ODMHSAS/OHCA BEHAVIORAL HEALTH CUSTOMER DATA CORE Military Time (0000-2359): Transaction Type:* Date of Transaction (MMDDYYYY): Agency: (Contacts: 21, 25, 27) SECTION I (23, 40, 41, 42) Service Focus (01-22*): (60,61,62,63,64,65,66,67,68,69,70,71,72 Member ID: Date of Birth (MMDDYYYY): PRIMARY REFERRAL:* AGENCY #: RACE: (1=Yes for all that apply; Blank = No) SCREENING: GENDER: F=Female/M=Male American Indian (1=Pos; 2=Neg; 3=Not Admin) Black/African American Alert Information: (50 Characters) AGENCY #: SECONDARY REFERRAL:* Native Hawaiian or Other Pac. Islander Asian Mental Health SSN: COUNTY OF RESIDENCE: (01-77 or Other State Initials) Substance Abuse ETHNICITY: (1=Yes; 2=No) ZIP CODE: (99999 for Homeless-Streets) Trauma Hispanic/Latino SECTION II LANGUAGE PROFICIENCY: **CURRENT LOF: (GAF SCALE)** (01-99*)RESIDENCE: Does customer speak English well?: (1=Yes; 2=No) F. RC Facility/Group Home A. Permanent Housing SMI: (1=Yes; 2=No) SED: (1=Yes; 2=No) B. Perm Sup Hous-Non-Cong G. Nursing Home If no, what language is preferred?: (1-9*) H. Institutional Setting (For customer 18 and older) (For customer under 18) C. Perm Sup Hous-Cong If language 2 or 9, then specify: D. Transitional Housing I. Homeless-Shelter In the past 30 days, how many times has the customer been arrested, J. Homeless-Streets E. Temporary Housing DISABILITY: (01-11 or Blank) or since admission if less than 30 days ago? (00-99) Is customer in PRISON/JAIL?:(If 1. Residence must=H) **LEGAL STATUS:* County of Commitment:** In the past 12 months, how many times has the customer been 1. Prison 2. No Jail (If L.S. = 01 or 15, CoC not required) arrested, or since admission if less than 12 months ago? (00-99) (01,03,05,07,09,12,13,15,17,20,21 LIVING SITUATION: CHRONIC TOBACCO USE: Number of days tobacco used in the past 30 days In the past 30 days, how many times has the customer attended 1. Alone (If 1 or 3 Above) HOMELESSNESS: self-help/support groups, or since admission if less than 30 days 2. With Family/Relatives (1=Yes; 2=No) Primary Secondary Tertiary 3. With Non-Related Persons PRESENTING PROBLEM: * EMPLOYMENT: FAMILY ID. Drug Court. 1. Full-time (35+ hrs.) 3. Unemployed (looking for work in last 30 days) DOC #, or DHS Case Number: Drugs of Choice (01-21*) 2. Part-time (<35 hrs.) 4. Not in Labor Force = (A-F Below) CLINICIAN OF RECORD (NPI): Usual Route of Administration:* (1-5)(1-5)TYPE OF EMPLOYMENT/ Not in Labor Force: SECTION III 1. Competitive 4. None A. Homemaker D. Disabled Frequency of Use in Last 30 days:* (1-5)(1-5)(Required if under 18 years old) 2. Supported 5. Transitional B. Student E. Inmate 3. Volunteer 6. Sheltered Workshop C. Retired F. Other Age First Used (00-99): Is this customer in the custody of ?: (1=Yes; 2=No) **EDUCATION:** (Highest Grade Completed 00-25) NOTE: OJA If CAR:Substance Use is scored 30 (00-Less Than 1 Grade Completed, GED = 12) LEVEL OF CARE: or above, the customer should be In what type of out-of-home placement is the customer living? (CI, CL, HA, OO, SC, or SN*) referred for a substance abuse Is customer currently IN SCHOOL?: (1=Yes: 2=No) (select only one from below) assessment. NOTE: 1. Not in restrictive placement If ASI/TASI:Psychiatric Status is scored 4 or CAR: (Mental Health)(01-50) 2. Residential Treatment 5. Group Home above, the customer should be referred for a MILITARY STATUS: (1=Veteran; 2=No; 3=Active) mental health assessment 3. Specialized Community Group Home 6. Other Feeling Mood TASI: Thinking ASI: (SA) (Adult(0-9) In the past 90 days, how many days was the customer **MARITAL STATUS:** (Ages 12-17) (0-4) in restrictive placement? (00-90) 1. Never Married 3. Divorced 5. Living as Married 2. Married 4. Widowed 6. Separated Medical Substance Use Chemical In the past 90 days, on how many days did an incident of self-harm occur? Is customer PREGNANT?: (1=Yes: 2=No) Medical/Physical School Employ/Support (If Yes enter expected DOB, blank if No) SCHOOL-AGED CHILDREN: (00-66 days OR 99 for not applicable) (MMDDYYYY) Alcohol Use Emp/Sup Family In the past 90 days of the school year, how many days was the customer absent from school? Interpersonal Drug Use ANNUAL INCOME: Family In the past 90 days of the school year, how many days Number contributing to and/or dependent upon Legal Status Peer/Soc Role Performance was the customer suspended from school? "AnnualIncome" above: (01-15) Socio-Legal (1=Yes; 2=No) Family/Social Rel. Legal SSI: SSDI: CHILDREN UNDER SCHOOL AGE: (00-66 days OR 99 for not applicable) In the past 90 days, how many days was the customer Self Care **Psychiatric Status Psychiatric** not permitted to return to day care? Medicare: (1=Yes: 2=No) Medicaid: Basic Needs LEGAL NAME: Last: Maiden: First: Middle: Suffix: STATE: ADDRESS: (1) (2) CITY: