ODMHSAS/OHCA BEHAVIORAL HEALTH CUSTOMER DATA CORE

SECTION I

Agency: [   ]

Member ID: [   ]

Date of Transaction (MMDDYYYY): [   ]

Date of Birth (MMDDYYYY): [   ]

Transaction Time (0000-2359): [   ]

Service Focus:* [ ]

Transaction Type:* (Contacts: 21,27,23,40) (41,42, 60,61,62,63,64,65,66,67,68,69,70,71,72) [ ]

Harmful Intent:* [ ]

RACE: (1=Yes for all that apply; Blank=No)

White [ ]   Black/African American [ ]   American Indian [ ]

Native Hawaiian or Other Pac. Islander [ ]   Asian [ ]

Email Address: _____

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

GENDER: (F=Female: M=Male) [ ]

Alert Information: _____

SCREENS: (1=Yes; 2=No; 3=NA)
Mental Health Screen [ ]
Substance Abuse Screen [ ]
Trauma Screen [ ]
Trauma Score [ ]
Gambling Screen [ ]

PRIMARY REFERRAL:* [ ]   **AGENCY #:** [   ]

SECONDARY REFERRAL:* [ ]   **AGENCY #:** [   ]

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

ZIP CODE: (99999 for Homeless-Streets) [   ] – [   ]

SECTION II & III

CURRENT 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

LIVING SITUATION: [ ]
1. Alone
2. With Family/Relatives
3. With Non-Related Persons

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   A. Homemaker
2. Supported   B. Student
3. Volunteer   C. Retired
4. None   D. Disabled
5. Transitional   E. Inmate
6. Sheltered Workshop F. Other

Is customer currently IN SCHOOL?: (1=Yes; 2=No) [ ]

EDUCATION: (Highest Grade Completed or Current Grade 00-25) (00-Less Than 1 Grade Completed, GED = 12) [ ]

MILITARY STATUS: (A=Client-Currently Active; [ ]
B=Client-Previously Active;   C=Client-National Guard/Reserve;
D=Family Member-Currently Active;
E=Family Member-Previously Active;
F=Family Member-National Guard/Reserve;   G=None)

Is customer PREGNANT?:* [ ]
If Yes enter expected DOB, blank if No [   ]
(MMDDYYYY)

SSI: [ ] (1=Yes; 2=No)

LANGUAGE PROFICIENCY: [ ]
What language is preferred?: (0-9\)
Does customer speak English well?: (1=Yes; 2=No) [ ]

DISABILITY: (01-11 or Blank) [   ]

TOBACCO USE: Times tobacco used on a typical day (00-99) [ ]

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)	[ ]		[ ]

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

CAR: (Mental Health) (01-50)

	(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.

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

Chemical	[ ]
School	[ ]
Emp/Sup	[ ]
Family	[ ]
Peer/Soc	[ ]
Legal	[ ]
Psychiatric	[ ]

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, DOC # or DHS Case Number: [   ]

CLINICIAN OF RECORD (NPI): [   ]

SECTION IV

(Required if under 18 years old)

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   4. Foster Care
2. Residential Treatment   5. Group Home
3. Specialized Community Group Home 6. Other

In the past 90 days, how many days was the customer in **restrictive** placement? (00-99) [ ]

In the past 90 days, on how many days did an Incident of self-harm occur? (00-99) [ ]

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:** _____