

ODMHASAS/OHCA BEHAVIORAL HEALTH CUSTOMER DATA CORE

This form is for adults (18+) only.

SECTION I	Agency: <input type="text"/>	Date of Transaction (MMDDYYYY): <input type="text"/>	Transaction Time (0000-2359): <input type="text"/>
	Member ID: <input type="text"/>	Date of Birth (MMDDYYYY): <input type="text"/>	Transaction Type:* <input type="text"/> <small>(Contacts: 21, 27) (23, 40, 41, 42) (60,61,62,63,64,65,66,67,68,69,70,71,72)</small>
RACE: (1=Yes for all that apply; Blank=No)	GENDER: (F=Female; M=Male)	SCREENS: (1=Yes; 2=No; 3=NA)	PRIMARY REFERRAL:* <input type="text"/>
White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian <input type="checkbox"/>	<input type="checkbox"/>	Mental Health Screen <input type="checkbox"/>	AGENCY #: <input type="text"/>
Native Hawaiian or Other Pac. Islander <input type="checkbox"/> Asian <input type="checkbox"/>	Alert Information:	Substance Abuse Screen <input type="checkbox"/>	SECONDARY REFERRAL:* <input type="text"/>
SSN: <input type="text"/>	ETHNICITY: Hispanic/Latino <input type="checkbox"/>	Trauma Screen <input type="checkbox"/>	AGENCY #: <input type="text"/>
	(1=Yes; 2=No)	Gambling Screen <input type="checkbox"/>	COUNTY OF RESIDENCE: (01-77 or Other State Initials) <input type="text"/>
			ZIP CODE: (99999 for Homeless-Streets) <input type="text"/> - <input type="text"/>

SECTION II & III	LANGUAGE PROFICIENCY:	CURRENT LOF: (GAF SCALE) (01-99)* <input type="text"/>
CURRENT RESIDENCE:	Does customer speak English well?: (1=Yes; 2=No) <input type="checkbox"/>	SMI: (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"/>	(For customer 18 and older)
B. Perm Sup Hous-Non-Cong <input type="checkbox"/> G. Nursing Home <input type="checkbox"/>	If language 2 or 9, then specify: _____	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"/>	DISABILITY: (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"/>	LEGAL STATUS:* <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)	FAMILY ID, DOC # or DHS Case Number: <input type="text"/>
Is customer in PRISON/JAIL?: (If 1, Residence must=H) <input type="checkbox"/>	County of Commitment: <input type="text"/>	CLINICIAN OF RECORD (NPI): <input type="text"/>
1. Prison 2. No 3. Jail	(If Legal Status = 01 or 17, County of Commitment not required)	
LIVING SITUATION: <input type="checkbox"/>	TOBACCO USE: Times tobacco used on a typical day (00-99) <input type="text"/>	
1. Alone <input type="checkbox"/>	Primary Secondary Tertiary	
2. With Family/Relatives <input type="checkbox"/>	PRESENTING PROBLEM:*	
3. With Non-Related Persons <input type="checkbox"/>	Drugs of Choice: (01-21)*	
CHRONIC HOMELESSNESS: <input type="checkbox"/>	Usual Route of Administration:*	
(1=Yes; 2=No)	Frequency of Use in Last 30 days:*	
	Age First Used: (00-99)	
EMPLOYMENT: <input type="checkbox"/>	LEVEL OF CARE: (CI, CL, HA, OO, SC, or SN)* <input type="text"/>	
1. Full-time (35+ hrs.) 3. Unemployed (looking for work in last 30 days)	CAR: (Mental Health) (01-50)	
2. Part-time (<35 hrs.) 4. Not in Labor Force = (A-F below)	Feeling Mood	
TYPE OF EMPLOYMENT/ Not in Labor Force: <input type="checkbox"/>	Thinking	
1. Competitive A. Homemaker	Substance Use	
2. Supported B. Student	Medical/Physical	
3. Volunteer C. Retired	Family	
4. None D. Disabled	Interpersonal	
5. Transitional E. Inmate	Role Performance	
6. Sheltered Workshop F. Other	Socio-Legal	
EDUCATION: (Highest Grade Completed 00-25)	Self Care/Basic Needs	
(00-Less Than 1 Grade Completed, GED = 12)	ASI: (Substance Abuse) (0-9)	
Is customer currently IN SCHOOL?: (1=Yes; 2=No) <input type="checkbox"/>	Medical	
MILITARY STATUS: (1=Veteran; 2=No; 3=Active) <input type="checkbox"/>	Employ/Support	
MARITAL STATUS:	Alcohol Use	
1. Never Married 3. Divorced 5. Living as Married	Drug Use	
2. Married 4. Widowed 6. Separated	Legal Status	
Is customer PREGNANT?: (1=Yes; 2=No) <input type="checkbox"/>	Family/Social Rel.	
If Yes enter expected DOB, blank if No <input type="text"/>	Psychiatric Status	
(MMDDYYYY)		
ANNUAL INCOME: \$ <input type="text"/>		
Number contributing to and/or dependent upon <input type="text"/>		
"Annual Income" above: (01-15)		
SSI: <input type="checkbox"/> (1=Yes; 2=No) SSDI: <input type="checkbox"/>		
Medicare: <input type="checkbox"/> (1=Yes; 2=No) Medicaid: <input type="checkbox"/>		

PA GROUP: _____
Start Date (MMDDYYYY): <input type="text"/>
Diagnoses: ICD-10 Codes
<input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/>
<input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/>
Medical
This form is for adults (18+) only.

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)

- | | |
|---|--|
| 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 (Used with 68-Discharge only) | 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 (With Agency Number) | 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* (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:

- | | | |
|---|---|--|
| 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 | | Substance Abuse Related Problems |
| 120 Physical | | 710 Alcohol Abuse |
| 130 Medical/Somatic | | 711 Alcohol Dependency |
| Development Inadequacies | Social Relations Disturbance | 720 Drug/Other Abuse |
| 210 Intellectual | 410 With Family Members | 721 Drug/Other Dependency |
| 220 Emotional | 420 Outside Immediate Family | 730 Abuse of Both Alcohol & Drug(s) |
| 230 Social | Social Performance Deficit | 731 Dependency on Both Alcohol & Drug(s) |
| 240 Physical | 450 Social Performance Deficit | 741 At Risk for Relapse (Alcohol) |
| Abuse Victim | Emotional Maladjustment/Disturbance | 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 Both Alcohol/Drug Abuse Client |
| 322 Exploitation/Neglect-No Medical Treatment | Thought Disorder/Disturbance | 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 Both 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 | Behavioral Disturbance | Gambling |
| 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 | DISABILITY INDICATORS: |
| | 633 Attention Deficit/Hyperactivity Disorder | 01 None |
| | 634 Oppositional Defiant Disorder | 02 Semi-Ambulatory |
| | 635 Posttraumatic Stress Disorder | 03 Non-Ambulatory |

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 |