

ODMHSAS/OHCA BEHAVIORAL HEALTH CUSTOMER DATA CORE

SECTION I		Agency: <input type="text"/>	Date of Transaction (MMDDYYYY): <input type="text"/>	Transaction Time (0000-2359): <input type="text"/>	Transaction Type:* <input type="text"/> <input checked="" type="checkbox"/>
Member ID: <input type="text"/>		Date of Birth (MMDDYYYY): <input type="text"/>	Service Focus*: <input type="text"/>		(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"/>		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: Hispanic/Latino (1=Yes; 2=No) <input type="checkbox"/>		Alert Information: _____			
SECTION II RESIDENCE: A. Permanent Housing F. RC Facility/Group Home <input checked="" 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"/>		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: _____		CURRENT LOF: (GAF SCALE) (01-99*) <input type="text"/> SMI: (1=Yes; 2=No) <input type="checkbox"/> (For customer 18 and older) <input type="checkbox"/> 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"/>		DISABILITY: (01-11 or Blank) <input type="text"/>			
LIVING SITUATION: <input type="checkbox"/> 1. Alone 2. With Family/Relatives 3. With Non-Related Persons		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)		FAMILY ID, DOC #, or DHS Case Number: <input type="text"/> CLINICIAN OF RECORD (NPI): <input type="text"/>	
CHRONIC HOMELESSNESS: (1=Yes; 2=No) <input type="checkbox"/>		TOBACCO USE: Times tobacco used on a typical day (00-99) <input type="text"/>			
EMPLOYMENT: 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"/>			
TYPE OF EMPLOYMENT/ Not in Labor Force: 1. Competitive A. Homemaker <input checked="" type="checkbox"/> 2. Supported B. Student <input type="checkbox"/> 3. Volunteer C. Retired <input type="checkbox"/> 4. None D. Disabled <input type="checkbox"/> 5. Transitional E. Inmate <input type="checkbox"/> 6. Sheltered Workshop F. Other <input type="checkbox"/>		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"/>		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 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"/>			
MILITARY STATUS: (1=Veteran; 2=No; 3=Active) <input type="checkbox"/>					
MARITAL STATUS: 1. Never Married 3. Divorced 5. Living as Married 2. Married 4. Widowed 6. Separated					
Is customer PREGNANT?: (1=Yes; 2=No) <input checked="" 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: _____ Maiden: _____ First: _____ Middle: _____ Suffix: _____					
ADDRESS: (1) <input type="text"/> (2) <input type="text"/> CITY: <input type="text"/> STATE: <input type="text"/>					

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:

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|--|--|-------------------------------|-----------------------------|
| 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 | 07 - Juvenile Court Order | 13 - Continued Emergency Detention | 20 - Criminal Hold (CR-H) - OFC Only |
| | 09 - Court Order for Observation/Evaluation | 15 - Court Referred | 21 - Court Commit with Hold (CC-H) - OFC Only |

PRESENTING PROBLEM:

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|---|---|---|
| 100 Other-Non-Behavioral Health Problem | 371 Sexual Assault by Acquaintance/Intimate Partner with Medical Treatment | Suicidal/Self-Abusive |
| Physical | 372 Sexual Assault by Acquaintance/Intimate Partner without Medical Treatment | 650 Suicidal/Self-Abusive |
| 110 Speech/Hearing | Social Relations Disturbance | Substance Abuse Related Problems |
| 120 Physical | 410 With Family Members | 710 Alcohol Abuse |
| 130 Medical/Somatic | 420 Outside Immediate Family | 711 Alcohol Dependency |
| Development Inadequacies | Social Performance Deficit | 720 Drug/Other Abuse |
| 210 Intellectual | 450 Social Performance Deficit | 721 Drug/Other Dependency |
| 220 Emotional | Emotional Maladjustment/Disturbance | 730 Abuse of Both Alcohol & Drug(s) |
| 230 Social | 500 Emotional Maladjustment/Disturbance | 731 Dependency on Both Alcohol & Drug(s) |
| 240 Physical | 501 Depression | 741 At Risk for Relapse (Alcohol) |
| Abuse Victim | 502 Anxiety/Panic | 742 At Risk for Relapse (Drugs) |
| 311 Sexual Incest-Received Medical Treatment | 503 Eating Disorder | 743 At Risk for Relapse (Both) |
| 312 Sexual Incest-No Medical Treatment | Thought Disorder/Disturbance | 745 Dependent Child of an Alcohol Abuse Client |
| 314 History of Sexual Incest | 510 Perceptual Problems | 746 Dependent Child of a Drug Abuse Client |
| 321 Exploitation/Neglect-Received Medical Treatment | 520 Disorientation | 747 Dependent Child of Both Alcohol/Drug Abuse Client |
| 322 Exploitation/Neglect-No Medical Treatment | 530 Other Psychotic Symptoms | 748 Co-Dependent of an Alcohol Abuse Client |
| 331 Psychological-Received Medical Treatment | Behavioral Disturbance | 749 Co-Dependent of a Drug Abuse Client |
| 332 Psychological-No Medical Treatment | 610 Homicidal | 750 Co-Dependent of Both Alcohol/Drug Abuse Client |
| 341 Physical-Received Medical Treatment | 620 Assaultive | 751 Family Member or Significant Other of a SA Client |
| 342 Physical-No Medical Treatment | 621 Domestic Abuse Perpetrator | Gambling |
| 344 History of Physical Abuse | 630 Other | 760 Pathological Gambling |
| 351 Family/Dependent of Abuse Victim-Received Medical Treatment | 631 Involvement with Criminal Justice System | 761 Problem Gambling |
| 352 Family/Dependent of Abuse Victim-No Medical Treatment | 632 Runaway Behavior | 762 Relative of person with Problem Gambling |
| 361 Sexual Assault by Stranger-Received Medical Treatment | 633 Attention Deficit/Hyperactivity Disorder | |
| 362 Sexual Assault by Stranger-No Medical Treatment | 634 Oppositional Defiant Disorder | |
| 364 History of Sexual Abuse | 635 Posttraumatic Stress Disorder | |

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 |