ODMHSAS/OHCA BEHAVIORAL HEALTH CUSTOMER DATA CORE

SECTION I

Agency:

Member ID:

Date of Transaction (MMDDYYYY):

Date of Birth (MMDDYYYY):

Military Time (0000-2359):

Service Focus (01-22*):

Transaction Type:* (Contacts: 21, 25, 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 ☐ Black/African American ☐ American Indian ☐

Native Hawaiian or Other Pac. Islander ☐ Asian ☐

SSN:

ETHNICITY: (1=Yes; 2=No)

Hispanic/Latino ☐

GENDER: (F=Female; M=Male) ☐

Alert Information:

SCREENING: (1=Pos; 2=Neg; 3=Not Admin)

Mental Health Screen ☐

Substance Abuse Screen ☐

Trauma Screen ☐

PRIMARY REFERRAL:* ☐ **AGENCY #:**

SECONDARY REFERRAL:* ☐ **AGENCY #:**

COUNTY OF RESIDENCE: (01-77 or Other State Initials)

ZIP CODE: (99999 for Homeless-Streets)

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:

1. Alone
2. With Family/Relatives
3. With Non-Related Persons

CHRONIC HOMELESSNESS: (1=Yes; 2=No)

EMPLOYMENT:

1. Full-time (35+ hrs.)
2. Part-time (<35 hrs.)
3. Unemployed (looking for work in last 30 days)
4. Not in Labor Force = (A-F below)

TYPE OF EMPLOYMENT/ Not in Labor Force:

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

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:

1. Never Married
2. Married
3. Divorced
4. Widowed
5. Living as Married
6. Separated

Is customer PREGNANT?: (1=Yes; 2=No)

If Yes enter expected DOB, blank if No (MMDDYYYY)

ANNUAL INCOME: $

Number contributing to and/or dependent upon "Annual Income" above: (01-15)

SSI: (1=Yes; 2=No) **SSDI:**

Medicare : (1=Yes; 2=No) **Medicaid:**

LANGUAGE PROFICIENCY:

Does customer speak English well?: (1=Yes; 2=No)

If no, what language is preferred?: (1-9*)

If language 2 or 9, then specify:

DISABILITY: (01-11 or Blank)

LEGAL STATUS:* (01,03,05,07,09,12,13,15,17,20,21)

County of Commitment: (If Legal Status = 01 or 17, County of Commitment not required)

TOBACCO USE: Number of days tobacco used in the past 30 days

	Primary	Secondary	Tertiary
PRESENTING PROBLEM: *			
Drugs of Choice (01-21*)			
Usual Route of Administration:*	(1-5)	(1-5)	
Frequency of Use in Last 30 days:*	(1-5)	(1-5)	
Age First Used (00-99):			

LEVEL OF CARE: (CI, CL, HA, OO, SC, or SN*)

CAR: (Mental Health) (01-50)

Feeling Mood
Thinking
Substance Use
Medical/Physical
Family
Interpersonal
Role Performance
Socio-Legal
Self Care/Basic Needs

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.

ASI: (Substance Abuse) (0-9)

Medical
Employ/Support
Alcohol Use
Drug Use
Legal Status
Family/Social Rel.
Psychiatric Status

TASI:* (Ages 12-17) (0-4)

Chemical
School
Emp/Sup
Family
Peer/Soc
Legal
Psychiatric

CURRENT LOF: (GAF SCALE) (01-99*)

SMI: (1=Yes; 2=No) **(For customer 18 and older)**

SED: (1=Yes; 2=No) **(For customer under 18)**

In the past 30 days, how many times has the customer been arrested, or since admission if less than 30 days ago? (00-99)

In the past 12 months, how many times has the customer been arrested, or since admission if less than 12 months ago? (00-99)

In the past 30 days, how many times has the customer attended self-help/support groups, or since admission if less than 30 days ago? (00-99)

FAMILY ID, Drug Court, DOC #, or DHS Case Number:

CLINICIAN OF RECORD (NPI):

SECTION III

(Required if under 18 years old)

Is this customer in the custody of ?: (1=Yes; 2=No)

OJA ☐ **DHS** ☐

In what type of **out-of-home** placement is the customer currently living? (select only one from below)

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 past 90 days, how many days was the customer in **restrictive** placement? (00-90)

In the past 90 days, on how many days did an incident of self-harm occur? (00-90)

SCHOOL-AGED CHILDREN: (00-66 days OR 99 for not applicable)

In the past 90 days of the school year, how many days was the customer absent from school?

In the past 90 days of the school year, how many days was the customer suspended from school?

CHILDREN UNDER SCHOOL AGE: (00-66 days OR 99 for not applicable)

In the past 90 days, how many days was the customer not permitted to return to day care?

LEGAL NAME: Last: Maiden: First: Middle: Suffix:

ADDRESS: (1) (2) **CITY:** **STATE:**

DRAFT

(*Some codes may be found on the back of the CDC form or check the manual for further information)

ODMHSAS/OHCA BEHAVIORAL HEALTH CUSTOMER DATA CORE

SECTION I

Agency:

Member ID:

Date of Transaction (MMDDYYYY):

Date of Birth (MMDDYYYY):

Military Time (0000-2359):

Service Focus (01-22*):

Transaction Type:* (Contacts: 21, 25, 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 ☐ Black/African American ☐ American Indian ☐
Native Hawaiian or Other Pac. Islander ☐ Asian ☐

SSN:

ETHNICITY: (1=Yes; 2=No)
Hispanic/Latino ☐

GENDER: F=Female/M=Male ☐

Alert Information: (50 Characters)

SCREENING: (1=Pos; 2=Neg; 3=Not Admin)
Mental Health ☐
Substance Abuse ☐
Trauma ☐

PRIMARY REFERRAL:* **AGENCY #:**

SECONDARY REFERRAL:* **AGENCY #:**

COUNTY OF RESIDENCE: (01-77 or Other State Initials)

ZIP CODE: (99999 for Homeless-Streets)

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:
1. Alone (If 1 or 3 Above)
2. With Family/Relatives
3. With Non-Related Persons

CHRONIC HOMELESSNESS: (1=Yes; 2=No)

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)

TYPE OF EMPLOYMENT/ Not in Labor Force:
1. Competitive 4. None A. Homemaker D. Disabled
2. Supported 5. Transitional B. Student E. Inmate
3. Volunteer 6. Sheltered Workshop C. Retired 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:
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)

ANNUAL INCOME: $

Number contributing to and/or dependent upon "AnnualIncome" above: (01-15)

SSI: (1=Yes; 2=No) **SSDI:**

Medicare : (1=Yes; 2=No) **Medicaid:**

LANGUAGE PROFICIENCY:
Does customer speak English well?: (1=Yes; 2=No)
If no, what language is preferred?: (1-9*)
If language 2 or 9, then specify:

DISABILITY: (01-11 or Blank)

LEGAL STATUS: (01,03,05,07,09,12,13,15,17,20,21)

County of Commitment: (If L.S. = 01 or 17, CoC not required)

TOBACCO USE: Number of days tobacco used in past 30 days

PRESENTING PROBLEM: * Primary Secondary Tertiary

Drugs of Choice (01-21*)

Usual Route of Administration:* (1-5) (1-5)

Frequency of Use in Last 30 days:* (1-5) (1-5)

Age First Used (00-99):

NOTE: If CAR:Substance Use is scored 30 or above, the customer should be referred for a substance abuse assessment.

LEVEL OF CARE: (CI, CL, HA, OO, SC, or SN*)

NOTE: If ASI/TASI:Psychiatric Status is scored 4 or above, the customer should be referred for a mental health assessment.

CAR: (Mental Health) (01-50)
Feeling Mood
Thinking
Substance Use
Medical/Physical
Family
Interpersonal
Role Performance
Socio-Legal
Self Care /Basic Needs

ASI: (SA) (Adult (0-9)
Medical
Employ/Support
Alcohol Use
Drug Use
Legal Status
Family/Social Rel.
Psychiatric Status

TASI: (Ages 12-17) (0-4)
Chemical
School
Emp/Sup
Family
Peer/Soc
Legal
Psychiatric

CURRENT LOF: (GAF SCALE) (01-99*)

SMI: (1=Yes; 2=No) **(For customer 18 and older)**

SED: (1=Yes; 2=No) **(For customer under 18)**

In the past 30 days, how many times has the customer been arrested, or since admission if less than 30 days ago? (00-99)

In the past 12 months, how many times has the customer been arrested, or since admission if less than 12 months ago? (00-99)

In the past 30 days, how many times has the customer attended self-help/support groups, or since admission if less than 30 days ago? (00-99)

FAMILY ID, Drug Court, DOC #, or DHS Case Number:

CLINICIAN OF RECORD (NPI):

SECTION III

(Required if under 18 years old)

Is this customer in the custody of ?: (1=Yes; 2=No)

OJA **DHS**

In what type of out-of-home placement is the customer living? (select only one from below)
1. Not in restrictive placement
2. Residential Treatment
3. Specialized Community Group Home
4. Foster Care
5. Group Home
6. Other

In the past 90 days, how many days was the customer in restrictive placement? (00-90)

In the past 90 days, on how many days did an incident of self-harm occur? (00-90)

SCHOOL-AGED CHILDREN: (00-66 days OR 99 for not applicable)
In the past 90 days of the school year, how many days was the customer absent from school?

In the past 90 days of the school year, how many days was the customer suspended from school?

CHILDREN UNDER SCHOOL AGE: (00-66 days OR 99 for not applicable)
In the past 90 days, how many days was the customer not permitted to return to day care?

LEGAL NAME: Last: Maiden: First: Middle: Suffix:

ADDRESS: (1) (2) **CITY:** **STATE:**

DRAFT

(*Some codes may be found on the back of the CDC form or check the manual for further information)

TRANSACTION TYPE: (Enter Appropriate Code)

21 Pre-admission - Only Section I is to be completed with Name, & Address
23 Admission - All sections required; CAR/ASI/TASI depends on age
25 Family Support Contact - Section I, Family Identifier, Address are required
27 First Contact - Only Section I is to be completed with Name, & Address
40 Level of Care Change
41 Information Update - Only fields to be updated are required
42 Six Month Update
60 Discharge/Completed Treatment
61 Discharge/Completed Court Treatment
62 Discharge/Left ACA/90 Days
63 Discharge/Moved
64 Discharge/Transferred to another treatment facility
65 Discharge/Incarcerated
66 Discharge/Broke Rules
67 Discharge/AWOL
68 Discharge/Death - Primary Referral 36
69 Discharge/Failed to begin Treatment
70 Discharge/Due to Treatment Incompatibility
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 2/1/2009, 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:

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

REFERRAL: (Primary and Secondary)

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

LANGUAGE PROFICIENCY: 1 - Spanish 2 - Native North American (specify) 3 - German 4 - French 5 - Vietnamese 6 - Chinese 7 - Slavic (Russian, Polish, etc.) 8 - Sign Language 9 - Other (specify)

LEGAL STATUS:

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

PRESENTING PROBLEM: (Primary, Secondary, and Tertiary)

000 Other-Non-Mental 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

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 (Must have 11 too)
10 Deaf (Must have 11 too)
11 Interpreter for the Deaf

DRUGS OF CHOICE:

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

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

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