

ODMHSAS/OHCA BEHAVIORAL HEALTH CUSTOMER DATA CORE

SECTION I Agency: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Member ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Date of Transaction (MMDDYYYY): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date of Birth (MMDDYYYY): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Transaction Time (0000-2359): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Service Focus*: <input type="text"/> <input type="text"/>		Transaction Type:* (Contacts: 21, 27) (23, 40, 41, 42) (60,61,62,63,64,65,66,67,68,69,70,71,72)	
RACE: (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"/> SSN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ETHNICITY: Hispanic/Latino <input type="checkbox"/> (1=Yes; 2=No)		GENDER: (F=Female; M=Male) <input type="checkbox"/> Alert Information: _____		SCREENING: (1=Pos; 2=Neg; 3=Not Admin) Mental Health Screen <input type="checkbox"/> Substance Abuse Screen <input type="checkbox"/> Trauma Screen <input type="checkbox"/>		PRIMARY REFERRAL:* <input type="text"/> <input type="text"/> AGENCY #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SECONDARY REFERRAL:* <input type="text"/> <input type="text"/> AGENCY #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COUNTY OF RESIDENCE: (01-77 or Other State Initials) <input type="text"/> <input type="text"/> ZIP CODE: (99999 for Homeless-Streets) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
SECTION II RESIDENCE: A. Permanent Housing B. Perm Sup Hous-Non-Cong C. Perm Sup Hous-Cong D. Transitional Housing E. Temporary Housing F. RC Facility/Group Home G. Nursing Home H. Institutional Setting I. Homeless-Shelter J. Homeless-Streets Is customer in PRISON/JAIL?: (If 1, Residence must=H) 1. Prison 2. No 3. Jail LIVING SITUATION: <input type="checkbox"/> 1. Alone 2. With Family/Relatives 3. With Non-Related Persons CHRONIC HOMELESSNESS: (1=Yes; 2=No) <input type="checkbox"/> EMPLOYMENT: <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) TYPE OF EMPLOYMENT/ Not in Labor Force: <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 EDUCATION: (Highest Grade Completed 00-25) (00-Less Than 1 Grade Completed, GED = 12) Is customer currently IN SCHOOL?: (1=Yes; 2=No) MILITARY STATUS: (1=Veteran; 2=No; 3=Active) MARITAL STATUS: <input type="checkbox"/> 1. Never Married 3. Divorced 5. Living as Married 2. Married 4. Widowed 6. Separated Is customer PREGNANT?: (1=Yes; 2=No) If Yes enter expected DOB, blank if No (MMDDYYYY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ANNUAL INCOME: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Number contributing to and/or dependent upon "Annual Income" above: (01-15) <input type="text"/> <input type="text"/> SSI: <input type="checkbox"/> (1=Yes; 2=No) SSDI: <input type="checkbox"/> Medicare: <input type="checkbox"/> (1=Yes; 2=No) Medicaid: <input type="checkbox"/>		LANGUAGE PROFICIENCY: Does customer speak English well?: (1=Yes; 2=No) <input type="checkbox"/> If no, what language is preferred?: (1-9*) <input type="text"/> If language 2 or 9, then specify: _____ DISABILITY: (01-11 or Blank) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LEGAL STATUS:* <input type="text"/> <input type="text"/> County of Commitment: <input type="text"/> <input type="text"/> (01,03,05,07,09,12,13,15,17,20,21) (If Legal Status = 01 or 17, County of Commitment not required) TOBACCO USE: Times tobacco used on a typical day (00-99) <input type="text"/> <input type="text"/> PRESENTING PROBLEM: * Drugs of Choice (01-21*) Usual Route of Administration:* <input type="text"/> (1-5) <input type="text"/> (1-5) Frequency of Use in Last 30 days:* <input type="text"/> (1-5) <input type="text"/> (1-5) Age First Used (00-99): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LEVEL OF CARE: (CI, CL, HA, OO, SC, or SN*) <input type="text"/> <input type="text"/> CAR: (Mental Health) (01-50) Feeling Mood Thinking Substance Use Medical/Physical Family Interpersonal Role Performance Socio-Legal Self Care/Basic Needs ASI: (Substance Abuse) (0-9) Medical Employ/Support Alcohol Use Drug Use Legal Status Family/Social Rel. Psychiatric Status		CURRENT LOF: (GAF SCALE) (01-99*) <input type="text"/> <input type="text"/> SMI: (1=Yes; 2=No) <input type="checkbox"/> SED: (1=Yes; 2=No) <input type="checkbox"/> (For customer 18 and older) (For customer under 18) 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) <input type="text"/> <input type="text"/> 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) <input type="text"/> <input type="text"/> 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) <input type="text"/> <input type="text"/> FAMILY ID, DOC #, or DHS Case Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CLINICIAN OF RECORD (NPI): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
SECTION III (Required if under 18 years old) Is this customer in the <u>custody of</u> ?: (1=Yes; 2=No) OJA <input type="checkbox"/> DHS <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 2. Residential Treatment 3. Specialized Community Group Home 4. Foster Care 5. 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) <input type="text"/> <input type="text"/> In the <u>past 90 days</u> , on how many <u>days</u> did an <u>incident of self-harm occur</u> ? (00-90) <input type="text"/> <input type="text"/> SCHOOL-AGED CHILDREN: (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> ? <input type="text"/> <input type="text"/> In the <u>past 90 days</u> of the school year, how many <u>days</u> was the customer <u>suspended from school</u> ? <input type="text"/> <input type="text"/> CHILDREN UNDER SCHOOL AGE: (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> ? <input type="text"/> <input type="text"/>							
LEGAL NAME: Last: _____ Maiden: _____ First: _____ Middle: _____ Suffix: _____ ADDRESS: (1) _____ (2) _____ CITY: _____ STATE: _____							

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 |