

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"/>																
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"/> Alert Information:	SCREENS: (1=Yes; 2=No; 3=NA) Mental Health Screen <input type="text"/> Substance Abuse Screen <input type="text"/> Trauma Screen <input type="text"/> Gambling Screen <input type="text"/>	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"/> - <input type="text"/>	SSN: <input type="text"/> ETHNICITY: Hispanic/Latino (1=Yes; 2=No) <input type="checkbox"/>																
SECTION II & III CURRENT RESIDENCE: A. Permanent Housing <input type="checkbox"/> F. RC Facility/Group Home <input type="checkbox"/> B. Perm Sup Hous-Non-Cong <input type="checkbox"/> G. Nursing Home <input type="checkbox"/> C. Perm Sup Hous-Cong <input type="checkbox"/> H. Institutional Setting <input type="checkbox"/> D. Transitional Housing <input type="checkbox"/> I. Homeless-Shelter <input type="checkbox"/> E. Temporary Housing <input type="checkbox"/> 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: <input type="text"/>	DISABILITY: (01-11 or Blank) <input type="text"/>		TOBACCO USE: Times tobacco used on a typical day (00-99) <input type="text"/>																
LIVING SITUATION: <input type="checkbox"/> 1. Alone 2. With Family/Relatives 3. With Non-Related Persons		PRESENTING PROBLEM:* Drugs of Choice: (01-21)* <input type="text"/> Usual Route of Administration:* <input type="text"/> Frequency of Use in Last 30 days:* <input type="text"/> Age First Used: (00-99) <input type="text"/>	<table border="1" style="width: 100%; text-align: center;"> <tr> <th></th> <th>Primary</th> <th>Secondary</th> <th>Tertiary</th> </tr> <tr> <td>Drugs of Choice</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Usual Route of Administration</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Frequency of Use in Last 30 days</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		Primary	Secondary	Tertiary	Drugs of Choice	<input type="text"/>	<input type="text"/>	<input type="text"/>	Usual Route of Administration	<input type="text"/>	<input type="text"/>	<input type="text"/>	Frequency of Use in Last 30 days	<input type="text"/>	<input type="text"/>	<input type="text"/>	CURRENT LOF: (GAF SCALE) (01-99)* <input type="text"/> SED: (1=Yes; 2=No) <input type="checkbox"/> (For customer under 18) 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"/>	
	Primary	Secondary	Tertiary																		
Drugs of Choice	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
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Frequency of Use in Last 30 days	<input type="text"/>	<input type="text"/>	<input type="text"/>																		
EMPLOYMENT: <input type="checkbox"/> 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)		LEVEL OF CARE: (CI, CL, HA, OO, SC, or SN)* <input type="text"/>	FAMILY ID, DOC # or DHS Case Number: <input type="text"/> CLINICIAN OF RECORD (NPI): <input type="text"/>																		
TYPE OF EMPLOYMENT/ Not in Labor Force: <input type="checkbox"/> 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		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"/>	SECTION IV (Required if under 18 years old) Is this customer in the <u>custody</u> of?: (1=Yes; 2=No) OJA <input type="checkbox"/> DHS <input type="checkbox"/> In what <u>type of out-of-home placement</u> is the customer currently living? <input type="checkbox"/> (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																		
EDUCATION: (Highest Grade Completed 00-25) <input type="text"/> (00-Less Than 1 Grade Completed, GED = 12) Is customer currently IN SCHOOL?: (1=Yes; 2=No) <input type="checkbox"/>		TASI:* (Ages 12-17) (0-4) Chemical <input type="text"/> School <input type="text"/> Emp/Sup <input type="text"/> Family <input type="text"/> Peer/Soc <input type="text"/> Legal <input type="text"/> Psychiatric <input type="text"/>	In the <u>past 90 days</u> , how many <u>days</u> was the customer in <u>restrictive placement</u> ? (00-99) <input type="text"/> In the <u>past 90 days</u> , on how many <u>days</u> did an <u>incident of self-harm occur</u> ? (00-99) <input type="text"/> SCHOOL-AGED CHILDREN: (00-66 days OR 99 for not applicable) In the <u>past 90 days</u> of the school year, how many <u>days</u> was the customer <u>absent from school</u> ? <input type="text"/> In the <u>past 90 days</u> of the school year, how many <u>days</u> was the customer <u>suspended from school</u> ? <input type="text"/>																		
Is customer PREGNANT?: (1=Yes; 2=No) <input type="checkbox"/> If Yes enter expected DOB, blank if No <input type="text"/> (MMDDYYYY)		Colored/Shaded box indicates conditional or optional field. This form is for children 0-17.	CHILDREN UNDER SCHOOL AGE: (00-66 days OR 99 for not applicable) In the <u>past 90 days</u> , how many <u>days</u> was the customer <u>Not permitted to return to day care</u> ? <input type="text"/>																		
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:

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|---------------------------|----------------------------------------------|------------------------------------|-------------------------------------------------------|
| 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 |