

# ODMHSAS/OHCA BEHAVIORAL HEALTH CUSTOMER DATA CORE

<b>SECTION I</b>		Agency: <input type="text"/>	Date of Transaction (MMDDYYYY): <input type="text"/>	Transaction Time (0000-2359): <input type="text"/>	Transaction Type:* (6 X)
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)
<b>RACE:</b> (1=Yes for all that apply; Blank = No)		<b>GENDER:</b> (F=Female; M=Male) <input type="checkbox"/>	<b>SCREENING:</b> (1=Pos; 2=Neg; 3=Not Admin)		<b>PRIMARY REFERRAL:*</b> <input type="text"/> <b>AGENCY #:</b> <input type="text"/>
White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian <input type="checkbox"/>		<b>Alert Information:</b>	Mental Health Screen <input type="checkbox"/>		<b>SECONDARY REFERRAL:*</b> <input type="text"/> <b>AGENCY #:</b> <input type="text"/>
Native Hawaiian or Other Pac. Islander <input type="checkbox"/> Asian <input type="checkbox"/>		Substance Abuse Screen <input type="checkbox"/>		<b>COUNTY OF RESIDENCE:</b> (01-77 or Other State Initials) <input type="text"/>	
<b>SSN:</b> <input type="text"/>		Trauma Screen <input type="checkbox"/>		<b>ZIP CODE:</b> (99999 for Homeless-Streets) <input type="text"/>	
<b>ETHNICITY:</b> Hispanic/Latino (1=Yes; 2=No) <input type="checkbox"/>					
<b>SECTION II</b>		<b>LANGUAGE PROFICIENCY:</b>		<b>CURRENT LOF:</b> (GAF SCALE) (01-99*) <input type="text"/>	
<b>RESIDENCE:</b>		Does customer speak English well?: (1=Yes; 2=No) <input type="checkbox"/>		<b>SMI:</b> (1=Yes; 2=No) <input type="checkbox"/>	
A. Permanent Housing <input type="checkbox"/> F. RC Facility/Group Home <input type="checkbox"/>		If no, what language is preferred?: (1-9*) <input type="text"/>		<b>(For customer 18 and older)</b>	
B. Perm Sup Hous-Non-Cong <input type="checkbox"/> G. Nursing Home <input type="checkbox"/>		If language 2 or 9, then specify: <input type="text"/>		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"/>	
C. Perm Sup Hous-Cong <input type="checkbox"/> H. Institutional Setting <input type="checkbox"/>		<b>DISABILITY:</b> (01-11 or Blank) <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"/>	
D. Transitional Housing <input type="checkbox"/> I. Homeless-Shelter <input type="checkbox"/>		<b>LEGAL STATUS:*</b> <input type="text"/> <b>County of Commitment:</b> <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"/>	
E. Temporary Housing <input type="checkbox"/> J. Homeless-Streets <input type="checkbox"/>		(01,03,05,07,09,12,13,15,17,20,21) (If Legal Status = 01 or 17, County of Commitment not required)			
<b>Is customer in PRISON/JAIL?:</b> (If 1, Residence must=H)		<b>TOBACCO USE:</b> Times tobacco used on a typical day (00-99) <input type="text"/>		<b>FAMILY ID, DOC #, or DHS Case Number:</b> <input type="text"/>	
1. Prison <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Jail <input type="checkbox"/>				<b>CLINICIAN OF RECORD (NPI):</b> <input type="text"/>	
<b>LIVING SITUATION:</b> <input type="checkbox"/>		<b>PRESENTING PROBLEM: *</b>			
1. Alone <input type="checkbox"/>		Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/>			
2. With Family/Relatives <input type="checkbox"/>		Drugs of Choice (01-21*) <input type="text"/>			
3. With Non-Related Persons <input type="checkbox"/>		Usual Route of Administration:* <input type="text"/> (1-5) <input type="text"/> (1-5) <input type="text"/>			
<b>CHRONIC HOMELESSNESS:</b> (1=Yes; 2=No) <input type="checkbox"/>		Frequency of Use in Last 30 days:* <input type="text"/> (1-5) <input type="text"/> (1-5) <input type="text"/>			
1. Full-time (35+ hrs.) <input type="checkbox"/> 3. Unemployed (looking for work in last 30 days) <input type="checkbox"/>		Age First Used (00-99): <input type="text"/>			
2. Part-time (<35 hrs.) <input type="checkbox"/> 4. Not in Labor Force = (A-F below) <input type="checkbox"/>		<b>LEVEL OF CARE:</b> (CI, CL, HA, OO, SC, or SN*) <input type="text"/>			
<b>TYPE OF EMPLOYMENT/ Not in Labor Force:</b>		<b>CAR: (Mental Health)</b> (01-50)			
1. Competitive <input type="checkbox"/> A. Homemaker <input type="checkbox"/>		Feeling Mood <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.	
2. Supported <input type="checkbox"/> B. Student <input type="checkbox"/>		Thinking <input type="text"/>			
3. Volunteer <input type="checkbox"/> C. Retired <input type="checkbox"/>		Substance Use <input type="text"/>			
4. None <input type="checkbox"/> D. Disabled <input type="checkbox"/>		Medical/Physical <input type="text"/>			
5. Transitional <input type="checkbox"/> E. Inmate <input type="checkbox"/>		Family <input type="text"/>			
6. Sheltered Workshop <input type="checkbox"/> F. Other <input type="checkbox"/>		Interpersonal <input type="text"/>			
<b>EDUCATION:</b> (Highest Grade Completed 00-25) (00-Less Than 1 Grade Completed, GED = 12) <input type="text"/>		Role Performance <input type="text"/>			
<b>Is customer currently IN SCHOOL?:</b> (1=Yes; 2=No) <input type="checkbox"/>		Socio-Legal <input type="text"/>			
<b>MILITARY STATUS:</b> (1=Veteran; 2=No; 3=Active) <input type="checkbox"/>		Self Care/Basic Needs <input type="text"/>			
<b>MARITAL STATUS:</b>		<b>ASI: (Substance Abuse)</b> (0-9)			
1. Never Married <input type="checkbox"/> 3. Divorced <input type="checkbox"/> 5. Living as Married <input type="checkbox"/>		Medical <input type="text"/>			
2. Married <input type="checkbox"/> 4. Widowed <input type="checkbox"/> 6. Separated <input type="checkbox"/>		Employ/Support <input type="text"/>			
<b>Is customer PREGNANT?:</b> (1=Yes; 2=No) <input type="checkbox"/>		Alcohol Use <input type="text"/>			
If Yes enter expected DOB, blank if No (MMDDYYYY) <input type="text"/>		Drug Use <input type="text"/>			
<b>ANNUAL INCOME:</b> \$ <input type="text"/>		Legal Status <input type="text"/>			
<b>Number contributing to and/or dependent upon "Annual Income" above:</b> (01-15) <input type="text"/>		Family/Social Rel. <input type="text"/>			
<b>SSI:</b> <input type="checkbox"/> (1=Yes; 2=No) <b>SSDI:</b> <input type="checkbox"/>		Psychiatric Status <input type="text"/>			
<b>Medicare:</b> <input type="checkbox"/> (1=Yes; 2=No) <b>Medicaid:</b> <input type="checkbox"/>					
<b>LEGAL NAME:</b> Last: <input type="text"/>		Maiden: <input type="text"/>		First: <input type="text"/>	
				Middle: <input type="text"/>	
				Suffix: <input type="text"/>	
<b>ADDRESS:</b> (1) <input type="text"/>		(2) <input type="text"/>		<b>CITY:</b> <input type="text"/>	
				<b>STATE:</b> <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    |

**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 | 31 - CALOCUS Testing        |
|  | 16 - ICC                                 | 23 - Day School               | 32 - Urgent Recovery        |
|  | 17 - MH Court/PACT                       | 24 - Medication Clinic Only   |                             |

**REFERRAL:** (Primary and Secondary)

- |   |   |  |
|---|---|--|
| 01 Self                                 | 28 Referral Due to Unscheduled Discharge for 62 and 67        | 46 Non-ODMHSAS/OHCA funded Domestic Violence Facility    |
| 02 Significant Other                    | 30 Shelter for Homeless                                       | 47 Non-ODMHSAS/OHCA funded Crisis/Stabilization Facility |
| 03 School                               | 31 Additional Services Recommended, Referral not Attainable   | 48 Office of Juvenile Affairs                            |
| 04 Church/Clergy                        | 32 Court  | 49 TANF/Child Welfare                                    |
| 05 Group Home                           | 33 Probation  | 50 Change in Eligibility Standards                       |
| 06 Employer, Union                      | 34 Parole   | 51 Self Help Group (AA/NA/CA)                            |
| 08 Non-Psychiatric Hospital             | 35 Department of Public Safety                                | 52 Parent/Guardian                                       |
| 09 VA System                            | 36 Active Client-Died ( <b>Used with 68-Discharge only</b> )  | 60 Moderate HH Opt In                                    |
| 10 Indian Health Service                | 37 Private Physician  | 61 High Intensity 4 HH Opt In                            |
| 11 Department of Health                 | 38 HMO/MCO  | 62 HH Opt Out  |
| 12 Department of Corrections            | 39 Change in Pay Source (to/from public funding)              | 91 RESTX Referral: IV Drug User/Pregnant > 7 months      |
| 14 Department of Human Services         | 40 ODMHSAS/OHCA Funded Facility ( <b>With Agency Number</b> ) | 92 RESTX Referral: IV Drug User/Pregnant < 7 months      |
| 18 Nursing Home                         | 41 Non-ODMHSAS/OHCA funded Psychiatric Hospital               | 93 RESTX Referral: Pregnant > 7 months                   |
| 21 Private Psychiatrist/MH Prof         | 42 Non-ODMHSAS/OHCA funded Mental Health Center               | 94 RESTX Referral: Pregnant < 7 months                   |
| 22 Social Security                      | 43 Non-ODMHSAS/OHCA funded Community Agency                   | 95 RESTX Referral: IV Drug User                          |
| 23 Attorney/Legal Aid                   | 43 Non-ODMHSAS/OHCA funded Community Agency                   | 96 RESTX Referral: Adult/Adolescent                      |
| 25 Law Enforcement                      | 43 Non-ODMHSAS/OHCA funded Community Agency                   |  |
| 26 Reachout Hot-Line/ Advertising Media | 44 Non-ODMHSAS/OHCA funded Residential Care Home              |  |
|   | 45 Non-ODMHSAS/OHCA funded Alcohol/Drug Program               |  |

**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* ( <b>Co. Not Required</b> )* |
| 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:**

- |   |   |  |
|---|---|--|
| 100 Other-Non-Behavioral Health Problem                         | 371 Sexual Assault by Acquaintance/Intimate Partner with Medical Treatment    | <b>Suicidal/Self-Abusive</b>                                 |
| <b>Physical</b>   | 372 Sexual Assault by Acquaintance/Intimate Partner without Medical Treatment | 650 Suicidal/Self-Abusive                                    |
| 110 Speech/Hearing  |   | <b>Substance Abuse Related Problems</b>                      |
| 120 Physical  |   | 710 Alcohol Abuse  |
| 130 Medical/Somatic   |   | 711 Alcohol Dependency                                       |
| <b>Development Inadequacies</b>                                 | <b>Social Relations Disturbance</b>   | 720 Drug/Other Abuse   |
| 210 Intellectual  | 410 With Family Members   | 721 Drug/Other Dependency                                    |
| 220 Emotional   | 420 Outside Immediate Family  | 730 Abuse of <b>Both</b> Alcohol & Drug(s)                   |
| 230 Social  | <b>Social Performance Deficit</b>   | 731 Dependency on <b>Both</b> Alcohol & Drug(s)              |
| 240 Physical  | 450 Social Performance Deficit  | 741 At Risk for Relapse (Alcohol)                            |
| <b>Abuse Victim</b>   | <b>Emotional Maladjustment/Disturbance</b>                                    | 742 At Risk for Relapse (Drugs)                              |
| 311 Sexual Incest-Received Medical Treatment                    | 500 Emotional Maladjustment/Disturbance                                       | 743 At Risk for Relapse (Both)                               |
| 312 Sexual Incest-No Medical Treatment                          | 501 Depression  | 745 Dependent Child of an Alcohol Abuse Client               |
| 314 History of Sexual Incest                                    | 502 Anxiety/Panic   | 746 Dependent Child of a Drug Abuse Client                   |
| 321 Exploitation/Neglect-Received Medical Treatment             | 503 Eating Disorder   | 747 Dependent Child of <b>Both</b> Alcohol/Drug Abuse Client |
| 322 Exploitation/Neglect-No Medical Treatment                   | <b>Thought Disorder/Disturbance</b>   | 748 Co-Dependent of an Alcohol Abuse Client                  |
| 331 Psychological-Received Medical Treatment                    | 510 Perceptual Problems   | 749 Co-Dependent of a Drug Abuse Client                      |
| 332 Psychological-No Medical Treatment                          | 520 Disorientation  | 750 Co-Dependent of <b>Both</b> Alcohol/Drug Abuse Client    |
| 341 Physical-Received Medical Treatment                         | 530 Other Psychotic Symptoms  | 751 Family Member or Significant Other of a SA Client        |
| 342 Physical-No Medical Treatment                               | <b>Behavioral Disturbance</b>   | <b>Gambling</b>  |
| 344 History of Physical Abuse                                   | 610 Homicidal   | 760 Pathological Gambling                                    |
| 351 Family/Dependent of Abuse Victim-Received Medical Treatment | 620 Assaultive  | 761 Problem Gambling   |
| 352 Family/Dependent of Abuse Victim-No Medical Treatment       | 621 Domestic Abuse Perpetrator  | 762 Relative of person with Problem Gambling                 |
| 361 Sexual Assault by Stranger-Received Medical Treatment       | 630 Other   |  |
| 362 Sexual Assault by Stranger-No Medical Treatment             | 631 Involvement with Criminal Justice System                                  |  |
| 364 History of Sexual Abuse                                     | 632 Runaway Behavior  | <b>DISABILITY INDICATORS:</b>                                |
|   | 633 Attention Deficit/Hyperactivity Disorder                                  | 01 None  |
|   | 634 Oppositional Defiant Disorder   | 02 Semi-Ambulatory   |
|   | 635 Posttraumatic Stress Disorder   | 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     |