

ODMHSAS/OHCA BEHAVIORAL HEALTH CUSTOMER DATA CORE

SECTION I		Agency: <input type="text"/>	Date of Transaction (MMDDYYYY): <input type="text"/>	Military Time (0000-2359): <input type="text"/>	Transaction Type:* <input type="text"/> <small>(Contacts: 21, 25, 27) (23, 40, 41, 42) (60,61,62,63,64,65,66,67,68,69,70,71,72)</small>
Member ID: <input type="text"/>		Date of Birth (MMDDYYYY): <input type="text"/>	Service Focus (01-22*): <input type="text"/>		
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"/>		GENDER: (F=Female; M=Male) <input type="checkbox"/>	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"/> AGENCY #: <input type="text"/> SECONDARY REFERRAL:* <input type="text"/> AGENCY #: <input type="text"/> COUNTY OF RESIDENCE: (01-77 or Other State Initials) <input type="text"/> ZIP CODE: (99999 for Homeless-Streets) <input type="text"/>	
SSN: <input type="text"/> ETHNICITY: (1=Yes; 2=No) Hispanic/Latino <input type="checkbox"/>		Alert Information: <input type="text"/>			
SECTION II RESIDENCE: A. Permanent Housing <input type="checkbox"/> F. RC Facility/Group Home <input type="checkbox"/> B. Perm Sup Hous-Non-Cong <input type="checkbox"/> G. Nursing Home <input type="checkbox"/> C. Perm Sup Hous-Cong <input type="checkbox"/> H. Institutional Setting <input type="checkbox"/> D. Transitional Housing <input type="checkbox"/> I. Homeless-Shelter <input type="checkbox"/> E. Temporary Housing <input type="checkbox"/> J. Homeless-Streets <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: <input type="text"/> DISABILITY: (01-11 or Blank) <input type="text"/>	CURRENT LOF: (GAF SCALE) (01-99*) <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"/> 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"/> 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"/>		
Is customer in PRISON/JAIL?: (If 1, Residence must=H) 1. Prison 2. No 3. Jail <input type="checkbox"/>		LEGAL STATUS:* <input type="text"/> County of Commitment: <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)			
LIVING SITUATION: <input type="checkbox"/> CHRONIC HOMELESSNESS: <input type="checkbox"/> 1. Alone 2. With Family/Relatives 3. With Non-Related Persons (1=Yes; 2=No)		TOBACCO USE: Number of <u>days</u> tobacco used in the <u>past 30 days</u> <input type="text"/>	FAMILY ID, Drug Court, DOC #, or DHS Case Number: <input type="text"/> CLINICIAN OF RECORD (NPI): <input type="text"/>		
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)		PRESENTING PROBLEM: * Drugs of Choice (01-21*) <input type="text"/> Usual Route of Administration:* <input type="text"/> (1-5) <input type="text"/> (1-5) <input type="text"/> Frequency of Use in Last 30 days:* <input type="text"/> (1-5) <input type="text"/> (1-5) <input type="text"/> Age First Used (00-99): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
TYPE OF EMPLOYMENT/ Not in Labor Force: <input type="checkbox"/> 1. Competitive 2. Supported 3. Volunteer 4. None 5. Transitional 6. Sheltered Workshop A. Homemaker B. Student C. Retired D. Disabled E. Inmate F. Other		LEVEL OF CARE: (CI, CL, HA, OO, SC, or SN*) <input type="text"/>			
EDUCATION: (Highest Grade Completed 00-25) (00-Less Than 1 Grade Completed, GED = 12) <input type="text"/>		CAR: (Mental Health) (01-50) Feeling Mood <input type="text"/> Thinking <input type="text"/> Substance Use <input type="text"/> Medical/Physical <input type="text"/> Family <input type="text"/> Interpersonal <input type="text"/> Role Performance <input type="text"/> Socio-Legal <input type="text"/> Self Care/Basic Needs <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="text"/> 1. Not in out-of-home placement 2. Residential Treatment 3. Specialized Community Group Home 4. Foster Care 5. Group Home 6. Other		
Is customer currently IN SCHOOL?: (1=Yes; 2=No) <input type="checkbox"/>		ASI: (Substance Abuse) (0-9) Medical <input type="text"/> Employ/Support <input type="text"/> Alcohol Use <input type="text"/> Drug Use <input type="text"/> Legal Status <input type="text"/> Family/Social Rel. <input type="text"/> Psychiatric Status <input type="text"/>	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"/> 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"/> 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"/> 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"/> 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"/>		
MILITARY STATUS: (1=Veteran; 2=No; 3=Active) <input type="checkbox"/>		TASI:* (Ages 12-17) (0-4) Chemical <input type="text"/> School <input type="text"/> Emp/Sup <input type="text"/> Family <input type="text"/> Peer/Soc <input type="text"/> Legal <input type="text"/> Psychiatric <input type="text"/>			
MARITAL STATUS: <input type="checkbox"/> 1. Never Married 3. Divorced 5. Living as Married 2. Married 4. Widowed 6. Separated		NOTE: If CAR: Substance Use is scored 30 or above, the customer should be referred for a substance abuse assessment. If ASI/TASI: Psychiatric Status is scored 4 or above, the customer should be referred for a mental health assessment.			
Is customer PREGNANT?: (1=Yes; 2=No) <input type="checkbox"/> If Yes enter expected DOB, blank if No (MMDDYYYY) <input type="text"/>		ANNUAL INCOME: \$ <input type="text"/>			
Number contributing to and/or dependent upon "Annual Income" above: (01-15) <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"/>			
LEGAL NAME: Last: <input type="text"/> Maiden: <input type="text"/> First: <input type="text"/> Middle: <input type="text"/> Suffix: <input type="text"/>					
ADDRESS: (1) <input type="text"/> (2) <input type="text"/> CITY: <input type="text"/> STATE: <input type="text"/>					

TRANSACTION TYPE: (Enter Appropriate Code)

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|--|--|
| 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 | 64 Discharge/Transferred to another treatment facility |
| 25 Family Support Contact - Section I, Family Identifier, Address are required | 65 Discharge/Incarcerated |
| 27 First Contact - Only Section I is to be completed with Name, & Address | 66 Discharge/Broke Rules |
| 40 Level of Care Change | 67 Discharge/AWOL |
| 41 Information Update - Only fields to be updated are required | 68 Discharge/Death - Primary Referral 36 |
| 42 Six Month Update | 69 Discharge/Failed to begin Treatment |
| 60 Discharge/Completed Treatment | 70 Discharge/Due to Treatment Incompatibility |
| 61 Discharge/Completed Court Treatment | 71 Discharge/Medical |
| 62 Discharge/Left ACA/90 Days | 72 Discharge/Children Related To Parent's Discharge |

Note: All fields will be assumed to be updated on all transaction types. Prior to 12/1/2009, 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:

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

REFERRAL: (Primary and Secondary)

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|---------------------------------|---|--|
| 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:

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| 05 - Not Guilty by Reason of Insanity (NGRI) | 12 - Emergency Detention | 17 - Protective Custody* (Co. Not Required)* |
| 01 - Voluntary Admission* | 07 - Juvenile Court Order | 13 - Continued Emergency Detention |
| 03 - Civil Commitment | 09 - Court Order for Observation/Evaluation | 15 - Court Referred |
| | | 20 - Criminal Hold (CR-H) - OFC Only |
| | | 21 - Court Commit with Hold (CC-H) - OFC Only |

PRESENTING PROBLEM: (Primary, Secondary, and Tertiary)

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|---|---|---|
| 000 Other-Non-Mental Health Problem | 371 Sexual Assault by Acquaintance/Intimate Partner with Medical Treatment | Substance Abuse Related Problems |
| Physical | 372 Sexual Assault by Acquaintance/Intimate Partner without Medical Treatment | 710 Alcohol Abuse |
| 110 Speech/Hearing | | 711 Alcohol Dependency |
| 120 Physical | | 720 Drug/Other Abuse |
| 130 Medical/Somatic | | 721 Drug/Other Dependency |
| Development Inadequacies | Social Relations Disturbance | 730 Abuse of Both Alcohol & Drug(s) |
| 210 Intellectual | 410 With Family Members | 731 Dependency on Both Alcohol & Drug(s) |
| 220 Emotional | 420 Outside Immediate Family | 741 At Risk for Relapse (Alcohol) |
| 230 Social | Social Performance Deficit | 742 At Risk for Relapse (Drugs) |
| 240 Physical | 450 Social Performance Deficit | 743 At Risk for Relapse (Both) |
| Abuse Victim | Emotional Maladjustment/Disturbance | 745 Dependent Child of an Alcohol Abuse Client |
| 311 Sexual Incest-Received Medical Treatment | 500 Emotional Maladjustment/Disturbance | 746 Dependent Child of a Drug Abuse Client |
| 312 Sexual Incest-No Medical Treatment | 501 Depression | 747 Dependent Child of Both Alcohol/Drug Abuse Client |
| 314 History of Sexual Incest | 502 Anxiety/Panic | 748 Co-Dependent of an Alcohol Abuse Client |
| 321 Exploitation/Neglect-Received Medical Treatment | 503 Eating Disorder | 749 Co-Dependent of a Drug Abuse Client |
| 322 Exploitation/Neglect-No Medical Treatment | Thought Disorder/Disturbance | 750 Co-Dependent of Both Alcohol/Drug Abuse Client |
| 331 Psychological-Received Medical Treatment | 510 Perceptual Problems | 751 Family Member or Significant Other of a SA Client |
| 332 Psychological-No Medical Treatment | 520 Disorientation | |
| 341 Physical-Received Medical Treatment | 530 Other Psychotic Symptoms | Gambling |
| 342 Physical-No Medical Treatment | Behavioral Disturbance | 760 Pathological Gambling |
| 344 History of Physical Abuse | 610 Homicidal | 761 Problem Gambling |
| 351 Family/Dependent of Abuse Victim-Received Medical Treatment | 620 Assaultive | 762 Relative of person with Problem Gambling |
| 352 Family/Dependent of Abuse Victim-No Medical Treatment | 621 Domestic Abuse Perpetrator | |
| 361 Sexual Assault by Stranger-Received Medical Treatment | 630 Other | DISABILITY INDICATORS: |
| 362 Sexual Assault by Stranger-No Medical Treatment | 631 Involvement with Criminal Justice System | 01 None |
| 364 History of Sexual Abuse | 632 Runaway Behavior | 02 Semi-Ambulatory |
| | Suicidal/Self-Abusive | 03 Non-Ambulatory |
| | 650 Suicidal/Self-Abusive | 04 Severe Sight Disability |
| | | 05 Blind |
| | | 06 Organic Based Communication Disability |
| | | 07 Chronic Health Problem |
| | | 08 Mental Retardation/Developmental Disability |
| | | 09 Hard of Hearing (Must have 11 too) |
| | | 10 Deaf (Must have 11 too) |
| | | 11 Interpreter for the Deaf |

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 Tranquillizers | 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