09 or 10)

**DRUGS OF CHOICE:**

- |                               |                              |                     |                     |
|-------------------------------|------------------------------|---------------------|---------------------|
| 01 None                       | 06 Barbiturates              | 12 Inhalants        | 18 Methamphetamine  |
| 02 Alcohol                    | 07 Other Sedatives/Hypnotics | 13 Over-the-Counter | 19 Benzodiazepine   |
| 03 Heroin                     | 08 Amphetamines              | 14 Tranquilizers    | 20 Other Stimulants |
| 04 Non-RX Methadone           | 09 Cocaine                   | 15 PCP              | 21 Club Drug        |
| 05 Other Opiates & Synthetics | 10 Marijuana/Hashish         | 16 Other            |                     |
|                               | 11 Other Hallucinogens       | 17 Unknown          |                     |

**USUAL ROUTE OF ADMINISTRATION:** 1 - Oral    2 - Smoking    3 - Inhalation    4 - Injection    5 - Other

**FREQUENCY OF USE:** 1 - No Past Month Use    2 - 1-3 Times/Month    3 - 1-2 Times/Week    4 - 3-6 Times/Week    5 - Daily

**LEVEL OF CARE:** CI - Residential Treatment    CL - Community Living/Halfway House/ResCare    HA - Inpatient  
OO - Outpatient    SC - Community-Based Structured Crisis    SN - Detox